

MEDICAL SOCIOLOGY NEWSLETTER

ASA | Summer 2022 | Volume 58, Issue 4

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Notes from the Chair

Rin Reczek
reczek.2@osu.edu

Welcome to the Summer 2022 Newsletter, dedicated to informing you about ASA's 2022 Annual Meeting!

In my view, Medical Sociology – the section and the area of study – must be unequivocally rooted in the fight to end oppression in all forms.

While I write with sorrow and trepidation at the multifaceted atrocities we are (always) witnessing, I also write with the hope that the Medical Sociology Section of ASA can be one site of community and change. This ASA, we will celebrate award winners, hold our section's reception and business meeting, and host amazing panels and roundtables. This newsletter gives you a sneak peek into the action coming your way in LA.

In the forthcoming pages, you'll see the list of our **amazing panels** this year, curated with attention to health justice and equity. Thank you to everyone involved in creating and participating in these panels and roundtables.

You will also see the new slate of **elected officers!** Thank you so much to all who ran and I'm so thrilled to have our new leadership take over after ASA this year. We are in good hands.

If you're going to ASA this year and you're interested in getting involved in section leadership, join us at our **Business Meeting** on August 7, 10am-10:30am; LACC, Floor: Level 2, 303A. If you won't be at ASA but want to get involved, email me. The business meeting will be followed in the same room by our **Award Ceremony and Reeder Address** by Susan Bell (10:30-11:30am). Check out the awardees, highlighted in this newsletter!

And, for networking with our fabulous section, join us at our **Reception** on Sunday August 7th 6:30-8:30 at LACC Floor: Level 2, 502A. We have some small eats and cake pops, alongside a cash bar. Thank you to LaShaune Johnson who helped me pull this together.

I recognize that many of you will not be in LA for reasons related to cost and COVID-19. I have expressed to ASA the important of a virtual option for those who cannot or do not wish to travel given the ongoing pandemic, but ASA will not allow this to happen. I am seriously disappointed and have let this be known. But you can still be involved in our section even if you aren't coming to ASA. For those earlier in your career, we have a mentorship program that coincides with ASA and can be done either virtually or in person. **Follow this link to learn more**, and see more details later in the newsletter! I also recommend that if you are unable to attend that you still look at the program listings and contact the authors for a copy of their papers/PowerPoints to stay in the loop.

For those of you going to ASA, I look forward to seeing you - and for those not going, please reach out with any questions or just to say hi. This is the last you'll hear from me in this capacity. I look forward to passing the reigns of the section over to my colleague, Cindy Colen, who will take on the role as Chair next year.

In Solidarity,

Rin Reczek
Professor, Department of Sociology
The Ohio State University

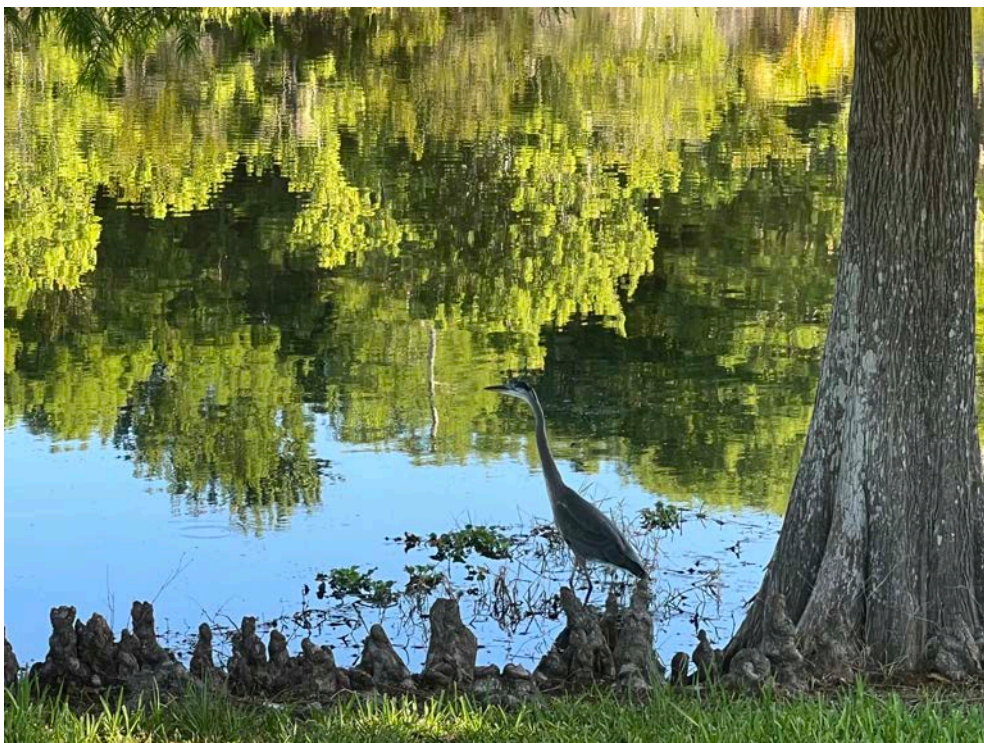


Photo by Bee Ben Khallouq

Medical Sociology sessions at ASA

1714 - Inequality in Social Isolation Over the Life Course: Predictors, Consequences, and Public Health Strategies

Saturday , August 6th, 2:00 to 3:30pm

LACC, Floor: Level 2, 303B

This panel is dedicated to exploring social isolation across the life course, honoring the work of the 2021 Reeder Award Debra Umberson. Debra Umberson's Reeder address was cancelled due to the COVID19 events, and in this session she will present her 2021 address alongside other selected work on this topic. Papers on any aspect of social isolation are welcome including (but not limited to) work on COVID19, mental and physical health, and health disparities with a focus on race, class, gender, and sexuality.

Presider: Sumin Lee, University of Texas at Austin

1. Do Friends Matter for Well-Being During COVID-19? Differential Effects by SES - Meera Choi, Yale University; Hannah Tessler, Yale University; Grace Kao, Yale University
2. Isolation or Replenishment? The Case of Partner Network-Exclusivity and Partner Loss in Later Life - Haosen Sun, University of Toronto; Markus H. Schafer, University of Toronto
3. Magnifying Conflict, Creating Intimacy, and Justifying Distance: Covid-19 Impact on LGBTQ Youth and Their Family - Amy L. Stone, Trinity University; Allison Powell; Guadalupe Rivera; Pekam Jenny Njowo
4. Race and social network change in older adulthood - James Duncan Iveniuk, NORC; Jocelyn Wilder, NORC at the University of Chicago; Lissette Piedra, School of Social Work, University of Illinois at Urbana-Champaign
5. 2021 Reeder Address - Debra Umberson, University of Texas at Austin

2313 - Section on Medical Sociology Business Meeting

Sunday, August 7th , 10:00 to 10:30am

LACC, Floor: Level 2, 303A

2313 - 2022 Reeder Award Address and Awards Ceremony: Featuring 2022 Reeder Award Winner Susan Bell and our 2022 Awardees

Sunday, August 7th, 10:30 to 11:30am

LACC, Floor: Level 2, 303A

Note: Some sessions listed overleaf also take place on Saturday, August 6.

Medical Sociology sessions at ASA

1914 - Race, Racism, and Racial Justice in Health and Health Care

Saturday August 6th, 4:00 to 5:30pm

LACC, Floor: Level 2, 303B

Session organizer and presider: Taylor W. Hargrove, University of North Carolina-Chapel Hill

1. The Relationship Between Historical Lynching and Contemporary Pregnancy Outcomes - Elizabeth A. Breen, University of California, Berkeley; Rebecca Abbott; Amy Kate Bailey, University of Illinois-Chicago; Margaret Hicken, University of Michigan; Michael R. Kramer, Emory University

2. Health Inequality and Differential Racialization among Chinese, Asian Indians, and Filipinos in the United States - Darwin A Baluran, Vanderbilt University

3. Get LARCEd: Gendered Tools of Racial Discipline - Maralyn Doering; Kierra Nicole Toney; Aalap Bommaraju, University of Cincinnati; Alison Norris, Ohio State University; Danielle Bessett, University of Cincinnati

4. Moving Beyond Mistrust: Addressing Racial Health Disparities and the Demand for Institutional Change - Alyssa Marie Newman, Georgetown University

Discussant: Michael Hughes Esposito, Washington University-St. Louis

Medical Sociology Roundtables

Sunday August 7th, 8:00 -9:30am

JW Marriott, Floor: Gold Level, Gold Salon 2

Organizers: Wes Wislar and Evangeline Warren, The Ohio State University

2513 - Intersectional Feminist Approaches to Health and Health Care

Sunday, August 7th, 12:00 to 1:30pm

LACC, Floor: Level 2, 303A

Session organizer (and presider) : Krystale E. Littlejohn, University of Oregon & Wenyi Yang, University of Oregon

1. "Paralysis of the What-If": Anti-Black Racism, Linked Lives, and Black Maternal Health & Well-being - Mia Brantley, Ohio State University

2. Gendered Racial Microaggressions and Black Women's Sleep Health - Christy LaShaun Erving, Vanderbilt University; Rachel Zajdel, National Institutes of Health; Izraelle McKinnon, Emory University; Miriam E Van Dyke, Emory University; Raphiel Murden, Emory University; Dayna Johnson, Emory University; Reneé Moore, Drexel University; Tene T. Lewis, Rollins School of Public Health, Emory University

3. Intersectional Knowledges and Resistance: Intergenerational Opioid Use and the Lay Expertise of Women Caregivers - Carmela Marie Roybal, University of New Mexico

4. How the Logic of Reproductive Rights Sustains Workplace Inequalities in US Abortion Care - Kelly Marie Ward, University of Wisconsin - Madison; Aalap Bommaraju, University of Cincinnati

5. How Race, Class, and Gender Inform Client Evaluations of Faith-Based Pregnancy Centers - Kendra J Hutchens, University of Colorado Anschutz, SOM

