

Medical Sociology Newsletter



NOTES FROM THE CHAIR

By Debra Umberson umberson@prc.utexas.edu

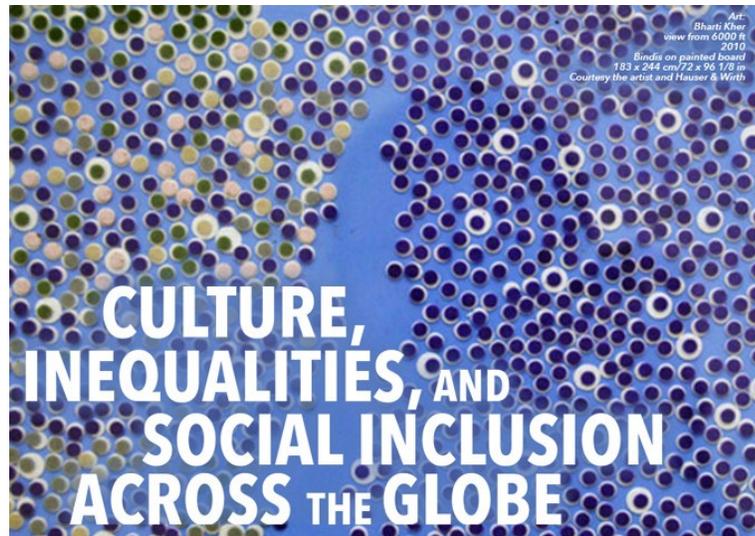
Spring greetings from sunny Austin! And welcome to the Medical Sociology Spring Newsletter.

This issue's theme is "Macro/Meso/Micro Perspectives on 'Health' in the Current Socio-Political Climate." As if one issue could even be to address "climate change" in the present era...

Nevertheless, we persist. I look forward to continuing these conversations at the 2017 ASA meeting in Montreal (August 12-15)! Many thanks to all the terrific contributors for this issue and to all our section members.

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A Note from the Newsletter Co-Editors (Ann Bell & Barret Michalec)

This issue might "feel" a bit different than previous issues as we purposely provided a broad topic for the contributors to reflect on and address, and went outside-the-box a bit to offer thoughts and perspectives from scholars not directly affiliated with medical sociology. Our goals (as always, but perhaps more obvious in this issue) are to provide key insights and useful information, but also to stimulate conversation on interesting and perhaps even controversial topics and events.



Section Slate of Candidates for 2017 Elections

Jason Schnittker, Chair, Nominations Committee

Nominations Committee: Andrew London (Chair-Elect), Elaine Hernandez, Emily Mann, & Catherine Tan

Thanks are due to our terrific Committee and Chair for their hard work and to all who were willing to run for office.

Chair-Elect

Brea Perry, Indiana University
Kristi Marcussen, Kent State University

Chair-Elect, Nominations Committee

Tetyanna Pudrovska, University of Texas, Austin
Jen'nan Read, Duke University

Student Member, Nominations Committee

Lindsay Stevens, Rutgers University
Will McConnell, Indiana University

Member, Nominations Committee (vote for 2)

Reanne Frank, Ohio State University
Adam Lippert, University of Colorado, Denver
Roi Livne, University of Michigan
Matt Dupre, Duke University

Career & Employment Committee Chair

Martine Lappe, Columbia University
Katrina Kimport, University of California, San Francisco

Council Member-at-Large

Kelly Rhea MacArthur, University of Nebraska, Omaha
Hui Liu, Michigan State

Student Council Member-at-Large

Julia Bandini, Brandies University
Katie Hauschildt, University of Michigan

Publications Committee, Chair

Claire Decoteau, University of Illinois, Chicago
Donald Light, Rowan University

Teaching Committee, Chair

Carrie Lee-Smith, Millersville University
Ophra Leyser-Whalen, University of Texas, El Paso

SEEKING NOMINATIONS FOR 2018 REEDER AWARD

Nominations are due by April 1, 2017

The Medical Sociology Section invites nominations for the 2018 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in Philadelphia. This award is given annually for Distinguished Contribution to Medical Sociology. This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined. Please submit letter of nomination, at least two other suggestions for nominators, and the nominee's curriculum vitae to Jane McLeod at jmcleod@indiana.edu with the subject line: 2018 Reeder Award Nomination. Nominations are due by April 1, 2017. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council.



