

Medical Sociology Newsletter



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Special points of interest:

- Interview with Reeder Award winners!
- Guest column—How to Write a Book Proposal
- Check out the new Get Connected column

NOTES FROM THE NEW CHAIR

By Anne E. Figert afigert@luc.edu

I am humbled and honored to serve as Chair for the Medical Sociology section for 2014-2015. I have already learned so much about the section in my “apprenticeship year” observing last year’s Chair Susan Bell. It has been an especially easy transition. I am happy to report that under Susan’s leadership the section is in great shape. Our thanks go to her, Alan Horwitz (past Chair) and to the outgoing Council members (Dawne Mouzon, Chioun Lee, Molly Martin, Rene Almeling, Jennie Jacobs Kronenfeld) and Nominations Committee Members (Miranda Waggoner, Joanna Kempner and Meredith Bergey) for all of their time and energy in service to the section. Recently, I had the chance to email a former council member about something and I received the comment that has really resonated with me. This person wrote: “I think one of the great things about our section is the humanity with which we treat each other.” I couldn’t agree more.

In the past couple of weeks, you may have been inundated with requests from other sections to join or to sponsor a student member. I am pleased to say that none of those requests were from Medical Sociology. We are already over the 1000 member mark with some small growth since last year. I am especially encouraged by the fact that almost 1/3 of our members are students. There are and continue to be jobs in medical sociology in both applied and university settings. However, we don’t want to be complacent. If you are currently working with students, find out if they are members of the section. When renewal time comes up later

this fall, encourage them to join the section. Better yet, provide encouragement by gifting them a student membership for next year. We are the third largest section of the ASA but are in striking distance of the other two sections.

One of the many benefits that accompanies larger sections is more paper session opportunities for next year in Chicago. I have worked with many of you in designing the program for next year. One thing that will be different (at least for us) is that the roundtables will be held in conjunction with the Business meeting and we will have a separate Awards Session that includes the Reeder Address. Here is the short form of the program and their organizers : 1. Roundtables (open submission) /Business meeting -- Dennis Watson, IUPUI; 2. Awards Session – Anne Figert, Loyola University Chicago; 3. Global and Transnational Health (open submission) – Susan Bell, Bowdoin College and Ruha Benjamin, Princeton University; 4. Bringing Our Bodies and Our Selves Back In: Irving Kenneth Zola’s continuing influence on Medical Sociology and Disability Studies (invited session) Co-Sponsored with Disabilities Section – Nancy Kutner, Emory University and Robyn Brown, DePaul University; 5. Health Inequalities and Place (open submission) – Eric Wright, Georgia State University; 6. Rating Health (open session) Dana Garbarski, Loyola University Chicago; and 7. Health, Medicine and Sexualities – Laura Mamo, San Francisco State and Jennifer Fishman, McGill University. Longer descriptions of these sections can be found later in this newsletter.

Finally, this edition of the newsletter marks the beginning of Ann Bell and Barret Michalec’s co-editorship. Many thanks to outgoing newsletter editor Sarah Burgard for her excellent stewardship of the newsletter. This is also a year of transition for the webmaster team. Our thanks go out to Mark Sherry who has stepped down as the webmaster and to our new web and social media team of Simon Galetta (webmaster) and John Gerwood and Natalie Ingraham (Associate Webmasters). At the ASA Annual Meeting in San Francisco, I had the opportunity to talk with our new newsletter co-editors and one of the new webmasters. Together we explored ideas about the ways in which we can communicate with each other and to the larger public. You will be reading about our efforts to increase our media presence through our Facebook and Twitter accounts in this and coming newsletters. One other transition and note of thanks goes to Susan Stockdale. Susan has run the Annual Meetings Book raffle for many years and has decided to step down. Danielle Bessett has graciously stepped in and will be in charge of the raffle in the future. The book raffle is just one of the many ways that section members support opportunities for our student members.

I look forward to communicating and working with all of you this year and to seeing you in Chicago next August.

Anne Figert
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2014 ASA Award Winners!



Left: Leo G. Reeder Award Winners, John Mirowsky and Catherine Ross

See their interview on p. 7

Top picture: Kathy Charmaz with Freidson Award Winner, Sara Shostak

Bottom picture: Kathy Charmaz with Freidson Award Honorable Mention, Claire Laurier Decoteau

Sara Shostak Wins Freidson Award!

First, I wish to thank the members of the committee, Elaine Draper, Nancy Kutner, and Dena Smith for their collegueship and the care each gave in reviewing the nominated books. I also thank Susan Bell for consulting with us over the year and wish to express our appreciation to the authors of the books we viewed and their nominators. The Committee reviewed wonderful books that well-represent the excellent scholarship produced by members of this section. We thank the authors for their contributions and their nominators for the opportunity to review the books.