Medical Sociology sessions at ASA

2713 - Bracketed Out: How Medicine Displaces LGBTQ+ People

Sunday August 7th, 2:00 to 3:30pm

LACC, Floor: Level 2, 303A

Session organizer: Stef M. Shuster, Michigan State University

Presider: Nic Rios, CUNY Graduate Center

1. Structural Heteropatriarchy and Maternal Hypertension - Bethany G Everett, University of Utah; Patricia Homan, Florida State University; Morgan Philbin, Columbia University
2. A Wide Range of "Normal and Healthy": Incorporating and Excluding Trans Embodiment in Medical Training - Bex MacFife, San Francisco State University
3. Biomedical and Digital Synergies: Semiotic Paradoxes of HIV among Latino Gay Men - Jorge Fontdevila, California State University Fullerton
4. Aging, Health, and Advance Care Planning among Transgender, Non-Binary, and Intersex Older Adults - Nik M. Lampe, University of South Carolina
5. "We Don't Just Die From HIV": Invisibilized Uncertainty and Global Transgender Health - Reya Farber, William & Mary

Racial Inequalities in Health and Medicine (Regular session)—organized by Rene Almeling

Tuesday, August 9th, 8:00 to 9:30am

LACC, Floor: Level 2, 304C

Presider: Katherine McCabe

1. Ohio's COVID-19 Populations Needs Assessment: Using community-based data to drive pandemic response in historically disadvantaged communities - Tasleem Juana Padamsee, The Ohio State University; Coralia Balasca, The Ohio State University; Johnnie (Chip) Allen, Program Development & Services Branch, Division for Heart Disease and Stroke Prevention, Centers for Disease Control & Prevention; Julianna M Nemeth, College of Public Health, The Ohio State University
2. Understanding the Role of Knowledge, Trust, and Medical Racism in Vaccine Uptake Among HBCU Students - Stephanie Marie Teixeira-Poit, North Carolina A&T State University; Jeannette Wade, North Carolina A&T State University; Anna Lee, North Carolina A&T State University; sal ryman, North Carolina A&T State University & University of North Carolina at Greensboro; Christopher Doss, North Carolina A&T State University; Smriti Shrestha, North Carolina A&T State University; Adrienne Aiken-Morgan, University of North Carolina at Chapel Hill
3. Medical schools and residencies as gendered and racialized organizations: a qualitative examination - Alyssa Browne, University of North Carolina-Chapel Hill
4. The Health Consequences of U.S. Criminal Justice Contact: The Role of Race and Ethnicity - Michael David Niño, University of Arkansas; Casey Taggart Harris, University of Arkansas
5. Theorizing the Relationship between Criminalization and Medicalization: The Need for Intersectionality - Katharine McCabe, University of Notre Dame

Medical Sociology election results

Chair-Elect (1-year term begins in 2022)

Susan Short, Brown University

Council Member-at-Large (2-year term begins in 2022)

Kammi K. Schmeer, The Ohio State University

Secretary-Treasurer-Elect (2-year term begins in 2022)

Kelly MacArthur, University of Nebraska Omaha

Health Policy and Research Committee Chair (2-year term begins in 2022)

Daniel Dohan, University of California San Francisco

Membership Committee Chair (2-year term begins in 2022)

stef shuster, Michigan State University

Nominations Committee Chair-Elect (1-year term begins in 2022)

Joseph Harris, Boston University

Nominations Committee (1-year term begins in 2022)

Lucie Kalousova, Vanderbilt University

Laura E. Hirshfield, University of Illinois at Chicago

Student Representative (2-year term begins in 2022)

Felicia Omilanla Casanova, University of Miami

Nominations Committee, Student Member (1-year term begins in 2022)

J'Mauri Jackson, Indiana University - Bloomington

Give a gift membership!

Please Help with our Gift Membership Drive! Gift memberships for students are only \$5!

Help us get to the 1000-member mark (we've been close but not quite there the past few years and that would get us another session at ASA) and help a student get access to the benefits of Med Soc Membership! Gift memberships are due by July 31.

If you have a specific student in mind to gift membership to, here are the steps:

1. Please log in to the ASA member portal (<https://my.asanet.org/Home/My-ASA/Login>)
2. Click "Purchase a gift section membership" under the Contribute/Give heading.
3. Select the Medical Sociology section and search for your recipient by name.

(Note that the student has to be a current ASA member; you could also gift full ASA membership but it costs more.)

If you do not have a specific student in mind to gift a membership to, please fill out this form and we will match you with student(s) to provide your gift membership [here](#)

If you know of students who would be interested in a gift membership, please have them fill out [this form](#).

We especially encourage you to think about scholars from historically excluded/marginalized groups with interests related to medical sociology who you might encourage to join our section with a gift membership. As part of our DEI initiatives, we asked several ASA sections with a higher proportion of members from historically excluded/marginalized groups if they would be willing to make a listserv announcement about our gift memberships for students and include the form above, and we received very positive responses.

If you have any questions, please email the Membership Committee Chair

Patti Thomas (pthomas4@purdue.edu)



Mentorship program

Get Connected!

Last year, we ran a successful mentorship program and are excited to run it again this year! This year, Graduate Student Representatives Shayna La Scala and Yvonne Chen are spearheading this program. If you are interested in participating as a mentee or serving as a mentor, please fill out this form: bit.ly/3xE8Yc6. We will do our best to match folks according to their preferences.

We will close the survey on Sunday, July 31 at 5 PM ET so we can match you up during ASA. Please expect an email from us either before or at the start of the ASA annual conference (August 5-9, 2022), stating who you will be paired with and with some helpful guidelines related to a successful mentorship. It is our hope that you can take the opportunity to connect during ASA but of course, please meet when it is best for you!

You do NOT need to attend ASA in order to participate. In light of the ongoing pandemic and increasing expenses, we want to provide an option for folks to connect virtually.



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Medical Sociology section awards, 2022

Howard B. Kaplan Memorial Award

The winner of the 2022 Kaplan award is Nik Lampe. Nik is a doctoral candidate in the Department of Sociology at University of South Carolina. They will graduate in August 2022 and start their postdoctoral scholar position in LGBT aging, social networks, and policy at Vanderbilt University this September. This position carries an appointment in the Department of Medicine, Health and Society and an affiliation in the Vanderbilt LGBT Policy Lab. They study sexual and gender minority older adults' health and healthcare experiences. They have published eight peer-reviewed articles (five as lead, sole, or second author), a co-authored monograph, three book chapters, four invited book reviews, and three encyclopedia entries (all as lead author). Their publications have received multiple awards and grants from University of South Carolina, Mid-South Sociological association, and American Sociological Association. Their work advances Dr. Kaplan's work on stress, resilience, deviance, and mental health. This award recognizes Nik's scholarship, which not only contributes to medical sociology, but also has important practical implications on the LGBTQIA+ community.



[Twitter @nik_lampe](https://twitter.com/nik_lampe)

[LinkedIn: niklampe](https://www.linkedin.com/in/niklampe)

[ORCID: 0000-0003-1692-6740](https://orcid.org/0000-0003-1692-6740)

Medical Sociology section awards, 2022

Louise Johnson Scholar Award

Emily A. Ekl (Indiana University at Bloomington) is the recipient of the 2022 Louise Johnson Scholar Award. Her research focuses on the ways that health policy and organizational factors affect the practice of health care, patient experiences, and patient-provider relationships. Her work is pioneering because it merges health services research, health policy (institutional and national) analysis, patient-provider communication research, and the sociology of health professions. Building on sociology of standardization and organization theories, her dissertation examines the unintended consequences of regulatory policies for speech language pathologists. Her work demonstrates how policies driven by the logic of rationality and efficiency may jeopardize patient-provider relationships and hurt the quality of health care. In her specific article (under review): "Examining Drivers of the Evidence-Based Practice Movement among Allied Health Professional," she examines the role of evidenced-based practice (EBP) as a form of standardization in medical practice. Drawing on ethnographic data, her paper demonstrates that under certain conditions the institutional logic of EBP becomes decoupled from medical practice and threatens the quality of care. Her work is poised to make significant contributions to the sociology of health, medicine, and profession.

Twitter: [@EklEmily](https://twitter.com/EklEmily)

ORCID: [0000-0003-4270-1625](https://orcid.org/0000-0003-4270-1625)

Website: emilyekl.com



Medical Sociology section awards, 2022

Roberta G. Simmons Outstanding Dissertation Award



Andrea Becker andrea.becker@ucsf.edu

Twitter: [@andreavbecker](https://twitter.com/andreavbecker) Web: andrea-becker.com

Alexandra Brewer received an Honorable Mention for her dissertation "The Deserving Pain: How Hospitals Structure Medical Decision-Making Around Pain Management."

Brewer is currently an Assistant Professor at Wake Forest University.

breweral@wfu.edu Web: alexandrabrewer.com

Andréa Becker (PhD, CUNY) is the winner of the 2022 Simmons award for their paper "Same Uterus, Different Paths: Hysterectomy narratives and the stratified motherhood complex in reproductive medicine." The award recognizes the strength of the methodological approach exploring a very complex topic and its contributions to the medical sociology literature.

Andréa Becker, PhD is a postdoctoral fellow at Advancing New Standards in Reproductive Health (ANSIRH) at the University of California, San Francisco. Her research centers on contested medical practices, or elements of health and medicine that are imbued with polarizing cultural meanings. As part of this agenda, Andréa examines how inequality manifests at every stage of human reproduction—from contraception and sterilization, abortion and birth, to sexual experiences. Her research has been published in various journals, including *Social Science & Medicine*, *Sex Roles*, *Contraception*, and *Sexual and Reproductive Health Matters*. You can find her on twitter at, her website at andrea-becker.com, and recent public writing in *The New York Times*, *Washington Post*, and *Vox Media*.