Teaching

Laura Senier l.senier@neu.edu

Exploring Trends in Life Expectancy

Last fall, Nobel laureate Angus Deaton and his wife, Anne Case, published a study showing a decline in life expectancy among middle-aged US whites. The study received widespread media attention. This can be a great vehicle for encouraging undergraduates to explore statistical data on health, and especially to compare health outcomes among subgroups of the US population. You can devise any number of assignments around these data: you could use them to set the stage for discussions of health inequalities, get students to evaluate bias in media coverage of health-related topics, or to apply sociological theories to understand differences in health trends.

You can link to Anne Case and Angus Deaton's study from September 2015 of *PNAS* here (<http://www.pnas.org/content/112/49/15078.full>). On the "Related Content" tab, you can link to commentaries, letters to the editor, and replies from the author. The journal's website also has a podcast interview with the authors (available as an MP3 file at: <http://www.pnas.org/content/112/49/15078/suppl/DC1>). While Case and Deaton limited their subanalyses to regions of the country, the *Washington Post* has an interactive tool that allows you to explore county-level data on mortality rates (<https://www.washingtonpost.com/graphics/national/death-rates-your-county/>); not only does this tool stratify death rates by sex and race, it also compares your county to other counties in your state or all counties nationwide.

If you want students to evaluate media coverage of these findings, this article in *Slate* may be a good starting point, because it characterizes much of the media coverage of this research as sensationalized:

(http://www.slate.com/articles/health_and_science/medical_examiner/2016/12/life_expectancy_is_still_increasing.html).

Similar analyses published around the same time found a pretty stark gender disparity in these results—the increase in age-specific mortality rates for middle-aged whites was three times higher for women than for men (see post on the *Health Affairs* blog at: <http://healthaffairs.org/blog/2015/11/10/to-understand-climbing-death-rates-among-whites-look-to-women-of-childbearing-age/>).

A number of different sociological theories were called into service as scholars and opinion writers tried to make sense of these findings. Ross Douhat summarized some of these competing explanations in a column in the *New York Times* (<https://www.nytimes.com/2015/11/08/opinion/sunday/the-dying-of-the-whites.html>).

This study was also widely criticized on statistical grounds, and if you're teaching a statistics class to advanced undergraduates, you could refer students to the blogs or the academic critiques. See Andrew Gelman's blog post here (<http://andrewgelman.com/2015/11/06/correcting-rising-morbidity-and-mortality-in-midlife-among-white-non-hispanic-americans-in-the-21st-century-to-account-for-bias-in/>) and Philip Cohen's critique here (<https://familyinequality.wordpress.com/2015/11/06/age-composition-change-accounts-for-about-half-of-the-case-and-deaton-mortality-finding/>). There's a more digestible summary of these issues in the *New Yorker* (<http://www.newyorker.com/news/john-cassidy/why-is-the-death-rate-rising-among-middle-aged-white-americans>).

Student Views

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The focus of my column this year has been on how medical sociology students can bring their work into the public sphere. In my interview with a scholar for this issue, Professor Bob Edwards provides some specific strategies for linking our research with activist movements. He suggests designing research questions that can both help our career trajectories and the goals of the movement. Since the pace of activism is much faster than academic publishing, this means we need to develop two different publishing structures. Presenting work to activists groups before academic articles are released is one potential model. For Dr. Edwards, activists groups use his work in relevant ways long before it is available in article form.

