What If We Thought of Societies as Patients?

In this issue on health and health care, sociologists discuss how a careful consideration of relationships among individuals, medical and political systems, and social environments can create healthier societies.

Margaret Weigers Vitullo, Deputy Director, American Sociological Association

The baby was born healthy. The woman who had a stroke had a long history of high blood pressure. The man suffered from depression. Statements like these reflect the fact that in the U.S., health is generally thought of as an individual characteristic. Likewise, medicine and medical treatment are usually framed in individual terms. The field of public health is the domain that generally studies population-level health, considering the factors that impact communities and societies. Interventions in public health usually occur at the policy level and may include things such as regulations and programs and the administration of services. The distinction between medicine and public health has long provided a convenient delineation of areas of expertise. Clinical professionals, including doctors and nurses, focus on treating individuals. Public health researchers focus on communities and promoting conditions that will improve the health of the individuals within them.

This issue of *Footnotes* challenges this distinction. The authors here use the methods and insights of sociology to demonstrate the tightly bound relationships between individual health and social conditions across multiple outcomes, including COVID-19 deaths and vaccination rates. They call for a far more nuanced, multi-level and interactive consideration of the factors behind health and well-being.

Jennifer Karas Montez ("The Rise of U.S. States and the Fall of U.S. Health") demonstrates the impact of state policies regarding labor, the environment, tobacco taxes, civil rights, and immigration on health and longevity. Tiffany Joseph ("How the Vaccine Rollout Reveals Another Failure of U.S. Public Health Infrastructure and Implications for Marginalized Populations") brings a similar analytic lens to the pandemic, explaining that it is only through consideration of the interactions between individuals and their environments that we can understand why Black individuals comprise 14.7 percent of all COVID-19 deaths while only 4.6 percent of vaccines have gone to Black people. Christine Bachrach ("Why Sociologists Are Good For Our Health") points out that even when environmental factors, like neighborhood violence or poverty, are taken into account, they are generally conceptualized as "exposures" suffered by individuals, instead of taking the entire interactive system into account. Jennifer Reich ("All in this Together?") demonstrates the ways those interactive feedback loops produce vaccine hesitancy *and* serve to perpetuate it.

Taylor Hargove ("Structural Racism and Inequalities in Health") and Latrica Best ("Understanding the Pandemic's Impact on Black Americans' Health from a Life Course Perspective") help us understand that it is not enough to examine the point-in-time relationships between people and places when considering health. Rather, we need nuanced and intersectional analyses that consider how those factors will interact and accumulate across the life course.

Bernice Pescosolido and Byungkyu Lee ("COVID-19 and the Sociology's Mental Health Moment") consider the possibility that widely experienced social isolation during the pandemic, and the concomitant increases in depression, anxiety, and other mental health problems, may lead to a broader understanding of the relationship between environment and mental health and perhaps even a reduction in social stigma around mental illness and its treatment.

However, the articles in this issue do not just reveal the fault lines and failings that have led to systemic inequality in health outcomes across individuals and communities. They also provide guidance on how we can move toward solutions. Producing healthier societies will require careful consideration of the on-going and structured relationships between individuals, medical and political systems, and social environments. It will require us to think and work in interdisciplinary ways that draw on the expertise of sociologists, public health professionals, and state- and national-level policy makers, as well as the expertise of medical practitioners. In short, it may help if we begin to think of societies and communities as "patients" and not just the individuals within them. "Treatment" then takes on a far broader meaning and, as these articles demonstrate, may result in far better health outcomes. ∎

> **In the articles that follow, authors use the methods and insights of sociology to demonstrate the tightly bound relationships between individual health and social conditions across multiple outcomes, and call for a far more nuanced, multi-level and interactive consideration of the factors behind health and well-being.**

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Why Sociologists Are Good for Our Health

Christine Bachrach, Research Professor, Sociology, Maryland Population Research Center

- Contact with the criminal justice system impairs mental health.

- Welfare programs improve health for all; anti-discrimination policies reduce health inequalities.

- Women affected by structural sexism are less healthy.

- Wealth improves health, but liquid assets and homeownership improve it in different ways.

- Organizations can improve mental health by giving employees more control.

Christine Bachrach

These findings, all published in ASA journals during the last five years, highlight what many are now saying are the primary drivers of health and health equity across different populations—the ways in which human societies are structured. The distribution of wealth and power, institutional policies, and associated cultural beliefs that create hierarchies of worth within populations are just some of the social determinants of health that are finally getting deserved attention from health advocates. The previous issue of *Footnotes* highlighted additional issues related to the food system. This places sociology front and center among the disciplines that can contribute to improving health.

Considering the value Americans place on health, you'd get a very different impression by strolling through a typical university, comparing the high-tech steel and glass medical buildings stretching over acres of the campus and the weathered brick building housing the sociology department in a corner of the quad. You'd get a different impression if you looked at statistics on funds invested in medical and sociological research. I believe these disparities in scientific investment have been disastrous for American health. I argue that sociologists not only have the expertise needed to improve the poor U.S. record of

health and health equity, but the imperative to advocate for integrating sociological knowledge into our country's health agenda.

Why Sociology Is So Important to Health

For decades now, health scientists have pointed to the multiple layers of causal factors involved in the production of health, ranging from genetics and physiological systems, to individual behavior and cognition, and to the social, physical, and chemical environments in which people's lives unfold.

Elements of the social environment that research has firmly linked to health and health disparities include the full range of what sociologists study. The World Health Organization's 2008 *Closing the Gap in a Generation* report highlights families, preschool programs and services, urban and rural development, housing, employment, living wages, working conditions, social protection systems—and health care. Studies have shown that social determinants, including neighborhood crime, policing practices, social stratification, institutional norms, government policies, and much more, play foundational roles in the pathways that produce health and health inequities.

These social determinants of health are now well recognized, but in many quarters, health experts have oversimplified them. Much of the social epidemiology literature characterizes things like neighborhood violence or poverty as "exposures." The focus is on the individual—a receptacle of social environmental causes that exogenously operate on the body—and not on the broader system in which these causes originate and interact.

Welcome efforts to address the social determinants of health have recently arisen within health care systems, but these typically focus on meeting patients' social needs by providing a social worker to help access services. This may help individual patients ameliorate the

effects of their "exposures," but does nothing to address the root causes of the exposures themselves—racism, stratification systems, and institutional policies and practices.

Sociologists understand that social systems are complex and historically contingent, and that there is often more than one path to an outcome. For example, Bruce Link and Jo Phelan's seminal fundamental causes theory underscores how important this is to understanding health disparities. Those higher up the social ladder will always have better health because they have more resources with which to secure it; but how they secure their health advantage will change over time in response to new technologies, new policies, or other changes in the social environment.

Why Have Social Determinants Received Less Attention?

Parsing out the relative importance of medical care, health behaviors, and the conditions of people's lives in contributing to poor health and premature mortality is fraught with difficulty, but efforts to do so have been revealing. The most recent attempt, based on county-level data, suggests that socioeconomic factors account for nearly half of all cross-county variation in health outcomes. Health behaviors account for 34 percent, the physical environment 3 percent, and clinical care, 16 percent. Yet, for every article listed in on social determinants of health, there are 10 on health behaviors, and 28 on health care. Why?

It's not just the power and money of the medical-industrial complex that has sidelined awareness of sociological contributions to health, although the $4.45 billion the pharmaceutical industry has spent lobbying over the past 22 years to resist government-run health care and protect its profits speaks for itself. Second only to big pharma in lobbying expenditures is insurance companies, with Blue Cross Blue Shield in the lead.

In the United States we have a culture of health that reflects and reinforces a conflation of health

and health care, making the social determinants of health invisible. Health policy, and our discourse around it, is still strongly focused on health care and access to health insurance. Even the World Health Organization, which champions social determinants of health, defines health policy as the "decisions, plans, and actions that are undertaken to achieve specific health care goals within a society."

Reflecting U.S. cultural values of individualism and personal responsibility, health behaviors are the other major component of our cultural understanding of health. Even the ASA titles its health journal *Health and Social Behavior*. I conducted a search for "health" on the website This I Believe, which features contributed essays on the values people hold. Of the 78 essays that characterized health in some substantive way, the majority focused on personal behavior, about a third on medical treatment, and a fifth on the need to be strong to deal with health problems.

Only four connected some aspect of the environment to health. Two of the four were high school students writing that stressful school environments affected their mental health—one focused on chemical toxins in the environment, and the other one on occupational risks to health.

The centrality of personal responsibility in our pantheon of values offers narratives that can be used to deflect attention away from social determinants. If people smoke, it's a poor choice. If people live in unsafe housing, they have failed to raise themselves up. The issue often boils down to a political argument about the role of government; the infringement on liberty of limiting the size of sugary beverages. A focus on individual behavior respects autonomy, while blaming the victim and allowing us to accept the deep inequalities in our society.

It's possible that social determinants of health have been less recognized because they are not tied to health in easily visible ways. On the other hand, neither were bacteria, environmental toxins, or behavioral

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risks such as smoking. We needed the contributions of science to understand and address these health hazards, just as we need them in the domain of social determinants.

Moving Forward

What sociologists study has a massive impact on health and mortality, yet the potential for applying sociological knowledge to improve health is just beginning to be tapped. How do we move forward?

(1) **Advance the science.** There is still much to learn about how the structuring of human society works in tandem with individual agency and biology to affect health and longevity. Getting specific about mechanisms is one of the most important unmet challenges. What is it about education that prolongs life? Why is housing so important for health? How exactly do environmental conditions change the way genes affect biological pathways? What contingencies affect which mechanisms are most important under a given set of circumstances. Harnessing systems approaches to model change in social determinants of health, the pathways through which they affect health, and the potential impact of structural interventions, could also be highly fruitful.

(2) **Advocate for social science.** The social sciences need effective advocacy to raise their stature and increase funding streams. In my interactions with health leaders, I have found too many who hold to misperceptions of "soft" science and believe that "common sense" is all that's required to address social determinants of health. Advocacy requires that sociologists reach beyond their own academic circles and develop communication strategies that speak to values and interests they may not share. Recent efforts by the National Academies of Science, Engineering, and Medicine to communicate the value of the social sciences for meeting national priorities provide an excellent starting point: a report on work funded by the National Science Foundation and a Roundtable on the Communication and Use of Social and Behavioral Sciences. The Consortium of Social Science Associations holds an Advocacy Day every spring to educate Capitol Hill staffers about our science. ASA is an active member of COSSA and any ASA member can participate.

(3) **Join a team.** If health is the product of the interaction of environments, individual action, and biology, then leveraging sociology to improve health can't be achieved by sociologists alone. Scientific teamwork across the many disciplines that address these elements is essential to moving forward.

Population health science is responding to this need. Population health is a collaborative field, not a new discipline. It pursues a goal articulated for public health in 1988, "fulfilling society's interest in assuring conditions in which people can be healthy," but with a broader, less medicalized, understanding of what it takes to foster health. Population health has grown rapidly over the past few decades. In 2015, it acquired its own scientific organization, the Interdisciplinary Association for Population Health Science, which engages scientists from schools of public health, medicine, and other health professions, along with social scientists of all stripes. Population health also promotes engagement across sectors, drawing in actors in government, business, community development, and public health practice who seek to improve health and health equity. While confusion sometimes arises because many health care providers use the term more narrowly (for the management of patient populations), even this complements and contributes to the larger vision of population health.

Many talented sociologists are already participating in this field, but there is still much room to grow. Especially needed are sociologists who are willing to take on the challenges of interdisciplinary collaboration and synthesis. This is not a big stretch: sociologists tend to be more interdisciplinary than many other disciplines already. Even sociologists who don't focus on health as an outcome can provide valuable insight for interdisciplinary teams who might otherwise reinvent the wheel, oversimplify, or misconstrue theory in addressing

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social determinants. We will, of course, need universities who are willing to reward interdisciplinary and, ideally, applied work, in their promotion and tenure decisions.

A Great Time to Get Involved

It's well known that the U.S.—despite its massive expenditures on health care—performs near the bottom of wealthy nations on population health. Its record on health equity is equally poor: recent data on declines in life expectancy in 2020 estimate that Black and Latino populations lost three to four times more years of life during the COVID-19 pandemic compared with Whites. And we know why: it's not just access to health care or quality of care, though that undoubtedly played some role. People of color died more often because their conditions of life—jobs, income, housing, and more—made them more vulnerable, both to the virus itself and to developing underlying conditions that increase the risk of death once infected.

These numbers shine a glaring light on the need to reallocate resources to the "fundamental" social causes of health, the causes that sociologists know so well. Recognition of this need is gaining momentum, reflected in provisions of the Affordable Care Act, "Health in all Policies", and evolution of the federal Healthy People 2030 program. It has been supported by the growth of progressive causes and intensified concern with racial justice issues.

Powerful actors in the medical community recognize the importance of social causes for health outcomes; sociologists have the expertise to put their power and money to work on addressing them. Collaborate! The need has never been greater. ∎

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Feature

Structural Racism and Inequalities in Health

Taylor W. Hargrove, Assistant Professor of Sociology, Faculty Fellow, Carolina Population Center, University of North Carolina at Chapel Hill

The year 2020 was unprecedented. As of March 2021, COVID-19 has claimed the lives of more than 500,000 Americans—a disproportionate number of whom were Black, Latino, and Native American (NCHS 2021). Alongside this global pandemic, the killings of several Black women and men at the hands of police in the United States, including Atatiana Jefferson, Breonna Taylor, and George Floyd, catalyzed an expansion of ongoing social movements seeking to combat systemic racism in general, and police brutality in particular. Together, these tragic events have brought racialized inequalities, particularly in health, to the forefront of American discourse.

Racialized health inequalities, however, are not new. While life expectancy has generally increased for all groups, Black Americans continue to have lower life expectancies than White Americans and spend a greater portion of their lives in poor health (Beltrán-Sánchez et al. 2015; Freedman and Spillman 2016; NCHS 2019). As of the first half of 2020, the gap in life expectancy at birth between Black and White Americans was six years—an increase of 46 percent since 2019 and the largest gap in life expectancy since 1998 (Arias et al. 2021). Moreover, recent work suggests that racial inequalities in health may be as deadly as COVID-19. Wrigley-Field (2020) found that 700,000 to 1 million excess White deaths would have needed to occur for life expectancy among Whites in 2020 to fall to the highest life expectancy of Black Americans.

Structural racism is an undoubted driver of these persistent inequalities. Structural racism refers to the interconnection of institutions, laws, practices, and ideologies based on historically rooted relations of domination and subordination that organize racialized groups in a hierarchal structure. Those in superior posi-

tions receive economic, political, civic, and social rights and advantages while those in subordinate positions experience barriers to such rights and advantages. Because racism is structural in nature and does not require individual beliefs, intentions, or actions, the conditions needed in order to maintain these hierarchies are reproduced over time (Bonilla-Silva 1997). To reduce inequalities in health produced by this pervasive system, one must have a sense of what we know and what we need to know. Below I briefly outline the relationship between racism and health, and then discuss how some of my work seeks to illuminate racialized health inequalities.

Racial Inequalities across the Life Course

As many other scholars have eloquently addressed, racism affects every aspect of life via a multitude of mechanisms (see, for example, Bailey et al. 2020; Du Bois 1899 [1967]; Gee and Ford 2011; Sewell 2016; Williams et al. 2019). While I will not go into these mechanisms in detail, it is important to note for this essay that structural racism produces consequences at every ecological level, including institutional (e.g., race-based segregation; redlining), interpersonal (e.g., experiences of discrimination), and internalized levels (e.g., adherence to negative beliefs about one's racial group). These various domains of racism shape health via access to socioeconomic opportunities and resources, exposure to stressors, accelerated physiological aging, and residence in neighborhoods that experience social and economic disadvantages and political disenfranchisement.

Racism also influences health at every stage of the life course. Black women, for example, have the highest rates of preterm birth in the U.S. (Martin et al. 2019). Such inequalities stem from social exposures experienced by Black women throughout the life course

Taylor W. Hargrove

that influence maternal health (Geronimus 1996; Geronimus et al. 2006). Given that preterm birth is linked to depressed neurological development, increased cognitive deficiencies, lower academic achievement, and increased morbidity in childhood and adulthood (Beauregard et al. 2018; Johnson and Marlow 2011; Saigal and Doyle 2008), children born to Black mothers are more likely to *begin* life in poorer health and follow trajectories of disadvantage across the life course.