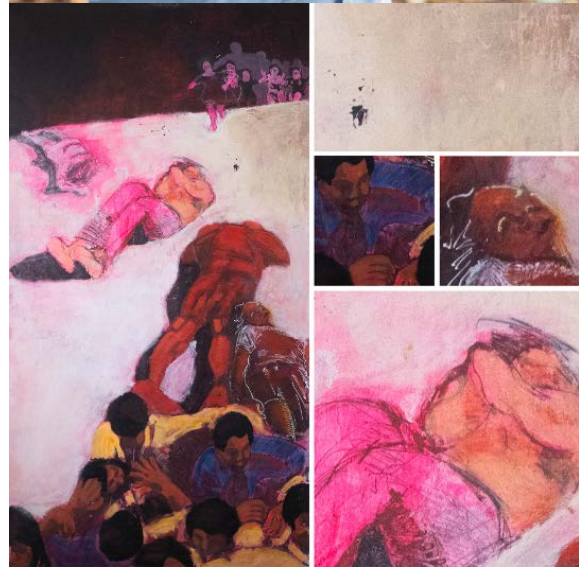
Medical Sociology section awards, 2022

Eliot Freidson Outstanding Publication Award

Armando Lara-Millán is the winner of the 2022 Freidson award for *Redistributing the Poor: Jails, Hospitals, and the Crisis of Law and Fiscal Austerity* (OUP, 2021). The committee found the ethnographic data and its rendering deeply compelling and believe the theoretical contributions will make a strong impact on the field of medical sociology and inspire new research and understandings.

Armando Lara-Millán is an Assistant Professor in the Department of Sociology at UC Berkeley. He earned his PhD in Sociology from Northwestern University in 2013. Before joining the Department of Sociology, he was a Robert Wood Johnson Foundation Postdoctoral Scholar in Health Policy Research. The growth of medicine in jails and its restriction in public hospitals is a rare topic in which the explanations we hold about them are widely shared. Actors on both sides of the political aisle, journalists, social movement actors, and even academics generally agree that we have funneled resources into local criminal justice institutions at the expense of health institutions. *Redistributing the Poor: Jails, Hospitals, and the Crisis of Law and Fiscal Austerity* (Oxford University Press, 2021) argues that such received wisdom is a drastic mischaracterization of recent institutional change with far-reaching implications for the marginalized, decision-makers, and our understanding of the way that medical objects intersect with budgets, legal demands, and the drive for institutional survival. After *Redistributing the Poor*, Armando is now turning his attention to the social construction of prices and spending in the American healthcare system.

[Available at Oxford University Press](#)



REDISTRIBUTING THE POOR

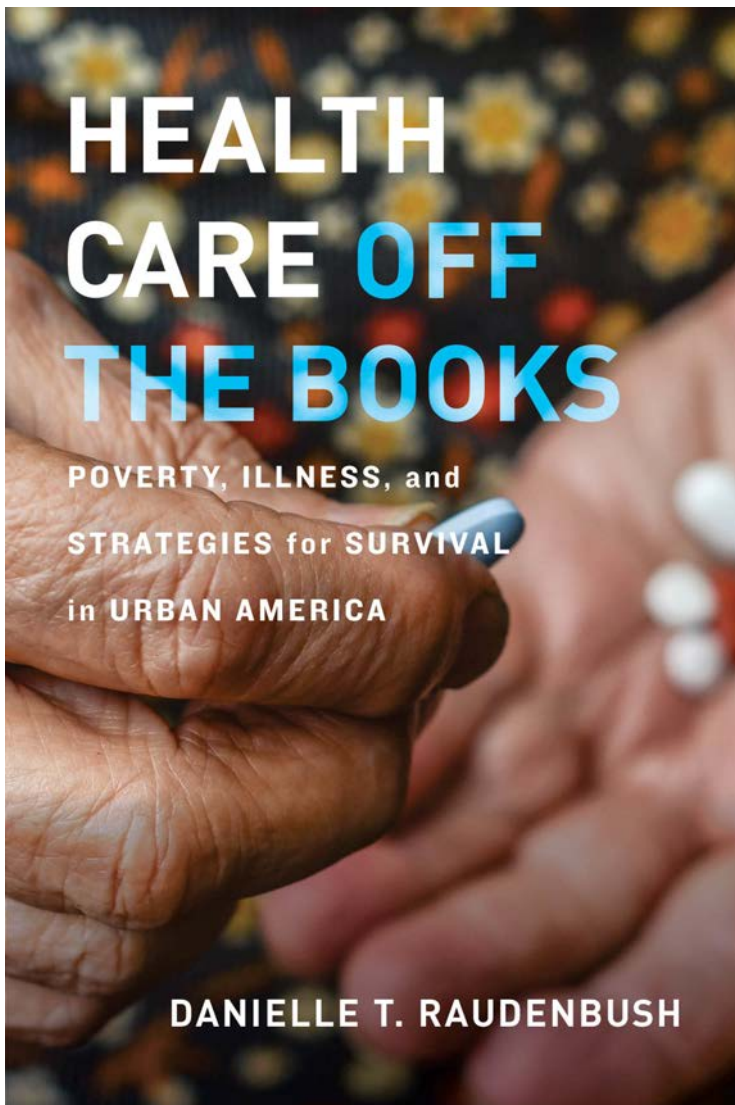
Jails, Hospitals, and the Crisis
of Law and Fiscal Austerity

ARMANDO LARA-MILLÁN

Medical Sociology section awards, 2022

Eliot Freidson Outstanding Publication Honorable Mention

Danielle T. Raudenbush (UC San Diego) received an Honourable Mention for *Health Care Off the Books: Poverty, Illness, and Strategies for Survival in Urban America* (UC Press, 2020). The committee praised the ethnography for its strong methodology, its redefinition of key theoretical frameworks within medical sociology, and its lively and accessible prose.



Medical Sociology section awards, 2022

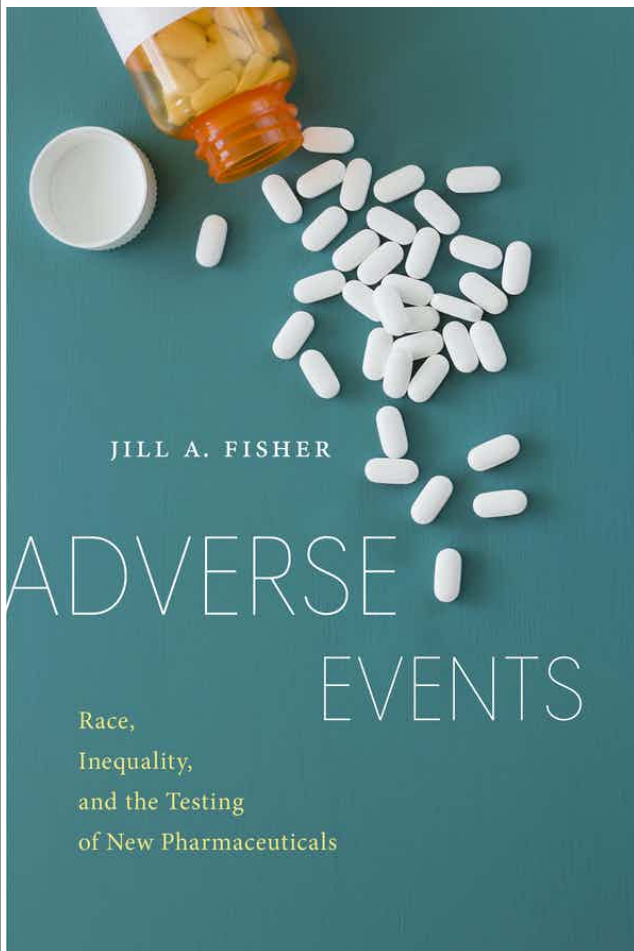
Donald W. Light Award for Applied or Public Practice of Medical Sociology

Jill Fisher (UNC) is the winner of the Donald W. Light award for her book *Adverse Events: Race, Inequality, and the Testing of New Pharmaceuticals*



<https://www.jillfisher.net/>

[Google Scholar](#)

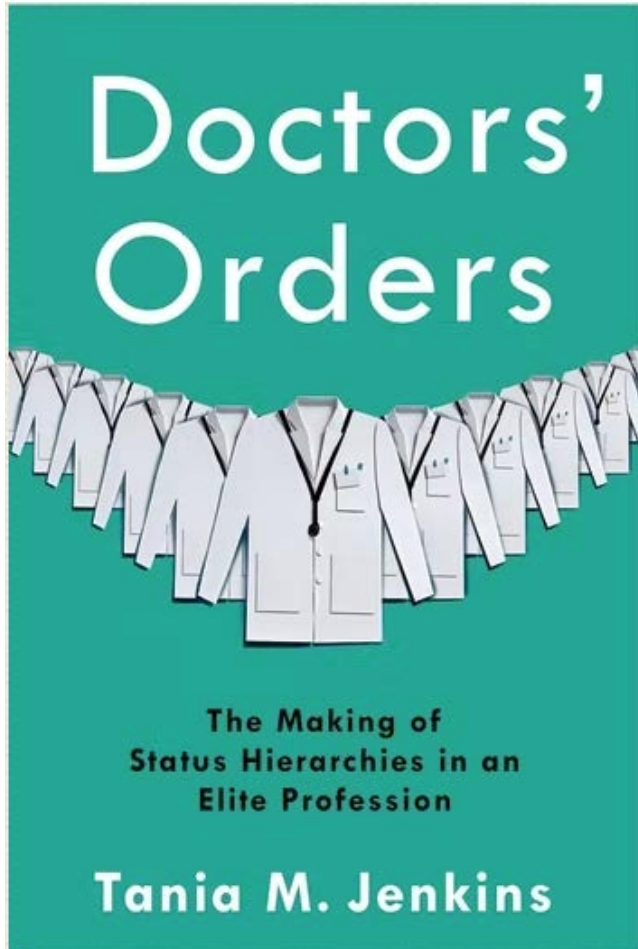


Adverse Events is [available from NYU Press](#)

Medical Sociology section awards, 2022

Donald W. Light Award Honorable Mention

Tania M. Jenkins (UNC) received an Honorable mention for the Donald W. Light book award for *Doctors' Orders: The Making of Status Hierarchies in an Elite Profession*



Tania Jenkins

tania.jenkins@unc.edu

[@TaniaMJenkins](https://twitter.com/TaniaMJenkins)

Doctors' Orders: The Making of Status Hierarchies in an Elite Profession is available from [Columbia University Press](https://www.columbia.edu/cup/)

Medical Sociology section awards, 2022

Donald W. Light Award for Applied or Public Practice of Medical Sociology

Katharine McCabe received the Donald W. Light award for her 2021 article in the *Journal of Health and Social Behaviour* "Criminalization of Care: Drug Testing Pregnant Patients"

<https://journals.sagepub.com/doi/abs/10.1177/00221465211058152>

<https://doi.org/10.1177/00221465211058152>

Abstract: This research draws upon qualitative interviews with healthcare providers to show how legal interests transform the provision of care. Using the case of drug testing pregnant patients, the findings reveal 3 mechanisms by which criminal-legal interests are assimilated into care. The first, is through a process in which providers frame criminal suspicion in medical terms. This process of "clinicalization" obscures the legal intent of drug testing from patients. In the second process, providers tend to rely on legal risk assessments rather than clinical ones in the face of uncertainty. Finally, provider discretion to test is shaped by criminal suspicion that is explicitly raced and classed. This study demonstrates that when the lines between medicine and law blur clinical norms are subverted and marginalized patients become subject to the double burden of being policed by both medical and legal domains.

