

# Medical Sociology Newsletter



## NOTES FROM THE CHAIR

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### Inside this issue:

Notes from the Chair	1
Award Winners	1
Teaching	2
Career & Employment	2
Student Views	3
Health Policy	4
Get Connected	4
Interview with a Scholar: Rebecca Altman	5
Guest Column: The Environment	6
Interview with a Scholar: Sabrina McCormick	7
2017 Medical Sociology Election Results	9

Welcome to summer 2017. I hope you're all hatching plans for the ASA meeting in Montreal and for attending all the great Medical Sociology Section activities. This year's meeting runs from August 12-15, with medical sociology activities scheduled for Days 1 and 2 (Aug 12-13). You can find the online program at <http://www.asanet.org/annual-meeting-2017/program-information> and I will lay out some of the calendar highlights below.

Many thanks to our roundtable and session organizers for putting together a fabulous 2017 lineup. Saturday Sessions include "Immigrant Status and Health," from 8:30-10:10 (Level 5, 513E) and "Gender, Social Ties, and Health—A Double-Edged Sword?" from 10:30 am to 12:10 pm (Level 5, 513F). Saturday activities also include Section roundtables from 4:30 - 6:10.

Sunday (8/13) sessions include "Health Care Through a Sociological Lens," from 8:30-10:10 (Level 5, 513D); "Health Disparities Over the Life Course," from 10:30 am to 12:10 pm (Level 5, 513C), and "Inequalities in Reproductive, Prenatal and Postnatal Care around the World," from 12:30-2:10 (Level 5, 513B).

Please join us to celebrate this year's Section award winners at the Awards Ceremony and Reeder Address on Saturday, from 2:30-3:30 (Level 5, 513E). This will be followed by our annual Business Meeting (and Rambunctious Raffle) from 3:30-4:10 (Level 5, 520D).

Many congratulations to our Section award winners and newly-elected council members—see election results and award winners in this Newsletter!

Don't forget to attend our annual joint medical sociology/mental health section reception on Saturday night (8/12) from 6:30-8:10 on Level 5, 513D. I look forward to seeing y'all there!

### CONGRATULATIONS to this year's Award Winners!!!

- **Leo G. Reeder Award:** Kathy Charmaz
- **Freidson Award:** Brea Perry for her article, "Gendering genetics: Biological contingencies in the protective effects of social integration for men and women." *American Journal of Sociology*, 121:1655-96.
  - ◊ Honorable Mention: Reczek, C., R. Spiker, H. Liu, and R. Crosnoe. 2016. "Family Structure and Child Health: Does the Sex Composition of Parents Matter?" *Demography*, 53(5):1605-30.
- **Roberta G. Simmons Award:** Tania Jenkins for her dissertation entitled, "Solitary versus Supported Autonomy: How Stratification in Medical Education Shapes Approaches to Patient Care"
- **Howard B. Kaplan Memorial Award:** Suzan Walters
- **Donald W. Light Award:** Helen Marrow & Tiffany Joseph for their article, "Excluded and frozen out: unauthorised immigrants' (non) access to care after US health care reform." *Journal of Ethnic and Migration Studies*, 41(14), 2253-2273.
- **Louise Johnson Scholar:** Alex Barnard

\*\*\*Come join us at the Awards Ceremony on August 12 at 2:30\*\*\*

### Special points of interest:

- Announcement of 2017 Medical Sociology Election Results—page 8
- A focus on the environment
  - ◊ Interviews with Rebecca Altman & Sabrina McCormick
  - ◊ Column by Stephanie Malin



## Teaching

Laura Senier [l.senier@neu.edu](mailto:l.senier@neu.edu)

In this quarter's column, I'm focusing on a terrific website hosted at the University of California, San Francisco's Program on Reproductive Health and the Environment (PHRE; <https://prhe.ucsf.edu>). The resources on this site would make terrific teaching and case study resources not only for classes in medical sociology but also for classes in sociology of the body and embodiment, gender and society, or science and technology studies.

The website aggregates information the PHRE has developed for patients, providers, academic researchers, and policymakers, and covers numerous topics that bear specifically on reproductive health such as exposure to toxics, food and nutrition, and occupational exposures. Much of their research and advocacy is community-based, and hence many of their resources highlight the justice implications of environmental exposures. For example, the patient materials about occupational exposures not only teach people about things they may be exposed to at work that could affect them or their baby, but also educates workers about their rights and how they can advocate for themselves if they are concerned about workplace exposures.