Relative to Whites, Black Americans are also at an increased risk of developing high blood pressure, heart disease, diabetes, stroke, and high body mass index at every age beginning in young adulthood (Cunningham et al. 2017; Hargrove 2018); thus, Black young adults already have diseases that manifest later in life for other racial groups. Moreover, Black older adults are more likely than their White counterparts to experience functional limitations, chronic health conditions, and cognitive declines (NCHS 2019; Quiñones et al. 2019; Weuve et al. 2018; Zhang et al. 2016). These patterns result from the types of contexts (e.g., disadvantaged neighborhoods; underfunded schools; hostile workplace environments; negative interactions with health care providers) Black people are likely to experience across the life course.

Knowledge of the health consequences of racism abounds. Given data availability, many investigations focus on the role of downstream factors, such as socioeconomic status, exposure to stressors, and health behaviors. While these factors are important determinants of health, racial disparities often persist even after controlling for their influences in statistical models. My work has focused on three strategies aimed toward providing a more nuanced understanding of these remaining health inequalities: (1) applying an intersectionality perspective; (2)

examining intragroup heterogeneity in pathways to health; and (3) investigating the role of socio-geographic and historical contexts.

Intersectionality

While extremely important, racism is not the only system of inequality that structures life in the United States. Sexism, capitalism, heteronormativity, and ableism, to name a few, substantially affect opportunities for good health and well-being.

Intersectionality theory highlights the interlocking nature of these systems of inequality. Intersectionality posits that the consequences of simultaneous social statuses (e.g., race, gender, class) are multiplicative and mutually constructive. That is, positions at a given intersection of racial, gender, and class hierarchies produce unique social experiences and contexts that characterize one's social reality. Such experiences and contexts are distinct from those of individuals who may share a similar status (e.g., those who are members of the same racial group but a different gender group). The application of an intersectionality approach to the study of health inequality fills a crucial gap, as studies generally examine the individual or additive consequences of social statuses. These approaches assume that systems of inequality (and their effects) are independent of one another. Studies relying on additive approaches may overlook groups that are particularly vulnerable in terms of health.

For example, in a study published in 2020, I led the investigation of the joint consequences of race/ethnicity and gender on age-trajectories of depressive symptoms across adolescence, young adulthood, and the beginning of mid-life. Using data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) and growth curve modeling, findings indicated that Black and Asian American women consistently reported the highest levels of depressive symptoms throughout adolescence and young adulthood. Age trends in depressive

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symptoms were also found to be more dynamic for women than for men, who showed flatter patterns of change overall. This study demonstrated heterogeneity in trajectories of poor mental health within and between racial/ethnic-gender groups across a longer period of the life span than was previously known—with Black and Asian women being particularly disadvantaged. Such disadvantages may have been overlooked in studies examining either race or gender disparities.

Intragroup Heterogeneity

Oftentimes, researchers compare health between race groups, with Whites generally serving as the comparison group. While such approaches are necessary and provide critical information, also needed are within-group approaches aimed toward understanding intragroup heterogeneity. These types of approaches identify unique risk and protective factors that distinguish pathways to health among individuals within social groups that are often erroneously treated as homogenous. Within-group approaches also challenge the notion that established pathways to health (e.g., the relationship between SES and health) are invariant across race groups. Understanding intragroup heterogeneity provides information necessary to increase opportunities for good health among vulnerable populations.

In a study published in 2018, for example, I examined whether skin color intersected with gender to shape trajectories of BMI across early adulthood and midlife among African Americans. Results showed that dark-skinned women had the highest BMI levels across early adulthood and midlife compared to all other skin color-gender groups. BMI disparities between dark-skinned women and their lighter-skinned counterparts remained stable from ages 32-55, while a BMI disadvantage emerged and widened among men with light or dark skin and their medium-skinned counterparts.

Socioeconomic resources, stressors, and health behaviors did not explain the associations between skin color and BMI. These results suggested that skin color and gender-specific experiences likely play a large role in generating health inequality among African Americans. The sources of intragroup heterogeneity should be considered when developing interventions and policies for improving the health of Black Americans.

> 66 *A better understanding of the linkages between life course social environments and health will help identify the precursors of complex patterns of racial inequality in health as well as address their consequences across the life course.* 99

Social and Geographic Contexts

Prior work on racialized health inequalities has tended to treat the experience and consequences of race as static across social and geographic contexts. A long tradition of sociological scholarship, however, indicates that individuals are social actors embedded within larger social contexts and institutions (Du Bois 1899 [1967]; Durkheim 1897), which can shape interpretations and treatments of race. For example, prior work suggests that for Black Americans, race and skin tone have different meanings in settings that are exclusively in-group (e.g., Black Americans navigating predominantly Black settings) than race and skin tone do in out-group settings (e.g., Black Americans navigating interracial or predominantly White settings) (Celious and Oyserman 2001; Uzogara and Jackson 2016). These meanings influence experiences of discrimination from in-group and out-group members, which may ultimately influence health (e.g., Monk 2015).

Social and geographic contexts experienced across the life course also shape the ability of groups to translate resources into health benefits. A series of papers have found that the health consequences of upward social mobility are conditional on one's early life context. For example, Gaydosh et al. (2018) found that Blacks and U.S.-born Latinos who were upwardly mobile (defined as coming from a disadvantaged background in adolescence and achieving a college degree or higher) experienced an increased risk of high metabolic syndrome in young adulthood. Differences across environmental contexts may help explain these patterns. Individuals living in disadvantaged neighborhoods during their early life who achieve upward mobility during adulthood may experience a discordance between the types of capital that exist or are cultivated within their childhood environments and those that are needed to be most successful in racialized organizations like educational institutions. This discordance may produce stressful experiences, leading to the (over)activation of physiological stress responses during socioeconomic achievement.

With support from the National Institutes of Health, Gaydosh and I are working on a set of papers that evaluate the sociocontextual mechanisms linking race, mobility, and health. To aid in these investigations, we led the effort to merge several new sources of contextual data to Add Health, including information from Opportunity Insights, the Institute for Health Metrics and Evaluation, and RWJF County Health Rankings. These data characterize the demographic, socioeconomic, health, and mobility characteristics of the environments of Add Health respondents in early life, young adulthood, and the beginning of midlife. A better understanding of the linkages between life course social environments and health will help identify the precursors of complex patterns of racial inequality in health as well as address their consequences across the life course.

Toward the Future

Racism continues to be a deadly crisis in the United States. We need multilevel, innovative solutions to combat the racialized inequalities it produces. Protesters and community leaders have already put forth some options, such as "defunding the police" in order to reallocate funds used to support police departments to social programs that invest in and improve communities experiencing concentrated disadvantages. However, more is needed. Sociologists are well-positioned to help take on this fight, lest we forget that the genesis of our modern scientific discipline is rooted in studying and alleviating social ills. As stated by Du Bois in 1899 and often reiterated by a prominent scholar in this area, David Williams, *"The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have ... been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference"* (Du Bois 1899 [1967], p.163).

We must not continue this peculiar indifference. ∎

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"All in This Together?": Inequalities and Hesitancy Surrounding the COVID-19 Vaccine

Jennifer A. Reich, Professor of Sociology, and Director of the University Honors and Leadership Program, University of Colorado-Denver

Vaccines often face two seemingly contradictory problems: (1) they are at times in high demand and are, thus, distributed inequitably, and (2) people may not want to get vaccinated, undermining efforts to create herd immunity. In the first year of the polio vaccine, for example, it was clear that children from wealthy families with private physicians had better access to it. Yet in subsequent years as supply increased and demand dropped, public health agencies had to work hard to convince people to get the vaccine.

Despite evidence that vaccines work best when used broadly as a community strategy, my research shows that vaccine refusal emerges logically from cultural norms that view individual consumption choices as the key to good health. Vaccines, I found, were seen as one tool among many that could optimize or undermine individual health but were seldom seen as a collective solution. More than a year into a pandemic that has killed more than 500,000 people in the U.S., it appears the rollout of the vaccine against SARS-CoV-2, the virus causing the COVID-19 pandemic, faces these same perceptions and challenges. And despite public health messaging that insists "we are all in this together," it remains clear that when it comes to vaccines, many are on their own.

Vaccine Distribution and Social Inequality

As background, in December 2020, the FDA authorized two vaccines, along with a third in late February 2021. These vaccines were not licensed. Rather, using a mechanism created after 9/11 to allow the FDA to respond quickly to an imagined bioterrorist attack, the FDA granted an emergency use authorization that allows an unlicensed product to be distributed if it is reasonable to believe that it "may

be effective," that the known and potential benefits outweigh the known and potential risks, and no formally approved alternatives are available at the time.

Jennifer A. Reich

Alongside these authorizations, the Advisory Committee on Immunization Practices (ACIP), a committee of vaccine researchers and medical experts that has, since 1964, advised the CDC on how to set federal recommendations for vaccine use, convened to decide how COVID-19 vaccines should be distributed and to whom. Typically, ACIP members examine data to determine which vaccines are most important, how they work in combination with other vaccines, and which subgroups should not use them. ACIP sets the recommended childhood vaccine schedule and examines the safety and efficacy of licensed vaccines. At times, ACIP rescinds a recommendation, as it did in 2016 when data showed that the nasal spray flu vaccine was ineffective, or changes recommendations, as it did with the vaccine against HPV when evidence showed that fewer shots created a strong immune response in younger adolescents.

States interpret ACIP recommendations to enact vaccine requirements for school attendance, college dorm residence, or targeted work forces like healthcare. States thus have different rules requiring different vaccines in different contexts, with some allowing for religious, philosophical, or medical exemptions to be documents through a range of processes.

ACIP's task for a COVID-19 vaccine was different. Knowing there would not be enough vaccine to meet initial demand, ACIP members—virtually all physicians and scientists—set priorities that were more social considerations than medical ones. Their goals for the vaccine were two-fold: "prevention of morbidity and mortality" and "preservation

of societal functioning." These seemingly complementary goals in many ways work against each other as they identify entirely different populations. To prevent sickness and death, ACIP prioritized those at greatest risk of the worst outcome of infection—defined as those over 75 years of age. Although they were aware of the racial disparities in illness and death, they insisted that their recommendations would be color blind.

The second goal, "preservation of societal functioning," led ACIP to prioritize "healthcare workers, frontline essential workers, other essential workers." The CDC published a list of industries in which essential workers are employed, but made clear they could not specify which workers in those industries should get the vaccine first. CDC guidance notes that "jurisdictions should, where feasible, make efforts to prioritize workers in occupations characterized by the inability to work remotely and the need to work in close proximity to others…", but it was left to local agencies to work out the details of implementation and distribution.

The results were unsurprisingly inequitable. Although 30 states initially followed ACIP recommendations, all but three quickly moved to set their own priorities. Some lowered the age ranges. Others added or removed categories of essential workers. Treatment of people who are unhoused, incarcerated, smoke, or living with underlying health conditions vary across states and even counties.

Equally unsurprising, vaccine prioritization worked best for those for whom social institutions already work best. Seniors in large residential care facilities or insured by hospital systems gained access to vaccines more easily than did seniors who are aging in place, have family caregivers, or seek medical care from community providers. Similarly, healthcare workers employed by large systems or medical groups gained access easily. Workers in home healthcare, hospice, or small practices found access

challenging, even as they undoubtedly qualified under prioritization strategies that placed healthcare workers at the front of the line.

Defining which workers are essential has not gone better. Questions of whether priority should be given to those whose work puts them at greatest risk of infection or whose jobs are essential to the functioning of communities remained unresolved. Without open dialogue, states interpreted this in myriad ways. One only needs to look around the country to see the prolonged disagreements about whether teachers are "essential," and if so, should priority go to those who are teaching in-person because their work places them at risk, or to all teachers because their work is essential and we will all struggle should they become sick, even when teaching remotely?

The lack of clarity between worker and industry has led to further inequality. For example, the CDC identified "food and agriculture" as an essential industry, but local agencies defined who qualified. So while food and agriculture workers in California experienced a 39 percent increase in mortality during the pandemic, many early vaccines appear to have gone to people working in wineries, which are part of food and agriculture, but whose workers do not all face equal risk.

This bricolage of prioritization strategies has led to huge inequities in distribution. In virtually every state, Black and Latino people are underrepresented among groups receiving a vaccine but are overrepresented in COVID-19 cases and deaths. Building distribution systems on top of existing inequalities, vaccine sites were often set up away from BIPOC neighborhoods, used electronic booking systems that magnify digital divides, or failed to acknowledge pharmacy deserts.

The opacity in these processes has potentially increased among people the distrust of public health systems and possibly vaccines. A majority of Americans say that the

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vaccine rollout has been unfair. About 60 percent of respondents in a January Kaiser Family Foundation poll said federal and state governments were doing a fair or poor job with vaccine distribution. Efforts to rationalize inequalities with algorithms haven't helped. Most people perceive that individuals are on their own to get access—whether by incessantly reloading webpages, having tech-savvy family members to help, or using connections. One only needs to read comments on social media below any vaccine selfie to see how quickly others want to know why the person proudly sharing their good luck is eligible when they are not.

Vaccine Hesitancy and Wanting to "Wait and See"

Perhaps counterintuitively, inequities in meeting high demand may bolster hesitancy. Despite initial scarcity, the coming months will likely reach a point where anyone who wants a vaccine can get one. Yet, a sizable number of Americans may not want one.

Since early in the pandemic, opinion polls have asked Americans whether they want a COVID-19 vaccine. Early polls asked about the idea of a vaccine, since none were actually available. In May 2020, only 27 percent of Americans said they definitely or most likely would not get it. That number grew in the fall to almost 50 percent as the race for a vaccine became politicized. Interest in the vaccine rebounded in December as companies applied for authorization while infections surged. Although the number of people reporting they want a vaccine as soon as possible has risen, many continue to indicate they do not or, more commonly, say they are uncertain and would prefer to "wait and see."

For those who see the vaccine as the key to ending the pandemic, hesitancy or outright refusal by others is perplexing. Rejecting a technology that promises 65 to 95 percent success to prevent severe illness and death seems irrational. As such, efforts to address hesi-

tancy often presume those who reject vaccines are ignorant or ill-informed and aim to provide information. However, my research shows that vaccine hesitancy is not the result of lack of information, but rather represents processes in which individuals weigh the perceived risks of the vaccine and the disease it prevents against the perceived benefits. Despite messaging that insists vaccines are a community-level solution, people make decisions based on personal experiences, values, and

goals, believing at core that they are on their own when it comes to their health.

Notably, people of color appear most likely to say they want to "wait and see." Media accounts are quick to blame misinformation or conspiracy theories or to attribute distrust to historical racism like the Tuskegee experiment. Few acknowledge ongoing experiences with racism in healthcare or recognize the reasons waiting feels safer. In a recent survey, 80 to 85 percent of Black and Hispanic respondents who indicated that they want to wait before getting

a vaccine said they were worried about the vaccine's side effects, including those that would require them to miss work (58 percent and 66 percent, respectively). As individuals perceive themselves as on their own to manage their health, they make vaccine decisions that feel relevant to their individual needs and concerns.
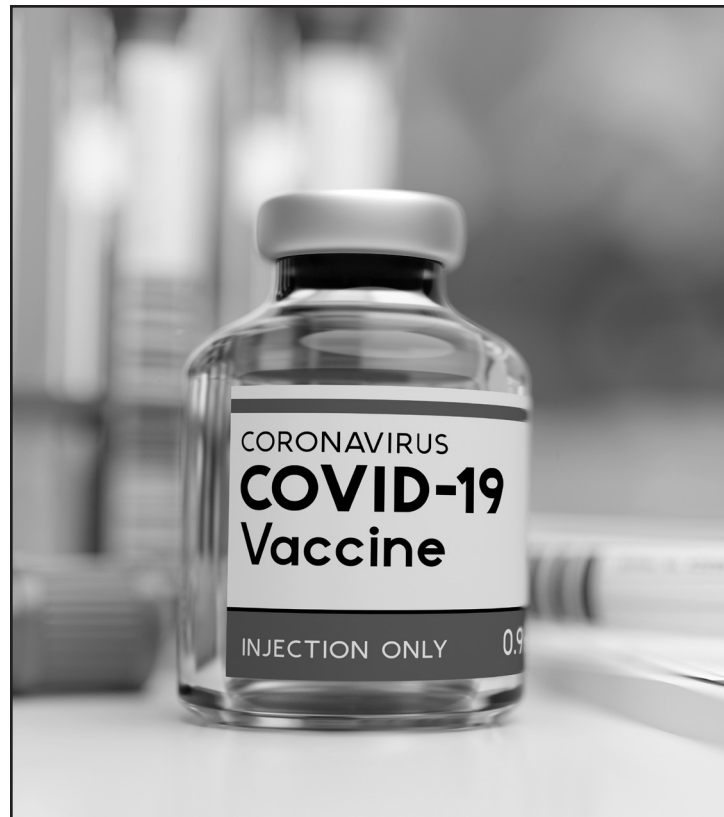
Individual perceptions are shaped by peers and social networks, which can be seen in the ways childhood vaccine refusal clusters. For COVID-19 vaccines,

it appears that knowing someone who has been vaccinated predicts wanting a vaccine. Here, inequities in distribution are magnified and reproduced. As of late February, among people making over $90,000 a year, 7 percent did not know anyone who had a received a vaccine. In contrast, among those making under $40,000, 32 percent did not. Racial disparities in distribution matter too. About 36 percent of Hispanics said they did not know anyone who had received a COVID-19 vaccine, as did 29 percent of Black people, but only 14 percent of white people said

the same. In these ways, individual perceptions and strategies are powerfully informed by structural inequality.