The Committee awards an Honorable Mention to Claire Laurier Decoteau for her book, *Ancestors and Antiretrovirals: The Biopolitics of HIV/AIDS in Post-Apartheid South Africa*. The length and depth of Professor Decoteau's field research is matched by the thoroughness and power of her analysis. Professor Decoteau demonstrates how dynamic relationships between global forces and national policies after apartheid have shaped the contradictory adoption of both traditional and bio-medical practices. In her nomination letter for the book, Professor Sydney Halpern states, "The book interweaves ethnographic details of life in South Africa's slums with cultural and politico-economic analysis, linking large-scale structural features of the world-system to people's everyday experiences of health and illness." Professor Decoteau has made an excellent contribution that situates micro processes in macro structures. We commend her for it.

The Committee has selected Sara Shostak's book *Exposed Science: Genes, the Environment and the Politics of Population Health* (University of California Press, 2013) for the Eliot Freidson Outstanding Publication Award for 2014. In Adele Clarke's letter of nomination, she said Professor Shostak "focuses on the extension of biomedicine into a truly new domain--gene-environment interaction. Her remarkable book achieves two main goals. First it analyzes how the science of molecular approaches to environmental effects on bodies and population health has been developed. Second, it clearly articulates the very dense and fraught politics surrounding these developments in ways which take us far beyond the problematic binary of nature/nurture."

This Committee finds that Professor Shostak's book extends the boundaries of medical sociology, presents offers new views of environmental health, and testifies to how public knowledge of environmental health hazards is embedded in the structure of the field and its political climate and controversies. Professor Shostak's study derives from careful analysis of interview and ethnographic data. Her book is a stunning model of exemplary scholarship that will have lasting value.

Congratulations to Sara Shostak for her outstanding book and for receiving the 2014 Freidson award!

Kathy Charmaz, Chair
Publications Committee





From left to right: Julia Szymczak and Trevor Hoppe

Trevor Hoppe Wins Simmons Award!

Roberta was a faculty member at the University of Minnesota and a former Chair of the ASA Medical Sociology section. Among her scholarly accomplishments are two books and over 85 peer-reviewed articles, 15 years of NIMH Career Development awards, and a Guggenheim Fellowship. She made ground-breaking contributions to the study of organ transplantation and transitions into adolescence, which earned her a reputation for empirical and

theoretical excellence. She was also a devoted and beloved mentor to many young scholars. Sadly, Roberta passed away in 1993 after a 15-year battle with cancer. One of her students, Dale Blyth, wrote that "words alone cannot capture the many gifts Roberta gave students and colleagues during her lifetime...She will long be missed, but never forgotten."

In her memory, the Simmons Award committee was pleased to present the 2014 Roberta G. Simmons Award to Trevor Hoppe (University of Michigan). His dissertation is called "From Sickness to Badness: Enforcing Michigan HIV Law as a Site of Social Control," and examines the control of sexual behavior through laws that require HIV-positive individuals to disclose their status to their sexual partners. His project is based on a meticulous analysis of court transcripts of felony convictions for non-disclosure of HIV status and interviews with public health officials in Michigan. The article submitted for consideration was recently published in *Social Science and Medicine*, and is entitled, "From Sickness to Badness: The Criminalization of HIV in Michigan." Drawing on over 4,000 pages of archival data, Dr. Hoppe explores how the sexual conduct of HIV-positive individuals has been socially constructed as criminal and how these laws have been applied and enforced in courts of law. He finds that legal actors framed HIV in moral rather than medical terms, constructing HIV-positive individuals as executors of death sentences even when the alleged sexual behavior posed very little transmission risk. This paper makes a novel and important theoretical contribution to our understanding of the social construction of social problems in the name of public health. While the process of medicalization has been researched extensively, this is one of the first attempts to document the reverse process, or demedicalization, wherein illness is redefined as crime (or "the transformation from sickness to badness" – a play on Conrad & Schneider's early, seminal work). In her nomination letter, Renee Anspach, who chaired his committee, called Dr. Hoppe's dissertation "truly outstanding" and "path-breaking," and the committee wholeheartedly agreed with this assessment.