One of the things I try to emphasize for undergraduates in my sociology of health classes is that there's tremendous heterogeneity in how health professionals are trained, and that this heterogeneity can have consequences for how patients interact with healthcare providers at different points throughout the healthcare system. A nice feature of the PRHE website is an index of policy statements about environmental exposures that have been issued by various medical or professional societies (under the Policy tab). You could assign teams of students to review statements on a particular topic that have been issued by different professional groups and see if they detect any contradictions in the advice that health professionals might offer patients. For example, one group could look at nutritional advice (and read the statements from the American Academy of Pediatrics on Organic Food, the American Medical Association on Sustainable Food, and the American Nurses Association on Healthy Food in Health Care). Another group could contrast recommendations on pesticide exposure from national groups to those of state medical professional societies (e.g., the American Medical Association's recommendations on Cancer Risk of Pesticides in Agricultural Workers vs. the California Medical Association's statement on Farmworker Protection from Pesticides). This could set the stage for a general discussion about how these different directives reflect the things different healthcare professionals value, whether patients may be confused by medical advice, and how complex it can be to integrate health advice into policymaking.

I encourage you to explore the resources on this website, and if you want to share those experiences with me, please let me know how it goes!

## Career & Employment

Miranda Waggoner [mwaggoner@fsu.edu](mailto:mwaggoner@fsu.edu)



After the egregious move by our current president to withdraw from the Paris climate accord, it is in some measure disheartening to turn my attention to a column about career and employment related to this issue's theme of "the environment." But, optimism must persist during times like these—sociologists who focus on the environment, environmental policy, and environmental health are needed now more than ever, and we should do what we can to facilitate the work and employment of these scholars.

For my last column as Career & Employment Chair, I want to highlight the careers and training site of the National Institute of Environmental Health Sciences, which lists funding, training, and fellowship opportunities: <https://www.niehs.nih.gov/careers>. Most NIH/NIEHS listings are geared toward research that is clinical or biomedical in nature; however, there are often postings for researchers who study social and environmental determinants of health, health services, health equity, and epidemiology. More broadly, many medical sociologists might find helpful the NIH Office of Intramural Training & Education: <https://www.training.nih.gov>. While aiming to support research at the NIH specifically, the site includes career resources that are freely accessible and useful to health researchers. For instance, the "career services" tab includes postings for jobs and postdoctoral positions at the NIH and beyond. Perhaps most notable are the pages for graduate students, postdoctoral/clinical fellows, and trainees outside the NIH, which include numerous links and videos covering such topics as pursuing a career within and outside academia, finding an NIH mentor, preparing application materials for various kinds of jobs, interviewing, and negotiating offers.

As I sign off from this post, I want to thank the section members for the privilege of serving the section in this capacity for the past two years. I look forward to seeing many of you in Montréal!

## Student News & Views

Kellie Owens [kowens@u.northwestern.edu](mailto:kowens@u.northwestern.edu)



For this issue of the newsletter, I was fortunate enough to interview two environmental health scholars who are successfully reaching public audiences with their sociological research. Below, Rebecca Altman and Sabrina McCormick share their advice for early career environmental health researchers, especially those with an interest in public sociology:

### From Rebecca Altman:

*What advice do you have for early career scholars interested in environmental health?*

In graduate school, I was mentored by environmental health scientists and sociologists, and for this I feel *very* lucky. On some level, as is often the case with medical sociology, you have to know the science in order to study it. Medical Sociologist Sara Shostak has a great piece about just this at the tail end of her book, *Exposed Science*. I highly recommend it if you haven't read it already—an interesting take on how much science you have to master in order to be able to think sociologically about it. Since graduating, though, I've wandered beyond the environmental sciences into chemistry, trying to learn that field and its history, since it is the origin for so many of the pollutants and engineered materials (e.g., plastics and other polymers) that animate me.

Also this: environmental sociology may be a section of ASA, and a small one at that, but ask any environmental sociologist and they'll tell you, the field encompasses everything. What area of sociology isn't connected to the environment? Does not every social interaction take place somewhere? Even when indoors – even a rarified surgical suite, with its filtered air— we are in constant exchange with ecological forces, the characteristics of which are often determined by social forces. In graduate school, I was fascinated by the environmental consequences of the health care system, and the social movement that arose from within the medical professions to address them (e.g., medical incineration as a significant source for dioxin pollution). It was like a collective affirmation of the Hippocratic Oath. Doctors would abide by the oath as individuals, but then the system violated the principle of First, Do No Harm, and egregiously so.

