

Medical Sociology Newsletter

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A Publication of the Medical Sociology Section of the ASA

Thoits 2010 Reeder Award Winner

by Stefan Timmermans

The prestigious Leo G. Reeder award will be presented to Dr. Peggy Thoits at the 2010 ASA meetings in Atlanta. This award is presented annually in recognition of scholarly contributions, especially a body of work displaying an extended trajectory of productivity and encompassing theory and research. The Reeder Award also acknowledges teaching, mentoring, and training, as well as service to the broad medical sociology community.

Thoits is currently the Virginia L. Roberts professor in the Sociology department at Indiana University. This year's award honors more than 30 years of exceptionally influential scholarship that has greatly contributed to medical sociology but also brought medical sociological insights to the fields of mental health, social psychology, health policy, and the sociology of emotions. A central theme in Thoits' work has been the nature and unequal distribution of stress exposure; physical and mental illness; social support, coping resources; self and identity; and emotion. Her research focuses on the psychological determinants and consequences of holding multiple role-identities, the role of similar-other support in reducing ill health and distress, and the conditions under which individuals label themselves or are labeled by others as mentally ill. Thoits has shaped the field of stress research by writing innovative review articles that have become citation and reprint classics. Her own empirical work has been varied, creative, and rigorous. With longitudinal survey data she showed, for example, that role-identity accumulation, particularly the acquisition of voluntary roles, enhances mental and physical health and, conversely, prior states of mental and physical health affect the likelihood of acquiring voluntary role-identities over time. Using a combination of quantitative and qualitative methods, she demonstrated that the experience of psychological distress is not simply conditioned by the extent to which a stressful event or circumstance challenges one or more of the individual's most salient identities, but on a nuanced contextualization and self-interpretation of these stressors. In an experimental study, she and her colleagues showed that social support from individuals who themselves had been through cardiac surgery aided the recovery of patients facing the same surgery, but only if those patients lacked similar-other hospital roommates. Thoits also has recently subjected central tenets of the labeling theory of mental illness to rigorous empirical testing. Her findings suggest that service utilization variables rather than differential labeling by others explains social status differences in mental hospitalization rates. This agenda-setting theoretical and empirical work makes Thoits a "highly cited researcher" in the social sciences as defined by the Institute for Scientific Information. Two of her articles published in the *American Sociological Review* are among that journal's greatest citation hits.

Thoits has been active in the medical sociology community as a superb editor of the *Journal of Health and Social Behavior* and various other elected section positions. She has also been a strong advocate for sociology on review boards, most notably, at the National Institutes of Health and the National Institute of Mental Health. Last but not least, Thoits has passed on her passion for medical sociology and her blend of rich and rigorous scholarship to several generations of scholars who, in turn, have made impressive contributions to medical sociology. The Medical Sociology Section proudly honors Peggy Thoits with the 2010 Leo G. Reeder award.

Reminders:

- **MSN Spring Deadline:**
March 26, 2010
- *2010 ASA Annual Meeting*
August 14-17, Atlanta, Georgia
- *2011 ASA Annual Meeting*
August 13-16, Chicago, Illinois
- *2012 ASA Annual Meeting*
August 17-20, Denver, Colorado



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MEDICAL SOCIOLOGY SECTION

2010 Slate of Candidates

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SPECIAL SESSION AT ASA MEETINGS IN ATLANTA

The ASA Program Committee has approved a Special Invited Session for the 2010 Annual Meeting in Atlanta, Georgia. The title of the session is: **50 Years of Medical Sociology: Key Findings and Policy Implications**, Janet Hankin, Organizer. The special session will be co-sponsored by the Section on Medical Sociology and the ASA Program Committee, and will summarize the articles that will appear in the **November 2010** extra issue of the *Journal of Health and Social Behavior*.