This year we had a number of excellent submissions, and two dissertations stood out as outstanding. Consequently, the committee decided to award an honorable mention to Julia Szymczak (University of Pennsylvania), whose dissertation was chaired by Charles Bosk. Her dissertation is entitled, "The Complexity of Simple Things: An Ethnographic Study of the Challenge of Preventing Hospital-Acquired Infections." It is an ethnographic examination of factors contributing to the success or failure of strategies to reduce hospital-acquired infections. In her dissertation, she documents how the social organization of medical work influences the uptake of standards, guidelines, and best practices in work groups within organizations. Dr. Szymczak spent two years in the field gathering data, allowing her to observe factors that not only effectively change existing behavior, but also those that encourage sustained improvement after an initiative ends. The committee was impressed that her work is equally important with regard to developing social theory and informing health services policymaking and implementation. Charles Bosk noted that Dr. Szymczak's dissertation is "just the sort of work Roberta would have admired."

On behalf of the Medical Sociology Section, we extend our sincerest congratulations to these bright young scholars.

Right: Dawne Mouzone with Louise Johnson Scholar, Erin Madden



Erin Madden is the Louise Johnson Scholar!

Erin is a doctoral candidate at the University of Wisconsin at Madison. Her paper was entitled, "Community Cultural Health Capital: Cultural Resources for Navigating on the Margins." In this paper, she draws from both medical sociology and critical race theory perspectives on cultural capital in order to examine health-relevant cultural resources (or "Community Cultural Health Capital") in South Texas Mexican American border communities. She employs two years of ethnographic research to examine how Mexican Americans in these communities use navigational, social, familial, and linguistic skills and knowledge to access health care despite an array of political, economic, and social barriers. Erin's work is poised to make important contributions both to medical sociology and health policy.

Alison Houston wins the Howard B. Kaplan Memorial Award!

Alison is a doctoral candidate at SUNY at Albany who has interests in the social, psychological, and occupational determinants of physical and mental health, in addition to the inter-relationships between health, health care utilization, and stratification. She recently published a paper entitled, "Work-Related Injuries: An Old Problem Revisited in the First Representative U.S. Sample of Home Health Aides" in the *Journal of Aging and Health* in 2013. Her dissertation examines how chronic conditions and depression affect health care utilization among the aging population. The fields of medical sociology and sociology of mental health will benefit from the keen eye that Alison brings to her work.



Teaching

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Dispatches from Syllabusonia: Thoughts on Crafting Syllabi

Like many of you, I spent significant parts of the summer developing syllabi. In one case, I was updating an existing course; in another, I was working from a blank page to craft a new class. Crafting syllabi is a routine so commonplace that describing how we create and recreate courses feels like trying to break down the seemingly unconscious process of riding a bicycle. But as I embark on another university ritual—identifying course objectives for one of many administrative reports—I thought it might be useful to discuss some of the steps of preparing a course and suggest ways that thinking about our “learning outcomes” might help build better classes.

Identify Your Key Course Goals. One useful first question to ask is, “What do I want students to leave with at the end of the course?” Asked differently, “If I have to pick one skill, concept, view, or way of looking at the world that students would carry with them when the course ended, what would that be?” Of course, we want students to learn all the material we present, and some will. Yet, clarifying our priorities for the course help focus both instructor and student, and give us all the thread needed to weave each topic together through the term. What substantive content of our course do we want students to master? The topic might be broad, like “Structures of inequality, including race, gender, class, religion, disability, age, and sexuality, shape experiences and meanings of illness and care” or “Stigma affects individuals’ abilities to receive care.” Or it can be more narrowly focused, like, “My course will explore how corporate interests affect health at individual and population levels.” Once you have identified your course’s key takeaway, you can then choose exemplars that help students understand that concept.

We may choose to also identify what skills we want students to have at the end of the term. In some courses I explicitly prioritize the ability to find, read, and analyze law and policy relating to healthcare. In others, I target developing students’ ability to find and analyze administrative data, to think critically about the social construction of disease, and/or to learn to communicate analyses verbally. We often include assignments intended to foster these skills without making explicit our goal that students should acquire or

improve this skill. Making these goals more explicit will help you design assignments for the course.

Building the Syllabus. Syllabi seem to be getting bigger with every year, looking more and more like a cell phone contract than an agenda for the coming term. Each year’s syllabi include not just new reading materials, but also new administrative components such as where the campus Writing Center is located, repercussions for plagiarism, fine print on using learning management software, expectations of electronic communication or attendance, or even trigger warnings.

One of the most challenging parts of writing syllabi is finding ways to make all the material we wish to cover fit into a coherent story that builds week to week. It is tempting to try and cover all the key concepts in a subfield in one course. This is particularly true for newer instructors who have been reading and taking examinations in a large subfield and may want to communicate all these ideas to students. Yet, depending on the level of the course and experiences of the students, this may not be the most useful approach for tackling the concepts you have identified as your take-away goals (which many administrative reports and offices call “Learning Outcomes”).