So, in short, and in summary: to study the environment is to leap the boundaries set up both within and across disciplines. That's not so much advice, is it? It's more of an invitation.

*Your work appears both in academic sociology journals and popular outlets. How do you tailor your writing for each audience?*

I now write exclusively for popular audiences, and in fact have chosen to leave academia to do so. Or at least to attempt to do so. I have had to learn an entirely new way to write, and a new process for producing writing. I'm immersed in the art of story, which means learning how to use narrative devices to organize and present data, fact and history in as compelling a way as I can. Most days, it feels like I'm working way out on the margins of my capabilities. I think a lot about structure, and how the container that holds the story helps convey (part of) its meaning. And where the story requires it, I have had to learn how to use [my own experience](#) in the service of that story's telling. Which it turns out is very sociological. C. Wright Mills, in *The Sociological Imagination*, places sociology at the intersection of history and biography. So, I often hold that in the back of my mind when I'm writing, weaving the personal and historical. Making something larger out of an N of 1 for the purposes of illumination, though not necessarily theoretical generalization.

### From Sabrina McCormick:

*You are a writer/director/producer of many films. What advice do you have for early career sociologists interested in exploring this medium?*

We, as scholars, have to take our responsibility for sharing knowledge seriously. I think for early scholars who are not yet tenured, which I am not, we often get very focused on making it in our careers and that generally means following the guidelines of an institution that wants us to publish in specific journals or act in a very particular way. And even though it is taking a risk to not follow those rules, our field will not change unless we are all taking risks to change those rules. There is no time but the present to be a leader in what you do. Leadership doesn't start tomorrow -- it starts today! For those of us who see the social ramifications of our work, which I think most sociologists do, there are a number of things we can do to engage with the public or work digitally. You can learn your own skillset or you can collaborate with others who have the skillsets that you don't have. Find journalists, or filmmakers, or collaborators who can help you make your work take the next step in affecting society. That really just depends on what you're motivated to do. The thing I always tell grad students about their dissertations applies here, which is: you better really love it, right now, when you start. By the end you are going to hate it, so love it as much as you can early. And for each one of us, I think it is a matter of finding the thing that we love and putting time and energy into that. That could be learning how to write op-eds really well, or it could be developing a friendship with a filmmaker student at your university and seeing how you can make a story together. There are so many ways to do it.

Post Notices on the ASA Medical Sociology Section List

<[MEDSOC@LISTSERV.NEU.EDU](mailto:MEDSOC@LISTSERV.NEU.EDU)>

Visit our **NEW** website at <http://www.asanet.org/asa-communities/sections/medical-sociology>

## Get Connected

Simon Geletta & Natalie Ingraham

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The biggest news that we would like to share this season is that after a 3 years of service Natalie Ingraham is stepping down from her role as the section associate webmaster at the end of the current academic year. This is “bitter sweet” for all of us on the team as Natalie is starting a new tenure-track position in the fall at CSU East Bay in Hayward, CA.

Natalie worked very diligently at shoring-up the section’s online presence particularly in terms of social-media visibility. She will be greatly missed on this team! Please relay your “thank you” message and best wishes to Natalie whenever you get the chance through the media of your choice.

To this end, we are looking for a volunteer who is interested in serving as co-webmaster for the ASA Medical Sociology pages listed below. This volunteer would also assist co-webmaster Simon Geletta with other website needs and serve as part of the larger communications committee on ASA leadership. This is a great position for a graduate student or early career medical sociologists who is familiar with social media and looking for great networking opportunities. Ideally, we’d like to have someone selected and trained in time to be our social media hub for the ASA meetings in Montreal in August. Please contact Natalie Ingraham (natalie.ingraham@csueastbay.edu) for more information.

Our [Facebook page](#) is currently at 1,903 “likes” or followers with our “reach” on each post varying from 10 people to 200 people, with job ads unsurprisingly our highest rated posts. We post ads from our listerv as well as the ASA Job Bank, so please send ads you would like to post on our page. Our follower demographics remain fairly steady with slightly more women than men (with only a few followers not choosing either of those two gender categories), 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 904 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 423 members. This group also shares job postings and articles of interest.