Dr. Katharine McCabe is a Postdoctoral Research Associate within the John J. Reilly Center for Science, Technology, and Values at the University of Notre Dame. She researches health inequities, reproductive politics, the intersection of law and medicine, and substance use and addiction. Katharine's current work examines how punitive forms of health governance are enacted across multiple systems (healthcare, child welfare, and private non-profits), and how race, class, and gender shape these processes. Katharine's research has been funded by the National Science Foundation and has been published in the *Journal of Health and Social Behavior*, *Social Science and Medicine*, *The Journal of Women's Health*, *Perspectives on Sexual and Reproductive Health*, and *Sex Roles*.



Katharine McCabe kmccabe6@nd.edu

Student section



Bee Ben Khallouq

bee.benkhallouq@knights.ucf.edu
bijou.1@buckeyemail.osu.edu

philip.j.pettis@vanderbilt.edu
kgodboutkinn@mun.ca

Marginalization in Sociology: Perspectives from Scholars in the Field

Bee, Christina, and Keif worked on their last interview with Medical Sociologist and author of Trans Medicine: The Emergence and Practice of Treating Gender, stef m. shuster to discuss marginalization within sociology. Below is a summary of the discussion—questions and responses have been paraphrased to accommodate space limitations.

How would you describe your research interests? Would you describe your area of focus as one of the “mainstream” research areas within the field of medical sociology? Why or why not?

stef: I study gender and medicine, and sometimes the intersections of those two. Most of my work has really kind of focused on medical providers who worked with trans people and trans people's everyday experiences. Early in my career, I knew my work was not mainstream. I spent a lot of time and energy really building up my network and intellectual community. I feel like I really pulled together this awesome community of mostly feminist medical sociologists. And so, on a day-to-day basis, I don't necessarily feel marginalized because I think that the community that I'm deeply immersed in is one that really kind of holds up the kind of work that I tend to do, especially in trans medicine. But, when I first started trying to push my papers out, I had to do a lot of work that I maybe wasn't anticipating, because I think it was at that time trans work was incredibly marginalized. I think it's shifting a little bit. I still sometimes experience microaggressions, but I tend to have really positive experiences. I think the field of trans medicine or gender minority health has become a little bit more embraced in medical sociology. And I also think that as a scholar, I've learned right up front how to frame my work so that it does speak back to a broader medical sociology audience.

Have you faced any barriers while trying to get your research out to a broader audience? If so, what were they and how did you deal with them?

stef: I sort of worked with a faculty who was adamant that medical sociologist would never embrace my work, because this person was convinced that medical sociology was really moving more and more towards like demography, public health, like using large population data sets. When people tell me that I can't do something, it brings out the stubbornness in me and it makes me dig in a little bit harder and try to figure it out myself.



Philip J. Pettis



Christina Hagan Bijou



Keif Godbout-Kinney

Interview with stef m. shuster

There's a moment where my brain always goes back to that conversation and realize that for me, that was really an important teaching moment. I don't think it was the teachable moment that this person intended, but that is what instigated me to start reaching out to other scholars, scholars whose work I admire and read. Finding folks that I could be part of my intellectual community that study what I study and those that do not and keep me thinking in different ways. Some of the need to work though barriers comes from both being an underrepresented person in academia and working within a somewhat marginalized topic.



When you hear the terms marginalized scholars and marginalized scholarship, what comes to mind? Can you give some examples of scholarship or identities that are marginalized within the medical sociology subfield?

stef: I think as a marginalized scholar, I look at the tenure requirements for my institution, and I just anticipate doing double the work, because I want to ensure that there's no opportunity; that there's no wiggle room for implicit bias to play out. But as a marginalized scholar, I think that it's what we would expect, you know, like doing twice as much to ensure a sense of security and stability. And I think that there's also something to be said about all the extra energy and time that I think a lot of us put into ensuring that there's not even a hint of a possibility that [we] will be denied things like tenure because we're marginalized. I'm a trans and non-binary person studying trans medicine, and I think that there's some work that goes into thinking carefully through the implications of that in the methods, the analysis and what happens after that. I want my work to be useful for other sociologists and other gender studies scholars. I also I want my work to

make an impact in the lives of the people who were impacted by the things that I study. And that feels, it's both, like it's where the personal and the professional kind of come together. Sometimes that takes a little bit more work too, to think carefully about writing as accessibly as I can, you know, so that so that someone, some trans person or some doctor who works with trans patients can pick up my work and follow with me through like how I document and demonstrate the perpetuation of inequality environment.

How have you advocated for others that have been historically marginalized? What have been some challenges in doing such advocacy?

stef: My entrance into studying medicine came through doing trans health advocacy work. I moved to Iowa City in 2007 and there was a small trans community of mostly undergraduate students and then also like community members.

Interview with stef m. shuster

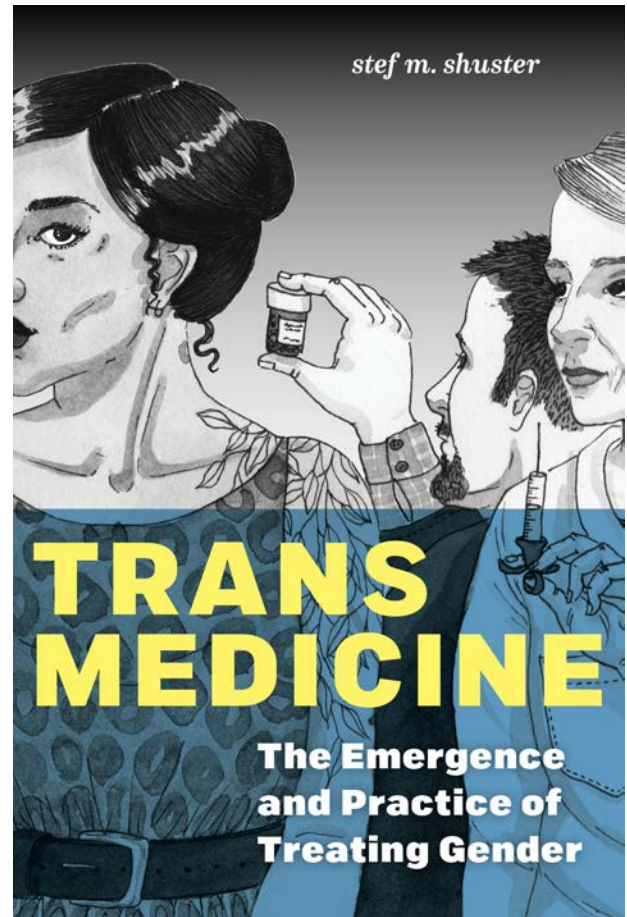
There was at the time, one doctor who was willing to work with trans people, and I slowly started meeting more medical providers and therapists. They were like - I know that there's a huge problem in this town of not having enough providers, but I don't know what I'm doing. And so, like, not only did that catalyse years of health advocacy, it also it gave me insight into the kinds of questions that medical providers have that then kicked off the dissertation work.

I think that the medical system operates through implicit bias and explicit violence against different kinds of people. These are anchored in different historic histories, and in different cultural context. But I think that you can sometimes swap out words and realize that like similar harms are happening to many different communities. And so, working in health advocacy and talking with people about health advocacy, like I really think about the interconnected ways that medical harm travels across communities. There is no surprise that at the same moment that trans youth are being targeted, so too are abortion rights, like in my head, that makes sense. Not like it makes sense because that's sensible to do. But like, those issues are often described as separate and distinct and different kinds of bodies and people. But I see the interconnections between them around bodily autonomy and making choices about what one does or does not want to do with their body.

What do you see as some of the biggest challenges facing medical sociology or sociology vis-a-vis marginalized scholarship?

stef: Sometimes it feels like there are separate playgrounds or sandboxes. I think there's still a perception that if you're a quantitative scholar, try to get your work in JHSB

If you're a qualitative scholar, go to *social science and medicine*. The classic fields in medical sociology are based upon white cisgender heterosexual folks, and men. I think where that shows up for marginalized scholars is that if we're folks who use different kinds of methodologies that aren't easily distilled into an either or, um, it can feel a little bit like one is left out to sea. I don't think it's shocking to say this, but like every field has difficulty adapting to transformative change. Knowledge becomes canonised and legitimated and certain kinds of knowledge, but also certain kinds of topics become legitimate. I don't think we're always the best at adapting. I don't see a lot of transnational scholarship coming in US medical sociology. And I think that that prioritises the body of knowledge that really focuses on the U. S. I think that when it comes to medical sociologists who study race and racism the work is simplified in ways that unintentionally do injustice to communities of color.