On the theme of this newsletter issue, how can medical sociology students engage with the current socio-political climate in a timely way? At least two public responses to the Trump administration have emerged in the related subfield of science and technology studies, and both would benefit from the thoughts of medical sociologists. The Science, Knowledge, and Technology section of the ASA is publishing blog responses on their website, found here: <https://asaskat.com/blog/>. The Program on Science, Technology, and Society at Harvard University is organizing a series of responses to the Trump administration's first 100 days in office, which can be found here: <http://first100days.stsprogram.org>. Medical sociology contributors could expand on issues like the changing structure of American healthcare, changes in the health of immigrant populations, or funding for medical research.

If you have suggestions about what you would like to see in the Student News and Views section, please contact me at kowens@u.northwestern.edu. I look forward to incorporating your thoughts and experiences.

Career & Employment

Miranda Waggoner mwaggoner@fsu.edu



Most of my columns thus far have featured tips for locating career and employment opportunities. The theme of this issue – perspectives on “health” in the current socio-political climate – led me to reflect on our sense of wellbeing as academics in a time where looking at health, health care, or health policy news can be distressing, wherever one may fall on the political spectrum. So, rather than featuring an outlet aimed at finding jobs, I would like to highlight a site that is aimed at achieving serenity in an academic job: “Get a Life, PhD” <<http://getalifephd.blogspot.com>>. The site is run by a sociologist, although guest columns appear throughout, featuring multiple perspectives on topics such as successful tenure strategies, financial planning for academics, writing strategies, service work, sleep, meditation, how to be productive *and* relaxed, among numerous others.

While this site focuses on tools for realizing “a happier life on the tenure track,” those who are not on the tenure track – graduate students, researchers in the non-profit, government, or private sectors, and specialized faculty – may find helpful tips about navigating various life demands. The buzzword that sensitizes the site is “balance,” although of course it must be said that many understand the idea of “work-life balance” to be a myth. At the very least, though, it is reasonable to think that many of us hope for feelings of productivity and accomplishment in our “work life” as well as for feelings of joy and contentment in our “personal life” (scare quotes attached because it is also a myth that these “lives” are clearly distinct and delineated). It is perhaps especially important in our current socio-political moment to try and maintain, as best we can, a measured sense of wellness in multiple areas of life.

Health Policy

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With Congressional action towards the repeal and replacement of the Patient Protection and Affordable Care Act of 2010 (ACA) advancing, there are new pressures for us, as medical sociologists, to engage in scholarship and teaching to bring sociological insights into public discourses around imminent policy reform. I’m drawn to this imperative especially given the recent NY Times editorial, by Neil Irwin, that asked “[What if Sociologists Had as Much Influence as Economists?](#)” In this column, I present a few of the ‘policy windows’ (and related resources) for sociological inquiry to inform ACA repeal and replace debates.

The American Health Care Act (AHCA), introduced by House Republicans on March 6, 2017, emerged among multiple [proposed replacement plans](#). To document the potential impact of the proposed GOP Bill (AHCA), Kaiser Family Foundation provides an [interactive map](#) that illustrates how people of different incomes, ages, and counties would fare in the ACA versus AHCA. As a teaching tool, the map illustrates that the AHCA premium tax credits, relative to the ACA, are projected to have a disproportionately negative impact on those who are older, less wealthy, and live in high cost areas. Additional infographics exist with projected impact of the AHCA on [deductibles](#) and [access to quality healthcare for women](#).

Opportunities abound for sociological investigations to inform and be informed by these policy debates. For example, the [Congressional Budget Office](#) estimates that, in 2018, 14 million more people would be uninsured than under current law. Accordingly, a recent [Health Affairs blog](#) written by Tara McKay on the “Social Costs of Repealing the ACA” incites researchers to examine how uninsurance impacts the social relationships among community members and local institutions. While a perfect example of the opportunity for a new line of sociological inquiry responsive to macro-level changes, sociological insights are already available in this area and opportunities also exist for us-as Michael Burawoy stated in his seminal [2004 ASA Presidential Address](#)- “to engage multiple publics in multiple ways.”