Consider one of my examples above: “Corporate interests affect health at an individual and population level.” I can see ways my course can cover large territories of ideas, even as I can build some internal coherence by structuring the class around corporations. Doing so allows me to present information about economic inequality, pollution, employment hazards, global inequalities in drug pricing, health insurance inequality, and family medical leave; or differences in chronic illness management and use of antidepressants or illegal drugs to treat depression; or access to preventative care generally. To foster an overarching approach to meet my larger course goal, the readings keep returning to the big question of the course. There are myriad ways to get there. You could, for example, organize your materials as a series of historical developments, or base your framework around a set of theoretical views, a series of cases, a set of methodological skills, or a particular narrative. Whatever the plan, think strategically about how to meet your goals for the course—to guide stu-

dents to that take-away insight. This holds the promise of making the class clearer to students and can help you make the process of organizing your class more manageable.

Identifying Readings. Much of the hard work and potential sources of remorse in syllabi creation involves choosing which readings to assign. Many avenues are possible and different institutions facilitate or inhibit these choices. Assuming you are able to choose your own materials, you should consider the kinds of texts in addition to the content. Do you pick a textbook, which may clearly define course concepts for students? Do you stick with an aging monograph that you are comfortable with but which may not resonate with students, or use the class to tackle that book that you’ve been meaning to give a second, closer read? Do you scan the latest issues of *The New Yorker* to find something catchy and engaging for students? What about using material from that smart and snarky website you visit each week? Balancing length, costs, and content is challenging. Do you think about the price of the required readings? Do you order the books at the corporate campus bookstore or direct your students to a local, independent bookstore, if there is one nearby? How closely do you expect students to read these assignments and how do you balance that against quantity of reading and diversity of perspectives? Making choices about these issues may help you to communicate your priorities more clearly to your students.

Crafting Assignments. Assignments should be designed to meet our course goals. If we want to know if students have read and understood course material, quizzes or multiple choice exams are great. In my course where I really want students to understand legal management and control, I ask them to choose a situation—surrogacy, provision of abortion services, food stamps (SNAP) eligibility, consent laws for minors to healthcare—and research how those services are regulated, which includes understanding whether it is specified in statute, appellate decisions, agency regulatory rules, or by professional organizations. When I wanted students to look at data, I designed an assignment that forced quantitative data-averse students to access the General Social Survey to construct simple cross-tabs to identify relationships in the data and hypothesize why those patterns might exist. Students then had to replicate each other’s findings and evaluate the plausibility of their

Career & Employment

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Blog of the Department of Research on the Discipline and Profession or visit homepage www.asanet.org. For questions about the blog, please contact Michael Kisielewski, Research Associate, at kisielewski@asanet.org

I constantly consult this blog and last year used it and the ASA department of research to frame and anchor my career and newsletter columns. The blog and the home page for the research department offer unique and valuable resources (both in data formats and PowerPoints) on professorate/academic job trends, comparative salaries, current research briefs and articles, and careers/employment resources for new PhD's, Masters' degrees, BAs and Faculty. For one example, the data provided by the research department showed the discrepancy between available academic jobs and graduate students' intellectual interests. Which I believe is something that has implications for both job seekers and graduate programs.

The limitation of the useful ASA blog is that it does not provide sufficient information about applied or embedded sociology careers and employment. For that kind of information I consulted specific list serves and joined the Sociological Practice Section which sends job listings they have identified. When I asked Angela Aidala (who sends the job information) whether there was a blog or website she acknowledged that to get the information she surveys numerous organizations (such as postings on lists, chats, or websites of professional organizations). The good news is that the section is developing a resource guide. I also monitor job listings and research at the CDC's Behavioral and Social Science Working Group Newsletter whose theme for 2014 is "Leveraging behavioral and social science to increase public health impact". Or for applied research jobs I go directly to: http://www.cdc.gov/employment/menu_find_career.html

Student Views

Anna Neller anna.neller@rockets.utoledo.edu

Hi! Since this is my first column, I would like to begin by introducing myself. I am Anna Neller, a graduate student in Medical Sociology at The University of Toledo. My interests are endocrine disorders, in particular how people with these impairments identify on an individualized and collective level.

Many people are unaware of the effects of possessing an endocrine disorder, which include stunted growth, bone delay and organ complications. Research is now indicating it disturbs the functioning processes of both the child and adult body.

The Magic Foundation

www.magicfoundation.org

This is a phenomenal nonprofit organization that has worked both at the international and national levels to increase child growth awareness. They have collaborated with over 30 nations to provide public education on growth impairment disorders and officially host a sub-organization entitled the International Coalition of Organizations Supporting Endocrine Patients.