Political identity and affiliation appear to matter, with those who identify as Republican consistently expressing the lowest desire for a vaccine. Those in rural communities also express low interest. Young people who have been told they are unlikely to be seriously affected by the virus show low levels of interest, making many essential workers unwilling to be among the first to be inoculated, despite the measurable risk they face. Throughout, individuals are drawing on cultural information to make a decision that feels personally relevant.

Looking Ahead

The coming months will bring these contradictory problems of lack of access and hesitancy together in complicated, albeit unknown ways. These experimental vaccines may become fully licensed, which could increase confidence in their safety. How well these vaccines work against different variants, how long immunity lasts, and how successfully they prevent asymptomatic transmission may become clearer. Workplaces could address concerns about lost work from side effects and provide support to make these decisions easier. Alternatively, and sadly more likely, private sector employers could instead adopt policies requiring workers to be immunized as a condition of employment, raising new questions of health privacy and worker autonomy. Airlines or restaurants could imaginably ask for evidence of immunization as a condition of service, as is being discussed outside of the United States. The tragedy of COVID-19 and the public funding of science that led to these vaccines offered an opportunity to underscore how we are "in this together." Instead, it seems clear that vaccines will likely remain an individual choice for personal benefit that will inevitably reflect the systems of inequality in which they have been created and distributed. ■

Feature

How the Vaccine Rollout Reveals Another Failure of U.S. Public Health Infrastructure and Implications for Marginalized Populations

Tiffany D. Joseph, Associate Professor of Sociology, Northeastern University

Tiffany D. Joseph

To date, the U.S. has the highest number of COVID cases and deaths globally. In late February, it reached another grim milestone when the number of Americans who succumbed to the virus surpassed 500,000. President Biden marked the somber day with a memorial at the White House, where 500 candles were lit, each symbolizing 1,000 of those deaths.

To combat the pandemic, Biden has implemented an aggressive plan, part of which is to vaccinate 200 million Americans in the first 100 days of his presidency. However, three important factors will pose a significant challenge to attain that goal and achieve the necessary herd immunity: (1) lack of centralized infrastructure for the vaccination rollout; (2) complex processes that have been set up for making and keeping appointments; and (3) disparities in vaccinations that reflect deep-seated structural inequalities. Each of these factors further reveal the impact of the disinvestment in U.S. public health infrastructure that have exacerbated the pandemic and may prevent the U.S. from reaching to its "new normal."

A Rocky Start

First, the lack of a centralized infrastructure has led to a rocky vaccination rollout. Rather, we have a "patchwork" rollout in place that differs across each state and resembles the patchwork response early in the pandemic that allowed COVID-19 to spiral out of control. Further complicating this process are the different eligibility requirements in each state and that some states allow residents to make appointments for the first dose without being able to guarantee a second dose three weeks later.

Both have been issues in states with more robust healthcare resources and state-funded infrastructure such as Massachusetts, my current state of residence, and in those like my home state of Tennessee, which lack resources and infrastructure. Globally, the U.S. ranks sixth in vaccination rollout. Despite having the advantage of being able to manufacture the vaccines domestically, other countries with more centralized public health infrastructures have fared better in administering vaccines. This is another indication of how disinvestment in U.S. public health has worsened the impact of COVID-19.

Complicated Processes

Next, those who are eligible to get vaccinated must undergo complex processes for making and keeping vaccination appointments. Around the country, people have to navigate complicated websites that often crash from overcapacity and struggle to find phone numbers to call for assistance. These processes have created what Herd and Moynihan (2018) call "administrative burdens"—in signing up for vaccines. These burdens extend beyond vaccines and are imposed on individuals when they navigate government bureaucracy to seek public services. Sometimes these burdens are so cumbersome that they deter individuals from obtaining services for which they are eligible.

Administrative burden affected the initial Obamacare rollout, which prevented individuals from signing up for health coverage in 2013.

> **Three important factors will pose a significant challenge to attain the goal of vaccinating 200 million Americans in the first 100 days of the Biden administration and achieve the necessary herd immunity: (1) lack of centralized infrastructure for the vaccination rollout; (2) complex processes that have been set up for making and keeping appointments; and (3) disparities in vaccinations that reflect deep-seated structural inequalities.**

Typically, administrative burdens are most burdensome for those who are elderly, lower-income, people of color, immigrants; lack access to computers and/or computer literacy; and have limited English proficiency. For individuals who fit in intersecting categories, inability to navigate the "system" puts them at even more of a structural disadvantage. When you add these burdens to systemic racism, a distrust of the medical system, and concerns about detention/deportation, communities of color—citizens and immigrants—continue to be left behind despite being the hardest hit by the pandemic.

Racial Inequities

Finally, long-standing racial disparities have shaped who has received the vaccine so far. Given how systemic racial privilege and power function in the U.S., it is not surprising that White Americans have been disproportionately more likely to obtain the vaccine than people of color. This is the case even at vaccination sites in Black and Latinx communities. Currently, a paltry 4.6 percent of COVID-19 vaccines have been administered to Black Americans and 5.7 percent to Latinxs. There has been no data collected on vaccines administered by documentation status to assess how many immigrants, many of whom work in essential jobs, have had vaccine access.

Thus, the structural inequalities that made Blacks, Latinxs, and other communities of color more likely to contract and die from COVID-19 also are hindering their ability to get the vaccine. And despite the summer 2020 calls for racial justice after the deaths of George Floyd, Breonna Taylor, and other Black Americans, racial equity efforts in vaccine administration have been few and far between. In some states, activist coalitions have formed to push local and state governments to make more aggressive efforts to get Black and Latinx residents vaccinated. Without more specific and targeted efforts to increase access to and reduce administrative burdens for getting the vaccines to communities devastated by COVID-19, efforts to end the pandemic will be stalled.

Public Policy Plays a Critical Role

Unless these three factors are addressed, it will be difficult for the Biden Administration to have the nation achieve herd immunity by summer. These factors should be a reminder of the importance of public health infrastructure for combatting this pandemic and other public health issues, and simplifying processes for vaccination appointments and engagement with government services more generally.

With sufficient political will, public policy can ameliorate these challenges in the short and long term. Implementing policies to reinvest in public health infrastructure using a racial equity lens; tackling systemic racism in the healthcare system and broader society; coordinating federal-subnational efforts; and simplifying vaccination and healthcare navigation procedures will go a long way in addressing the structural inequalities that have led us to this moment. We will then be better prepared when the next health crisis hits. ∎

Feature

The Rise of U.S. States and the Fall of U.S. Health

Jennifer Karas Montez, Professor of Sociology, Gerald B. Cramer Faculty Scholar in Aging Studies, and Director of the Center for Aging and Policy Studies, Syracuse University

The chances of living a long and healthy life differ markedly across U.S. states. Residents of Minnesota, for example, live

Jennifer Karas Montez

81 years on average and experience 70 of those years in good health. Residents of Mississippi, on the other hand, live 75 years on average, with 65 years spent in good health. Mississippi residents also develop physical limitations at younger ages than do residents of Minnesota. By middle-age (45-54 years), 21 percent of Mississippians have a limitation. It is not until the retirement age (65-74 years) that the same percentage of Minnesotans develop a limitation.

Differences in health and longevity across U.S. states have widened since the mid-1980s. By 2017, the difference in life expectancy between the highest and lowest life expectancy states was seven years—the largest gap ever recorded in the United States Mortality Database, which became operational in 1959. This difference *is* substantial. To put it in perspective, the life expectancy gap between men and women in 2017 was five years and the gap between Blacks and whites was 3.5 years. Since the mid-1980s, some states have made sizable gains in life expectancy, while many others have made relatively small gains and recently experienced declines. This latter group of states has greatly weighed down overall U.S. life expectancy.

Roles of People and Places

Why is the gap in life expectancy among the states large and growing? Speculations often pit two explanations against each other: people versus place. In other words, is life expectancy lower in Mississippi than Minnesota because of the characteristics of the people or the states themselves?

However, distinguishing the effects of people and place on population health is challenging. It may also be unwise because people and places are interrelated. Importantly, places shape the characteristics of people as well as the health consequences of those characteristics. For these reasons, some researchers assert that attempts to distinguish the effects of people and place on health may have underestimated the effect of place.

Take educational attainment as an example. It is often considered a "people explanation" in this area of research. However, U.S. states can shape overall levels of education through K–12 school funding as well as the health risks associated with low levels of education through policies like minimum wage, Earned Income Tax Credits, and Medicaid. Returning to the Mississippi and Minnesota comparison, having a low level of education is much riskier for health in Mississippi than Minnesota.

With those complexities in mind, this article focuses on U.S. states and how their policy contexts can affect life expectancy. The next section describes how states became major "institutional actors," defining the social, economic, and policy contexts in which Americans live.

Policy, Power, and Politics

Policymaking authority in the U.S. is split across levels of government, but states do the bulk of routine governing. State laws regulate birth and death, marriage and divorce, crime and punishment, and commercial law, such as the purchase and sale of property. States manage education, prisons, highways, welfare, environmental protection, corporate law, and the professions. In other words, decisions of state legislators touch nearly every aspect of our lives.

States have acquired more policymaking authority over the last 40 years or so, partly due to two policy movements. The devolution movement transferred certain authorities from the federal to state governments. Devolution is often linked to the Reagan administration

and later when Newt Gingrich was the House speaker. A central strategy of devolution was to replace categorical grants to the states with less generous and more flexible block grants. As an illustration: instead of providing each state $10 to fund education and $10 to fund roads, the federal government gave each state $15 along with discretion on how to spend it. One outcome of devolution is that states devised vastly different social service programs.

The second movement is the rise of state preemption laws. These laws prohibit cities and counties from legislating on certain issues. For example, states preempt them from setting a minimum wage below the states' wage. Preemption laws are not new. What is new is why they are being enacted and who is lobbying for them. Historically, they were used to harmonize state and local laws and provide a regulatory floor (as in the minimum wage example above). However, they are increasingly used by some states to set a regulatory ceiling. Now, half of states prohibit localities from *raising* the minimum wage. This new type of preemption is occurring across many policy domains. Some states have preempted local authorities to mandate paid leave, ban plastic bags, tax soda-sweetened beverages, and much more. Another characteristic of the new type of preemption is that corporations and their lobbyists have been a driving force.

One consequence of those two movements is that states' policy contexts have hyperpolarized during the last 40 years. States like New York created a more liberal policy environment, while states like Mississippi created a more conservative one. New Yorkers experience a dramatically different policy context than do Mississippians. For example, the state of New York spends $22,231 per pupil on K12 education (Mississippi spends $8,692); has a $12.50 minimum wage outside of NYC (Mississippi defaults to the federal level of $7.25); sets it Medicaid income eligibility limit for children at 405 percent of the federal poverty level (Mississippi

sets it at 214 percent); levies a $4.35 tax on a pack of cigarettes (Mississippi has a $0.68 tax); has 104 firearm-related laws intended to reduce injury (Mississippi has five); and does not preempt localities from raising the minimum wage (Mississippi does).

How have those tectonic shifts in states' policy contexts affected life expectancy? Have those shifts widened inequalities between states? Have they contributed to the troubling trends in U.S. life expectancy? Emerging evidence indicates that those policy shifts have, indeed, had an important impact, as highlighted in the following section.

State Policies Affect Life and Death

States' policies can affect how long people live. But how large are the consequences of state policies on life expectancy? Which policies matter the most? And by how much could we change U.S. life expectancy if we changed state policies? This section sheds light on these questions. It highlights findings from two studies that my collaborators and I recently conducted.

In one study, we examined how 18 policy domains, such as civil rights and labor, predicted life expectancy from 1970 to 2014. The policy data were collected by Jacob Grumbach, a political scientist, who assigned scores to each domain. The scores reflect how liberal or conservative a state's policies were in each domain in each year. We analyzed the relationship between the policy domains and life expectancy during the 1970-2014 period. Our analysis accounted for several other factors that differ among states, such as the size of their immigrant populations and the unemployment rate.

We found that several state policies strongly predict life expectancy. Policies on labor (e.g., minimum wage), the environment, tobacco taxes, civil rights, and immigration (e.g., driver's licenses for undocumented persons) were especially important. More liberal versions of those policies predicted longer life expectancy for women

Feature

Understanding the Pandemic's Impact on Black Americans' Health from a Life Course Perspective

Latrica E. Best, Associate Professor of Sociology, University of Louisville

As the coronavirus took hold of almost every aspect of our daily lives since its rapid spread last year, researchers quickly highlighted the manner in which COVID-19 disproportionately affected Black Americans and other communities of color. According to the most recent CDC estimates, Black communities experience higher infection, hospitalization, and death rates than their white counterparts. These statistics are disheartening, as these inequities further exacerbate the existing disparities in health outcomes and mortality.

Social science research has shown that, given the 2020 data on COVID-19-related deaths, whites' mortality from the pandemic would still be lower than the lowest mortality of Blacks in history, a statistic that also holds true for whites' mortality during the 1918 flu pandemic. Early reports also suggest that mental health issues stemming from the pandemic are a growing concern for Black communities, particularly Black women. Blacks' mental health risks related to the pandemic are not surprising, as historically, minoritized groups

Latrica E. Best

have often felt the greatest impact—financially, emotionally, and physically—both during and after public health and environmental crises. In fact, the sociological and environmental causes that underscore COVID-19-related health inequities mirror and reflect the well-documented social determinants of health that have framed our understanding of and research on health disparities.

Children and adolescents, for the most part, have largely been spared from the physical consequences of COVID-19. Although the infection and death

rates from COVID-19 have remained low over the past year, early findings suggested that Black, Brown and Indigenous children and young adults represented an overwhelming number of the COVID-19-related deaths for those under the age of 21. Much attention, however, has been given to the mental and developmental concerns and risks related to the significant disruption to everyday lives of youth. Pediatric emergency room-related visits for mental health concerns increased and remained high for the better part of 2020. The abrupt closing of in-person instruction has, for many

U.S. Health

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and men. Marijuana policy was somewhat related to life expectancy, with a more conservative version predicting longer lives.

We found that several policies could potentially increase life expectancy by a sizable amount. Take labor policies: Suppose a state changed its labor policies to raise the minimum wage, offer state-sponsored disability insurance, and repeal its right-to-work laws. According to our estimates, such policy changes could raise life expectancy in that state by one full year. On the flip side, life expectancy might decline by one year if a state's labor policies moved in the opposite direction.

Could we change U.S. life expectancy by changing state policies? The answer, it seems, is yes. And by a large amount. As an example, if all states mimicked the policies of Connecticut, U.S. women's life expectancy could increase by two years. However, it could decline by a full year if all states adopted the policies of Oklahoma. We also explored more extreme scenarios. We estimated that U.S. women's life expectancy would rise by 2.8 years if all states

enacted liberal policies or decline by two years if all states implemented conservative ones. These scenarios are admittedly unrealistic in today's polarized policy environment. Nevertheless, they illustrate the potentially profound consequences that changing states' policies could have on life expectancy.

State policies over the last 40 years have not been kind to U.S. life expectancy. Some policy changes have been beneficial, but others have not. Those countervailing forces may help explain why U.S. life expectancy has stagnated since 2010. In fact, we estimate that the U.S. life expectancy trend during the last five years of our study (2010-2014) would have been 25 percent steeper among women and 13 percent steeper among men if state policies had not changed in the way they did.