**A PUBLICATION OF THE MEDICAL
SOCIOLOGY SECTION OF THE ASA**

**DON'T FORGET TO RENEW YOUR SECTION MEMBERSHIP IN THE MEDICAL
SOCIOLOGY SECTION!**

Guest Column: Professor Hadar Aviram, Harry & Lillian Hastings Research Chair, UC Hastings College of the Law

Four Protests

January 20, Civic Center BART Station. Holding our signs and umbrellas, we glance up the escalator that will lead us out of the BART station and into the Women's March. Thousands like us are ascending, holding signs and wearing pussyhats. Women, men, children, people of all colors and sizes, many holding umbrellas against the heavy rain.

As we emerge at Civic Center, the square is packed. People are spilling into the neighboring streets. We are positioned behind the stage and cannot hear the speeches, but we seem to hear Joan Baez's voice leading the crowd in *We Shall Overcome*. The police are barely in sight; the crowd controls itself. The crowd slowly ambulates toward Market Street for the march. The merciless rain strengthens our resolve. Someone starts a chant and others join in: "My body, my choice!" women call out. "Her body, her choice!" answer male voices. Just near us, a young man, shirtless, plays the guitar as he marches, his soul impermeable to the rain. Our signs are soggy, the letters soaking and fading, but every time we walk near a storefront, people inside cheer for us and join in the chants. I look back and forward. I am surrounded by my fellow San Franciscans, and the overwhelming despair I felt since November begins to dissipate.

The rain falls heavier. We march next to a young man. He is shirtless, without hat, umbrella, or any protection. Raw and vulnerable he marches, glistening with rain, playing his guitar. His persistence fills our heart with hope. Soggy signs find their way to garbage cans, but we march on, singing, the tears in our eyes reflecting the sky's tears.

January 28-29, San Francisco International Airport BART Station. I check the news on my phone screen and can hardly believe my eyes. The Muslim Ban is in effect and travelers with legal visas arriving in American airports are detained and threatened with immediate deportation, solely on account of their nationality. Bile rises in me as I put on my shoes and head over to the BART station in a determined step.

The train is already full of people, their eyes sparkling with excitement and determination, holding homemade signs. As we arrive at the International Terminal, there is a positive current in the air. We hear muffled rhythmic chanting throughout the terminal, but it is only when we reach the arrivals lobby that it crystallizes into clear words. "Let the lawyers in! Let the families out!" "No hate, no fear, immigrants are welcome here!" "No ban, no wall, sanctuary for all!"

People bearing signs and wearing pussyhats spill over the sidewalk, blocking the road. The airport authorities cooperate with us. Police officers in riot gear order us pizzas.

The following day we are back. We ascend to the departures level, blocking the entrances and exits. I link hands with strangers, now new friends: Jane and Henry. An anxious passenger tries to push us and get through. He tries to explain: he wants to get back to his car. If I were traveling today, I reply, I would share his frustration. But let's think about other passengers, from Iran or Somalia, who are trapped in the belly of the beast without hope of getting to their car today. "Don't fight us, join us," we chant at passengers, most of whom smile at us, snapping pictures with their phones. As the lawyers give us the good news—a federal stay, detainees released—I am awed by the power of my city. The battles between old-timers and gentrifier techies are set aside. When we stand together, we can move mountains.

February 3, Downtown Berkeley BART Station. Twelve years after graduating, I am back in my alma mater to protest against Milo Yiannopoulos, who is scheduled to speak in Sproul Plaza this evening. Hundreds of students surround me. More anger, less cheer. Many of the signs are intersectional. Two smiling students near me are holding shields bearing the inscription, "trans dykes are good and pure." We block the gate. A young man with a bullhorn yells: "Fuck Trump! Fuck Yiannopoulos!" The crowd repeats after him. A man dressed in an extravagant clownish fashion, a knitted cap on his head, films us all with his phone. He screams into people's faces, "fascist! Fascist!" He seems to be a Yiannopoulos supporter. A few protesters get into a yelling match with him; a young woman in pink, with a sign saying "nonviolence communication" intervenes and breaks up the conflicts. This will eventually end badly, I think. These are young people and this man is being incendiary on purpose. "Fascist dog! Misogynistic pig!" calls the man with the bullhorn. A couple of protesters politely approach him and whisper in his ear. "Sorry!" he says. "Dogs and pigs are lovely animals! Fascist human! Misogynistic human!" Everyone cheers. That's the Berkeley I know.

