

July 2021 Newsletter



Department of Women's, Gender, and Sexuality Studies

Graduate Student Spotlight: Erin Winchester



How did you hear about the WGSS MA program?

I heard about the WGSS MA program online. I had the opportunity to visit UC and meet a few WGSS faculty members before applying, and I knew it would be a great fit.

What has been your experience as a GA?

My experience as a GA has been great. I have had the opportunity to work with

the WGSS Department Head on her research, which has prepared me well to undertake my own research project.

Who are your favorite theorists?

My favorite theorists are J. Halberstam and bell hooks. They are two of the first theorists I was introduced to during undergrad, and their work has always been captivating to me.

What excites you about the field of WGSS?

What excites me most about the field of WGSS is how expansive and inclusive it is. So many possibilities are opened when gender and sexuality are used as primary points of analysis and there are always opportunities to incorporate other disciplines into the field.

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UC Faculty : Dr. Elizabeth Lanphier

Dr. Elizabeth Lanphier is a social and political philosopher and clinical ethicist. Her scholarship is centered around shared and collective responsibility for health care and reconceptualizing modes of and obligations to care within moral communities. Specific projects of Elizabeth’s are related to health care access, reproductive justice, medical and sexual consent and decision-making, trauma-informed care, narrative practices in medicine, incarceration and health, the concept of home, and clinical ethics consultation. Elizabeth’s primary work is based in the Ethics Center at Cincinnati Children’s Hospital Medical Center, and she is an Assistant Professor in the Division of General and Community Pediatrics in the University of Cincinnati College of Medicine Pediatrics Department. She is also affiliated with the UC philosophy department in addition to the WGSS department.

Elizabeth earned her PhD in philosophy from Vanderbilt University, and completed a post-doctoral fellowship in Clinical Ethics at Vanderbilt University Medical Center. Previously Elizabeth worked in global health and humanitarian aid organizations for nearly 10 years. It was while pursuing her MS degree in Narrative Medicine at Columbia University part time and working full time that Elizabeth decided to pursue doctoral studies and that philosophy was the right discipline to bridge her interests – though she had also considered an MFA in poetry (and she continues to sporadically write and publish poetry). Before moving to Cincinnati, Elizabeth spent five years teaching on Nashville’s death row as part of the REACH Coalition (Reciprocal Education and Community Healing), which informs much of her advocacy and scholarship related to incarceration and health, including recent op-eds on vaccine access for Ohio’s incarcerated population in the [Columbus Dispatch](#) and [Cincinnati Enquirer](#).

What does your work involve at Children’s?

Although I am faculty at UC, my daily work occurs at Cincinnati Children’s. As a clinical ethics consultant, I am involved in individual patient care situations when someone requests an ethics consult. Anyone directly involved in a patient’s care can request a consult, including any member of the care team, the patient’s parent or other surrogate, or patients themselves. I love being able to do this work because I can support patient care, and also keep my medical ethics scholarship grounded in real experiences that arises in clinical medicine and care. I also get to teach ethics to clinical providers – primarily nurses, but also medical students, residents, or fellows. To me this embodies reciprocal education because I learn so much from clinical providers every time I teach.

What current projects are you working on?

It has been interesting being a bioethicist during a global pandemic – although my work on shared and collective responsibility connects to many elements of the pandemic, I haven’t been making COVID-19 a focus of my work, short of some recent public-facing essays. But on the horizon I see it making more of an appearance in my scholarship, in part because it is a tangible, accessible example now for virtually everyone in one way or another and highlights so many areas of necessary attention for health care ethics and policy – both of which would benefit from more feminist approaches! Planned projects include a collaboration with a person formerly incarcerated in Ohio that analyzes Ohio’s response in its jails and prisons to the pandemic, extending an essay on “[vaccine guilt](#)” into a longer scholarly paper, and possibly a book-length project on moral community and shared responsibility through the lens of COVID-19 that I hope would speak to both an academic and general audience.

What is your most recent publication?

I just had an article come out in *Cambridge Quarterly of Healthcare Ethics* called “[A Problem of Self-Ownership for Reproductive Justice](#)” in which I argue – perhaps surprisingly – that slogans like “My Body, My Choice” that center bodily self-ownership in reproductive activism are rhetorically understandable, but conceptually fraught. I suggest self-ownership provides the wrong model for guaranteeing reproductive health care access. For example, self-ownership might mean one can make an independent medical choice, but it doesn’t guarantee the ability to act on this choice. Recently proposed legislation like the Equitable Access to Health Care Act (EACH Act) would be the right kind of health care policy to make so-called “self-owned” choices possible. As a next step I hope to connect this paper to the example of the EACH Act legislation either as an editorial or as an academic paper.