In another study, we examined the effect of state preemption laws on infant mortality. As mentioned above, state preemption laws remove local authority to legislate on certain issues. In recent years, about half of states have removed local authority to raise minimum wage. This is a potentially serious public health concern because raising the minimum wage has a host of health benefits such as reducing teenage pregnancy, economic

distress, mother's smoking, and infant mortality. We assessed how many infants die each year because states revoked attempts by cities and counties to raise the minimum wage and preempted them from ever raising the wage again. We estimated that over 600 infant deaths each year can be attributed to that preemption.

Future of U.S. Health

The widening gaps in life expectancy across states and the troubling trends in overall U.S. life expectancy are unlikely to reverse themselves without systemic and evidence-based changes. Sociologists must have a voice in outlining those changes and have a seat at the table, which has recently happened with the appointment of Alondra Nelson, Harold F. Linder Professor in the School of Social Science at the Institute for Advanced Study and president of the Social Science Research Council (SSRC), to the position of deputy director for science and society in the Office of Science and Technology Policy (OSTP) by President Biden.

With that goal in mind, I conclude with four recommendations for sociologists:

(1) **Turn attention to structural explanations.** The roots of

troubling trends and gaps in life expectancy are more likely to be found in politics, corporate boardrooms, and lobbying organizations than in the circumstances of people whose lives are cut short by those power structures.

(2) **Build collaborations with scholars from other fields, especially political science, history, and law.** They bring essential knowledge on the long arc of structural changes that may be culpable.

(3) **Expand the conventional social determinants of health framework to include the political, commercial, and legal determinants.** Sociologists have long been interested in social determinants, such as education, gender, and race. The determinants for health should be further expanded to include the political, commercial, legal, and other such institutional forces.

(4) **Track and study legislative activity at the state level.** States will likely remain an active battleground of policymaking for the foreseeable future with profound implications for U.S. life expectancy. ∎

Feature

Pandemic's Impact
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across the country, continued well into 2021, significantly hindering children's social interactions and activities. This disruption will undoubtedly impact their social, mental, and physical well-being for years to come. The transition to online learning came with challenges for many, and the ability of students to effectively work remotely is proving to be uneven across socio-demographic groups. Black youth are more likely to be learning solely online than their white counterparts, which carries a host of immediate and long-term educational and developmental consequences. Additionally, Black youth are experiencing these disruptions as they potentially deal with the health and financial issues of their family members and close friends.

Using a Life Course Perspective

As the number of COVID-19 cases continues to fall and vaccinations increase, researchers are focusing on the long-term consequences of the pandemic. As sociologists, one of our many strengths lie in providing strong, theoretical foundations for contextualizing the lived experiences of individuals and groups. I believe the use of a life course perspective is crucial in understanding the impact of COVID-19 on Black Americans and their health. A life course perspective not only would amplify intragroup variations and complexities in health outcomes, but also would aid in identifying and highlighting existing and emerging health-related inequities. How might we think about the pandemic's lasting impact on Black Americans' health from a life course perspective?

Life course concepts have been utilized extensively to explain how social systems shape the health of groups as they age. Although various approaches to studying the life course exist, Glen Elder's longitudinal work on the long-term impact the Great Depression had on children can be helpful in understanding how to contextualize the pandemic's effect on children's health and other social trajectories. For life course theory, human development and aging are processes that span one's entire life and are rooted in four key principles: historical time and place; the timing of lives; linked lives; and human agency.

We must situate the historical nature of the pandemic. In addition to the direct effect that COVID-19 has had on our daily lives, Blacks also have endured a year in which we've seen numerous protests over the continued killings of unarmed Black people at the hands of law enforcement and a racially charged insurrection within the halls of the U.S. Capitol. Racism has been linked to adverse mental health outcomes for children of color and both mental and physical health for adults; the added financial, social, and educational concerns related to COVID-19 may lead to an accumulation of risk factors for various health outcomes.

The concept of the timing of lives reflects both our society's expectations of when individuals should start and maintain roles throughout their lives and our assumptions regarding the sequencing of such roles. For instance, exposure to household financial issues related to the pandemic early on in life can shape youth's development in numerous *ways*, from insecurity to inconsistent health care and housing concerns. Likewise, Blacks' higher unemployment rates during the pandemic have only widened the income and wealth gaps already present between Blacks and whites. Depending on the age at which these circumstances occur, and the duration, these issues can alter the social pathways of individuals' lives and substantially influence their health.

The pandemic's impact on Black people's' health and well-being is undoubtedly dependent on others within their families and social networks, regardless of age. Just as children and adolescents are highly dependent upon the adults in their lives for help with navigating their experiences during the pandemic, adults' links to families and social networks can play a vital role in their health. Physical and social distancing has limited the ways in which people connect with each other and, for some, cut off interaction to those who may provide essential emotional and material support. Conversely, we must also think about the effects of stressful relationships during this time, where people may have been forced to shelter in place in precarious situations. This is evident in the rising reports of domestic abuse globally during the pandemic.

A person's ability to craft their trajectories through their decisions and actions is a guiding principle of life course theory. These decisions and actions are not made in a vacuum; human agency reflects the opportunities and constraints of lived experiences, both past and present. The existing and pandemic-related inequities Blacks experience will factor into the decisions they make regarding their well-being. Reports showing that Black parents are more hesitant than their white counterparts to send their children back to school due to safety concerns illustrate the decisions these parents must make, while being well aware of the structural constraints that limit their agency.

> 66 *Just as children and adolescents are highly dependent upon the adults in their lives for help with navigating their experiences during the pandemic, adults' links to families and social networks can play a vital role in their health.* 99

Additionally, any COVID-19-related research on Blacks should take into consideration the historical, structural limitations and inequalities that will shape perceptions and decisions related to their health and care. A prime example is the ongoing discussions regarding hesitancy among the Black community in getting the COVID-19 vaccine. One cannot hear or read a news story about vaccinations and Black Americans without a mention of medical distrust and the Tuskegee syphilis study. Though Tuskegee may be on the minds of some, opinions regarding the vaccine are not really based on the study for many. Other factors rooted in personal experiences across the life course are likely more important and can vary by age cohort and other social circumstances. Moreover, life course concepts are also useful in providing the necessary tools to examine the health of adults in midlife and later adulthood.

What Research Should Focus On

At the moment, we are unsure of the lingering effects of the virus and whether those who are exhibiting COVID-19 symptoms over an extended period of time (long haulers) will continue to do so, further exacerbating health disparities in later life. The multiple intersections of age, race, gender and, in some cases, disability of older Black adults during the pandemic underscores the need to think about the data, research, and policies developed to address the health needs of the Black community. Calls for studying the manner in which both structural racism *and* structural gendered racism play a role in how COVID-19 is impacting specific groups within the Black community are necessary. As a whole, research on the pandemic should speak to both the health-related inequities and the intersectional complexities of everyday Black life that are often not captured in research comparing different racial/ethnic groups. ∎

Feature

COVID-19 and Sociology's Mental Health Moment

Bernice A. Pescosolido, Distinguished Professor of Sociology and Founder of Indiana University's Network Science Institute, Consortium for Mental Health Services Research and Sociomedical Sciences Research Institute; Byungkyu Lee, Assistant Professor of Sociology, Department of Sociology, Indiana University

The COVID-19 pandemic death toll, while still below the number of mass casualties of the 1918 flu epidemic and the Bubonic Plague of the 14th century, has exposed what physician-anthropologist Paul Farmer famously called the "biological expression of social inequalities." Frontline workers, including low-paid, non-medical support staff, especially those in the Global South, have been disproportionately exposed to the virus and affected. Mexico records, by far, the highest case-fatality ratio, according to Johns Hopkins Coronavirus Resource Center. Many reports have tallied a larger toll among U.S. African American, Latinx, and Native American populations who are at greater risk than white Americans to contract the virus, to be hospitalized, and to die.

None of this is a surprise to sociologists. From Kai Erikson's reports of the devastation of the poorer communities in the Buffalo Creek Flood, to Eric Klinenberg's "social autopsy" of the 1995 Chicago heatwave, to the Louisiana State University and Harvard University sociologists who marked the unequal effects of Hurricanes Andrew and Katrina, and Patrick Sharkey's notion of "stuck in place," these studies capture the greater exposure of disadvantaged groups to dangerous social conditions marked by geography, employment, and safety nets.

While the death toll represents the clearest marker of COVID-19 devastation, such health events are known to have dramatic spillover effects on society; have been implicated in political change; and widely seen as having long-term generational effects. Our work on the American heartland reveals that pandemic precarity (i.e., food, housing, and employment insecurity) disproportionately hit already vulnerable groups, deepening inequality. It is, in essence, Merton's

"Matthew effect" in retrograde, where the poor get poorer in the face of disaster, economic crises, or otherwise. Yet, considering a longer sweep of time, there are claims that such cataclysmic events may also produce unexpected and positive changes for the disadvantaged. For example, the Black Death led to a golden age of prosperity for 15th century workers.

A Mental Health Moment

It has not been obvious where the silver lining of the COVID-19 pandemic lies. For us, concerns about the ramification of lockdowns on isolation, loneliness, and, in turn, mental and physical well-being captures a sociological moment of "emotional identification" (see Andrew Abbott *Processual Sociology*). The one winner that may emerge in this time of great loss is the grand awakening of the salience of mental health, the primacy of social life in it, and the potential to decrease the stigma of mental illness.

Is the COVID-19 pandemic a turning point? As Abbott points out, identifying turning points as they happen is unlikely. But the trajectory is clear. Even a cursory search of social media reveals that an increase in concern for mental health issues was already in progress by the early 21st century. So debates about mental health among politicians, physicians, and teachers may not be new, but an acceleration that is framed by trajectories or master narratives that are continuously in the process of making, remaking, and unmaking themselves (e.g., consider the response to school shootings).

What is novel, and perhaps part of the larger interconnection of moral judgment and values that shape events and actions, is the focus on children and on Hayward and Gorman's concern with "the long arm of childhood." It was not that long ago that mental health professionals would not diagnose mental health problems, other than ADHD, below teenage years or that suicides in high schools were virtually

Bernice A. Pescosolido

Byungkyu Lee

unknown. That has all changed, fundamentally altering the moral judgements and values associated with mental health, a point to which we will return.

A Moment for Sociology

In understanding mental health problems, the COVID-19 pandemic's increasing pressure for physical isolation has brought to the fore the central role of social interaction in preserving health—not only in the genesis of mental health problems, but in their redress to counter all aspects of the pandemic. In our ongoing work, we are finding some purchase in differences that target Massey's "categorical inequality." For example, collaborating with a NORC team on its analyses of a three-wave COVID Response Tracking Study using AmeriSpeak, our preliminary work in progress reveals significant effects of age, gender, and socioeconomic status on self-reported mental health status, depression, and emotional problems throughout the course of the pandemic. However, in our Person-to-Person (P2P) Health Interview Study and COVID-19 Rapid Response Study in Indiana —where we have both pre- and during the pandemic data on mental health—few socio-demographics differentiate those with poor or good mental health.

However, our ongoing analyses with the NORC team on the three-wave COVID Response Tracking Study show that the effects of social connectedness are significant, large, and consistent. Notably, those who reported that they lack companionship and feel isolated were more likely to report worse mental health conditions as the pandemic prolonged.

While this is no surprise to sociologists, sociological research on these issues has much left on its plate. It may be obvious that "stay-at-home" orders constrain the salubrious effects of social network ties and their interactions, but we still have little idea of what kinds of social network structures, cultures, and

processes have these effects, *especially when physical social interactions are discouraged.* In other words, the perennial question of "What works for whom under what conditions?" plagues our precise understandings and ability to translate them into any public sociology beyond the recommendation that social networks matter.

Given the clear role that biology plays in the COVID-19 pandemic, transdisciplinary research that embeds the key role of social interaction is in its infancy. The results above do not run afoul of issues that represent the traditional concerns of psychiatry or neuroscience. In fact, the role of social connectedness apparently has its counterpart in the brain. A recent study of teens in *Biological Psychiatry* found that greater biological connectedness in the brain was associated with a lower probability of COVID-related depression and anxiety. Together, this work finds intriguing similarity with some of our earlier work on the influence of multilayered peer groups on adolescent depression using the Add Health data as well as our call for more multilevel translational research.

A Sobering Note. As important as the mental health issues discussed above are, we would be remiss in not pointing out the neglect of the most vulnerable of persons on that count—those with serious mental illness (SMI). In the pandemic and in sociology, generally, the research effort devoted to those with serious mental illness pales in comparison to that targeting distress.

Psychiatrist Ben Druss, in an early paper, warned that people with SMI may be among the most vulnerable and hardest hit during the pandemic. And the reports followed: Those with diagnosed mental illness, particularly those with psychotic disorders, experience a higher level of COVID-19-related morbidity and mortality. While the risk of "severe acute respiratory syndrome coronavirus 2 infection" has been implicated in the higher death rate, social factors such as barriers to care, especially in the public mental health system, and the

Feature

Mental Health
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smaller social networks among those with chronic mental illness are also among the forces at work.

It takes little effort to see the role of stigma, and even more directly intersectional stigma, shaping the outcomes for Daniel Prude, the 41-year-old Rochester, N.Y., man, who lost consciousness in a police encounter and died a week later. While highlighted as yet another example of racism and police behavior, Peter Early, a mental health advocate, has routinely reported that almost 25 percent of individuals killed by police have mental illness. As our ongoing research is revealing, the actual public stigma attached to COVID-19 appears to be low. The impact that other stigmas have on the mortality, morbidity, and pandemic precarity among those with mental illness has yet to be understood.

The Challenge to Sociology—Beyond Research

These concerns raise questions on what role sociology does and can play to improve mental health, prevent mental health problems, and improve the life chances of those with mental illness. The current professional and public dialogue is replete with suggestions—none of them sociological. Psychologists have done a great deal of research on meditation and its effects. Public health recommendations focus on proper nutrition, workouts, yoga, and counselling. The mental health specialties (psychiatry, psychology, nursing, and social work) support Cognitive Behavioral Therapy of one sort or another. But the essence of the sociological imagination focuses on supra-level effects on these issues to reduce poor life chance. Strategically deployed relief efforts and longer-term policy reforms are needed to challenge the perennial and unequal impact of disasters.

Is it our intellectual Achille's heel, figuring out how to go past the identification of problems and their roots in social life, to suggest policy changes? Are there ways to map out directions for change, even if in broad strokes, that offer those who are charged with redress of social problems novel ways to move? Taking a note from Charles Tilly and his notion of "durable inequality," the simplest thing that we can do is to suggest that moving from individualistic solutions to organizational ones may provide the best path to enduring change.

As sociologists well know, changing "hearts and minds" is difficult, tends to happen over long periods of time, and may happen more because of cohort replacement than individuals' shifts, as Kiley and Vaisey have recently pointed out. We suggest four directions: 1) renegotiating organizational arrangements, 2) in ways that foster novel social interactions, 3) in which those affected have some ownership, and 4) which focus on the ability to shape social orientations among the young rather than trying to change attitudes, beliefs and behaviors among those who are older.

Below we describe two examples replete with sociological history, interest, and research—suicide and stigma. In regard to COVID-19, they are interesting because they are directly related to mental health and they have experienced different fortunes in contemporary sociology.

Suicide

While the study of suicide has a well-known Durkheimian pedigree in sociology, the contemporary study of completed suicide (as opposed to suicidal ideation or attempt) is close to a vacant lot. Perhaps stymied by concerns over the accuracy of suicide rate data, the methodological limitations of macrolevel census data, or the inability to collect sufficient individual or mixed-level data, new sociological findings are rare. Enter a new generation of researchers who focus on the surprising rise of suicide in young age groups and who focus on schools rather than geographical units.

These researchers also come with a different sense of the balance between the pure observer role and the responsible give back to those who let us enter their lives. For example, in the line of research by Anna Mueller and Seth Abrutyn, and more recently Sarah Diefendorf, the study of suicide clusters faces immediate requests for information and assistance. To that end, this team has developed a set of in situ responses, including answering questions for principals, school counselors, parents, and others based on existing science and evidence. During a crisis, Mueller reviews and edits their communications to ensure that they align with known best practices. She attends parent debriefing sessions, serves as an "expert scientist" who parents can ask questions about suicide, postvention, and bereavement; and strategizes with school officials on how to best support youth after a suicide loss at a school without potentially sensationalizing or overresponding to the death, and in the current time, doing so while following COVID-19 guidelines.