Interview with stef m. shuster

How do you envision the future of sociology as a discipline and medical sociology in particular? What is your contribution to the discipline?

stef: There is an eagerness and urgency to centralize the study of marginalized groups in a way that isn't shallow- it reminds me kind of like how queer theory talks about, you know, it's not the centre, but it's the margins. I see that what we have perceived as on the margins is slowly being centralized. I welcome that; I know that it maybe it feels a little challenging for some folks. I think moving forward, it would be incredibly helpful for medical sociologists to be in conversation with other fields. I mean, even just like thinking about the pandemic. CNN wanted a perspective of what's happening, like, why aren't people wearing masks? Why are people not getting vaccinated? Why might it be that communities of colour are getting hit harder. Sociologists have the tools to answer. And yet, from a public facing perspective, journalists don't necessarily think to themselves, "Maybe I should go talk to a sociologist rather than an epidemiologist." I think that what that means for sociologists is to also make our work speak to a broader audience.

I think that part of the contributions of my work, are making more familiar an area of medicine that maybe feels unfamiliar for a lot of people. There are some awesome scholars who have worked on trans people's experiences in healthcare, but not a lot of work on the medical provider side and really grappling with in some ways, what trans medicine teaches us. I think it feels like an emergent area of medicine, but it's like 70 plus years old. I also think that the work I do engages in conversations with like medical historians and medical anthropologists in and thinking carefully about how historical context not only shapes contemporary realities but also how ideas travel over time.

When you think of the past and present regarding the marginalization of scholars and scholarship, what has changed? What has not?

stef: The one discernible change that feels very present in my work life, is that the kind of work that I do it's not cast aside as quickly as it used to be. I think when I first started sending my workout, it was always like - go over there or there. You know, which is why earlier I was like, if I happen to study oncologists, I really cannot imagine a reviewer saying "Go send this to a journal about cancer" like that, that it's nonsensical. I think that it's changed. I think there's more awareness that work about trans people or trans medicine does not really make sense to go to one type of journal.

I really think that I think we need more resources. I want to see more resources by granting agencies. I want to see more resources within people's home departments. I want to see more resources, also within the ASA. I think we need more resources for marginalized scholars and it comes in a lot of different forms. I think there's always more that we can do and, you know, like it's a really exciting time to be a medical sociologist. Medical sociology can be too white of the field or too heterosexual of a field or too cisgender of a field- and I think that there's always room for medical sociology to grow as well to also account for the upcoming generation of scholars who I, I really think, are taking all these different areas seriously in a way that we haven't before.

Health Policy

Threats to Health and Wellbeing: Examining Policies for Gun Violence, Health Care Coverage, and Abortion Access

**Stephanie Teixeira-Poit**

PhD, is an Associate Professor at North Carolina A&T State University & Medical Sociology Health Policy & Research Chair.

steixeirapoit@ncat.edu

In this issue, we briefly highlight three timely health policy issues that threaten the health and wellbeing of Americans: gun violence as a public health crisis, affordable health care coverage, and access to abortion.

Gun Violence as a Public Health Issue. As of June 2022, the U.S. has had more than 250 mass shootings this year (Washington Post 2022). The American Public Health Association (APHA) recognizes U.S. gun violence as a public health crisis. As a leading cause of death in the U.S., gun violence kills more than 39,000 people and injures 85,000 people each year. Gun violence disproportionately impacts young adults, males, and racial and ethnic minorities; among U.S. residents age 15 to 24, gun violence is the leading cause of death for non-Hispanic Black Americans and second leading cause of death for Hispanic Americans. Long-term impacts of non-fatal firearm injuries include physical disabilities and emotional trauma, while financial impacts include about \$44 billion in medical care and lost wages for gunshot victims. Recognizing gun violence is preventable, the APHA recommends a comprehensive public health approach to reducing gun violence. Reducing access to guns through commonsense gun policies is a critical strategy for reducing deaths and injuries from guns, including a federal ban on assault weapons and high-capacity ammunition magazines, implementing waiting periods, promoting education, enacting extreme risk protection order laws, addressing root causes, and eliminating loopholes on background checks. The APHA cites Connecticut's 1995 policies requiring background checks for firearm purchases, implementing a minimum of 8 hours of safety training, and increasing the minimum age to 21 years for firearm purchases as contributing to a 40 percent reduction in homicides in Connecticut over the next ten years (APHA 2022a, b).

But, is the general public in the U.S. supportive of the APHA recommendations? According to Gallup (2022), "the data show strong public support for proposed legislative changes that would do such things as require background checks for all gun purchases, ban high-capacity ammunition magazines, require all privately owned guns to be registered with the police, and require a 30-day waiting period for all gun sales" (n.p.). Despite the APHA recommendations and supporting public opinion, there are substantial roadblocks to enacting legislation.

Threats to Health and Wellbeing

One roadblock includes the more than 40 senators with conflicts of interest who have received funding from the National Rifle Association (NRA); the NRA has provided over a million in funding to each the following senators (Newsweek 2022):

- Mitt Romney (Utah) \$13,647,676
- Richard Burr (North Carolina) \$6,987,380
- Roy Blunt (Missouri) \$4,555,722
- Thom Tillis (North Carolina) \$4,421,333
- Marco Rubio (Florida) \$3,303,355
- Joni Ernst (Iowa) \$3,124,773
- Rob Portman (Ohio) \$3,063,327
- Todd C. Young (Indiana) \$2,897,582
- Bill Cassidy (Louisiana) \$2,867,074
- Tom Cotton (Arkansas) \$1,968,714
- Pat Toomey (Pennsylvania) \$1,475,448
- Josh Hawley (Missouri) \$1,391,548
- Marsha Blackburn (Tennessee) \$1,306,130
- Ron Johnson (Wisconsin) \$1,269,486
- Mitch McConnell (Kentucky) \$1,267,139
- Mike Braun (Indiana) \$1,249,967

While lobby money has flowed generously to senators, gun violence has historically received substantially less research funding than the other top causes of death in the U.S. This means that there is a dearth of research on gun violence, with inadequate evidence on the impact of different policies on outcomes (RAND 2020). An important contribution is at the intersection of medical sociology and political sociology discussing issues of power, the impact of lobbying on policy debates, and collective action efforts to overcome these forces.

Affordable Health Care Coverage. The American Rescue Plan Act (ARPA) increased the tax credits available to marketplace consumers purchasing health insurance and extended the eligibility for tax credits to middle-income Americans. These tax credits led to record marketplace enrollment in states especially among Black, Asian, and Latino populations; reduced premium costs to marketplace consumers; and enabled marketplace consumers to afford purchasing better health care plans. The provisions enacted by ARPA are set to expire on December 31, 2022. Without an extension, the National Academy for State Health Policy (NASHP) predicts devastating impacts on marketplace enrollment, health care affordability, and consumer purchasing power. Without ARPA, NASHP predicts that millions of Americans would see reduced or eliminated financial support for health insurance including about 150,000 in California, 155,000 in Colorado, 65,000 in Connecticut, 200,000 in Massachusetts, 140,000 in New York, 131,000 in Oregon, and 176,000 in Washington. In Rhode Island, 84 percent of all enrollees will see reduced or eliminated financial support. These reduced subsidies will result in increased premiums for middle-income Americans, which is predicted to increase by about \$1,584 per household in Connecticut, \$272 per member per month (PMPM) in California, and \$291 PMPM in Washington DC (NASHP 2022). Medical sociologists may contribute by documenting the impact of any change in policy on health and wellbeing as well as on health disparities among Black, Asian, and Latino populations that increased coverage during ARPA.

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Access to Abortion Coverage. In May, Politico (2022) released a draft opinion in which the Supreme Court holds that Roe vs. Wade and subsequent Planned Parenthood vs. Casey must be overruled. Deliberations are ongoing and may change until the Supreme Court publishes the opinion, which will likely occur the last week of June or the first week of July (LA Times 2022). The impact would be an end to federal constitutional protection of abortion rights. Each state would be allowed to decide whether to restrict or ban abortion (Politico 2022). When the draft decision of the Supreme Court was leaked to the press, there was at least one abortion clinic in every state. However, that has rapidly changed with two states – Oklahoma and South Dakota – no longer providing abortions and two other states – Missouri and Wisconsin – no longer scheduling appointments for abortion in late June (New York Times 2022). As mentioned in one of our previous newsletters, sociologists can play a pivotal role in “centering women’s voices on abortion access, engaging in public sociology to share women’s voices with non-academic audiences such as policymakers, and documenting impacts of these potential regulations”.

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Teaching

Gun Violence in America, a Public Health Epidemic



Magdalena Szaflarski

@MagdalenaSzafl1
szaflam@uab.edu

In light of the horrific mass shooting that took place in Uvalde, Texas and other recent gun violence, I thought it would be useful to highlight key information and resources on gun violence.

Gun violence in the United States has reached epidemic proportions. Per American Public Health Association (APHA), guns kill more than 39,000 people and cause nearly 85,000 injuries each year. Gun violence is one of the leading causes of premature death.

Gun violence comes in different forms: homicides, unintentional injuries, assaults, suicides, and mass shootings. 60% of gun-related deaths are suicides. Most people who attempt suicide don't make another attempt. Thus, restricting access to guns is likely to prevent many suicides. Intimate partner violence is another example. Each year more than 600+ women are killed by intimate partners using firearms. In addition, 329 gun-related injuries occur each day, leaving victims with physical disability and emotional trauma.

According to the Centers for Disease Control and Prevention (CDC), men account for 86% of all victims of firearm death and 87% of nonfatal firearm injuries. Rates of firearm violence also vary by age and race/ethnicity. Firearm homicide rates are highest among teens and young adults 15-34 years of age and among Black or African American, American Indian or Alaska Native, and Hispanic or Latino populations. Firearm suicide rates are highest among adults 75 years of age and older and among American Indian or Alaska Native and non-Hispanic white populations.