In July, the organization achieved a major victory: the US Senate resolved that every September 15th is marked as National Child Growth Awareness Day. MAGIC's webpage possess a manifold of resources, links to parent/adult blogs, access to educational materials, and links to both international and national sub-support groups.

For Grad Students

For grad students looking to study health advocacy, there are many interesting elements of organizations like the MAGIC Foundation, including the ways that the rise of genomics has been associated with new forms of health advocacy and new forms of medicalization. Likewise, it would be interesting to study how their advocacy and fundraising strategies relate to the social positions of parents. And the Insurance Assistance Program of the MAGIC Foundation is interesting for those who want to explore the difficulties which patients and their families can experience in dealing with the bureaucracies and rigid rules associated with the insurance system.

Health Policy

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The Quality of Government Institute was founded in 2004 by Swedish scholars Bo Rothstein and Soren Holmberg. The institute provides an impressive amount of high quality macro-indicators of interest to sociologists interested in public policy. The main goal of the institute is to understand the causes, consequences, and nature of good governance and the quality of government (QoG). The institute is responsible for the composition of various datasets. The two that may be of greatest interest to medical sociologists are the QoG Standard Data and the QoG Social Policy Data. The QoG Standard Data includes both cross-sectional data (with the most recent available data) and time-series data (1946-2012). This dataset offers data, as available, for all current members of the UN (193 countries) and for some historical countries. The variables available focus on the core features of government, mechanisms that promote good governance, and the consequences of governmental actions. For example, there are indicators of political and social integration, forms of government, and proportion of women in national parliaments. The QoG Social Policy Data provides more detailed policy data of selected 40 countries (generally advanced, industrialized nations). Here, the indicators are of general policy relevance, such as social expenditure, support with children and families, and support with the elderly, as well as health specific. The health related indicators include a wide array of health provision and sickness benefits, as well as density of professionals in the health care field. The data can be analyzed in various ways by medical sociologists, ranging from cross-national comparisons of health and sickness benefits to research using multi-level modeling in an effort to understand how various policy configurations impact health related variables across nations. <http://www.qog.pol.gu.se/aboutus/>

Guest Column: How to Write a Book Proposal

By The Editors at Rutgers University Press

Conveying what your book is about and why the subject matters form the core of a general description of the book's purpose, content, format, and audience. Your book proposal should include a coherent, concise project overview at the start. The total proposal, not including sample chapters, should be about ten to twenty pages. Any proposal should cover the following basic questions: What is the manuscript about? Who should read it? What will the reader learn from it? Why is it important? Why should the Press publish it?

Begin with a brief summary of the book, a concise statement much like the description you'll find on the jacket of a published book (think of it as an "abstract"). This summary tells the publisher what the book is about, who the audience is, and mentions a little something about you, the author. This description presents the argument and lays out the arc of your book. It posits the contribution that this work makes in terms more specific than it being "a contribution to the literature" or "filling a gap." All of this information can then be amplified and explained in a bit more detail later in the book proposal overview.

Knowing your audience and the market for the proposed book is a key component of a book proposal. Who did you write the book for? Scholars or professionals in your field? A broader more interdisciplinary audience, yet still a scholarly book? Does your book have potential for classroom use as required or recommended reading? A proposal will list the scholarly or professional organizations whose members would be most interested and it might include a list of relevant courses. Be as specific and realistic as possible.

Your proposal should elaborate your sense of the audience and the market for the book. How big do you see the audience, and how might a publisher reach that market? Do you have a platform as a writer? Do you have a rough sense of a marketing plan for the book? A website or strong social media presence? Do you have regular speaking or networking opportunities to promote the book? How many copies do you think would be purchased based on your personal and professional contacts?

You also need to present your book in the context

of other published works. Are other books available on the same or similar topic? Would your book compete with another book in a narrow market? Are there related books that your book would complement? What makes your manuscript different or superior?

Selling your book proposal is all about selling yourself and your credentials to be a successful author. What makes you qualified to write this book? List your credentials and experience in relation to the topic of the book. Do you have experience speaking, teaching, or writing about this or similar subjects? Have you published other books or journal articles? (If sections of your book are being published separately, e.g. as journal articles, then you need to include this information in your proposal and to discuss very briefly how prospective book chapters would differ from those published articles.) Your proposal should also include your C.V. Including a well-written cover letter will complete a polished and professional submission.