The Stigma of Mental Illness

Best understood by sociologists through the pioneering work of Erving Goffman, research on the prejudice and discrimination attached to mental health problems, has had a different fate than suicide research. Seemingly always of theoretical and empirical interest to sociologists, stigma research has experienced a resurgence over the past two decades. However, like suicide, the insights of that research had little influence on change.

Specifically, it has proven very difficult to "move the needle" on stigma, and sociologists have rarely been involved in those efforts. The majority of change efforts targeted small, randomized clinical trials (RCTs) focused on improving mental health literacy. In fact, our research on public stigma revealed that slow change in Americans' discarding moral attributions of mental illness with embrace of scientific causes did not alter their willingness to interact with individuals with mental health problems. Where the RCTs were successful in recording changes in stigma, follow-up studies found that these promising changes evaporated over time. Replicated in other countries like Germany, these findings spurred some nations (e.g., Australia, UK) to develop multilevel, coordinated national efforts. While the 2016 National Academies of Sciences, Engineering and Medicine's report, *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change,* pushed for a parallel effort in the U.S., efforts to pursue that path have failed.

Unlike the study of suicide, seasoned researchers in the U.S. have—explicitly or implicitly—also seized on the potential of educational institutions. They have used classic work on cohort replacement theory, models by a younger generation of sociological work by Stephen Vasey and Omar Lizardo on "acquired dispositions," and the rising concerns about mental health in schools to shift the focus to youth and to "meet students where they are."

Sociologists Bruce Link and Jo Phelan, working with a team in Texas, developed, integrated, and assessed specific curricula materials on diversity, difference, and/or health in middle school to assist (rather than require) teachers to cover emerging issues and classroom responsibilities surrounding mental health. Given the intense pressure on high school students to "fit in" or find a place "to belong," psychologist Stephen Hinshaw worked with interested students in a newly established extracurricular club, now in over 400 schools. Deploying an expanded club model that shifted to opportunities for professional development, advocacy, and generational leadership targeting the college campus climate and institutional social change, our research has demonstrated that campuses can become "safe and stigma-free zones" with the potential of addressing mental health issues in college.

The advantage of life course-targeted approaches is that they renegotiate the organizational arrangements in a way that does not face endless and high organizational barriers. They can also pivot to respond to mental health issues that may arise from events like the COVID-19 pandemic. They face resource and logistical issues for dissemination but, as a first step, they avoid the limited, well-meaning, and untested "business as usual" approaches of "campaigns" by a wide variety of sponsors. This approach may or may not get off the ground as national initiatives; however, they bring the insight and energy of sociologists and other social scientists to the table. ■

Candidates for 2021 ASA Elections

In accordance with election policies established by the ASA Council, biographical sketches of the candidates for leadership positions in the ASA elections appear in alphabetical order by office below.

Candidates for President-Elect

Prudence L. Carter

Present Professional Position: E.H. and Mary E. Pardee Professor and Dean of the Graduate School of Education, University of California, Berkeley, 2016-present.

Prudence L. Carter

Former Professional Positions: Jacks Family Professor of Education and Professor of Sociology (by courtesy), Stanford University, 2013-2016; Associate Professor of Education and Sociology (by courtesy), Stanford University, 2007-2013; Associate Professor of Sociology, Harvard University, 2005-2007.

Education: PhD, Columbia University, 1999; MPhil, Columbia University, 1997; MA, Teachers College, Columbia University, 1995.

Positions Held in ASA: Editorial Board, Contexts, 2016-2018; Editorial Board, Sociology of Race and Ethnicity, 2014-2017; Council Member, Race, Gender, and Class Section, 2013-2016; Member, Committee on Committees, 2013-2015; Committee on Nominations, 2008-2010.

Offices Held in Other Organizations: Committee Member, American Educational Research Association, Distinguished Contributions in Educational Research, 2017-2019; Ex-officio Trustee, The Berkeley Foundation, 2016-present; Member, National Academy of Education, 2014-present; Trustee and Program Committee Chair, William T. Grant Foundation, 2013-present; Research Affiliate, National Education Policy Center, University of Colorado, 2010-present.

Publications: Russell, Susan Garnett and Prudence L. Carter. 2019. "When the Past is in the Present: The Paradox of Social Inclusion in South Africa and Rwanda." *Sociology of Race and Ethnicity* 5(4): 547-561.

Carter, Prudence L. 2016. "Educational Equality Is a Multifaceted Issue: Why We Must Understand the School's Sociocultural Context for Student Achievement." *RSF: The Russell Sage Foundation Journal of the Social Sciences* 2(5); 142–163.

Carter, Prudence L. and Kevin G. Welner, eds. 2013. *Closing the Opportunity Gap: What America Must Do to Give All Children an Even Chance.* Oxford University Press.

Carter, Prudence L. 2012. *Stubborn Roots: Race, Culture, and Inequality in U.S. and South African Schools.* Oxford University Press.

Carter, Prudence L. 2005. *Keepin' It Real: School Success Beyond Black and White.* Oxford University Press.

Personal Statement: I am honored to be nominated for President of the American Sociological Association. As a sociologist with over two decades of research in education, inequality, and the intersections of race, class, and gender forces in schooling and society, I bring both scholarly rigor and a deep commitment to using social science to theorize, explain, and solve social problems. I also bring strong administrative leadership. As dean of the Graduate School of Education at the University of California, Berkeley, I have facilitated significant program and organizational redesign and served in various capacities across the landscape of higher education nationally. These experiences have kindled in me a reimagination of research on policies, and institutional and organizational changes needed to attain justice and equity in global society. Now I stand ready to work with fellow sociologists, ASA, and its leadership to advance a bolder, dynamic vision of our discipline and its future contributions.

David T. Takeuchi

Present Professional Position: Professor, Associate Dean for Faculty Excellence, School of Social Work, Department of Sociology, Center for the Study of Demography and Ecology, Center for Statistics and the Social Science, University of Washington, 2019-present.

David T. Takeuchi

Former Professional Positions: Professor, Associate Dean for Research, School of Social Work, Department of Sociology, Boston College, 2013-2019; Professor, School of Social Work, Department of Sociology, University of Washington, 2002-2013; Professor, Department of Sociology, Indiana University, 1998-2002.

Education: Postdoctoral Fellow, Yale University, 1987-1989; PhD, University of Hawai'i, 1983-1989; MA, University of Hawai'i, 1971-1974.

Positions Held in ASA: Secretary-Elect and Secretary, 2015-2019; Federal Statistics Working Group, 2017-2020; Member, Annual Meeting Program Committee (Seattle, Montreal, Philadelphia, New York), 2015-2019; Member, Minority Fellowship Program Advisory Panel, 2013-2015; Chair-Elect and Chair, Asia and Asian American Section, 2003-2005.

Offices Held in Other Organizations: Committee on Populations, National Academy of Sciences, 2020-2023; Founder and Executive Committee, Interdisciplinary Association of Population Health Science, 2013-2014; National Advisory Committee, Health and Society Scholars Program, Robert Wood Johnson Foundation, 2012-2016; Immigration Integration Panel, National Academy of Sciences, 2014-2015; Board of Scientific Counselors, National Center for Health Statistics, Centers for Disease Control, 2011-2014.

Publications: Below are selected items from over 200 publications. They represent some of my research interests.

Cano, Manuel and David T. Takeuchi. 2020. "Recent/Childhood Adversities and Mental Disorders Among US Immigrants." *Frontiers in Psychiatry* 11: 573410.

Gong, Fang, Jun Xu, and David T. Takeuchi. 2017. "Racial and Ethnic Differences in Perceptions of Everyday Discrimination." *Sociology of Race and Ethnicity* 3(4): 506-21.

Sass, Victoria, Nicole Kravitz-Wirtz, Steve Karceski, Anjum Hajat, Kyle Crowder, and David Takeuchi. 2017. "The Effects of Air Pollution on Individual Psychological Distress." *Health and Place* 48: 72-79.

Takeuchi, David T. 2016. "Vintage Wine in New Bottles: Infusing Select Ideas into the Study of Immigration, Immigrants and Mental Health." *Journal of Health and Social Behavior* 57(4): 423-435.

Takeuchi, David T., Lisa Sun-Hee Park, Samantha Teixeira, and Yonette Thomas (Guest Editors). 2016. "Race and the Environment." *Du Bois Review*, 13(2): 215-411.

Personal Statement: If elected I have two major goals on my agenda. First, I will support efforts to enhance the long-term financial stability of the Association. Before the COVID-19 pandemic, most learned societies were experiencing a decline in memberships. The changing world of journal publishing also has direct implications for the financial health and stability of learned societies. During the pandemic, these trends have intensified. ASA is fortunate to have begun working on these challenges through the membership task force and the Council's continued examination of ASA's financial well-being. I plan to maintain a focus on these issues. Second, for my term as President, the conference theme will focus on issues of borders and divides—real and imagined. Accordingly, in addition to providing opportunities to engage across sections, I plan to reach out to other disciplines to identify cross-cutting themes and explore how

2021 Candidates
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multidisciplinary approaches can lead to substantive social change and new research.

Candidates for Vice President-Elect

Mignon R. Moore

Mignon R. Moore

Present Professional Position: Professor of Sociology, Barnard College and Columbia University, 2016-present.

Former Professional Positions: Associate Professor of Sociology and African American Studies, University of California, Los Angeles, 2006-2016; Co-Director, Resource Centers for Minority Aging Research, UCLA David Geffen School of Medicine, 2012-2016; Assistant Professor of Sociology and African American Studies, Columbia University, 2000-2006.

Education: Ford Foundation Postdoctoral Fellowship, Research and Training Program in Poverty and Social Policy, University of Michigan-Ann Arbor, 1998-2000; PhD, University of Chicago, 1998; BA, Columbia University, 1992.

Positions Held in ASA: Deputy Editor, American Sociological Review, 2020-present; Member, Program Committee, 2020-2021; Chair, Section on Racial and Ethnic Minorities, 2017-2018; Council Member-at-Large, ASA Council, 2015-2018; Chair, Section on Race, Gender, and Class, 2011-2012.

Offices Held in Other Organizations: President, Sociologists for Women in Society, 2021; Executive Council, Association of Black Sociologists, 2019-2021; Deputy Editor, Gender & Society, 2019-2021; Senator and Executive Committee, Columbia University Senate, 2018-present; Editorial Board, Social Problems, 2014-2016.

Publications: Moore, Mignon R. 2018. "Reflections on Marriage Equality as a Vehicle for LGBTQ Political Transformation." Pp. 73-80 in *Queer Families and Relationships after Marriage Equality*, edited by M. Yarborough, J. DeFilippis A. Jones, Routledge.

Moore, Mignon R. 2017. "Women of Color in the Academy: Navigating Multiple Intersections and Multiple Hierarchies." *Social Problems* 64: 200-205.

Moore, Mignon R. 2011. *Invisible Families: Gay Identities, Relationships and Motherhood among Black Women*. University of California Press.

Moore, Mignon R. 2010. "Articulating a Politics of (Multiple) Identities: Sexuality and Inclusion in Black Community Life." *DuBois Review: Social Science Research on Race* 7(2): 1-20.

Moore, Mignon R. 2008. "Gendered Power Relations among Women: A Study of Household Decision Making in Black, Lesbian Stepfamilies." *American Sociological Review* 73{2}: 335-356.

Personal Statement: I am running for the position of Vice President because I enjoy this type of governance work. I first served on Council from 2015-2018. During that time, I helped create the ASA Travel Fund, which offers financial support to members from under-resourced institutions who want to attend the Annual Meeting. If elected I will continue to think through ways to reduce the feelings of alienation some have within the ASA. Council makes decisions that directly impact members' professional lives, and I am interested in the VP position because of the specific tasks that are carried out within that role. For example, the Vice President oversees certain committees that identify nominees for executive office as well as other positions in the organization. The Vice President also works closely with the Program Committee to curate the Annual Meeting. I look forward to performing this type of work for our organization.

Zulema Valdez

Present Professional Position: Professor of Sociology and Associate Vice Provost for the Faculty, University of California, Merced, 2013-present.

Former Professional Positions Held: Assistant and Associate Professor of Sociology, Texas A&M University, 2005-2013; Postdoctoral Fellow, Gerald R. Ford School of Public Policy, National Poverty Center, University of Michigan, 2003-2005; Postdoctoral Fellow, Center for Comparative Immigration Studies, University of California, San Diego, 2002-2003.

Zulema Valdez

Education: PhD, University of California, Los Angeles, 2002; MA, University of California, Los Angeles, 1996; BA, University of California, Los Angeles, 1992.

Positions Held in ASA: Chair-Elect, Race, Gender, and Class Section: Council Member, ASA Council; Chair, Latina/o Sociology Section; Member, ASA Committee on Nominations; Council Member, International Migration Section.

Offices Held in Other Organizations: Winter Meeting Program Committee, Sociologists for Women in Society; Advisory Council, Network for Justice, "Future of Latinos in the United States: Law, Opportunity, and Mobility," American Bar Foundation.

Publications: Pirtle, Whitney Laster, Zulema Valdez, Kathryn Daniels, Maria Duenas, Denise Castro. 2020. "Conceptualizing Ethnicity: How Dimensions of Ethnicity Affect Disparities in Health Outcomes Among Latinxs in the United States," *Ethnicity and Disease*, 30(3), 1-12.

Valdez, Zulema. 2019. "The Great Recession and Precarious Wealth among Middle-class Mexican-Origin Entrepreneurs," *Journal of Ethnic and Migration Studies,* 1-18.

Valdez, Zulema and Tanya Golash-Boza. 2017. "U.S. Racial and Ethnic Relations in the Twenty-first Century," *Ethnic and Racial Studies,* 1-29.

Valdez, Zulema and Mary Romero, Eds. 2016. *Ethnic Entrepreneurship in Intersectional Perspective. Special Issue of Ethnic and Racial Studies,* 39(9).

Valdez, Zulema 2011. *The New Entrepreneurs: How Race, Class and Gender Shape American Enterprise.* Stanford University Press.

Personal Statement: I am professor of sociology at University of California, Merced, a Hispanic-Serving Institution located in the heart of California's under-resourced Central Valley. My research and teaching program is informed by a theoretical perspective rooted in intersectionality. I am an expert in the study of ethnic entrepreneurship, undocumented students in higher education, and health disparities. My current project is an ethnography of wildfires in a rural White tourist town. I have been a member of the ASA for over 15 years and have served in several leadership roles in various sections and the ASA Council. As a Chicana and first-generation college student from a working-class background, my service to the profession is aimed at promoting greater equity, inclusion, and social justice for underrepresented populations and first-generation faculty, contingent faculty, and graduate students in the academy. I am also interested in developing a more sustainable ASA. ∎

2021 ASA Elections Open April 27

The 2021 ASA elections will open Tuesday, April 27, and close Friday, May 28, at 5 p.m. EST. Ballots will be sent out via email from "Sociological.ballot@intelliscaninc.net." Please add this email address to the permitted senders list on your spam filter to ensure timely delivery of your ballot. All members, with the exception of affiliate members, will receive ballots and are eligible to vote in the ASA-wide elections and in the elections for the sections in which they have membership. If you have any questions regarding the elections, contact Mark Fernando (mfernando@asanet.org). To see the ballot and learn about the candidates for ASA-wide positions, visit www.asanet.org/election. ∎

ASA News

Virtual Annual Meeting: Understanding Chicago's Role Sociologically

Andrew V. Papachristos, Northwestern University, and Joyce Bell, University of Chicago

The ASA Local Planning Committee accepted its charge of centering "The Du Boisian Challenge" at the 2021 Annual Meeting by interrogating the role of Chicago (the host city when the meeting was not going to be held virtually) in sociological thinking, politics, social movements, and culture. Under a non-COVID situation, this would have entailed visiting Jane Addams' Hull House, understanding the ways Native American Nations such as the Potawatomi, Odawa, and Ojibwe created the city, retracing The Chicago Freedom Movement, and reconstructing the Chicago School's maps of dance halls and gang hangouts.

Because the Annual Meeting is being held online, we will forgo many of the on-the-ground sociological explorations. However, the six regional spotlight sessions, organized by the Local Planning Committee, delve deeply into the city's complicated social, political, and economic realities. The sessions are designed to use Chicago as a lens from which to critically engage, problematize, and analyze core questions confronting inequality. They are based on ASA President Aldon Morris' Annual Meeting theme, "Emancipatory Sociology: Rising to the Du Boisian Challenge."