Many useful resources including videos, webcasts, publications, statistics, and data sources are available from the following sources:

Centers for Disease Control and Prevention (CDC)

- Fast facts: <https://www.cdc.gov/violenceprevention/firearms/fastfact.html>
- Publications and data sources: <https://www.cdc.gov/violenceprevention/firearms/resources.html>
- Firearm mortality by state (interactive map):
https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm

American Public Health Association (APHA)

- Gun violence website: <https://www.apha.org/topics-and-issues/gun-violence>, features:
- 4-minute video providing an overview of gun violence as a public health threat
- Fact sheet: Who Gets Killed in America? The National Violent Death Reporting System is Keeping Track (PDF)
- APHA webinar: Gun Violence Prevention through the Public Health Lens: History, Intersectionality and Interventions
- Video and slides from the forum: Policies That Work To Reduce Gun Violence
- APHA policy statements on gun violence
- Articles and calls for action by public health leaders
- Books addressing violence and violence prevention

Especially, note a recent book (available in print and as e-book):

Degutis, Linda C. and Howard R. Spivak. 2021. *Gun Violence Prevention: A Public Health Approach*. APHA Press. ISBN: 978-0-87553-311-7 (paperback).

American Journal of Public Health (AJPH)

March 2017 issue - <https://ajph.aphapublications.org/toc/ajph/107/3>, includes articles:

[Academic Public Health and the Firearm Crisis: An Agenda for Action](#)

[Mass Shootings: The Role of the Media in Promoting Generalized Imitation](#)

[Quantifying Disparities in Urban Firearm Violence by Race and Place in Philadelphia, Pennsylvania: A Cartographic Study](#)

[Bridging the Response to Mass Shootings and Urban Violence: Exposure to Violence in New Haven, Connecticut](#)

Also, a 2021 editorial:

[Talking About "Firearm Injury" and "Gun Violence": Words Matter](#)

The Pew Research Center

The Pew Research Center has compiled key facts and statistics about gun violence (from CDC and other sources) and findings from its own public opinion polls on Americans' views on gun policy. See: <https://www.pewresearch.org/topic/politics-policy/political-issues/gun-policy/>

For example, a 2021 Pew Research Center survey highlighted the public's views of [gun-related proposals](#), from barring people with mental illnesses from obtaining guns to expanding background checks for firearm purchases. The same survey showed how attitudes about these policies [differed between gun owners and non-owners](#). Other recent publications have highlighted [key facts about Americans and guns](#), as well as the [record number of people](#) who died of gun-related injuries in the U.S. in 2020. Earlier reports presented: [American teens' worries about the possibility of a shooting happening at their school](#) (2018) and [America's complex relationship with guns](#) (2017).

Nature Special 2019 Collection: What guns mean: the symbolic lives of firearms, <https://www.nature.com/collections/jdiffcfjba>, including article:

Boine, C., Siegel, M., Ross, C. et al. What is gun culture? Cultural variations and trends across the United States. *Humanit Soc Sci Commun* 7, 21 (2020).

Health Affairs Special Issue: [Violence and Health](#) (2019), including an overview article:

Rivara, Frederick et al. 2019. "The Effects of Violence on Health." *Health Affairs* 38(10): <https://doi.org/10.1377/hlthaff.2019.00480>

Robert Wood Johnson Foundation (RWJF)

Collection of essays and articles in scientific journals:

<https://www.rwjf.org/en/library/research/2017/09/gun-violence--a-public-health-epidemic.html>

Timely Popular Media Items

NPR: [Gun violence deaths: how the U.S. compares with the rest of the world](#), May 24, 2022

Washington Post, [Guns killed more young people than cars did for the first time in 2020](#), May 25, 2022

Scientific American: [The Science Is Clear: Gun Control Saves Lives](#), May 26, 2022

The Atlantic: [An ER Doctor's 'Third Way' Approach to the Gun Crisis](#), May 26, 2022

CNN: [States with the most gun violence share one trait](#), May 26, 2022



Photo by Bee Ben Khallouq

Career and Employment



Navigating the book publishing process part II: Perspectives from an acquisitions editor

It is finally summer; a time when many prospective book authors start considering and navigating the process of submitting a book prospectus to academic presses and set up meetings with acquisitions editors. To help demystify this process, I interviewed Dr. Eric Schwartz, Editorial Director for Sociology at Columbia University Press and former Sociology Acquisitions Editor at Princeton University Press. I asked him the questions that were tumbling around my head when I first went through this process about five years ago. His responses offer incredibly useful insights for first-time and seasoned authors alike:

Tania Jenkins

tania.jenkins@unc.edu

@TaniaMJenkins

TMJ: With ASA around the corner, what advice would you have for scholars with a book idea that they'd like to shop around to acquisitions editors, like yourself?

EIS: The most important piece of advice for young scholars going to ASA is to develop a synopsis of your project that you can explain in a few sentences. What question do you ask? What is the answer to that question? What method do you use to come to your answer? If you can hit all three of those in once sentence each, you can explain your work to just about anyone you encounter.

TMJ: When should prospective authors reach out to you to set up a meeting at ASA? What should they include in in that email?

EIS: The earlier the better. My schedule starts filling as early as five or six months in advance, though I find I'm still making appointments as late as the next day if needed. It can't hurt to be early when it is easier to find a day and time that works for both sides. All I need in advance is a brief summary of the project (see above), its present stage of development, the author's present affiliation, and PhD granting institution if it's a revised dissertation are helpful. If you've already published on the subject that's a help, too. Also, why Columbia UP [or whichever press you're meeting with]? For me, an ASA meeting is all about making a connection. This information helps me understand who the author is, why we are meeting, and how I can be helpful now and in the future.

TMJ: What questions should an author ask during a meeting with an acquisitions editor?

EIS: I always find “what are some books you are currently working on that you are really excited about?” to be a great question. It’s very generative and often a direct way to find mutual interests and connections or the lack thereof.

TMJ: What should an author pay attention to in a meeting with an acquisitions editor? For example, I always advise colleagues to try to gauge how much the editor “gets” the book and how excited they are about it. Is that good advice?

EIS: I think you nailed it here. Especially for books targeted to a disciplinary audience, the differences between the top ten or so university presses in a given field are negligible in terms of organizational resources dedicated to scholarly books. The biggest difference will be the editor, and authors should want to work with an editor who can and will give them the time they need to make their book be the best it can be and to find its audience. The editor is also the book’s advocate within the press, so an author should want an editor who will represent them and their work well so they make the most of peer review, production, design, copy, awards, you name it. Not every author has the same needs and all editors have different strengths and different approaches to their role and their relationships with their authors. Authors and editors both want the right fit.

TMJ: Does meeting with an acquisitions editor “lock” the author into working with that press?

EIS: Absolutely not. I think of these meetings as purely informational and not transactional. What can we learn from one another? Is there a way that we could be helpful to one another in the future? We’re all in this for a long time and we all benefit from helping one another to succeed. More specific details about how to approach a proposal will come later.

TMJ: What comes next after a meeting with an acquisitions editor?

EIS: I take notes at every meeting and will write a follow-up email to everyone I meet with. Some beat me to it. The follow-up is usually the point at which I can start to work on what would be the best next actionable steps, whatever that might entail and in whatever timeframe makes sense.

TMJ: What if an author cannot meet with an acquisitions editor at ASA; are there other ways of establishing contact? Is such prior contact required before submitting a prospectus to a press?

EIS: Meeting off the ASA cycle makes a lot of sense. At ASA, prospective authors are all competing with one another for editors’ time and attention. At other times of the year, our schedules are much lighter. When school is out of session, we have more time. Prospective authors can just email and ask to set-up an informational meeting by video call. I have plenty of authors from the past two years that I have never met unmediated through screens. Having a meeting before a submission is always helpful. It takes a bit of the uncertainty out of the exchange for both sides.

TMJ: What makes a strong prospectus in your experience?

EIS: The strongest prospectuses are clear and honest about what they want to achieve and how they plan to do it. What is the question, what is the answer, what are the methods, how do the chapters answer the main question, what is the intended audience? This isn't easy and will develop as the work progresses. If these pieces are missing or seem implausible, it can be a sign of trouble later on.

TMJ: How best can authors work with acquisitions editors to improve their books?

EIS: University press editors at baseline are able to help authors navigate a confusing and at times technical process in a way that gives authors confidence so they can focus on supporting their work post publication. More savvy authors will work with editors to expand the book's potential audience. I wrote about this recently for the journal *Sociologica*.

TMJ: Any other advice for first-time authors?

EIS: This may seem simplistic but it's not – be yourself. It's the nature of the job that editors are optimistic, supportive, and social people. This isn't a one time, make it or break it opportunity.

Helpful resources:

Schwartz, E. I. (2022). Author, Editor, Audience. *Sociologica*, 16(1), 29-33. <https://doi.org/10.6092/issn.1971-8853/14610>.

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



Dr. Eric Schwartz, Editorial Director for Sociology at Columbia University Press

<https://cup.columbia.edu/editors/eric-schwartz>

Meet the new editor!



Philip J. Pettis

Incoming Assistant Professor at Michigan State University

On behalf of the Medical Sociology publications committee, I gratefully thank Evan Roberts for his outstanding work as outgoing editor of the section's newsletter. In a time of difficulty and necessary distancing, Evan's leadership of the newsletter was a constant, keeping us in dialogue with each other and, with his special talent for finding just the right images, keeping us in touch with the beauty of the world. Thank you, Evan!

In addition to his normal duties as newsletter editor, Evan also helped to recruit his own replacement! We are so grateful to Evan for this help and delighted to introduce **Philip J. Pettis** as our section newsletter's incoming editor! PJ is starting as an Assistant Professor in the Department of Sociology at Michigan State University this Fall ('22) and will be familiar to newsletter readers as one of the leaders of the 21-22 student column. I got a chance to chat with Philip about his transition to MSU and his vision for the newsletter. - *Danielle Bessett*

What things are you most excited about your new department/university/city?

I am a proud Midwesterner. I was born and raised primarily in Kansas and spent some time in my earlier years living in several other plains states. I am delighted to join the Okemos/East Lansing community. It reminds me a lot of home. I have truly missed living in the Midwest. There is something endearing about the people, the history, the traditions, the food, and the culture of the Midwest. I am very connected to the Heartland and always naively hoped it would be where I would make my landing. I feel fortunate to move to and join such a beautiful community and state.

