

Medical Sociology Newsletter

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A Publication of the Medical Sociology Section of the ASA

NOTES FROM THE NEW CHAIR

By R. Jay Turner

Having been a member of the ASA for more than forty years and of the Medical Sociology Section for most of that time, I am indeed pleased by the opportunity to serve this year as Chair. There are grounds, I believe, for viewing the years ahead as a time when sociological contributions toward an understanding of health contingencies and of unmet service needs will be particularly crucial. Our work in this area is particularly timely because of the growing awareness of the magnitude and significance of health disparities. The priority presently accorded this issue by the National Institutes of Health appears to conform to the statement by Williams and Collins that "Racial and socioeconomic inequality in health is arguably the single most important public health issue in the United States." Along with being unacceptable on moral and ethical grounds, the elevations in health problems and early mortality among the disadvantaged clearly represent a significant portion of the nation's burden of illness, of medical costs, and of unmet need for medical services. These inequities are also of fundamental scientific significance in that they provide leverage for the identification of social, environmental, experiential, behavioral, and biophysical factors of relevance to health and longevity. Further contributions toward understanding such contingencies, including those that might be socially or programmatically modifiable, would seem to deserve our highest priority. The 2007 Medical Sociology program, presented on the following page, includes sessions that encourage the submission of papers that relate to health disparities across gender, race/ethnicity, SES, and disability status. Please keep these, as well as the other, session topics in mind as you consider what work you would like to share with the section and association in New York. I am confident that the planned sessions will be exciting and productive and I look forward to seeing all of you there.

Reminders:

- *MSN Winter Deadline:*
January 12, 2007
- *2007 ASA Annual Meeting:*
August 11-14, 2007
New York, New York
- *2008 ASA Annual Meeting:*
August 1-4, 2008
Boston, Massachusetts



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GOOD NEWS!! We have reached our target membership of 1,000 members! Among other things this means that we will have six sessions at the 2007 ASA meetings in New York. But, please keep signing up your students and colleagues! We have been hovering around 1,000 for some time and need to keep up the momentum.

MEDICAL SOCIOLOGY SECTION 2007 PROGRAM

1. **Two sessions sponsored jointly with Aging and Life Course Section:**
 - A. **“Aging and Health Policy: Gender and Race/Ethnic Dimensions”** (sponsored by Aging and Life Course and Medical Sociology Sections)
Organizer – Jill Quadagno, Florida State University
Department of Sociology
Florida State University
526 Bellamy Building
Tallahassee, Florida 32306-2270
Phone: (850) 644-8827
Email: jquadagn@fsu.edu
 - B. **“Physical Disability Across the Life Course: Physical and Mental Health Dimensions”** (sponsored by Medical Sociology and Aging and Life Course Sections)
Organizer – Dennis Hogan, Brown University
Population Studies and Training Center
Brown University
Box 1836, 68 Waterman Street
Providence, Rhode Island 02912
Phone: (401) 863-6181
Email: Dennis_Hogan@brown.edu
2. **“Gender, Health, and the Environment”**
Organizers – Sabrina McCormick, Michigan State University
460B Berkey Hall
Michigan State University
East Lansing, MI 48824
Phone: (517) 353-5012
Email: mccor124@msu.edu

and
Sara Shostak, Brandeis University
Department of Sociology
Brandeis University
415 South Street
Waltham, MA 02454
Phone: 781-736-2213

Email: sshostak@brandeis.edu
3. **“The Confluence of Life Course, Stress, and Health”**
Organizer – Leonard Pearlin, University of Maryland
1103 Art-Sociology Building
University of Maryland
College Park, MD 20742
Phone: (301) 405-7706
Email: lpearlin@socy.umd.edu
4. **“Understanding Health Disparities: The Search for Promising Intervention Targets”**
Organizer – William Avison, University of Western Ontario
Room 5306 Social Science Centre
University of Western Ontario
London, Ontario, Canada N6A 5C2
Phone: (519) 661-2111, ext. 85515
Email: wavison@uwo.ca
5. **“The Co-Occurrence of Physical and Mental Health Problems: Reciprocal Effects or Shared Risk Factors?”**
Organizer – Verna Keith, Florida State University
Department of Sociology
Florida State University
526 Bellamy Building
Tallahassee, Florida 32306-2270
Phone: (850) 644-7013
Email: vkeith@asu.edu
6. **Round Tables**
Organizer – John Taylor, Florida State University
Department of Sociology
Florida State University
526 Bellamy Building
Tallahassee, Florida 32306-2270
Phone: (850) 644-7109
Email: jrtaylor@fsu.edu