Publishers also look for details about the projected length of a book and special features, including illustrations (graphics, photos, tables—projected number, black and white, or color). Manuscript pages are not the same as printed book pages, so it's best to let the acquiring editor know the total word count, including endnotes, bibliography, any appendix, or preface). For academic books, a manuscript of 100,000 words translates to a 256-page book in a six-inch by nine-inch format. Academic books will have more words per page whereas books meant for general audiences ("trade" titles) will have larger fonts and fewer words per page. Note that most readers won't digest long books, and most professors won't adopt a book that is longer than that magic number of 256 pages.

The publisher also needs to know your timetable for completion. Is the manuscript complete at the time that you are submitting a proposal, or will you need several months or a year to finish the first draft? Set a reasonable timetable for yourself, and plan to stick to it as closely as possible.

Early in the proposal summary, provide the editor a list of the chapter titles, giving a snapshot of the arc of the book—how the themes are carried across the length of the book. The table of con-

tents, like the other information in the quick summary, should be amplified and elaborated in a separate section of the proposal. We call this section the annotated table of contents. Each chapter in the annotated table of contents is described in a couple of paragraphs, with important details so that the thrust of each individual chapter can be seen in light of the book and its themes as a whole. Details are important here; long-windedness is not.

Your proposal should be accompanied by a set of sample chapters. Appropriately polished and revised samples (*never* send your dissertation itself if that's what you're revising) give the publisher confidence in your writing ability. Previously published authors can sometimes get away with no sample material and just a proposal, but well-written sample chapters make a big difference in the kind of peer reviews you can expect to get. Ideally, the editor likes to see an introductory or first chapter that sets up the themes and gestures-forward across the arc of the book and a chapter or two from the middle. This is not always possible, but you should always choose sample chapters that represent the core of the book. These chapters should be polished and free of typos—a sloppy presentation can be a distraction for an editor or an external reviewer, making them less favorably disposed toward your book.

Finally, give your manuscript an interesting and appropriate title. The title doesn't make or break a proposal (besides, publishers will typically tweak it prior to publication). But it does show that you are thinking creatively about how to describe your book in a few key words. Titles shouldn't use jargon; they should convey your argument in five words (or fewer). Most also have a subtitle that also contains a few critical key words. Keep in mind how your title functions in the world of Google and Amazon searches. That's why the publisher's marketing experts will have a say in how to title your book—they want the book to be unique and memorable in a crowded field.

For more information about Rutgers Press's Critical Issues in Health and Medicine book series, contact Peter Mickulas at mickulas@rutgers.edu



Interview with a Scholar: Catherine Ross & John Mirowsky

By Anna Neller

Why do you think you've been so successful?

We share a passion for thinking and discovering as scientists. Nothing else comes close in importance.

Early in your career, what helped you most?

Each other. We taught and challenged each other, worked out ideas and analyses together, and alternated responsibilities throughout the production process. Blair Wheaton, the medical sociology program, and the graduate student culture at Yale helped a lot too. They gave us a launch with lots of boost.

Long-term, what were some of the most important factors in your career success?

Number one: Arguing things out with another person who is knowledgeable and committed and not shy about expressing their views. Knowing that disagreement will not damage the relationship makes complete frankness possible. That is a powerful force.

If you were to provide advice to upcoming scholars within this field, what would it be?

Expect failure. Plan on it. The people who succeed more than others have failed more than others. Have a system, a production pipeline from idea to copyedit. Rejections are in that pipeline. Handle them rationally and systematically, and burn off residual tension with exercise. Before you send out a paper the first time, make an ordered list of the journals you will send it to. That puts rejection in perspective. Keep dated records of the progress.

What other areas within the field of medical sociology are in need of further exploration and development? What areas are you encouraging your graduate students to concentrate on?

Find the accumulators and understand how they work. Accumulators gather many small inputs into persistent outcomes with substantial consequences. Sociological data describe individuals at points in time. Our ideas and models need to comprehend the trajectories up to, across, and beyond those points.

How difficult is co-scholarship with fellow colleagues in regards to sociological studies? How do you challenge one another in terms of theories and research methods?

Scientists and scholars must be frank and clear with each other. Diplomacy helps too, but not everyone has the skill. That makes tolerance of abruptness a communal virtue. Also, in any given debate it is possible to be the one who is wrong. Try to imagine how that might be. Ask friends and colleagues to help.

What are your current academic projects?

We are trying to understand where the default American lifestyle comes from, why it is unhealthy, and how education, creative work and a sense of controlling one's own life help individuals override it. The default American lifestyle displaces human energy with mechanical energy, household food production with industrial food production, and health maintenance with medical dependency. It is a way of life that Americans fall into unless they override it – unless they deliberately reject it and actively resist it. For Americans, it takes knowledge, insight, ingenuity, effort and nerve to live in some other, healthier, way. We want to understand how to create a healthier way of life for all. Higher levels of education may be the key.