Looking toward Telegraph Avenue, I notice a group clad in black, their faces covered, marching as one unit toward the hall. Who are they? Whose side are they on? Shortly after their arrival, I receive word from friends at home that Yiannopoulos' talk has been canceled. I pack my sign and head home. Halfway there, as I read a book on BART, a friend texts me to ask if I'm safe. Safe? Safe from what? I later find out that there was a brawl and someone was injured. To my utter lack of surprise, it is the man who was taunting the crowd. I surprise myself: my Buddhist distaste for violence is tempered by cynicism. This, too, is the face of the Bay Area in its resistance.

March 8, Embarcadero BART Station. As I come near the protest site, my heart soars to see women wearing red, some in cat costumes, many in pussyhats. This is the Women's Day march against gender, which will also head to the USCIS offices. On stage, a feminist sex worker speaks: she says that paternalistic concerns about her wellbeing and health were never made when she worked in other jobs. She reminds us that her peers need rights, not empty concern. A poet takes her place, talking about her fears as a transgender woman and the solidarity we need to have for others. A leader of the Socialist party discusses the nexus between capitalism and the dehumanization of "others", especially undocumented immigrants, and even in a sanctuary city. Different perspectives and flavors, but everyone receives an applause and respect. Spirits are high as we set on our way, chanting, "no borders, no nations! Stop deportations!" A tricycle with a sound system accompanies us, buoying us on our way. We block Market Street. Cable car drivers stop, ringing their bells in support of the protest, waving at us as we march along. From the cubicles of the Financial District towers above us people are smiling, taking pictures, giving us a thumbs-up. When we reach USCIS, a lump catches in my throat. Last time I was here, two years ago, was for my naturalization interview. I was afraid, chided by the immigration officer for responding humorously to "have you ever been member of an organization to overthrow the U.S. Government?" with "not since breakfast." At the naturalization ceremony I cried and waved my toy U.S. flag like an overjoyed child. And here I am now, a citizen relying on her constitutional rights to protect and defend fellow immigrants, fully aware of the spirit of hope and opportunity. Police officers stand at the building doors, quiet and restrained. We march around the building, chanting, carrying signs. Of course it makes sense to protest against deportations on Women's Day. We're all in this together. My thoughts turn to the many friends who have told me they did not feel safe to participate in street action. Some have criminal records, some are trans and concerned that they will be misgendered if arrested, some have medical difficulties. We are here for them, too. New friends with witty signs and costumes agree to be photographed. They carry antifa shields and hearts interspersed with peace signs. We are here. It is a marathon, not a sprint, and when this government breathes its last breaths, when darkness gives way to light, when hate gives way to tolerance and celebration, we will still be here.

Interview with a Scholar: Bob Edwards

By Kellie Owens

I am thrilled to share the timely thoughts of Dr. Bob Edwards for our Spring interview. Dr. Edwards is Professor and Chair of the Sociology Department at East Carolina University. His research focuses on how inequalities are socially organized, and on social movements and protest. Most recently, his work explores the repression and policing of protest. In this interview, Dr. Edwards shares his thoughts on current resistance movements and the potential role of medical sociology in public dialogue.

What are the major goals of the resistance movements you've seen grow in this new political climate?