Please also contact Natalie (natalie.ingraham@csueastbay.edu or @NatalieIngraham) if you have anything you’d like to post on our social media accounts through the ASA meeting in August. Please contact Simon Geletta (Simon.Geletta@dmu.edu) for website-related concerns.

## Health Policy

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To continue our newsletter’s theme of environmental health, below are a series of web resources that draw explicit connections between the environment, population health, and healthcare. In hopes to provide new resources, I highlight resources that may not be on our regular news feed as medical sociologists.

First, the Journal of the American Medical Association (JAMA) publishes the latest news from the JAMA Network on [studies of the effects of toxic air, water, food exposure and climate change on public health](#). Updated routinely, these news stories and opinion articles summarize a number of pressing issues that confront the health of our communities, frequently outlining policy and practice implications. Recent articles include: (1) [efforts of medical community to tackle climate health effects](#), (2) [development of national goals for preventing pediatric toxicity and exposure](#), and (3) [a research article on a public-private partnership to improve access to medications before severe winter weather](#).

Second, the [Pure Earth/Blacksmith Institute Pollution Blog](#) highlights cleanup work at the world’s most polluted places and tracks worldwide efforts to decrease morbidity and mortality associated with pollution sites. The site features stories from the field about combatting environmental degradation as well as summaries of pressing issues in some of the most affected communities globally.

Finally, as a teaching tool, Dr. Hans Rosling developed a website referred to as “[Gapminder](#),” that aims to demonstrate the power of statistics to reduce the gap between outdated understandings of global health and the current reality. The website user can generate a number of graphics to represent associations over time between environmental and population health (among many other indicators). When used in the classroom, this website provides the opportunity for a powerful illustration of the value statistics can hold in bringing new understanding to the relationships between population and environmental health.

## Interview with a Scholar: Rebecca G. Altman

### 1. Your research focuses on the social history of chemicals, plastics, and pollution. What are some of the key things you've learned from this research?

Pollution, plastics, and chemicals are molecules, and molecules are both physical entities and social things. They are, in the words of the late sociologist, [Bill Freudenberg](#) (writing with Scott Frickle and Robert Gramling): “one of those aspects of human existence that lie at the confluence of the physical and the social.” I study human-engineered molecules and so I think of them as technologies, at least at first, but I've been forced to reckon with how they also insinuate into ecological, biological and so-called “natural systems.” And.... what then?

And so molecules of this sort are more than technological achievements and certainly more than what society makes of them. They are physical facts with mass and structure, and they can have an existence beyond human imagination or control. Some of the molecular products of the organic chemical industry have had the capacity to move about independent of human intervention, governed instead by geological or geothermal forces. They cycle with air or plastic particles, travel with wind or oceanic currents, and can migrate vast distances. Some even become a part of flora and fauna, soil, blood, fat, milk, hair and bone. These enter into relationship with, and alter the function or trajectory, of biological molecules including, human hormones or the epigenetic switches that turn genes on or off. When molecules come to “inhabit the bodies of those exposed,” said [Kim Fortun](#), a science and technology scholar at Rensselaer Polytechnic Institute, they begin “setting up a future” one that is “not yet manifest.”

All of which makes molecules hard to think about conceptually. They straddle multiple worlds: as technologies and pollutants, solutions and problems, existing both in nature and in society, redefining all categories and resisting categorization, too.

### 2. Your work has also explored lay citizen engagement with environmental health. How do you think scientific and lay communities can best collaborate to positively impact environmental health?

To study the environmental health sciences is to observe how a field is influenced by its operating assumptions, especially those that taint how we understand the relationship between the environment (including what humans put into it) and health. The environment and human health have (at times) been conceived by western science as distinct domains, and the exchange between them presumed controllable, or if not, monitor-able and understandable based on some universal notion about how biology works. Historically, such assumptions created glaring omissions—questions that were never asked, or research never pursued or funded. And so environmental health has been a series of revelations: that exposures could occur outside the workplace; that chemicals could accumulate, or leach from products, or migrate beyond their place of manufacture; that there are endpoints of concern besides cancer; that exposures could effect, say, neurodevelopment or metabolism or endocrine signaling; that dose-response curves aren't always linear; that children aren't mini-adults; that the placenta isn't a barrier; that global exposures while ubiquitous are unevenly distributed in their consequences; and that exposure isn't exposure, since other environmental and social factors mitigate their effects, e.g., like how social stress effects lead metabolism, meaning social, economic and environmental injustices interact.