Get Connected

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Exploring New Member Communication Media Available to the Medical Sociology Section Members

Most members are aware of the channels through which they can reach out to communicate with other section members, such as this newsletter and the LISTSERV to which we have subscription. Since the communication channels have recently been expanding, we felt the need to introduce the more recent forums.

The Section Website: The section website is not exactly a “more recent” development, as it was actually launched back in the late 1990’s by Dr. Tim Gallagher and Dr. Phil Brown, who then hosted the site on Kent University’s server domain. More recently, the site underwent significant changes – changes that site founder Tim Gallagher described as or likened to a “punctuated equilibrium.” First, in November 2012 the site was moved to the ASA’s server domain (<http://asanet.org/MedicalSociology>). Dr. Mark Sherry was then the newly appointed Webmaster who oversaw the transition. Then just this last year the site experienced yet another improvement when it was rebuilt using “Web 2.0” technology and was fully integrated into the

ASA content management system. This integration is significant, not just in terms of bringing the site under the umbrella of the host association, but also in terms of the potential it brings of enabling “responsive design” for enhanced member communications.

In addition, more recently, the site Webmaster team began the practice of monitoring site traffic to gain more insight into visitor characteristics and behaviors in order to use traffic information to make decisions about how to evolve the site. We plan to communicate results of our site traffic analysis in future articles.

LinkedIn Professional Network: The medical sociology section professional “LinkedIn” account was initiated about the same time as the website transition that is described above took place. LinkedIn messaging is increasingly becoming an important forum for professional discussions. Although not a lot of discussions are currently taking place at the medical sociology LinkedIn group, we are hopeful that we will soon reach a critical mass at which productive professional discussions will become a custom.

Social Media (Facebook & Twitter):

The Medical Sociology Section Facebook Page and Twitter account (@MedicalSocASA) were also started in 2012 by Dr. Mark Sherry. Currently, the Facebook page acts as an additional announcement and posting forum for ASA JobBank positions, news articles related to medical sociology or conference activities. The Twitter feed cross-posts the Facebook updates in addition to interacting with section members and other medical sociologists across the world about news and research related to medical sociology and the sociology of health and illness. In future newsletter columns, we will be communicating usage statistics for both social media sights, including: follow numbers on both sites, “reach” on Facebook using internal Facebook analytics and Twitter-specific analytics of retweets and replies. If you have a link you’d like to see posted on either site, please contact co-webmaster Natalie Ingraham (natalie.ingraham@ucsf.edu) or send a message directly to either site.

Book Raffle at 2014 ASA Meeting

The Section book raffle raised \$255 for the Leo G. Reeder and Roberta G. Simmons Awards this year. 13 individuals and publishers donated thirty-three books which were raffled off at the Medical Sociology Section Business Meeting, August 17, 2014 at the ASA meetings in San Francisco, CA. The success of the raffle was made possible only through the generous donations of the following publishers and individuals: University of Toronto Press, Paradigm Publishers, Springer, Emerald Group Publishing, Wiley, Rene Almeling, Alan Horwitz, Barbara Snowadzky, Christine Morton, Rosalyn Darling, and Susan Bell. A special thank you to Danielle Bessett for her help with selling raffle tickets, and to our donors for making this year’s raffle a success. We could not have done it without you and we sincerely hope that you will contribute again next year. As of next year, Danielle Bessett will be taking over as the new Medical Sociology Book Raffle Chair. It has been my pleasure to serve the section in this capacity!

Susan Stockdale

Post Notices on the ASA Medical Sociology Section List

<MEDSOC@LISTSERV.NEU.EDU>

Visit our website at <http://www2.asanet.org/medicalsociology/>

Teaching (*con't from page 4*)

Although this assignment may not have provided great depth of understanding on the substantive question, nor detailed training in statistical analysis, it did meet my skill goals of demystifying data, engaging students in peer review, and allowing them to hypothesize and test their assumptions. In past columns, I have discussed assignments that meet the goal of getting students to connect course material with lived experiences. Student assignments designed with these goals in mind will look quite different and might include interviews, life histories, media analysis, or working with community partners in non-profit organizations. In sum, looking at these different aspects of syllabus construction reveals just how interconnected they are. Assignments both reflect course goals and map out a clear trajectory through the term.