I'm not sure if the major goals in the wave of resistance to President Trump and the policies of his administration differ much from those of movements that have been mobilized and working for years. Movements have been working to push many issues onto the public agenda from the social impact of climate change to Black Lives Matter to mass incarceration, protecting voting rights, women's issues, reproductive rights, same sex marriage, LGBTQ acceptance and rights, equitable treatment of immigrants and immigration reforms, opposition to religious bigotry, not to mention income inequality, the fight for \$15, pay equity for women and I've left more than a few things out. All of these movements were perking away before the rise of President Trump. The biggest change is in the level of mobilization. Across the country people are mobilized to action who had not been as recently as six months or a year ago. A week before the Women's March on Washington I spoke to a group of about 120 women from Greenville, NC who were busing to DC for the march. Fewer than ten of them indicated they had ever participated in any kind of demonstration or protest before. Many swelling the ranks of today's resistance movements are brand new to social movement participation or activism. The staying power of many movements at the local level will be enhanced if these new activists become integrated into pre-existing movement groups where they live.

What strategies are state actors using to limit the visibility and impact of activists?

The recent surge in protest activity has inspired backlash efforts by state governments in at least 18 states to increase criminal penalties for certain nonviolent protest activities, or in some cases create new crimes to deter protest. Some of these increase penalties for blocking traffic, with a bill proposed in North Dakota presumably holding motorists who hit protesters with their cars blameless if protesters blocking a road caused them to fear for their lives. A bill in Washington State would deem certain kinds of nonviolent protest to be acts of "economic terrorism" and one in Indiana would enable police to remove protesters blocking traffic "by any means necessary." In Arizona, legislation passed the state Senate that would enable the prosecution of protest under the same anti-racketeering laws used to fight organized crime, enabling state government to seize the assets of those who planned or participated in a protest in which property was damaged. More often than not, such anti-protesting legislation has only been proposed or has just passed one house of the state government. Nonetheless, such proposals and public discussion of them are intimidating and raise the perceived stakes of protesting which undoubtedly deters some from participating. They also signal widely held sentiments among state lawmakers who actively seek to deter and preempt protest and public expressions of dissent.

How can medical sociologists make their research more relevant to activist communities?

Making our research relevant to activists or policy advocates requires many of us to reorient a bit what we do. Most people are unwilling or unable to wade through the specialized prose of academic research journals. Moreover, activists and policy advocates aren't too interested in the theory development or hypothesis testing required to place articles in respected journals. Thus, for non-academics to recognize the relevance of our work we need to produce accessible work engaging questions relevant to them. Am I suggesting medical sociologists quit doing scholarly research? No. For example, with colleagues I did several research projects on the social impact of natural disaster and the industrialization of the North Carolina pork industry. Work from these projects found its way into relevant journals. Yet, before anything got into print, reports based on the work were written for activist organizations and for state emergency managers. Presentations on the environmental justice and inequitable social impacts were made to activist organizing conferences and in workshops for local emergency managers, depending on which project we're talking about. At times I worked with relevant advocacy or movement organizations to coordinate making university press releases on research findings with the media campaigns of activist groups. All of that took time and was counted as "service" on annual reports. Yet, none of it shows up in my research record. All of that got relevant results into appropriate hands long before the academic publishing brought any of it out in print. Activist groups were already using what was relevant to them before it was available publicly.

The reorientation I mention above involves shifting from doing research for one audience, the scholarly community, to adding a public constituency and doing everything for two audiences. For me getting useful results to an activist or public constituency first has helped me better articulate and translate my work to less specialized audiences whether in the classroom, in inter-disciplinary settings or simply with sociologists who specialize in other areas. Do I do this with every single project? No. But I do consider it my standard orientation to any project.