Communities, through a variety of means, have pushed science to face these limitations and limiting assumptions that result from them, and have revealed how science is sometimes part of the wider pattern driving environmental inequalities and health disparities.

When I've witnessed community-science partnerships open up new areas of inquiry and where science works towards structural change, is when –first and foremost – the questions emerge from (and begin with) the community, from their experience. Rather than the other way around. And where scientific collaborators are humble, willing to interrogate how unexamined thought-patterns shape their science, and make a commitment to long-term relationship-building (often backed by adequate institutional support to foster such relationships over time).

*It is –in essence–science that in its practice challenges scientific norms and practices.*

[The Civic Lab for Environmental Action Research \(or CLEAR\)](#) at Memorial University in St. John's, Newfoundland is an extraordinary example of how citizen science and research collaborations can create knowledge while also rethinking the assumptions, boundaries, protocols and power structures of the environmental sciences. Watch, too, for Elizabeth Hoover's new book: [The River Is in Us](#), coming soon from University of Minnesota Press.

### 3. What environmental health research do you find particularly exciting right now?

Humans rarely, if ever, encounter chemicals one at a time. Though this is, for practical purposes, how science has traditionally studied them. Studying cumulative exposures, though, is mind-bogglingly difficult, and yet thrilling to watch unfold.

In particular, I've been keeping an eye on [the Halifax Project](#)—a collaborative task force of over 100 scientists who are (this comes from the website): “Assessing the Carcinogenic Potential of Low Dose Exposures to Chemical Mixtures in the Environment.” Even molecules once assumed to be non-carcinogenic can, they've found, in combination, function in teams to produce cancers, with each chemical in the mixture serving a specific role in the genesis and promotion of malignancy. It's yielding revelatory insights, perhaps tantamount to another paradigm shift in environmental health.

Within sociology, I keep track of what my former graduate mentor [Phil Brown](#) is up to, and watch for how he and his current students build on the concept of “[exposure experience](#).” This was work I was happily immersed in during my last years with him at Brown.

Theoretically, it is yet another example of how medical sociology has enriched our understanding of the social dynamics in compromised environments. “Exposure experience” obviously draws from the medical sociology literature on “illness experience” and Phil's hybrid work on “contested environmental illnesses.” It acknowledges the occurrence of human-chemical interactions –whether or not they manifest as symptom or disease – as its own category of human experience, one shaped by context, history, science and the political economy of the places where such exposures occur. The experience of exposure (and risk and complexity and legacy and uncertainty and indeterminacy) is part of the wider social dynamics that comprise what Kim Fortun called “Late Industrialism.” *Con't on page 8...*

## Guest Column: Where Environmental and Medical Sociology Intersect: Our Critical Capacity to Address This Era's Wicked Problems

By Stephanie A. Malin, Colorado State University

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As I write this, we witness a disruptive and dizzying historical moment; socially, politically, economically, and ecologically, life seems to shift beneath our feet. American citizens work to comprehend sweeping alterations to environmental protections, healthcare access and affordability, and funding for scientific research. The complexity of it all can be overwhelming, fraught with **wicked problems**.

Yet, as we know, sociology *exists* to address wicked problems. This is precisely the space in which sociology shines – if we deploy it effectively. More broadly, universities provide one of the few remaining spaces where researchers, practitioners, and students can continue to fight together for scientific, ecological, and humanitarian integrity, progress, and justice. **The fusion of medical and environmental sociology creates an especially powerful nexus from which (public) sociologists can draw to solve some of these wicked problems.**

Where environmental and medical sociology intersect, we find robust lessons and tools. These help us facilitate objective research that can still serve to advocate for communities and peoples most affected by dynamic changes to their environments and safety nets. To echo Kristin Shrader-Frechette, sociologists and other scientists need not be neutral to be objective, especially at this crucial moment. Instead, we can use the tools of our discipline to fight for more equitable policies. Key among these tools is shifting the discussion about human health and its connection to environmental toxics and hazards, using decades of research to do so.

Environmental sociology emerged in the late 1970s, as foundational figures such as James O'Connor, Allan Schnaiburg, Fred Buttel, Riley Dunlap, and William R. Catton formalized sociological analyses of relationships between human societies and the biophysical world. Until that point, sociologists worked in the realm of 'social facts' where social interactions and institutions were treated as if they existed in a vacuum; indeed, natural resources, ecological disturbances, and other environmental conditions of industrial capitalism were largely ignored. Once sociology's human exceptionalism was countered, a richer empirical and theoretical tapestry took shape.