MSU has such an incredible, welcoming, and warm sociology department, with many talented and innovative scholars whose research speaks to academic audiences and the general non-academic community. This is a testament to how we, as academics, can go about being scholars while simultaneously using our work to advocate for change and the visibility of the marginalized. This is important to me as a queer person of color who happens to be a sociologist and a social worker. As a scholar studying gender and sexual minority health, I am proud to share a home space with scholars who are doing similar work in some ways. I look forward to contributing to research that addresses gender and health disparities and is truly intersectional. Knowing that my intersectional work on gender and sexual minorities will be supported and appreciated is amazing.

In addition to my home in the sociology department, I will be part of the Consortium for Sexual and Gender Minority Health, which is an interdisciplinary group of researchers whose research focuses broadly on gender and sexual minority health. This work is so important. Sexualities studies are underrepresented in the field of sociology and broadly in academia. Now more than ever, with so many structural and social changes in society, we need to center research that addresses the inequalities experienced by sexual and gender minorities. Health is one domain where sexual and gender minorities are disadvantaged. Sexual and gender minorities are also disadvantaged in nearly all life course domains. These disparities need to be known in and outside of academia. In many ways, MSU, specifically the Consortium for Sexual and Gender Minority Health, is leading the way.

What drew you to the post of the newsletter editor?

As a graduate student, I was fortunate to have been involved in several roles in the medical sociology section and the sexualities section- the best graduate student paper award, best article award, best book award, etc. In these roles, I was allowed to use my voice to ensure truly innovative work by diverse scholars was recognized. Last year, I had the opportunity to work with three extraordinary and talented graduate students --- Keif Godbout-Kinney, Bee Ben Khallouq, and Christina Bijou as a contributor to the student section of the medical sociology newsletter. During this time, we had the opportunity to interview six extraordinary scholars from diverse backgrounds on marginalization within the discipline. We intentionally selected this as the theme because we wanted to shine a light on scholars whose work or identities are marginalized in some way and to have diversity and inclusivity at the center of the newsletter. As a newsletter editor, I can do a little more to carve out space for others than in my role as a graduate student contributor. I hope to allow for issues of diversity and inclusion across the spectrum to be covered in the newsletter. Evan Roberts did such a fantastic job in his role as the past newsletter editor. I want to carry that torch handed off to me in a truly meaningful way.

What have been your favorite features or specific articles in the med soc newsletters?

We do not get to engage with other scholars as much as we would like. This is because we are busy and often secluded in our little research silos. However, as a graduate student, I deeply enjoyed reading the Medical Sociology Newsletter. It kept me in the "know" and made sociology and sociologists much more personable and human. Not to be biased, but I always enjoyed the student section of the newsletter. It demonstrates that sociology, as an academic discipline, values the most prestigious and seasoned scholars and the input and opinions of burgeoning junior scholars and graduate students. That is how we move our discipline forward. We often think of EDI work as being more narrowly focused on inclusivity along dimensions of race, gender, sexual orientation, (dis)ability, or socioeconomic status differences. But inclusivity also means representation across the graduate student-distinguished professor continuum and making a little room at the table for us all.

Anything else you want to say about the role and importance of the section's newsletter?

There are so few queer scholars of color in the discipline and even more broadly academia. I volunteer to do these types of activities as often as I reasonably can, because it is vital that queer folks are represented everywhere. The next generation of queer scholars deserve to see themselves represented and heard. That is how we orchestrate change, yes systematically, but also by leaving our little footprints.

What is the vision you have for the newsletter under your Tenure?

I am looking forward to creating more space in the newsletter on issues surrounding EDI in medical sociology and in the broader discipline. I am looking forward to making more space to highlight the work of women, religious minorities, trans people, queer people, folks who are doing work on (dis)ability and those with (dis)abilities, and people of color. I am looking forward to carving out more opportunities for graduate students to be involved in the newsletter. I am also hoping to create space for opportunities both inside and outside of the academy. I think we as a discipline need to do a bit more to bridge the academic-public sociology divide. I know of so many truly amazing public sociologists who are doing such great work outside of the academy, and that also needs to be featured. Honestly, I am truly in awe of what Evan did during his tenure as the newsletter editor. I love what he did to sustain and expand on the legacy of prior editors. I have a great role model to follow.



Photo by Bee Ben Khallouq

From the editor



Evan Roberts, University of Minnesota

eroberts@umn.edu @evanrobertsnz



A kauri tree and its epiphytes in the Waipoua Forest

My four years as editor have passed amazingly quickly. My thanks to Jane McLeod and the 2017/18 Council for taking up my offer to take on this role. Thanks to the chairs and officers who have contributed regular columns as part of their work keeping the section connected.

I am passing the torch to Philip J. Pettis. Get to know Philip in his interview with Danielle Bessett (Publications Committee chair) by going back a page!

This has been one of the best service roles I've had, putting me in touch with so many wonderful, generous members of our section. Dipping into the articles that people sent for announcements gave me readings for classes, and usefully prompted me to read beyond my current niche. I mention this to highlight that academic service is not set apart from teaching and research. The different parts of our academic life support each other like trees, epiphytes, and birds of all kinds. You decide which of teaching, research and service map to those elements in nature!

This may be a particularly "kiwi" metaphor, and if you want to know more check out [these links](#) (and visit some day, it's really not that far).

With the newsletter behind me, I am looking forward to giving more time to my new editorial board roles at *History of the Family* and *Journal of Health Services Research & Policy*. Do submit your work to these good journals! Just as our own teaching, research and service support each other, our academic communities are stronger when they are intertwined.

Medical Sociology is a wonderfully diverse section, and if the opportunity to serve again comes I would not hesitate to say yes.

Ka kite anō au ia koutou
Evan

Call for Papers!

Papers are sought for the next volume in the Emerald series Research in the *Sociology of Health Care*, entitled Social Factors, Health Care Inequities and Vaccinations.

Papers related to any of these topics are welcome. Completed manuscripts of 20-35 pages due by Oct 1, 2022.

Will Review abstracts earlier, but please do not send from June 22- July 1 and July 12-24. Send abstract and email to : Jennie Jacobs Kronenfeld, Professor Emerita, Arizona State University, jennie.kronenfeld@asu.edu.



Call for Papers!

Psychological and Social Consequences of Community Disasters with Special Attention to the Coronavirus Pandemic

About this Research Topic

Large scale disasters like the ongoing pandemic, earthquakes, wildfires, flooding, terrorist attacks, armed conflict etc. are common. The long-term health consequences of these traumatic events are well known. This call for papers is for both empirical and theoretical manuscripts focused on new directions in how community disasters influence physical and mental well-being, with attention to the ongoing coronavirus pandemic. We welcome papers from a variety of disciplines including sociology, psychology, anthropology, public health, and medicine.

We are interested in manuscripts from multiple disciplines and using multiple methodologies (quantitative and qualitative) that assess how disasters affect health and well-being of special populations like first responders, public safety personnel, healthcare providers, or adolescents and young adults. Additionally, we are interested in research, clinical, or theoretical manuscripts on ways to mitigate the negative consequences of community disasters. We would be interested in new directions in research on factors (especially organizational) that contribute to trauma/stress and poor health outcomes among the groups identified above, again within the context of community disasters and coronavirus. How do compassion fatigue and post-traumatic growth fit in here? What organizational and/or social factors mitigate harm or offer better post-disaster recovery among the above groups?

We are interested in receiving manuscripts that examine new directions in understanding community disasters: what factors contribute to poor outcomes, especially organizational or social factors (race/ethnicity, class, gender, sexual orientation, minority status, etc.) that impact or contribute to health disparities? Manuscripts that present original research, systematic review, community case study, hypothesis and theory, clinical, or methodological innovations are welcome. Manuscripts from psychology, sociology, anthropology, geography, public health, and medicine are also welcome.

Abstracts are welcome, if you want feedback before submitting a manuscript. Deadline for manuscript submission is August 4, but extensions can be discussed on a case-by-case bases.

For more information: <https://www.frontiersin.org/research-topics/36775/psychological-and-social-consequences-of-community-disasters-with-special-attention-to-the-coronavir>



ASA Invited Thematic Session: A Conversation About Policies and Health Inequities

President: Elaine Hernandez

Saturday, August 6 8-9:30am PST

Policies shape population health in complex ways. Aside from exacerbating already existing health inequities, the COVID-19 pandemic highlighted how variation in state, county, and city level policies differentially impact the health of the populations within them.

Drawing from an array of experts on policy and health inequities in the United States, we will have an interdisciplinary conversation about a) who is conducting policy research, b) the ways we study health policies, c) how to center people who have been systematically marginalized, and d) the role sociology may take outside of academia.