From the Lager Beer riots of 1855 and the Haymarket affair of 1886 to the 1968 Democratic National Convention and the murder of Laquan McDonald in 2014, Chicago is a city notorious for its police violence. In 2015, Chicago's City Council passed a reparations bill to address the fallout from the decades of terror and torture committed by

> **The regional sessions are designed to use Chicago as a lens from which to critically engage, problematize, and analyze core questions confronting inequality.**

police commander Jon Burge and his "midnight crew" between 1972 and 1991. In addition to payments and assistance to Burge's victims and their families, the bill called for the history of police abuse and torture to be taught in *all* eighth and tenth grade history and social studies courses. A session organized by Nicole Van Cleve (Brown University), brings together scholars, journalists, attorneys, and teachers to discuss the content of the new curriculum, the resistance from white community members, and the notion of education as a form of "reparations" for a wrong.

In 2020, Chicago, like many U.S. cities, confronted COVID-19 and an increase in gun violence that disproportionately impacted Black and Latinx communities. Panelists in a session organized by Ruby Mendenhall (University of Illinois at Urbana-Champaign) will combine a variety of sociological methods with photographs, poetry, and artistic creations to center Black women and girls' resiliency during COVID-19, the recent uptick in gun violence, and uprisings related to policing.

A much neglected aspect of Chicago within sociology has been the significant role of the city's Latin American communities on the sociological study and theorization of panethnicity. A session organized by Michael Rodríguez-Muñiz (Northwestern University) takes stock of this intellectual legacy by considering the ways that political, social, economic, and cultural dynamics among Puerto Ricans, Mexicans, and other Latinx groups contributed to development of the sociology of panethnicity, the sociology of Latinos, and Latinx studies.

People of color and women currently hold an unprecedented number of political positions of power in the City of Chicago, Cook County, and Illinois. A panel organized by Mary Pattillo (Northwestern University) asks whether and how it matters when people of color and women run the city. The session will examine how such leadership might impact neighborhood inequality and whether it might disrupt the legacy of Chicago's notorious machine politics.

A panel organized by Amanda Lewis (University of Illinois-Chicago) and Celeste Watkins-Hayes (University of Michigan) focuses on research and activism around education equity. The long history of educational inequality in Chicago has led to a hotbed of scholarly and activist work around racial and educational justice. This panel features Chicago thought leaders in conversation around public education in the city. Drawing on the theme of emancipatory sociology, the panel asks how struggles for educational justice are linked to struggles for racial justice in the city and what are key challenges and opportunities for change.

Tracey Lewis-Elligan (DePaul University) and Heather Dalmage (Roosevelt University) will organize

a session that starts from the premise that while pandemics destroy and devastate communities, they also create opportunities for reflection and transformation. The panelists will work in the tradition of St. Clair Drake and Horace Cayton's *Black Metropolis* to make predictions about Chicago 2030. Reflecting on the relationship between academia and activism, the session asks how Chicago will be transformed by COVID-19 and how activists and academics can collaborate toward a more just future.

Although we can't be together physically, we hope that through these sessions the spirit of Chicago sociology, activism, and culture will shape the Annual Meeting in meaningful ways. The sessions will engage in timely, important, and innovative sociological discussions about the history, contemporary reality, and future possibilities of Chicago. We invite attendees to join us in these examinations and look forward to connecting virtually around the world from Chicago to wherever you are. ∎

ASA Sections Provide Support to the MFP

ASA Sections have continued to contribute funds to the ASA Minority Fellowship Program, and we are grateful for their generosity. This infusion of support contributes to the ongoing vitality of the program. For a list of sections that have contributed over the past year, click here.

Thank You to ASA's Generous Supporters

ASA acknowledges the generous support of the following individuals, whose financial contributions (July 1, 2020, through December 31, 2020) to the association have strengthened our discipline.

Some of these donations provide unrestricted support to ASA, and others are used specifically for the American Sociological Fund, the Carla B. Howery Teaching Enhancement Fund, the Community Action Research Initiative, or the Fund for the Advancement of the Discipline. In addition, this list includes both five-year leadership pledge donations and one-time donations for the Campaign for Inclusion. This campaign supports our longstanding Minority Fellowship Program and our Annual Meeting Travel Fund.

If you are interested in making a contribution to support ASA in its mission to serve sociologists in their work, advance sociology as a science and profession, and promote the contributions and use of sociology to society, visit www.asanet.org/donate.

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Laureen K. O'Brien
Gilda Laura Ochoa
Pamela E. Oliver
Lauren D. Olsen
Anthony M. Orum
Cheryl Pahaham
Anthony Paik
Thomas M. Painter
Robert Nash Parker
Tianna S. Paschel
Sarah Elizabeth Patterson
Mary E. Pattillo

Willie Pearson, Jr.
Silvia Pedraza
Andrew J. Perrin
Gretchen Peterson
Michelle S. Phelps
Bruce A. Phillips
Diane L. Pike
Frances Fox Piven
Paul Prew
Allison Pugh
Lincoln G. Quillian
Jonathan W. Reader
Linda Renzulli
Deidre L. Reyes
Cecilia L. Ridgeway
Patricia P. Rieker
Ferris J. Ritchey
E. Ian Robinson
Havidán Rodríguez
Orlando Rodriguez
Vincent J. Roscigno
Ava F. Rosenblum
Louie E. Ross
Martin Ruef
Katrina Running
Rogelio Saenz
Abigail C. Saguy
Gary D. Sandefur
Rebecca Sandefur and
    Monica McDermott
Karin Schittenhelm
Carl M. Schmitt
Beth E. Schneider
Christine Renee Schwartz
Katherine O'Sullivan See
Marcia Texler Segal
Jane Sell
Laura Senier
Richard T. Serpe
Yvonne P. Sherwood
Jean H. Shin
Robin W. Simon
David Norman Smith
Jason A. Smith
Lee A. Smithey
William L. Smith-Hinds
C. Matthew Snipp
David Snow and
    Roberta Lessor
Gregory D. Squires
Stephen F. Steele
Stephen Steinberg
James G. Stemler
Robin Stryker
Mark Suchyta
Ann Swidler

Dana Yasu Takagi
David T. Takeuchi
Richard Tashjian
Nicholas C. Tatsis
Angela P. Taylor
Edward E. Telles
Youyenn Teo
Charles B. Thomas, Jr.
Martha E. Thompson
Kathleen J. Tierney
Jeffrey M. Timberlake
Michael Timberlake
Mary Nell Trautner
Judith Treas
Andrew C. Twaddle
Christopher Uggen
Heather Urner
Herianna
    Valenzuela-Silvain
Eric R. Van Rite
Reeve Vanneman
Diane Vaughan
William Velez
Marc J. Ventresca
Lydia Villa-Komaroff,
Margaret Weigers Vitullo
Mary E. Vogel
John P. Walsh
Barbara R. Walters
Alexander Wambach
Celeste M.
    Watkins-Hayes
Jake Watson
Lynn Weber
Elfriede Wedam
Sally Willson Weimer
Melissa F. Weiner
Rick Welsh
Regina E. Werum
Renee T. White
Teke Wiggin
Christine L. Williams
Rhys H. Williams
William Julius Wilson
Adia M. Harvey
    Wingfield
Robert P. Wolensky
Mike Yarbrough
Peter Cleary Yeager
Yuval Peretz Yonay
Min Zhou
Mary K. Zimmerman ■

Sociology on the Cover of *Scientific American*

Pamela Oliver, University of Wisconsin-Madison, and Michael Schwartz, Stonybrook University

ASA President Aldon Morris' article, "From Civil Rights to Black Lives Matter" is featured as the cover story in the March issue of *Scientific American*. Beyond the article's quality and importance, this is a noteworthy moment in the 178-year history of the magazine. "This is the first time we have had a pure sociology story on the cover, and the first time we have had a cover story about systemic racism or social justice," says SA editor Laura Helmuth.

Scientific American is the oldest continuously published monthly magazine in the United States. It is the premier venue for delivering important scientific research to a general readership, with scientists themselves describing the substance and implications of their work. Morris' article fits perfectly into this model. He offers an accessible but nuanced sketch of sociological theory about the rise, trajectories, and impacts of social movements; and then discusses the implications of these insights for understanding the currently ongoing Movement for Black Lives.

Morris incorporates his and other scholars' insights into various elements of the Civil Rights Movement success: building movement solidarity; discovering and creating networks of common interest; mobilizing resources within the community; developing and implementing protest strategy; disrupting "business as usual;" devising defenses against repression; and empowering the use of emotions such as love and trust. He explains how lessons from the CRM might apply to BLM—how the movements are similar and how they differ. To make this complex comparison while maintaining accessibility to non-specialists, Morris focuses on key research findings that correct the oversimplified public

Aldon Morris

conceptions of the Civil Rights Movement especially the false contrast between the "peaceful and spiritual" CRM and the "disruptive and riotous" BLM. Without ignoring the important differences between "then" and "now" he points to the continuity in the long Black movement, including the centrality of disruption in the Civil Rights Movement and the predominance of non-violent civil disobedience in the Movement for Black Lives.

More and more sociologists are seeking to write accessible work to bring the insights of sociological analysis to important public issues.

Morris' cover article offers a useful model. He was approached by Madhusree Mukerjee, SA editor, to write an essay on social movement theory and social movements. Before accepting the invitation, Morris sent *Scientific American* an opinion piece he was seeking to publish. The magazine immediately published Morris'

"We'll Never Fix Systemic Racism by Being Polite" in August 2020. The positive reception to his op-ed increased SA's confidence that Morris was ideal to author a longer feature article. This suggests that sociologists who wish to reach broader audiences should look for opportunities to write shorter, topical, opinion pieces; and to see these as devices for gaining access to broader audiences.

Making Sociologists' Work More Accessible

Sociologists should also seek other strategies for making their academic work more accessible. Writing accessible versions of scientific papers and then posting them on personal blogs, institutional blogs, journal blogs, Twitter, or Facebook are viable methods for establishing contact outside of the ivory tower.

There is also a need to make the academic work accessible. Unfortunately, most peer reviewed work is behind a journal paywall that prevents non-scientists from accessing it. One solution is to post preprints of academic work in open working paper sites, just like physicists, mathematicians, and economists commonly do.

The already visible value of Morris' *Scientific American* article indicates that there is a need for professional sociology to acknowledge this type of work as a valid scholarly contribution. One deterrent to publishing in public-facing outlets is the discounting of this work by academic departments in tenure and promotion cases. Sociology departments should develop reasonable standards of evaluation for this type of work and incorporate them into department cultures.

Another issue facing those writing for public consumption is the multiple publics and different audiences they could choose to address. Some scholars may address public officials and other institutional power-holders about how to preserve their power and privilege or to control or manage the disruptions from the oppressed. Others may address the oppressed, seeking to amplify the voices of the marginalized, or promote social policies that would answer their demands for power or material resources. Finally, even when scholars speak to and for the same audiences, they may argue for very different policy implications or analyses of the underlying issues.

As professional sociology seeks to take its place in public discourse and to provide the hard-won findings and insights that can inform or inspire efforts for emancipatory social change, it must provide institutional support for public-facing scholarship and reward those who deliver sociological insight to the many different publics who could benefit from our work. This will allow the public to absorb and evaluate the theoretical and evidential disputes that are the engines of scientific advance. ∎

> **Around the world, [social justice] movements have played pivotal roles in overthrowing slavery, colonialism, and other forms of oppression and injustice. And although the core methods by which they overcome seemingly impossible odds are now more or less understood, these struggles necessarily (and excitingly) continue to evolve faster than social scientists can comprehend them. …. The frameworks developed in the late 20th century remain relevant for the 21st, however. Modern movements are also struggles for power. They, too, must tackle the challenges of mobilizing resources, organizing mass participation, raising consciousness, dealing with repression and perfecting strategies of social disruption.**
>
> — *Aldon Morris in his article, "From Civil Rights to Black Lives Matter"*

ASA News

Apply for a 2021 ASA Community Action Research Initiative Grant

Deadline: August 31, 2021

ASA encourages applications for Community Action Research Initiative (CARI) grants. CARI grants are used 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, click here. Send your questions to Margaret Weigers Vitullo at mvitullo@asanet.org or (202) 247-9862. ■

Announcements

Call for Papers

Journal of Professions and Organization. Special issue, "Diversity and Inclusion in Changing Professional Organizations." To address questions related to organizations' efforts with respect to diversity and inclusion and related questions, we invite scholarly papers from a wide range of disciplines and academic perspectives. We welcome submissions that address different levels of analysis (individual, firm, interactional, field) and make use of a variety of qualitative and quantitative methods. We especially encourage authors who investigate new forms of inequality, new managerial and organizational approaches to diversity and inclusion, and research on sites that are transnational, comparative, and/or global. Contacts: Swethaa Ballakrishnen sballakrishnen@law.uci.edu, David Brock dmb@bgu.ac.il, Elizabeth Gorman eg5n@virginia.edu. Deadline for full papers: June 15, 2021. For more information, visit academic.oup .com/jpo.

Funding

Russell Sage Foundation Funding Opportunities. RSF will accept letters of inquiry (LOIs) under these core programs and special initiatives: behavioral economics; decision making & human behavior in context; future of work; and social, political and economic inequality. In addition, RSF will also accept LOIs relevant to any of its core programs that address at least one of the following issues: (1) Research on the COVID-19 pandemic and the resulting recession in the U.S., and (2) Research focused on systemic racial inequality and/or the recent mass protests in the U.S. LOIs must include specific information about the proposed data and research design. If you are unsure about the foundation's expectations, review the grant-writing guidelines. Successful proposals from this round can have a start date on or after December 1, 2021. Deadline: May 4,

2021. For more information, visit www.russellsage.org/how-to-apply.

Russell Sage Foundation Visiting Scholars Fellowship. The Visiting Scholars Program provides a unique opportunity for select scholars in the social, economic, political, and behavioral sciences to pursue their research and writing while in residence at the foundation in New York City. The fellowship period is September 1-June 30. The foundation annually awards up to 17 residential fellowships. Visiting scholars are at least several years beyond the PhD degree and, once selected, typically work on projects related to the foundation's core programs and special initiatives. Scholars are provided with an office at the foundation, computers, library access, and supplemental salary support. Application Deadline: June 24, 2021 (11:59 PM EST). For more information, visit www.russellsage.org/how-to-apply/visiting-scholars-program.

In the News

Richard Carpiano, University of California, Riverside, was quoted in a February 5 *New York Times* article, "Anti-Vaccine Activists Emboldened in California."

Cassi L. Pittman Claytor, Case Western Reserve University, was quoted about her research in a January 26, 2021, *Vox* article, "The Mirage of the Black Middle Class."

Allison Daminger, Harvard University, and **Jill Yavorsky,** University of North Carolina-Charlotte, were quoted in a January 27, 2021, *Atlantic* article, "The Myth That Gets Men Out of Doing Chores."

Allison Dunatchik, University of Pennsylvania, **Jerry Jacobs**, University of Pennsylvania, **Kathleen Gerson,** New York University, **Jennifer Glass,** University of Texas-Austin, and **Haley Stritzel,** University of Texas-Austin, were quoted in a January 7 column in *The Nation*, "Covid-19 Has Been Hardest on Women"; a February 6 *New York Times* article, "What the

Pandemic has Cost Women"; and a February 7 op-ed in the *Los Angeles Times*, "Why moms have it so much harder than dads during COVID time."

Elaine Howard Ecklund, Rice University, was quoted in a December 10 Religion News Service article, "With Vaccines on the Horizon, Faith Leaders Could Play a Crucial Role in Promoting Their Use."

Daniel Hirschman, Brown University, was quoted in a January 29 *USA Today* article, "This Is America: Teach Black History from Black Perspectives."

Maria Krysan, University of Illinois at Chicago, and **Kyle Crowder,** University of Washington, wrote an article for *The Hill*, "Why Eliminating Discrimination Does Not End Segregation," that was published on February 11.

James W. Loewen, Catholic University of America, was cited for his research in a February 19 *USA Today* article on "The Green Book" that includes a discussion and a map of sundown towns based on Loewen's database.

Ruth Milkman, City University of New York, was quoted in a January 24 *Miami Herald* article, "Here's How Raising Minimum Wage to $15 an Hour Might Impact Poverty, Small Businesses."