This process of designing syllabi is at times tedious. Yet, we can also get excited about its potential. Syllabi can be creative, can link us to literatures we want to master, or can help students connect with the ideas we find most captivating. We get to map the academic term that lies ahead for our students and us and decide which stops to make along the way. You are already experts on crafting syllabi but I hope these ideas about making your goals and outcomes more explicit can help you shape a course that feels more satisfying to teach.

2015 Reeder Award Announcement!

Professor Adele Clarke of the University of California at San Francisco has been named as the recipient of 2015 Reeder Award. This award recognizes outstanding medical sociologists whose careers have had an exceptional impact on the field. There will be a longer write up about all of Professor Clarke's distinguished career in the next newsletter but we wanted to share the news now.

Plans for 2015 ASA Meeting:

- 1.) *Roundtables* (open submission)/ *Business Meeting* -- Dennis Watson, IUPUI dpwatson@iu.edu
- 2.) *Awards Session and Reeder Award Address* - Anne Figert, Loyola University Chicago
- 3.) *Global and Transnational Health* (open submission) - Susan Bell, Bowdoin College sbell@bowdoin.edu and Ruha Benjamin, Princeton University ruha@princeton.edu

This session solicits submissions about global and transnational health. It seeks to develop a theoretically informed picture from within and from outside the United States and to extend the capacity of sociological research and theory to contribute to greater global health equity and justice. Papers utilizing qualitative, quantitative, and mixed methodologies are welcome. A wide array of topics is invited, including studies of personnel, organizations, and standards; structural violence; pharmaceuticals; organ transplantation and organ trafficking; pregnancy and reproduction; medical tourism; the role of genomics in public health; and health social movements.

- 4.) *Bringing Our Bodies and Our Selves Back In: Irving Kenneth Zola's continuing influence on Medical Sociology and Disability Studies* (invited session) Co-Sponsored with Disabilities Section - Nancy Kutner, Emory University nkutner@emory.edu and Robyn Brown, DePaul University RBROWN50@depaul.edu
Twenty years after his death, we celebrate some of the many contributions of Irving Kenneth Zola that have enriched medical sociology and disability studies. Cross-cutting themes include speaking with the voice of personal bodily experience and reclaiming humanity and personhood in multiple social contexts, including the clinical encounter. We consider also our collective response to unfinished paradigmatic challenges he outlined, especially challenges stemming from feminist and disability rights agendas and from global imperatives associated with aging populations.

- 5.) *Health Inequalities and Place* (open submission) - Eric Wright, Georgia State University ewright28@gsu.edu
Sociologists have a long standing interest in the role of individuals' and communities' social location. Increasingly, with advances in "big data" and geographic information systems, sociologists and other social scientists are exploring wider and increasingly complex conceptualizations of "place." For this session, we invite papers that explore empirically and/or theoretically the many meanings of place and the role that place plays in shaping individuals' and communities mental and physical health and health/illness behaviors.

- 6.) *Rating Health* (open submission) - Dana Garbarski, Loyola University Chicago dgarbarski@luc.edu

This session explores the theoretical and methodological underpinnings of the various health measures used in sociological research. It solicits papers that examine both population- and individual-level health measures, differences across types of health measures, trends in health over time and across the life course, and within- and between-group differences in the processes through which individuals rate their health. Papers using qualitative, quantitative, and mixed methodologies are welcome.

- 7.) *Health, Medicine and Sexualities* - Laura Mamo, San Francisco State lmamo@sfsu.edu and Jennifer Fishman, McGill University jennifer.fishman@mcgill.ca
In honor of the 2015 Meeting theme on "Sexualities in the Social World" this session invites papers on research within the sociology of medicine, health, and illness that explores dimensions of sex and sexualities. We intend to use this session to initiate broad discussion and critical reflection at the intersections of biomedicine, sexuality, and health. Papers might take up topics such as the biomedical making of sexed and sexualized bodies, the ways health discourse and medical professions shape and intervene in the meanings and practices of sex and sexuality, or other intersections of sex, sexed bodies, and health.

Notes from the Newsletter Editors

Welcome to the first issue of the 2014-2015 Medical Sociology Newsletter! We are thrilled and honored to be a part of this publication. Thank you to Sarah Burgard for giving us such big shoes to fill. The world of communication is changing, and as newsletter editors, we are trying to keep pace. As you may have noted, we have made some changes to the newsletter in an effort to adapt to the “electronic” environment. For instance, our regular contributors now describe interesting online resources available to medical sociologists. We also have a “Get Connected” column written by our webmasters, highlighting our social media sites and making connections across all communication venues. The hope is to meld our online presence with our print presence. We welcome your feedback on the new format and look forward to the upcoming issues!

—Ann Bell (avbell@udel.edu) & Barret Michalec (bmichal@udel.edu)



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