MY APOLOGIES to anyone who was inconvenienced by not receiving a paper copy of the Summer *MSN*. While not our fault, we are nevertheless working with ASA to ensure this does not happen again. R.M., Editor

MEDICAL SOCIOLOGY SECTION 2006 ELECTION RESULTS

Chair-Elect: Chloe E. Bird

Council Member: Joanna Kempner

Health Policy Committee Chair: Jill Quadagno

Membership Committee Chair: Jennifer R. Fosket

Nominations Committee Chair-Elect: Deborah Carr

Secretary-Treasurer-Elect: Eric R. Wright

Student Representative: Laura Senior

Congratulations to all!!



Timmermans Receives 2006 Eliot Freidson Award

The Eliot Freidson Award for 2006 was given to the book that made an important contribution to medical sociology. This year's recipient was Stephan Timmermans for his work, *Postmortem: How Medical Examiners Explain Suspicious Deaths* (University of Chicago Press, May, 2006). Stephan Timmermans is professor of sociology at the University of California, Los Angeles. This book is based on ethnographic research in a medical examiner's office. For three years, Stephan shadowed forensic death investigators observing how they give meaning to contested categories of death (e.g., suicide, accidents and homicide). He introduces the reader to the work of the medical pathologists as it unfolds in the morgue in the search for the cause of death. Timmermans challenges the assumption that forensic pathologists qualify the cause of death in a mechanistic reductionist method and emphasizes the social, legal, political, and moral links in the determination of death. The social decontextualization of death allows the medical examiner to explain death by reconnecting the pathology of the corpse with the diverse attributes of life – medical, social, and legal.

~Maxine Thompson



Kempner Receives 2006 Roberta J. Simmons Dissertation Award

The 2006 recipient of the Roberta J. Simmons Dissertation Award is Joanna Kempner. Joanna received her Ph.D. in Sociology from the Department of Sociology at the University of Pennsylvania. Her dissertation mentor was Charles Bosk. The title of Joanna's dissertation is "Not Tonight: The Politics of Gender & Legitimacy in Headache Medicine." The dissertation examines how gender difference is conceptualized in medical research using a comparative analysis of two forms of headache – migraine, a disorder more common among women, and cluster headache, a disorder more common among men. This comparison serves as a lens for an examination of the relationship between gendered illness and legitimacy (e.g., how 'real' is that headache?) and how gender is inscribed into cultural representations of illness and the production of scientific knowledge. The Committee was impressed by the cogency of the theoretical argument that was set forth in the dissertation and by the creative approach to demonstrating how gender influences the social construction of illness. Dr. Kempner's dissertation was judged to be an important contribution to research in medical sociology. A paper from her dissertation, entitled "Not Tonight: The Politics of Gender & Legitimacy in Headache Medicine," has been accepted for publication in *Gender & Society*. Joanna has just completed a Robert Wood Johnson Postdoctoral Fellowship at the University of Michigan School of Public Health and has moved to Princeton University this fall. This year's selection committee included Bill Avison (Chair, The University of Western Ontario), Chloe Bird (RAND), Eliza Pavalko (Indiana University), and Rebecca Utz (University of Utah – last year's Simmons Award recipient). Thanks to all for their hard work!

~William Avison



Menchik 2006 Louise Johnson Scholar

Daniel Menchik is a doctoral student at The University of Chicago, and he presented "Putting Knowledge into Professional Context(s): How Physician Networks Manage Research Findings" in the session on Sociology of Medical Knowledge at this year's ASA meetings in Montreal. Daniel's theoretically innovative and methodologically sophisticated paper uses social network and multivariate analyses to examine how new information from scientific findings interacts with normative professional standards across six hospital settings. As the Louise Johnson Scholar, Daniel received up to \$500 to defray travel expenses to the ASA meetings. The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The award was made possible by Sam Bloom of Mt. Sinai School of Medicine and a former colleague of Louise Johnson.