C.J. Pascoe, University of Oregon, was quoted in a February 4 *Vox* article, "WallStreetBets Is America."

Martyn Pickersgill, University of Edinburgh, was quoted in a January 12, 2021, *The Scotsman* article, "What Does a Winter Lockdown Mean for Scots' Mental Health?"

Michael Pollard, RAND Corporation, was interviewed by a range of outlets about his study published in *JAMA Network Open* in September on changes in alcohol use during COVID-19, and his work was widely covered by television and print media, including *Forbes, TIME, The Atlantic*,

New York Times, U.S. News and World Report, Psychology Today, and *Salon*.

Rashawn Ray, Brookings Institution and University of Maryland, wrote an article, "Black Voters Helped Biden Get Elected His Presidency Will Be Defined by How He Acts on Racial Equity," that appeared in the February 8, 2021, *Washington Post* "Monkey Cage" blog.

Jennifer Reich, University of Colorado-Denver, was quoted on attitudes toward vaccines in a February 9, 2021, CNN article, "How Covid Vaccines Might Change the Dating Game."

Christopher J. Schneider, Brandon University, was quoted in multiple articles on the Capitol siege, including "The Capitol rioters kept posting incriminating things on social media. Unsurprisingly they were mocked — and arrested" (*Washington Post,* January 19 *)*; "'Pics or it didn't happen.' FBI flags selfies posts of many accused in US Capitol riots." (*USA Today,* January 21); "Who should decide what you can't say on social media? Debate rages ahead of potential government action" (*Toronto Star*, January 31). He wrote an op-ed, "Lessons from a Hockey Riot In Catching the Perpetrators of the U.S. Capitol Siege," that appeared in the January 29 *Globe and Mail* and co-authored a January 9 *Toronto Star* article, "The Saturday Debate: Do body-worn cameras increase police accountability?".

Russell Schutt, Harvard University, co-directed a large NSF-funded study of the social impact of the pandemic in Boston, which was covered in a January 12, 2021, *Boston Globe* article, "Most People in Boston Say They'll Get Vaccinated; Many Black Residents Are Skeptical."

Mady W. Segal, University of Maryland, was quoted in a January 29 *USA Today* article on the army's new grooming standards, particularly regarding hair styles and earrings, which give greater flexibility to women soldiers and soldiers of color.

Gregory D. Squires, George Washington University, co-authored

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an article, "Home Appraisals Drive America's Racial Wealth Gap—95% of Philly's Appraisers Are White," that was published February 25, 2021, on WHYY NPR/PBS Philadelphia.

Sabrina Strings, University of California, Irvine, was quoted in a February 23, 2021, *Good Housekeeping* article, "The Racist and Problematic History of the Body Mass Index."

Stacy Torres, University of California, San Francisco, wrote about her decision making around the COVID-19 vaccine, from the standpoint of someone with an autoimmune disease for the *USA Today* on March 3, 2021. She wrote an op-ed that appeared in the January 20, 2021, *USA Today* on her thoughts about Biden's goals for his first 100 days in office.

Andrew Whitehead, Indiana University-Purdue University Indianapolis, was interviewed about the connection between Christian nationalism and the U.S. Capitol insurrection for both The *New York Times* on January 11, 2021, and *Morning Edition* on NPR on January 18, 2021.

Andrew Whitehead, Indiana University-Purdue University Indianapolis, and **Samuel Perry**, University of Oklahoma, authored the editorial "Christian Nationalism's Covid Vaccine Doubt Threatens America's Herd Immunity" for *NBC News Think* on January 2, 2021.

Andrew Whitehead, Indiana University-Purdue University Indianapolis, **Samuel Perry,** University of Oklahoma, **Gerardo Marti,** Davidson College, and **Philip Gorski,** Yale University, were quoted in a January 28 *New York Times* column by Thomas Edsall on White Christian Nationalism.

Rachael Woldoff, West Virginia University, was quoted in a January 22 *New York Times* article, "My Neighbor, My Pandemic Pal," and wrote an opinion article that appeared in the January 13 *MarketWatch*, "Digital Nomads Don't Sit on the Beach or Travel All the Time — Here's What Life Is Really Like." She wrote an article with Robert Litchfield, "Digital Nomads Show Us How Remote Workers Can Find Community," that appeared in *Quartz at Work* on January 6.

Awards

Arnold Dashefsky, University of Connecticut, received the 2020 Marshall Sklare Award for a career of distinguished scholarship from the Association for the Social Scientific Study of Jewry (ASSJ). The award is given for lifetime contributions to understanding the social scientific understanding of Jewry.

Stephen J. Morewitz, Forensic Social Sciences Association and San Jose State University, won the Gold Telly Award for his Holocaust, human rights, and ethnicity/race documentary, *Nobody Wants Us*.

Andrew Whitehead, Indiana University-Purdue University Indianapolis, and **Samuel Perry**, University of Oklahoma, received *Christianity Today's* 2021 Award of Merit for Politics and Public Life for their book *Taking America Back for God: Christian Nationalism in the United States* (Oxford, 2020).

New Books

Edna Chun, Columbia University and **Joe Feagin,** Texas A&M University, *Rethinking Diversity Frameworks in Higher Education* (Routledge, 2020).

Rebecca Elliott, London School of Economics, *Underwater: Loss, Flood Insurance, and the Moral Economy of Climate Change in the United States* (Columbia University Press, 2021).

Sabrina Gatti, Selinus University, *Attraverso la vertigine - Il Covid-19 ed altre riflessioni su una società in cammino* (CTL Edizioni Livorno, 2020).

Elizabeth H. Gorman, University of Virginia, and **Steven P. Vallas,** Northeastern University, Eds., *Professional Work: Knowledge, Power and Social Inequalities* (Research in the Sociology of Work) (Emerald, 2020).

Eszter Hargittai, University of Zurich, *Research Exposed: How Empirical Social Science Gets Done in the Digital Age* (Columbia University Press, 2020).

Rachael A. Woldoff, West Virginia University, *Digital Nomads: In Search of Freedom, Community, and Meaningful Work in the New Economy* (Oxford University Press, 2021).

Matthew G. Yeager, King's University College, *Dangerous Men: Ideology and the Personification of Evil* (Cambridge Scholars Publishing, 2021).

Accomplishments

Elaine Howard Ecklund, Rice University, and **Pamela Prickett,** University of Amsterdam, have launched a podcast called "Religion Unmuted." Using research-driven dialogue, the podcast explores how religion impacts public discourse around important social issues like racism, politics, immigration, health, and the body.

Brian Gran, Case Western Reserve University, received a small grant from the Taiwan Foundation for Democracy. It will be applied to the International Survey of Human Rights that **Keri Iyall Smith,** Suffolk University, **David Brunsma,** Virginia Tech University, and Gran direct. They will use the grant to study perceptions, beliefs, and opinions of human rights of individuals living in East Asian countries.

Martyn Pickersgill, University of Edinburgh, became the Founding Director of the Social Dimension of Biomedicine Programme, based within Edinburgh Medical School.

Summer Programs

The Knapsack Institute. The 2021 Knapsack Institute: Transforming Teaching and Learning, June 16–18, 2021, Colorado Springs. The Knapsack Institute (KI), organized by the Matrix Center for the Advancement of Social Equity and Inclusion at the University of Colorado, Colorado Springs, offers tools, strategies, and support to build inclusive learning environments and deal with resistance in the classroom. We examine and apply the concepts of privilege, oppression, and intersectionality in educational settings. To ensure the safety of our participants, this year KI will be offered in a virtual format. Contact: matrix@uccs.edu or aferber@uccs.edu. For more information, visit https://knapsack.uccs.edu/.

Deaths

N.J. Demerath III ("Jay") passed away on February 5, 2021, in Leeds, MA. Jay was on the faculty at the University of Wisconsin-Madison from 1962-1972, progressing from instructor to full professor, before moving to the University of Massachusetts-Amherst as professor and department chair. He retired in 2008. He was executive officer of the American Sociological Association from 1970-72.

Leo Goodman, 92, died December 22, 2020, due to COVID-19-related lung infection. He was a professor of Sociology and Statistics at the University of Chicago (1950-1986) and at the University of California, Berkeley (1986-2020, emeritus 2017-2020).

Barry Schwartz, 83, emeritus professor of Sociology at the University of Georgia, died suddenly on January 6, 2021. He was a leader in the field of collective memory and a former chair of the ASA Sociology of Culture Section.

Obituaries

Ronald E. Anderson
1941-2020

Ronald E. (Ron) Anderson, an innovative scholar of technology and society, and a dear and generous colleague to all those who were privileged to know him, passed away on December 21, 2020.

Born in Sikeston, MO, Anderson spent much of his childhood in Addis Ababa, Ethiopia, where his father started a hospital and served as personal physician to the court of Emperor Haile Selassie. After earning his BA in psychology from La Sierra University, CA, in 1962, Anderson moved to Stanford University for graduate studies in sociology, where his PhD advisor was John Meyer. Upon his arrival in 1966 in Minnesota as an assistant professor at the University of Minnesota, Anderson quickly took the lead in building a collaborative research infrastructure for his department and the university. He also played a key role in developing the intellectual infrastructure to understand the social implications of technology and computing for education and inequality in contemporary society.

In over 125 articles, nine books, and countless reports and essays, Anderson's writings covered sociology, education, and computer science. His articles on school technology, the digital divide, and the ethics and social impacts of computing have been highly cited. His work was frequently supported by grants from the National Science Foundation, the U.S. Department of Education, and numerous state and local funders. In addition, Anderson wrote popular software programs and applications, developed simulation models for government agencies and non-governmental organizations, and led countless interdisciplinary and public initiatives on technology and society.

Anderson was an invited fellow of the American Educational Research Association and an invited member of the Sociological Research Association. A wide-ranging expert on technology and society, he also championed efforts to bring technology and social science to bear on public debates.

Since his retirement in 2005, Anderson devoted his research attention to conceptualizing, measuring, and addressing collective well-being and social suffering, which he viewed as society's greatest humanitarian challenge. He established the nonprofit Foundation for the Relief of Suffering, whose World Suffering website will be archived on The Society Pages. And Anderson continued to advise, champion, and support faculty and student work on technology and society, establishing the Anderson Technology and Social Cohesion Award at the University of Minnesota.

Throughout his career, Anderson was appreciated for his grace, dry wit, and inclusive leadership style. He was a builder, who served as founding chair of the ASA Section on Communication and Information Technologies (now the CITAMS), and the founding and long-serving editor of the *Social Science Computer Review*. He earned awards for outstanding service from each of his three primary

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fields: the American Sociological Association, the American Educational Research Association, and the Association for Computing Machinery (ACM). At ACM, he chaired the working group that developed the code of ethics that has served the association for 30 years. He also founded and directed the Minnesota Center for Survey Research and led the Social Science Research Center at the University of Minnesota. Later, he served as president of the University of Minnesota Retirees Association.

Anderson is survived by his wife of 30 years, Nancy Kehmeier, his son Evan (Marilyn), his sister Rosalie Lynn, and brothers Merlin (Marylou) and James (Anne). Anderson's friends and colleagues celebrate his path-breaking work on the social dynamics of technology, and cherish the memory of his shy smile, chuckle, and twinkle of eye.

Chris Uggen, University of Minnesota

Jacqueline Boles
1932-2020

Jacqueline "Jackie" Boles died on December 6, 2020, of a pulmonary embolism. She was 88 years old and predeceased by her parents and husband, Don. Boles was born on February 9, 1932, in Salt Lake City, UT. She received her undergraduate degree in 1958 from Oglethorpe College, her MA from Emory University in 1960, and her PhD in sociology from the University of Georgia in 1973.

Jackie Boles was an esteemed faculty member of the Georgia State University's (GSU) sociology department for more than 35 years, rising to the rank of professor and retiring with her appointment as professor emerita. She did it all, and with grace and understatement. Boles was a first-rate scholar; She published over 40 articles in professional journals, wrote many chapters in edited volumes, and presented dozens of papers at national and regional meetings. She was interested in people, especially those who engaged in unusual occupations and behaviors. Boles was a major contributor to the study of deviant occupations, focusing her work on the lives of male, female, and transvestite strippers, prostitutes, carnival workers, and gamblers, among others.

She was curious about their lifestyle and subculture, but most of all she wanted to tell their stories from their perspective, with sympathy and understanding.

In the late 1980s and early 1990s, together with Kirk Elifson, she received major grants from the Centers for Disease Control and Prevention to study the epidemiological risk factors associated with HIV infection among male and female prostitutes. This project led to multiple publications and presentations and provided a major direction for her research for years to come. Her final book project—*Life Upon the Wicked Stage: A Sociological Study of Entertainers* (2010)—was an in-depth study of people in show business and the cover featured a picture of her husband in his stage costume. Boles was such a gracious colleague that her co-authors and collaborators often became lifelong friends.

Boles, a successful scholar, was a one-of-a-kind teacher who will be long remembered by colleagues in the GSU sociology department and by her legion of former students. Her booming, heartfelt, and gleeful laughter filled the largest lecture rooms and echoed across adjacent hallways to the absolute joy of all those around her. She regularly taught classes on the topics of popular culture, work and employment, sex roles, and gays and lesbians in society. Generations of GSU students flocked to her classes to experience her warmth and engaging presence and were fascinated by her first-hand accounts of the people she studied. Her former students frequently continued to visit her office and remained in close contact with her. In 2000, the sociology department created the Jacqueline Boles Teaching Fellowship in appreciation of her distinguished academic career and genuine love of teaching.

Boles was a loving wife, mother, grandmother, and great grandmother. She is survived by her four children: David Boles (Patricia) of Decatur, Dan Boles of Atlanta, Robyn Olmsted (Fred) of Idaho, and Sarah Boles of Atlanta; four grandchildren; and two great grandchildren. The family hopes to organize a celebration of Boyle's life when people have been vaccinated against COVID-19, perhaps in the spring.

By family and long-time colleagues

John Carl Leggett
1930-2020

John Carl Leggett, professor emeritus of sociology, Rutgers University-New Brunswick, died in Seattle, WA, on December 14, 2020. He was 90.

Born in 1930 in St. Clair Shores, MI, and raised in the greater Detroit area, Leggett served in the U.S. Navy on the USS Midway after World War II, and then became the first person in his family to attend university. He earned a PhD in sociology in 1962 at the University of Michigan-Ann Arbor. While there, he met and married Iris, a fellow student, in 1954. Divorced later, they would remain friends.

Leggett began his academic teaching career at the University of Michigan School of Social Work as a lecturer and research associate. While there, he helped found Students for a Democratic Society and supported the Student Nonviolent Coordinating Committee. He then joined the faculty at the University of California, Berkeley, in 1962.
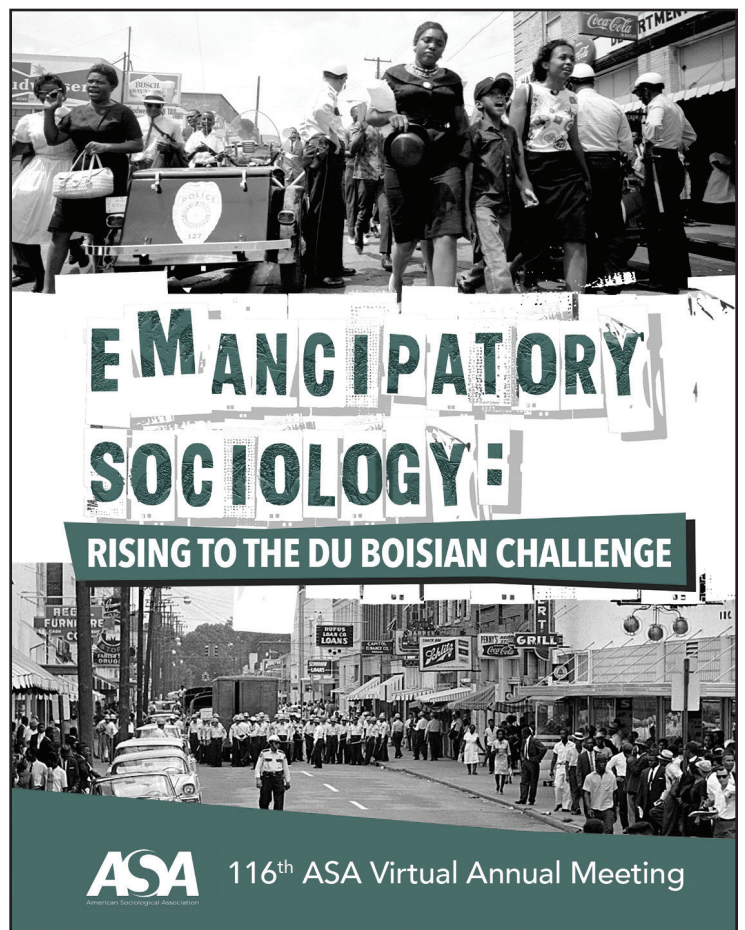
In his time at Berkeley from 1962 to 1966, Leggett became an active faculty leader of the Free Speech Movement, symbolized by his holding the "Free Speech" banner, an iconic image of the Civil Rights Movement re-published in *California Magazine*, 2014. He interviewed Malcolm X in 1963 after the Birmingham Church bombing, an interview that has inspired generations of students and civil rights activists.