Jennifer Karas Montez

University Professor, Sociology Department
Gerald B. Cramer Faculty Scholar in Aging Studies
Director, Center for Aging and Policy Studies
Co-Director of the Policy, Place, and Population Health Lab
Faculty Associate, Aging Studies Institute
Syracuse University

Hedwig Lee

Professor of Sociology
Director of Undergraduate Studies
Associate Director of the Center for the Study of
Race, Ethnicity, & Equity
Washington University in St. Louis



Ninez Ponce

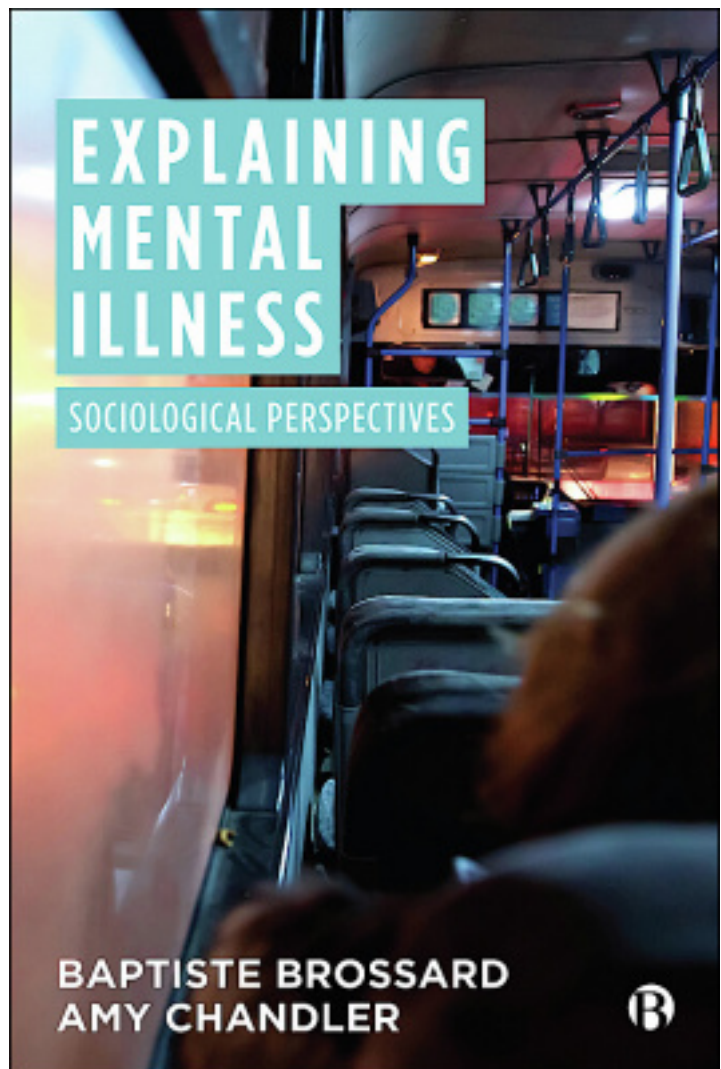
Professor of Health Policy and Management
Principal Investigator of California Health Interview Survey (CHIS)
UCLA Fielding School of Public Health



New books

Baptiste Brossard (University of York) and Amy Chandler (University of Edinburgh) *Explaining Mental Illness: Sociological Perspectives*, Bristol: Bristol University Press.

<https://bristoluniversitypress.co.uk/explaining-mental-illness>

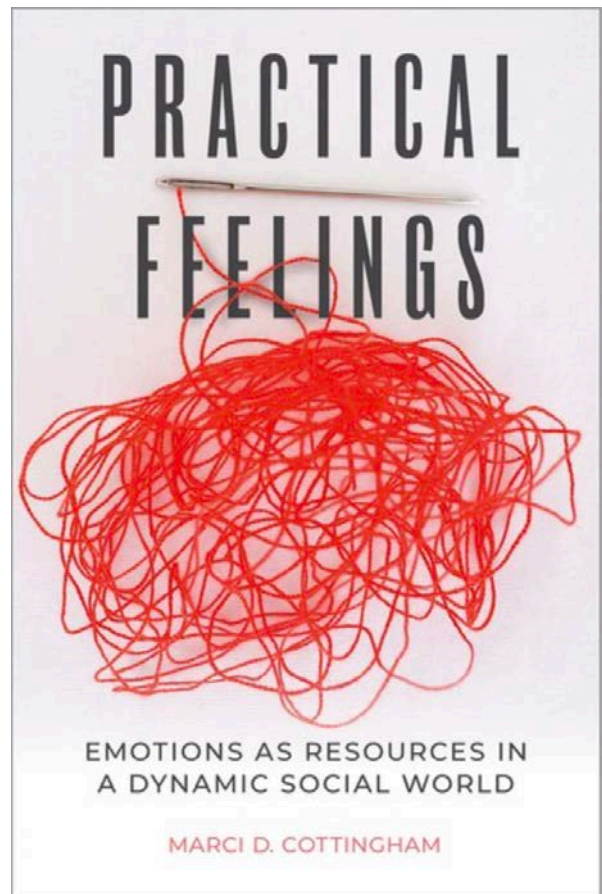


New books

Tracing emotions across work, leisure, social media, and politics, *Practical Feelings* counters old myths and shows how emotions are practical resources for tackling individual and collective challenges.

We do not usually think of our emotions as practical – often they are nuisances to overcome, momentary mysteries to solve, or fleeting sensations to savor before getting back to the business of living. But emotions interlace the practical elements of daily life. In *Practical Feelings*, **Marci D. Cottingham** develops a theory of emotion as practical resources. By integrating the sociology of emotion with practice theory, Cottingham covers diverse areas of social life to show the range of an emotion practice approach and trace how emotions are put to use in divergent domains. Spanning work, leisure, digital interactions, and the political sphere, Cottingham portrays nurses, sports fans, social media users, and political actors in more complex, holistic ways. *Practical Feelings* provides the conceptual tools needed to examine emotions as effort, energy, and embodied resources that calibrate us to the social world.

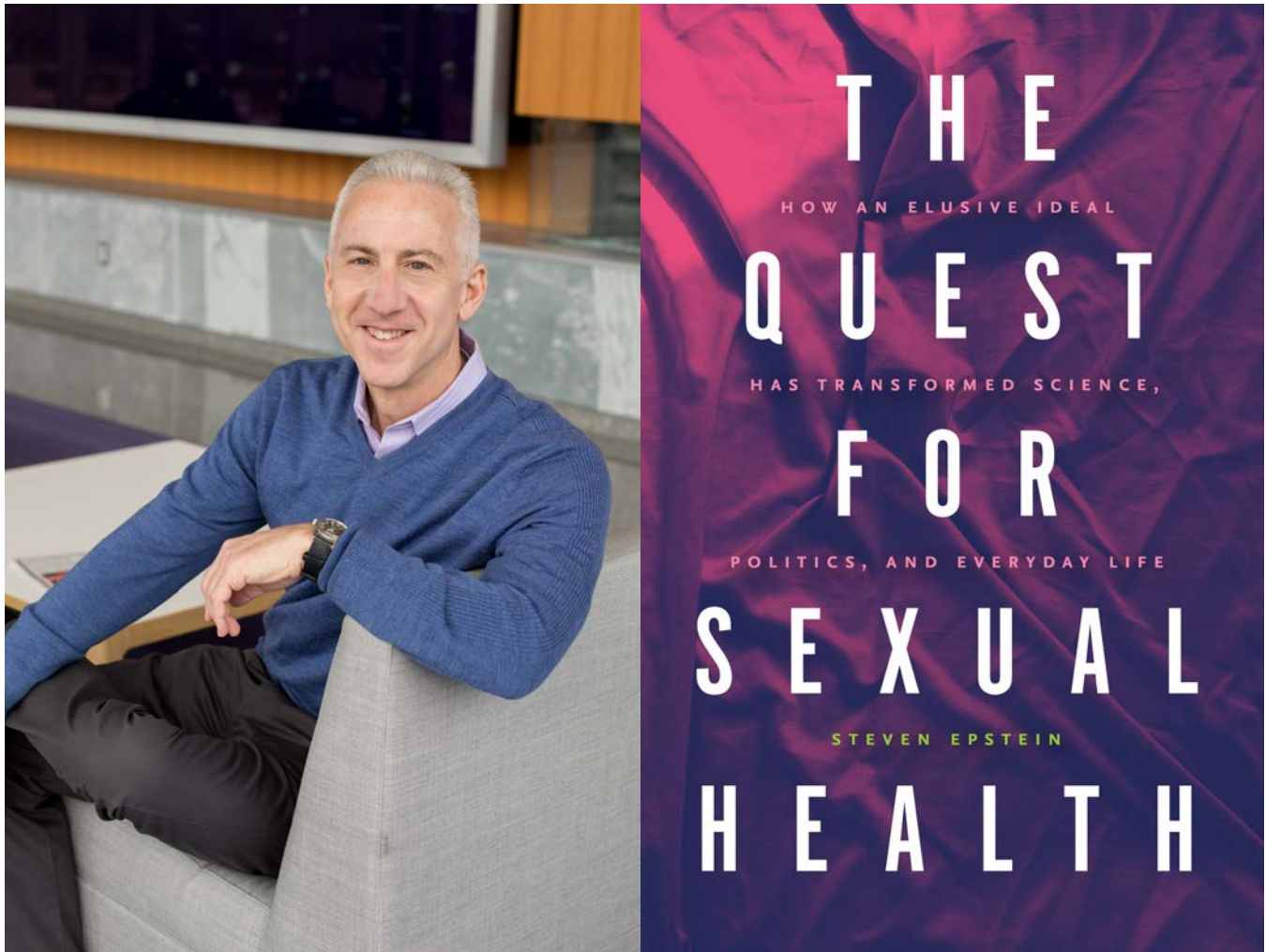
You can order it online at <https://global.oup.com/academic/product/practical-feelings-9780197613696?q=cottingham&lang=en&cc=us#> using code ASFLYQ6 to save 30%



New books

Steven Epstein, *The Quest for Sexual Health: How an Elusive Ideal Has Transformed Science, Politics, and Everyday Life*. Chicago: University of Chicago Press, 2022.

Since the 1970s, health professionals, researchers, governments, advocacy groups, and commercial interests have invested in the pursuit of something called “sexual health.” Under this expansive banner, a wide array of programs have been launched, organizations founded, initiatives funded, products sold—and yet, no book before this one asks: What does it mean to be sexually healthy? When did people conceive of a form of health called sexual health? And how did it become the gateway to addressing a host of social harms and the reimagining of private desires and public dreams?



Article announcements

Tirth R. Bhatta, Nirmala Lekhak, Timothy D. Goler, Eva Kahana & Sfurti Rathi (2022) The intersection of race and financial strain: The pain of social disconnection among women in the United States, *Journal of Women and Aging*, <https://doi.org/10.1080/08952841.2022.2041154>

Meredith Field, "Ohio Abortion Regulations and Ethical Dilemmas for Obstetrician-Gynecologists" in *Obstetrics & Gynecology*. The article is free and available online: https://journals.lww.com/greenjournal/Fulltext/9900/Ohio_Abortion_Regulations_and_Ethical_Dilemmas_for.483.aspx