~Eliza Pavalko

Eradicating Diseases of the Poor

Donald W. Light, Professor, University of
Medicine & Dentistry of New Jersey

Over the past few years, I have been investigating the political economy of pharmaceuticals and pharmaceutical policy, and by accident I was added to the Pull Mechanisms Working Group for the Gates Foundation. Its goal was to figure out how to “make markets” for vaccines to eradicate the most prevalent diseases in the poorest nations, those with average incomes of under \$1000. It complemented the much-admired Push mechanisms launched by the Gates’, to push the development of new vaccines and drugs by bringing together everyone in the world who knew anything about them and creating global research-communities where team synergy has transformed work on neglected diseases. But Push (research grants, contracts, conferences) needs to be complemented by Pull, that is, funding to pay for and distribute new vaccines once they pass all their trials.

Our job was to construct a market from scratch, a unique combination of organizational medical sociology and economic sociology. What the Group came up with is more a tribute to C. Wright Mills’ *The Power Elite*, and my name was erased from the list of members for objecting that it benefited the multinational pharmaceutical giants more than the poor. So was the director of vaccine procurement and administration for all of Latin and Central America, someone with in-depth working knowledge of the medical, organizational, and economic realities of how to eradicate diseases of the poor. Unbeknownst to most members of the Group, I believe we were erased because we had been assembled to provide unanimous endorsement to a proposal that had already been developed by a Gates-World Bank group a few years earlier. The organizers did not anticipate dissenting votes or minority reports, it seems. Erasing us as members seemed the only way to present a unanimous endorsement to the finance ministers of the G8. With the help of a well-funded public relations team, *Making Markets for Vaccines* has since become the dominant model for how the G8 are planning to use the billions donated for eradicating diseases of the poor.

The Working Group included leaders from the biotech industry, the multinational pharmaceutical industry, one of their principal legal advisers (Covington & Burling), the World Bank, as well as the executive branches of the UK and US governments, major vaccine organizations like the Vaccine Fund, and leading academics, principally

economists. The plan they endorsed, Advanced Market Commitments (AMCs), was invented around 2000 by the Gates Professor of Economics at Harvard, Michael Kremer. His solution to the intractable problem of no markets in poor nations was to create one *de novo*, by committing \$3-6 billion to buying a large quantity of a new vaccine (once researchers discover and successfully test one), at a high Western price, with a small co-pay by interested recipient countries. Thereafter, the patent-holding corporation would have to promise to make the vaccine available forever at a low, marginal price.

In a few words, the proposed AMC was structured to provide multinational companies with a windfall profit through a contract controlled by their legal advisers, which allowed them to keep all their property rights (despite receiving billions) and carry out their promise as they saw best. No attention (or allocation) was given to overcome considerable organizational and cultural problems of actually delivering the vaccines into the mouths or arms of their recipients. An AMC is simply one big purchase, with no plan for how purchases and deliveries would occur thereafter. It also is unlikely to generate new research, and worse, the whole design commits the donated billions to a yet-undiscovered vaccine for HIV-AIDS or malaria and skips over millions of infants and children who could be saved now by buying out already-existing, effective, but costly vaccines (see Light, “Making *Practical* Markets for Vaccines,” <http://medicine.plosjournals.org/archive/1549-676/2/10/pdf/10.1371_journal.pmed.0020271-L.pdf>).

After the report, I put together a small, international network of experts to expose the false promises and moral problems with this proposal and to persuade the advisers to the G8 leaders and Bill Gates, that more sociologically realistic and economically beneficial alternatives should be given priority (see Farlow, Light, Mahoney, & Widdus: “Concerns Regarding...” <<http://www.who.int/intellectualproperty/submissions/Vaccines.FarlowLight.pdf>>). The advantage of public sociology through elites is that one only has to reach a small number of people, as well as a small number of journalists who write for publications they read. It appears we have made progress, and each month there are more signs that the G8 are refocusing their donations away from the AMC model towards getting existing but costly vaccines to poor nations. Time will tell.

Teaching Tips

Gloria Jones-Johnson

In my roles as Director of Graduate Studies at Iowa State University and Chair, Medical Sociology Teaching Committee, I have been asked repeatedly, “What universities offer medical sociology at the graduate level in the United States?” To answer this question, I examined the 2006 Guide to Graduate Departments of Sociology. I made a table of graduate departments that list medical sociology/health as 1st, 2nd, or 3rd choice under Special Programs and Areas of Expertise (see Table 1). Next, I examined what is included in the content of graduate courses offered in medical sociology programs in the United States. The following topics emerged:

- ◆ Health and illness
- ◆ Patterns of disease occurrence
- ◆ Health beliefs and behavior
- ◆ The doctor-patient relationship
- ◆ Evaluation of health systems and patient compliance
- ◆ The system of medical care/medical care systems
- ◆ Sociology of health and health care
- ◆ Health service research and health policy
- ◆ Sociology of mental illness
- ◆ Social epidemiology

Table 1. Graduate Departments of Sociology in the United States Offering Medical Sociology and/or Health as 1st, 2nd, or 3rd in Special Programs and Areas of Expertise.