Career & Employment

by Karen Lutfey

Thanks to everyone who submitted questions, comments, and suggestions in response to the "Let's Talk Turkey" column from the Fall 2009 newsletter. There were many great contributions, and fodder for several coming columns. For this issue of the newsletter, the focus is on one subset of questions I received around a theme of "how to do a job search." Since this is the time of year when people may be considering alternative job searches or starting to prepare mentally for the job market next year, this seems like a timely place to begin. The questions and responses below are a composite of input I received from a range of people when I shared your questions. Here are some of the questions I received:

1. How do I search for jobs outside of the ASA job bank? I don't know how to develop my search beyond looking at the CDC and RAND.
2. How do you sell your degree when you may have little or no "real experience" in an actual job?
3. How do you sell a sociology degree when they want someone with a MA in public health or graduate degree in economics, statistics, etc.? We are not trained to sell ourselves outside of academia.

Making a change in a job search requires a mental reorientation as well as a list of places to look for jobs. The academic job search model based on the ASA job bank involves some major assumptions. To the extent that people with the same degree (Sociology PhD) are looking for very comparable jobs (Assistant Professor), there is only minor variation in how those job trajectories play out. There are some differences in teaching load, rankings of schools, and geographic locations, but in the big picture you are not faced with the task of figuring out which parts of the job you like or the fuller range of positions that might be satisfying to you. When you step out of that framework, however, there is a much greater range of options and variations across more dimensions of the work. Therefore, if you approach your non-academic job search by asking for an alternative to the ASA job bank (that is, another list of job advertisements), any answer you get is going to necessarily pre-define all the choices you could potentially make between the start and end of a job search. If you are considering a non-academic position, it may be because some of the choices embedded in that trajectory are not the

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right fit for you – so having more endpoints provided by other people may not be the route to a satisfying (or successful) change.

You may need to let go of some of your expectations that are specific to academic jobs in order to make more accurate assessments of what you are looking for in a job. For example, if you are among the people who are aware of CDC and RAND as possibilities, but you don't think those places are the right fit for you, it may be that you have more work to do in terms of identifying the features you are seeking in a position. By extension, understanding these intermediate steps will help you to identify places to look for work and also help answer questions about how to pitch yourself to different audiences. In conversations with people who have made these types of professional changes, the general processes below were mentioned repeatedly.

What do you like and dislike about graduate school and/or the Assistant Professor job? Consider making a list and building on it over time. Include substantive aspects (e.g., your research interests), but also your personality features, psychological preferences, logistics, and income. For example, think about how you spend your time on a daily and weekly basis, geographic considerations, economic factors, how much time you spend alone versus interacting with people, the types of people with whom you interact, the hours you keep, your preferences about time away from work, your feelings about collaboration and supervising, and the kinds of tasks you enjoy most and least. Think also about how you would feel if these factors changed? Where are your priorities?

Once you have this list, you have a list of characteristics that you would like to see in a non-academic position. This gives you a starting point for developing your customized search. Do you know people with jobs that have some of those features? Do you know people who share some of your preferences and are happy in their jobs? Try searching online based on these general features rather than searching for “places that hire sociology PhDs.” For example, if you enjoy the research process but would prefer not to teach, you would try talking with people who work in full-time research (maybe not in sociology, or even health). You may need to educate yourself about different types of funding, small companies versus large universities, and how people match their interests with funders'. You may benefit from asking very simple questions about how people spend a typical day at work or how they gained the experience that helped them get their current position. Similarly, if you want to focus your search on a specific geographic area, start talking with people who know that city and may have ideas. It can be a slow process, but this approach will likely yield new companies, contacts, search terms, and ideas for you to use

as you get more focused in your search (requests for informational interviews or offering to buy someone coffee for a few minutes of their time is completely reasonable – even if the person can't meet with you, they are likely to point you to someone else who can). The more you do this, and allow it to evolve over time, the more you will end up with a customized search that is defined by your interests and preferences rather than pre-specified endpoints defined by the profession.

You have your eye on some types of positions. Now what? Now the onus is on you to think about the needs of different employers and how your skills would help them meet their own objectives. Again, this process may be more inductive than the ASA job bank search since non-academic employers may need specific skills but be flexible about the specific degree had by a job candidate. Your challenge is not to convince anyone that your Sociology PhD is the same as a MPH or a PhD in Statistics (because it is not), but rather to consider how your skills may carry over and actually bring something unique.