Environmental sociology emerged alongside the public's intensifying environmental concerns, awareness, legislative demands, and organized activism. Amid this public uprising, sociologists began to observe that the places ecologically devastated by industrial capitalism were often the very spaces where people's health had been devastated, too. Though citizens frequently connected their health outcomes to toxic environmental exposures, the lay public's observations were typically refuted by state and corporate scientists and hampered by a consistent lack of toxicological data. The burden of proof was decidedly put on affected citizens. Public sociologists and scientists proved to be some of their only allies.

Repeatedly, mobilized citizens linked environmental exposures to patterns of illness in their neighborhoods. And repeatedly, public sociologists and critical epidemiologists fused environmental and medical sociology to analyze these observations. Lois Gibbs mobilized her neighbors at Love Canal when she and other 'hysterical housewives' connected their children's rare health problems with chronic exposure to toxic chemical waste buried under their homes. Working class women in Woburn, Massachusetts, made similar links between their children's leukemia diagnoses and their neighborhood's chronic exposure to well water contaminated with industrial toxins by W.R. Grace and Beatrice Foods. Libby, Montana, became an environmental justice community and then the first designated public health emergency in the U.S., as citizens connected their rare lung cancers to asbestos exposure.

Once sociologists such as Adeline Levine, Phil Brown, and Kai Erickson formally fused medical and environmental sociology, their research lent intellectual rigor to this rather liminal space among toxic environmental exposure, social mobilization, and contested public health impacts. Popular epidemiology became more common, and citizen science developed as a way to ask and answer community-driven research questions. Citizens now had more evidence and power to demand distributive justice (equitable exposure to toxics and hazards) and procedural justice (meaningful and authentic opportunities to participate in decision-making about hazardous facilities and waste locations).

Occasionally, policymakers took notice. In 1994, President Bill Clinton issued Executive Order 12898, which required federally-funded projects to formally consider environmental justice issues. Still, these protections have been rare and rarely enforced. The Environmental Protection Agency formed its own division of Environmental Justice to help meet the demands of this order and address concerns of EJ communities.

Still, citizens and allied scientists remain the strongest advocates for environmental justice communities, where public health outcomes are central concerns. Today, citizens in Colorado and Texas have organized bucket brigades to monitor air quality around unconventional oil and gas sites near their homes, concerned that O&G production has increased asthma rates, reproductive issues, and other health problems – even as state regulators challenge these observations. Communities impacted by uranium processing, plutonium production, and other phases of the nuclear fuel cycle still work to legitimate for the federal government their observations that cancer clusters in their communities are connected to chronic environmental radiation exposure, which they have verified through mapping and collaborative surveys with various state health departments. Globally, climate justice praxis and research is accumulating evidence that rapid shifts in our climatic system impact human health in various ways. **Environmental justice and environmental health research continues to make thriving links between researchers and communities because environmental and medical sociology have been fused so successfully and effectively for community-based research that can address citizens' questions and then, in the best cases, have policy impacts.**

In these especially precarious times, then, we need to remember the rich, flexible, and effective tools we've created and deployed in fusing environmental and medical sociology. We need to fight to keep them funded and thriving. Yes, it's difficult – but it's not impossible. Indeed, the space for this *Con't on page 8...*

## Interview with a Scholar: Sabrina McCormick

### 1. Your recent research explores climate mitigation strategies in the United States. How are different U.S. cities dealing with climate change?

We see different approaches to both mitigation and adaptation. Mitigation refers to the reduction of green house gases and adaptation refers to accommodating and adjusting to the effects of climate change. We do see a relationship between those two things. Cities tend to focus on mitigation first, unless they are forced to adapt like in an extreme weather event. We see a number of factors that affect whether or not cities take action, like the politicized nature of climate change at the state level and the city level and the normalization of risk.

Let me compare Tampa and Los Angeles as a way to exemplify that. Los Angeles has been situated in the context of one of the worst droughts in history and an extremely bad methane leak, which is obviously not an extreme weather event but is a major contributor to climate change. It has experienced a number of major issues related to climate change, and it is working very hard to address them. California is a state where climate change is very broadly accepted at the state level and addressed with policy. So when we interviewed people in Los Angeles, we saw that there has been a lot of mobilized advocacy about climate issues that has driven leadership at the city level to do a lot of work around addressing all different kinds of risks and mitigating climate change.