Masters Programs		Doctoral Programs	
1	California State University-East Bay	1.	University of Akron
2	East Carolina University	2.	University of Alabama-Birmingham
3	Indiana University-Purdue University	3.	Arizona State University
4	University of Maryland-Baltimore County	4.	Brown University
5	North Dakota State University	5.	University of California-San Francisco
6	University of Toledo	6.	Columbia University-Department of Sociomedical Sciences: Sociology & Health
		7.	University of Hawaii-Manoa
		8.	Howard University
		9.	University of Illinois at Chicago
		10	Kent State University
		11	University of Miami
		12	University of New Hampshire
		13	University of North Texas
		14	Portland State University
		15	University of Utah
		16	Wayne State University

Career & Employment

Carol Caronna and Deborah Glik

Welcome to another academic year of news and notes for medical sociologists seeking employment and career guidance. This year we plan to focus on work in the public sector (federal agencies, this issue), non-profit organizations, private corporations, and international development agencies. As always, please let us know your ideas for the column and send any opportunities our way for inclusion in future newsletters.

Last summer, I (Carol) attended a conference called “How Washington Works” sponsored by the Robert Wood Johnson Foundation. Over several days we were introduced to a number of federal employees from a variety of agencies who work in the areas of health services research and health policy. In this column I will outline some of the agencies I learned about (executive, legislative, and independent) that might be of interest to medical sociologists. Each homepage listed below links to a “careers” or “jobs” page for the individual agency. All federal jobs are listed on <http://www.usajobs.gov/> as well. For a more extensive version of this column with links to all the websites listed below, visit http://pages.towson.edu/ccaronna/med_soc_careers.htm.

Executive Branch

The most obvious federal agency for medical sociology careers is the U.S. Department of Health and Human Services (<http://www.hhs.gov/>). HHS has 13 agencies focusing on varying aspects of health and welfare. Here I highlight some of the agencies; others can be accessed from the HHS website.

Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (<http://www.ahrq.gov/>). AHRQ is the Nation’s leading Federal agency for research on health care quality, costs, outcomes, and patient safety. It is the sister agency of NIH.

Centers for Disease Control and Prevention (CDC), Atlanta, GA (<http://www.cdc.gov/>). The CDC applies research and findings to improve people’s daily lives and responds to health emergencies. It is at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.

Health Resources and Services Administration (HRSA), Rockville, MD and 10 regional offices (<http://www.hrsa.gov/>). The HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

National Institutes of Health (NIH), Bethesda, MD (<http://www.nih.gov/>). NIH is the primary federal agency for conducting and supporting medical research. It is composed of 27 institutes and centers (listed at <http://www.nih.gov/icd/>) including the National Institute

on Aging, National Institute on Drug Abuse, National Institute on Mental Health, and the National Center on Minority Health and Health Disparities.

Legislative Branch

At the “How Washington Works” conference, we met representatives from three Congressional agencies that influence health policy:

Government Accountability Office (GAO), Washington, DC and 11 regional offices (<http://www.gao.gov/>). The GAO (formerly the General Accounting Office) studies the programs and expenditures of the federal government at the request of Congress. Of interest to medical sociologists might be the Health Care Team (<http://www.gao.gov/jobs/hc.pdf>) which assists Congress in assessing health care policies and programs, and the job of analyst (<http://www.gao.gov/jobs/analysts.html>).

Congressional Research Service (CRS), Washington, DC (<http://www.loc.gov/crsinfo/>). As a legislative branch agency within the Library of Congress, CRS works exclusively and directly for Members of Congress, their Committees and staff on a confidential, nonpartisan basis, to help the Congress identify, analyze, and formulate legislative proposals. The CRS staff comprises nationally recognized experts in a range of issues and disciplines, including law; economics; foreign affairs; public administration; the information, social, and political sciences; and natural sciences.

Congressional Budget Office (CBO), Washington, DC (<http://www.cbo.gov/>). CBO produces policy analyses, cost estimates of legislation, and budget and economic projections that serve as a basis for Congress’s decisions about spending and taxes. Although most jobs slant toward economists, there is a Health and Human Resources division with jobs for health policy analysts.