In 1966, Leggett joined the political science, sociology, and anthropology department at the newly opened Simon Fraser University (SFU) in Vancouver, BC, Canada, and soon became an associate professor. He was also a visiting professor at the University of British Columbia. He continued to co-organize protests against the Vietnam War, albeit in a country that was not fighting in the war. He continued to work in California during his time at SFU. He supported labor unions and was a consultant to Cesar Chavez and the United Farm Workers. He taught Black Studies at the University of California-Davis, and was a visiting lecturer at Sacramento State.

In 1971, Leggett joined the sociology department at Livingston College, a newly opened, innovative, undergraduate component of Rutgers University that, according to his colleague Norman Markowitz, was "the first race, ethnic, and gender-integrated college at Rutgers." Livingston College hired him for his passionate activism as well as his intellectual and teaching talents. During his time at Rutgers, Leggett won numerous academic and teaching awards and was considered to be a popular teacher, mentor, colleague, and friend.

While at Rutgers, Leggett was an activist in a range of labor-related issues, studying unemployment and occupational health in central New Jersey as well as race and working-class consciousness. He led the successful campaign to remove asbestos from Livingston College's Kilmer Library when the dangers of carcinogenic asbestos were not

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yet widely recognized. Leggett also played an important role in fighting for and publicizing the plight of Johns Manville workers in New Jersey who suffered from the effects of asbestos exposure at work. In 2011, the ASA Section on Marxist Sociology honored him with a Lifetime Achievement Award.

An active scholar and teacher, Leggett published influential books that focused on the working class. His PhD dissertation, *Taking State Power: The Sources and Consequences of Political Challenge*, was published by Harper & Row in 1973. His further writings include *Class, Race, and Labor: Working-Class Consciousness in Detroit* (1968); *Race, Class, and Political Consciousness* (1972); "The Ideology and Methodology of Employment Statistics," in *The American Working Class: Prospects for the 1980s* (1979); *The American Working Class: Prospects for the 1980s* (1979); *Labor and Capital in the Age of Globalization* (1982); and *Mining the Fields: Farm Workers Fight Back* (1998). He co-authored *Allende: His Exit and Our "Times"* (1978). He also wrote the satirical *The Eighteen Stages of Love*.

Leggett was the recipient of many awards, including: Ford Foundation Fellow (1954-1955); Grantee, Social Science Research Council (1960-1961; 64); Canada Council (1968-1970); Trans-Action Research Grantee (1984-1985); Rutgers Distinguished Faculty Person Award, Livingston College Association Graduates (1987); Alfred McClung Lee Award, Sociological Abstracts and International Sociological Association Award (1994); recognition in the Rutgers Upward Bound Program; Outstanding and Dedicated Service to the Ronald E. McNair Program (2006). He became an honorary member of

the Livingston Alumni Association of Rutgers in 1987. Leggett received an award from the AAUP for his extensive union work at Rutgers. He was named to Marquis' Who's Who in America list in 1995.

After teaching at Rutgers for 33 years, Leggett retired in December 2004 and became professor emeritus in 2005. He was an inspiring scholar, teacher, colleague, and friend. He later married Lora Doris "Dee" Garrison, professor of history and women's studies at Rutgers, who predeceased him.

Leggett is survived by his daughters, Britt and Shannon Leggett; his stepson Tray Garrison; his sister Noreen Mulier, his brother Donald Leggett, and their children and grandchildren; and his grandchildren, Marie Leggett-Vasilieva, Travis, David, and Troy Garrison.

Shannon Leggett, John's daughter

Robert Denis Mare
1951-2021

Robert D. Mare, an eminent sociologist and demographer who recently retired as distinguished professor of sociology at University of California-Los Angeles (UCLA), died of leukemia in his home in Marina Del Rey, CA, on February 1, 2021.

Mare was a world leader in the areas of social stratification, sociological methods, and demographic processes. He contributed definitive scholarship on social trends in schooling, employment, and assortative mating. His latest work considered dynamic analysis of residential mobility and multigenerational social mobility.

Mare's first major contribution was a 1980 article published in the *Journal of the American Statistical Association*, in which he convincingly

argued that factors influencing educational attainment differed in importance by transition points, such as the transition from high school completion to college. In doing so, he found something that others had missed: family resources mattered most earlier, rather than later, in the educational process. As students move through the system, their own performance becomes more important and their parents' resources matter less. The combination of an innovative approach and counter-intuitive finding came to be known as the "Mare Model." To this day, the model continues to be used, debated, challenged, and improved upon by sociologists and economists studying educational inequality.

Mare's subsequent work in quantitative sociology and social demography addressed a broad range of areas—statistical methods, demography, social stratification—as he moved beyond standard questions of how individuals' socioeconomic status is reproduced across generations to broader issues of how social hierarchies reproduce themselves. In a highly influential paper, Mare showed that marriages between people with different amounts of schooling were less likely for the highly educated. College goers were more likely to marry other college goers, and that tendency was increasing. A key implication of an increase in educational assortative mating is that it can increase inequality in family resources and children's socioeconomic achievement.

In the decade before his retirement, Mare focused on one of the oldest, most vexing sociological problems: how a combination of individual behaviors at the micro level leads to societal changes. Studying the connection between family structure and poverty, educational assortative mating, and residential mobility and segregation, Mare's latest work applied advanced statistical techniques to micro-data to model the determinants of individual social and demographic outcomes and then used simulations to examined alternative scenarios and illustrated the implications of these scenarios for population changes. This work advanced our understanding of fundamental social processes, such as residential segregation by race. Until his death, he had been working with his collaborators to model the effects of demographic events such as marriages, having children, and death on multigenerational inequality.

At the University of Wisconsin, where he was professor of sociology prior to coming to UCLA, and at UCLA, Mare was legendary in mentoring young scholars. In the

words of Elizabeth Bruch, one of Mare's recent doctoral students and now associate professor of sociology at the University of Michigan, "Rob offered a road map for the process of research: how to navigate, how to get unstuck, what to do with confusion and despair, and how to find joy and discovery. Most importantly, he made the otherwise isolating experience sociable, even fun."

Esther Friedman, another of Mare's doctoral students and now social and behavioral scientist at the RAND Corporation, said, "Conversations with Rob were the highlight of graduate school— always intense and electrifying, whether focused on the lofty or the everyday. There was a strong feeling of shared mission. He managed to instill in his graduate students a sense that we are all part of something special and significant."

Born in North Vancouver, Canada, in 1951 to Helen and Arthur Mare, he completed his BA at Reed College in 1973 and his PhD at the University Michigan in 1977. Between 1977 and 1997, he was on the faculty at the University of Wisconsin-Madison, where he directed the Center for Demography and Ecology from 1989 to 1994. He joined the sociology faculty at UCLA and was the founding director of the California Center for Population Research beginning in 1998. He also held an appointment in statistics at UCLA.

Mare's contributions were widely recognized by social and population scientists. He was elected president of the Population Association of America in 2009, president of the International Sociological Association Research Committee 28 on Social Stratification and Mobility in 2006, and fellow of both the American Academy of Arts and Sciences and the National Academy of Sciences in 2010. For his lifetime contributions to sociological methodology, the ASA Methodology Section awarded him the Paul F. Lazarsfeld Award in 1999. For his career of research on inequality, he received the Robert M. Hauser Award from the ASA Inequality, Poverty, and Mobility section in 2016. His published articles received multiple awards.

A highly respected and well-liked scholar, Mare will be dearly missed by a large international community of sociologists and demographers who admire him and his work. His scholarship and mentorship will continue to influence future generations of social scientists who study the intersection of demography, family, and social inequality. In the words of Robert Sampson, the Henry Ford II social sciences professor at Harvard University, "Rob Mare was a brilliant scholar who made major contributions to demography,

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stratification, and methodology. His work on the multi-generational transmission of inequality, for example, was pathbreaking in my view. Rob's keen insights were essential to the Los Angeles Family and Neighborhood Survey wave of data collection and our analysis of persistence and change in spatial inequality over two decades in greater Los Angeles."

Mare is survived by Judith Seltzer, recently retired professor of sociology at UCLA, his spouse and colleague since their graduate studies at the University of Michigan. Contributions in Robert Mare's honor may be made to the Los Angeles Regional Food Bank or other local food banks.

Yu Xie, Princeton University; Jennie E. Brand, University of California, Los Angeles; Michael Hout, New York University; and Robert Hauser, American Philosophical Society and University of Wisconsin-Madison

Reece J. McGee
1928-2020

Reece J. McGee, emeritus professor of sociology, Purdue University, and a pioneer in the field of teaching sociology, died on January 20, 2021, at the age of 91 in West Lafayette, IN. McGee was born October 19, 1929, in St. Paul, MN. He attended Macalester College before receiving his bachelor's, master's, and PhD degrees from the University of Minnesota in 1952, 1953, and 1956. He taught at Humboldt State University, the University of Texas at Austin, Macalester College, and finally, Purdue University's department of sociology and anthropology. He was department head at Purdue from 1987 to 1992 and retired in 1995.

The cornerstone of McGee's sociological legacy was his collaboration with Theodore Caplow on the state of higher education in the 1950s. Their 1958 book, *The Academic Marketplace,* challenged the prevailing image of higher education as a peaceful community dedicated to teaching and in which teaching ability was the main criterion in decisions relating to recruitment, promotion, and tenure. Instead, it showed that higher education was a fiercely competitive world in which scholars vied for jobs and rewards that were more closely tied to research grants and publications than to teaching.

The Academic Marketplace became one of the most widely read, frequently cited, and influential books of its time. McGee conducted research on the keys to teaching large classes, developed a course on teaching sociology for all graduate students, and reached out to students and colleagues who sought his advice on issues related to teaching. His reputation as a great teacher

attracted many undergraduates to his courses, and the quality of his teaching is the reason why many of them pursued sociology as a major and, later, as a career. His commitment to teaching attracted a long list of PhD students, whom he mentored with great care and who loved him in return.

McGee was among the founders of what were previously the American Sociological Association's Section on Undergraduate Education and ASA's Teaching Services Program. He starred in a groundbreaking instructional videotape "Handling Hordes: Teaching Large Classes," which was produced by Purdue and widely distributed by ASA. Because of McGee's leadership in these initiatives, colleges and universities all over the country invited McGee as an external reviewer and an advisor on both graduate and undergraduate teaching. He also played a major role in designing Purdue's state-of-the-art Class of 1950 Lecture Hall, which opened in 1990. His teaching-related accomplishments enhanced the national stature of the whole department.

McGee received many awards for his contributions to sociology and teaching in general. These included recognition in Who's Who in American Education (1963) and Who's Who in America (1988), the Hans Mauksch Award from the ASA Section on Undergraduate Education (now the Section on Teaching and Learning in Sociology) (1982), the presidency of North Central Sociological Association (1990-91), and—most meaningful of all—the ASA Distinguished Contributions to Teaching Award (1994). In 1995, Purdue's School of Liberal Arts granted him its Award for Educational Excellence, and a year later, Purdue University Board of Trustees created the Reece McGee Distinguished Professorship. In 1999, McGee was in the first class of professors to be honored in Purdue's "Book of Great Teachers."

Donations in McGee's memory can be made to the sociology department online or by mail to: Purdue Foundation, 403 W. Wood St., West Lafayette, IN, 47907-2007. Please make checks payable to Purdue Foundation and indicate your desire to have your donation directed to the sociology department in memory of Reece McGee.

James D. Davidson, Purdue University

Franklin Delano Wilson
1942-2020

Franklin Delano Wilson, William H. Sewell-Bascom professor emeritus, the University of Wisconsin-Madison, died on December 22, 2020. Over his lengthy academic career, he made numerous contributions to sociology and demography. His research

focused broadly on population change, distribution, and inequality—especially differences by race and ethnicity. Much of his work examined the antecedents and implications of labor market opportunities, socioeconomic attainment, residential segregation, migration, and school desegregation.

Throughout his life and career, Wilson remained faithful to the principles of service, equity, and humaneness. His commitment to service appears in the awards for bravery—the Silver Star and Purple Heart, among others—that he earned during the Vietnam War. That same dedication and determination to work on behalf of others prompted him to serve as chair of the Afro-American studies and sociology departments at the University of Wisconsin. Significantly, he introduced the "Blacks in Cities" course that connected the units to one another and to the role scholarship could play in unveiling the perils of discrimination and inequity.

Wilson's concerns about barriers to opportunity affected the roles he played, and also *how* he played them. Charles Camic (Northwestern University), his co-editor for the *American Sociological Review*, recalls Wilson as one who was never snarky or dismissive but always respectful of other scholars; never intellectually sectarian or doctrinaire but open-minded, curious, and flexible; never self-serving but always looking out for the interests of others.

Craig Werner (University of Wisconsin-Madison) counts himself among the many who benefitted from the interest in others that Wilson communicated. Werner wonders about the directions his career might have taken, had Wilson not reached out to him and to other scholars recruited to build the Afro-American studies department. Wilson did so by quelling the arrogance of newly minted faculty members, modeling expectations for behavior, and displaying thoughtfulness, graciousness, and helpfulness. Similarly, Michael Thornton, who taught sociology in Afro-American studies, remembers the strong support, advice, and encouragement he, as a young professor, received from Wilson. We, Freida and Cora, participated in the forging of the Department and hence can attest to the countless ways in which Wilson mattered.

Nor did Franklin's retirement spell the end of his engagement with others. He visited the offices of younger colleagues, shared meals with them at his favorite haunts, and offered his support and consultation. They grasped the standards of excellence he embraced and

welcomed his broad smile, hearty laugh, and touching irreverence.

Wilson has left indelible and wide-ranging marks on all of us who knew him. One of his graduate students, Mario Sims (University of Alabama-Birmingham), expresses gratitude for the lessons he learned from Wilson—lessons that extend beyond the research questions they examined together. Sims saw Wilson as a role model and observed him in the roles of a husband and father. Wilson displayed unfailingly an abiding love for family. He shared with us his pride in his daughters, Rachel and Chareese, and highlighted the wisdom and caring nature of his wife, Marion—or Ms. Brown, as he called her.

Ann Bagchi (Rutgers University School of Nursing) drew strategies from her graduate days with Wilson that enabled her to face the challenges she experienced when serious health problems confronted her family. She had witnessed the bravery Wilson exhibited when he experienced persistent debilitating pain. Nor was Bagchi alone in seeing Wilson persevere in the face of serious health problems. Marta Tienda (Princeton University) marvels at the fact that he had called her from his hospital bed to discuss a project that they were undertaking jointly.

Such persistence and determination convey Wilson's courageousness. It is that courage and spirit which Charles Hirschman (University of Washington) highlights. Hirschman, whose connection with Franklin spanned almost 50 years, lauds what he drew from Wilson about research and professionalism. But he cherishes especially what Wilson signaled about courage: "Not false courage that leads many to express their pet theories or opinions, but the quiet courage to carry on every day with a sense of purpose, responsibility, and optimism." We can learn from Wilson's life that well-being can depend on more than what is communicated in a classroom, through a syllabus, or even pathbreaking research.

Judy Seltzer (University of California-Los Angeles) has captured succinctly what made Wilson so endearing: "Franklin Wilson was a mensch." He was unquestionably sensible, mature, and responsible. We will always treasure these qualities and strive to sustain them. We find comfort in the promise of James Elliott (Rice University), another former student, that through his own life and career, Wilson's wit, wisdom, and tenacious spirit will live on. Let this be our determination as well.

Cora B. Marrett, Freida High W. Tesfagiorgis, and Christine R. Schwartz, University of Wisconsin-Madison