In Tampa, climate change is almost a bad word. There is very little advocacy around climate change, both today and historically. When we talked to people in Tampa, they said it was really hard to get anything done, even though they do sometimes have a fair amount of democratic leadership at the city level. They are so trapped by public opinion and lack of acceptance of climate change as an issue. People always talk about New Orleans being one of the cities at greatest risk of flooding and hurricanes, but Tampa is at equal risk, by some measurements. Their major hospital is at sea level, out on a peninsula. This is a city where the majority of the population is older and really needs those resources. And they can get hurricanes, which have been expected, but somehow Tampa has avoided an extreme storm or hurricane for many years. They've avoided this primary risk, and they have normalized the idea that it could happen. Even though when it happens, it is because of the ways they have set up the city and they have not adapted or become prepared. They are really going to face some serious problems. If we just compare those two cities alone then we can see how these dynamics play out.

Health concerns have been late to the game in cities. What we see in our research is that, historically, the institutional structures of cities have shut out health as a sector in the realm of climate change, broadly defined. When you have committees in cities working on climate change you have different sectors like energy, transport, and emergency services generally leading the charge. Health is not a part of that picture even when health folks are trying to get in there. That has been a real hindrance to health being better integrated into assessing how mitigation strategies improve health, and how health has to be accommodated in adaptation measures.

### 2. What are some of the main things you've learned about how climate change affects health?

The two main concerns I have are heat and nutritional decline. In the United States, heat kills more people than all other extreme weather events combined. Countries that are pretty similar to the United States, like France, have seen mass mortalities as a result of heat waves. The 2003 heat wave in Western Europe killed 50,000 to 70,000 people, for example. Those are huge numbers, and we are still working on ways to better estimate the number of people who are dying.

I am concerned about nutritional decline because changing precipitation patterns, like extreme drought, have massive impacts on crops. And this is even worse for populations that are already on the brink of hunger. Subtle shifts in monsoon season can pull whole communities into starvation. Extreme weather events affect what people can eat, their access to food, and the distribution of food. There is also a small literature now emerging around how temperature affects the actual nutritional content of food. The general idea is that as we have hotter temperatures, plants are less nutritious. This is going to be a continually-growing area of concern. This will affect places like the breadbasket of the United States, in the Southwest and the West. So our food security here and everywhere is a huge issue.

In addition, we see a changing distribution and severity of vector-borne diseases. As it gets hotter, mosquitos bite more, the viral load is heavier, and there are more mosquitos spread out over a broader area around the world. Vector-borne diseases, food-borne diseases, and water-borne diseases are increasing. And we are not dedicating time and resources to monitor the emergence of these diseases. We had one case near Alaska where there was an outbreak of food-borne illness from seafood that had been raised in the ocean. Ocean temperatures had gone up and microbes were able to grow. Food was eaten with these microbes in it because we weren't monitoring it, and people got sick. This is something that is happening all over the place.

### 3. What environmental health research do you find particularly exciting right now?

What I think is the most important at the moment is the concept of co-benefits. The concept of co-benefits emerged from air pollution research and policy. The idea is that if you decrease greenhouse gas emissions, you have a co-benefit, which is decreased air-borne pollutants that decrease the patterns of cardiopulmonary respiratory disease and asthma. And the idea of co-benefits has now extended beyond that to encompass the idea that you can mitigate and adapt to climate change with the same program. If you build a storm water management program in a city that also reduces urban heat island effect, you can create more green space that encourages exercise and reduces obesity while also creating a carbon sink. So I think if we could, as researchers, better measure the positive health effects of these kind of programs, we could get a lot more folks actually interested in pushing them forward. I also think even just having more people working on the effects of climate change and health is so important because if we don't know what the effects are of what we are doing, we won't be able to do anything about it. So while there is a lot going on that I think is really important and exciting, I wish there were more.

*Sabrina McCormick is an Associate Professor in the Department of Environmental and Occupational Health at George Washington University. Her work focuses on the sociology of climate change.*

## Interview with a Scholar: Rebecca G. Altman

...con't from page 5

In that same vein, I'm always watching for new work published by the anthropologist [Vanessa Agard-Jones](#). Her work on *body burdens* is extraordinary smart—she purposively pluralizes body burden, a concept that historically has universalized and overlooked the experience of overlapping chemical, social and economic burdens. And more, she is opening up the way scientific language about low-dose, chronic, often subtle environmental effects (i.e., re: endocrine disruption and hormone mimics) reinforces heteronormativity, gender stereotypes and binary thinking. Her work asks: how do we talk about the subtle and profound changes exposures are ushering in without relying on normative language and assumptions?