The National Academies

The National Academies are the advisers to the nation on science, engineering, and medicine. Created by the federal government, they operate as private, nonprofit organizations outside the framework of government, but funded primarily by federal contracts for specific projects. They provide independent, objective analyses of policy issues based on peer review, done primarily by volunteers. Within the National Academies, the Institute of Medicine, Washington, DC, (<http://www.iom.edu>) coordinates research and advises the nation on: population health; public health; global health; military and veterans’ health; health care services; children, youth, and families; health disparities; food and nutrition; and health science policy. Career opportunities include research associate, senior program officer, and board director.

BOOK RAFFLE RAISES MONEY FOR REEDER AND SIMMONS AWARDS

The Section book raffle raised \$267 for the Leo G. Reeder and Roberta G. Simmons Awards this year. Twenty individuals and publishers donated forty-three books which were raffled off at the Business Meeting of the Section on August 12, 2006 at the ASA meetings in Montreal. The success of the raffle was made possible only through the generous donations of the following individuals and

publishers: Beacon Press, Fordham University Press, Georgetown University Press, The Haworth Press, University of Iowa Press, McGill-Queen's University Press, McGraw-Hill/Dushkin, The University of North Carolina Press, Oxford University Press, Rowman & Littlefield Publishers, Sage Publications, University of Toronto Press, Wilfrid Laurier Press, Yale University Press, Deborah Carr, Kathy Charmaz, Robert Dingwall (through Ashgate Publishing), Rose Weitz, and Teresa Scheid. Thank you to everyone for making this year's raffle such a success. We could not have done it without you and we sincerely hope that you will contribute again next year. I look forward to another successful year ahead!

~Sarah Burgard

Special Issue: Race, Socioeconomic Status, and Health in Life Course Perspective

Research on Aging announces a call for papers for a special issue on Race, Socioeconomic Status, and Health in Life Course Perspective to be guest edited by Scott M. Lynch of Princeton University. The relationship of race and health is most-often examined in cross-section and without attention paid to the role of socioeconomic status (SES) in its explanation. Alternatively, the SES-health relationship has been approached from a life course perspective, but race has been largely ignored. In this special issue, we invite papers focusing on the changing relationships among race, SES, and health across age, cohort, and period. Race and SES appear to have strong but unique effects on health. However, with the potential growth in racial equality over the period since the start of the Civil Rights Movement, the role SES plays in explaining race differences in health may have increased or decreased. Thus a key question that remains to be addressed is: How does

socioeconomic status explain or affect the link between race and health? Within birth cohorts, does the race gap increase or decrease across age, and how has this life course pattern changed across time in response to the changing socioeconomic status of racial minorities? We invite papers utilizing a life course perspective combined with longitudinal data to assess the changing relationships among race, socioeconomic status, and health. Any health outcome – ranging from mental health outcomes to physical health and mortality – is appropriate, and we welcome papers using a variety of measures of socioeconomic status and race (including ethnicity) and diverse analytical methods. **Inquiries** about this special issue may be directed to the guest editor, Scott M. Lynch, Department of Sociology, Princeton University, Princeton, NJ 08544 (Email: slynch@princeton.edu). **Submissions** should be sent to: Angela M. O'Rand, Editor, *Research on Aging*, Department of Sociology, Box 90088, Duke University, Durham, NC 27708. The deadline is **January 15, 2007**, although submissions before that date will receive immediate attention.

POSITION IN SCIENCE AND TECHNOLOGY STUDIES, UNIVERSITY OF CALIFORNIA, DAVIS

– Assistant Professor in the Science and Technology Studies Program, with a joint appointment in Anthropology, History, Philosophy, or Sociology, beginning Fall 2007. The appointee must have a broad knowledge of science/technology/medicine studies with a dynamic research program focusing on the life sciences broadly conceived, including medicine, health, the body, sexuality, biotechnology, and ecology. Global or non-western areas of study are especially welcome. Teaching is based on a standard faculty load of four one-quarter courses per year. Candidates should have a Ph.D. by time of appointment and be able to demonstrate excellence in teaching and research. The STS Program at the University of California at Davis includes participants from members of the Philosophy, History, Sociology, Anthropology, and other departments in the social sciences