All of the above raises what might be the most daunting question: How do I connect with activist or policy groups in the first place? How do you figure out how your research can be relevant? Most times the academic needs to be proactive and reach out. If the activist, advocacy world has not found us by now they won't be doing so anytime soon. This comes down to cultivating relationships around an advocacy or activist cause. Reach out to groups or individuals active in your community or metropolitan area. Go to a meetings. Listen. Ask questions. Go back. And here's the crux of it. Collaborate with activists to conceptualize research questions that can meet the needs of both parties. Collect data from which you can write the kinds of articles you typically write, but can also enable you to do analyses accessible and useful to your activist partners. For some this might require going completely against the grain of job expectations, while others may be at institutions like mine with active Engaged Scholar programs to facilitate this very thing.



Get Connected

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Website Story

As we start the second year of sharing the new ASA web platform it appears that our web site appears to be more visible. A look at the graph that is entitled "most engaging traffic source" below shows that 29% of the site visitors come to the web site through a referral source (such as google search, Bing! search etc. In the past, over 90 percent of those who come to the site used to come to the site through a direct link (now only 70%). Much of the rest that are displayed below are the not-so-unusual patterns of visits (repeat vs. new), and the geographic sources of visit. Note that not all visits are reported on the geographic map - due to identification problems.

Social Media Story

Our Facebook page remains is currently at 1,793 "likes" or followers with our "reach" on each post varying from 10 people to 500 people (generally for job ads). Our follower demographics remain fairly stead; slightly more women than men (with only a few followers not choosing either gender category), country of origin divided between the US and South Asian countries Most followers continued to be between, and most followers between the ages 25-34.

Our Twitter currently has 883 followers and we average 2-3 tweets per week, depending on the number of announcements and responses to other accounts tweeting us.

Our LinkedIn group - a private group for Med Soc section members to network created in 2012 - currently sits at 402 members.

Please contact Natalie (natalie.ingraham@ucsf.edu) if you have anything you'd like to post on our social media accounts!

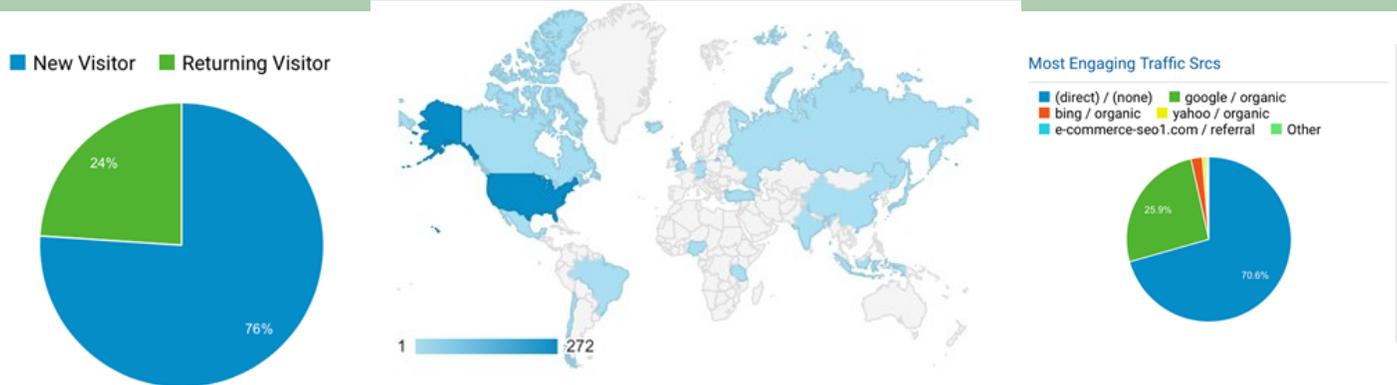


Figure 1: Website Visit by the type of visitors (n = 542) between September 1 and November 30, 2016

Figure 2: Demographic Characteristics of Visitors

Don't forget to check us out on:

Facebook: **MedicalSociologyASH**

Twitter: **@MedicalSocASA**




Post Notices on the ASA Medical Sociology Section List
 <MEDSOC@LISTSERV.NEU.EDU>

Please note that the link to our website has changed from what it was
 (<http://asanet.org/medicalsociology>) to <http://www.asanet.org/asa->