*Rebecca G. Altman is a writer and sociologist, with a PhD in environmental sociology from Brown University. Follow Rebecca on Twitter @rebecca\_altman and visit her website: [www.rebeccagiasioraltman.com](http://www.rebeccagiasioraltman.com)*

## Guest Column: Where Environmental and Medical Sociology Intersect: Our Critical Capacity to Address This Era's Wicked Problems

By Stephanie A. Malin, Colorado State University

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...con't from page 6

type of research and praxis has been consistently vulnerable, under-funded, and marginalized within sociology. Corporations and states have long been too comfortable with polluting recklessly, with contesting people's illnesses, with placing the burden of proof on those communities, and with under-funding related research efforts. The bio-medical model still dominates and environmental health perspectives are not yet mainstream in the U.S.

Yet, we can see these challenges as blessings and as a call to arms for researchers possessing the skill sets I've described. We know how to work with small budgets, we know how to work with and for communities and citizens, and we know how to harness the power of multiple disciplines to advance our field.

At this critical juncture – facing climate change, environmental injustices, and related health threats at unprecedented scales – those of us with the privilege to research environmental and medical sociology have to continue advocating. We have the responsibility to harness our knowledge and our objective science to advocate for the communities most vulnerable to shrinking socio-environmental safety nets.

Researchers operating at the intersection of environmental and medical sociology have the tools to help create space for authentic participation. We have the social capital and the professional skills to create linkages among universities, NGOs, communities, and governments of all scales. Perhaps most importantly, we have the power and responsibility to make science accessible again – and to show people how community-centered social science can help improve health and environmental equity, even as it (re)engages citizens in the scientific process.

Stephanie A. Malin is Assistant Professor of Sociology at Colorado State University. Her most recent book is *The Price of Nuclear Power: Uranium Communities and Environmental Justice*.

Don't forget to check us out on:



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## DONATE to Medical Sociology Section's Annual Book Raffle!!!

Want to support the Roberta G. Simmons Outstanding Dissertation in Medical Sociology award? Please consider donating a book to this year's ASA Medical Sociology Section's Annual Book Raffle. You may contribute your own (people often have extra copies of books they have written) or extra copies of other people's books that you may have received. PLEASE, CURRENT TITLES ONLY AND NO TEXTBOOKS. We are also accepting university t-shirts and other related gear. Remember, these donations are going to a worthy cause – and you'll want to buy raffle tickets at the meeting, too! Please send your donated copies to:

Prof. Danielle Bessett  
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## 2017 Medical Sociology Election Results

**Chair-Elect:** Brea Perry, Indiana University

**Council Member at Large:** Hui Liu, Michigan State University

**Publications Committee Chair:** Claire Decoteau, University of Illinois-Chicago

**Teaching Committee Chair:** Ophra Leyser-Whalen, University of Texas-El Paso

**Career and Employment Chair:** Katrina Kimport, University of California-San Francisco

**Nominations Committee Chair-Elect:** Jen'nan Read, Duke University

**Nominations Committee:** Adam Lippert, University of Colorado-Denver, and Reanne Frank, The Ohio State University

**Nominations Committee, Student Member:** Lindsay Stevens, Rutgers University

**Student Representative to Council:** Julia Bandini, Brandeis University

**CONGRATULATIONS TO ALL!!!**

### THANKS TO CURRENT STUDENT EDITOR & CALL FOR NEW STUDENT EDITOR(S)

Thanks are due to **Kellie Owens** at Northwestern University for innovative columns & insightful interviews with fascinating medical sociologists this past year in "Student News and Views." We are now soliciting applications from graduate students to hold this position for 2017-2018. The position increases your visibility to members of the section and offers an opportunity to share your ideas in the form of four columns in the newsletter. If you are interested in the position, please send an email to Ann Bell, Co-Editor, at [avbell@udel.edu](mailto:avbell@udel.edu).

Please address the following questions in your email:

1. Why are you interested in this position?
2. What are some of your ideas for the "Student News and Views" column?
3. How might we increase student interest in the Medical Sociology Section?



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

**NEWSLETTER EDITORS:** Ann V. Bell & Barret Michalec