and humanities, as well as faculty and students in the natural sciences. Minority and women candidates are especially encouraged to apply (EO/AAE). Applications received by **October 6, 2006** will receive full consideration. Applicants should prepare a curriculum vitae; a cover letter that indicates completed research, current research program, and teaching experience; copies of up to three publications or writing samples representing the applicant's current research. These should be submitted online via <http://sts.ucdavis.edu/position>. In addition, three letters of recommendation can be submitted online or should be sent to Professor Joseph Dumit, Search Committee Chair, Science and Technology Studies Program, University of California, One Shields Avenue, Davis, CA 95616-8673, USA. TEL: 530/752-5339, FAX: 530/752-8964, EMAIL: dumit@ucdavis.edu. Address administrative questions to Lesley Byrns (Office Manager) TEL: 530/752-1291; FAX: 530/752-3156; EMAIL: labyrns@ucdavis.edu. The position will remain open until filled.

A Publication of the Medical Sociology Section of the ASA

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TBA

CALL FOR PAPERS

Pharmaceuticals and Society: Critical Discourses & Debates proposals are invited for the 14th monograph in the series to be published by *Sociology of Health and Illness* in conjunction with Blackwell Publishers. The monograph (co-edited by Simon Williams, Jonathan Gabe, and Peter Davis) will explore critical discourses and the meaning, role, and function of pharmaceuticals in society. Papers could address the following themes: Pharmaceuticals and medicalisation, including prescribing, dispensing, advertising and the media; the science and politics of medicines regulation, such as drug development and testing, the Europeanisation and Globalisation of medicines regulation, medicines in developing countries; pharmaceuticals and new genetics, including pharmacogenomics and pharmacogenetics; meanings, perspectives, and experiences of drugs and medicines, including patient involvement in clinical/drug trials, professional perspectives on medicines (e.g. doctors, nurses, pharmacists); patient organisations/interest/pressure groups in relation to drug use/development/regulation. The monograph will appear both as a regular issue of the journal and in book form. We anticipate that most papers will report original empirical research, although we also welcome innovative theoretical and conceptual work. We are keen to receive contributions from an international range of researchers and from young scholars in the field who are currently establishing their research reputations. Those working in social science disciplines cognate to medical sociology are also encouraged to participate. Potential contributors should send an outline proposal of up to 800 words by **November 30th 2006** to Simon Williams, Department of Sociology, University of Warwick, Coventry, CV4 7AL, United Kingdom; Email: s.j.williams@warwick.ac.uk; FAX (+44 (0)24 7652 3497). The outline should provide a realistic indication of the content of the proposed article in a structured form and, if reporting an empirical study, include (1) major hypothesis or research question (2) methods (3) data source(s) (4) findings, and (5) conclusions. Name and institutional affiliation of author(s) should also be supplied, including full contact details of the main author. Proposals will be reviewed and the outcome will be notified by January 14th 2007. Authors whose outlines are short-listed will be invited to submit an article of 6000 to 7000 words by **July 1st 2007**. All such submissions will be refereed in the usual way and should follow the journal's style guidelines (<http://www.blackwellpublishing.com/submit.asp?ref=0141-9889>). The planned publication date is September 2008.

CALL FOR NEW STUDENT EDITOR

The position of student editor is currently vacant. We are soliciting applications from graduate students who might want to hold this position for the remainder of 2006-2007 (through the annual meeting in New York). This is a wonderful opportunity for a graduate student to become visible to members of the section and to contribute her or his ideas in the form of three remaining columns in the *Medical Sociology Newsletter*. If you are interested in the position, please send an email to **Robin Moremen, Editor**, at rmorem@niu.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 these ideas increase student interest in the Medical Sociology section?

Call for Teaching Materials

We invite submissions for the American Sociological Association's *Teaching the Sociology of the Body: A Resource Manual*. This is a new edition to the ASA collection of teaching materials. We welcome submissions of syllabi, assignments, activities, media materials, and other pedagogical tools related to the teaching of the sociology of the body. Such materials may cover topics including: race/ethnicity; gendered and intersexed bodies; sexuality; illness and disability; medical knowledge and control; body modification and cosmetic surgery; athletics; pregnancy and the body; body objectification, beautification, and mutilation; the commercialization of the body; and the treatment of dead bodies. The editors are Erin K. Anderson (Washington College; Email: eanderson3@washcoll.edu) and Susan J. Ferguson (Grinnell College; Email: fergusos@grinnell.edu). Please submit materials via email to either editor by **December 1, 2006**.