One excellent reference on this topic (written by two former graduate students) is *“So What Are you Going to Do with That?” Finding Careers Outside Academia*, by Susan Basalla and Maggie Debelius (University of Chicago Press, 2001). The book is very practical and includes many exercises related to this process of mental reorientation and determining how your skills fit with employers' needs. A favorite of mine is their discussion of “Five Myths About Postacademic Careers”: 1. “No one would hire me. I have no useful skills.” 2. “People who work in the business world are stupid and boring.” 3. “Jobs in the business world are stupid and boring.” 4. “It's too late to change careers.” 5. “I'm too old.” They debunk those myths but also provide guidance about how to replace them with “Five Questions for Re-thinking Graduate School” to help you focus on figuring out what you want for yourself and not worrying about what you should or shouldn't be doing: 1. *How much experience have you had in the world outside academia?* 2. *What do you think it will be like outside academia?* 3. *Are you happy in graduate school?* 4. *What are your pressing concerns? Family? Finances?* 5. *Why did you come to grad school in the first place?*

The next column will consider what it's like to work in different places, including issues such as family friendliness and the extent to which people in non-academic jobs maintain activity in professional associations such as the ASA. I also welcome first-hand contributions from people who made the shift to different jobs and what they wish they had known at the beginning of the process. If you have questions about non-academic jobs, or are interested in sharing a personal (anonymous) account, please contact me (klutfey@neriscience.com, subject line “DEAR TURKEY”).

CALLS FOR AWARD NOMINATIONS

LEO G. REEDER AWARD The Medical Sociology Section invites nominations for the 2011 Leo G. Reeder Award to be awarded at the 2011 meetings of the Medical Sociology Section. This award is given annually for "Distinguished Contribution to Medical Sociology." This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity and encompassing theory and research. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined. Please submit letter of nomination and the nominee's curriculum vitae to **Stefan Timmermans**, Chair Elect of the Medical Sociology Section at stefan@soc.ucla.edu. While email is preferred, you may also mail the nomination letter and c.v. to Stefan Timmermans, Department of Sociology, UCLA, 266 Haines Hall, Los Angeles, CA 90095-1551. Deadline is **June 1, 2010**.

ROBERTA G. SIMMONS AWARD Nominations are being accepted for the 2010 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the American Sociological Association's Medical Sociology Section. Self-nominations are acceptable. Eligible candidates must have defended their doctoral dissertations within two academic years prior to the annual meeting at which the award is made. To be considered for the 2010 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-pitch font), inclusive of references. This paper may have been previously published, or may be in press or under review. A letter of recommendation from a faculty mentor familiar with the candidate's work is also required. Electronic submission of the paper (MS Word or PDF) is required. The letter of recommendation should be sent directly by the recommender as an email attachment (MS Word or PDF). The awardee will receive a \$750 travel grant to attend the ASA meetings, attend the Reeder dinner as a guest of the Medical Sociology Section, and an award certificate. Deadline for receipt of all submission materials is **March 1, 2010**. Please send all materials to: **Dawn M. Upchurch**, Ph.D., Professor, UCLA School of Public Health, at upchurch@ucla.edu.

ELIOT FREIDSON OUTSTANDING PUBLICATION AWARD

The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2010 award will be given to a scholarly book published in either 2008 or 2009. The book may deal with any topic in medical sociology, broadly defined. Co-authored books are appropriate to nominate; edited volumes are not eligible. When making your nomination, please indicate (however briefly) the reason for the nomination. You do not need to send a copy of the book. Self-nominations are permissible and encouraged. Nomination letters may be sent to: Professor **Peggy A. Thoits**, Department of Sociology, 1020 E. Kirkwood Ave., 744 Ballantine Hall, Indiana University, Bloomington, IN 47405. Alternatively, nomination emails may be sent to pthoits@indiana.edu with the subject line: Freidson Award Nomination. Nominations are due by **February 15, 2010**.

Teaching Tips

by Teresa Scheid

Using Films and Television for a Wide Variety of Purposes

One of the things I most love about teaching health-related classes is the many films and TV shows that help students see and understand the theoretical ideas discussed in class. I always have a back-up assignment in case of inclement weather, student illness, or my own absence. This involves students watching a film on their own time (generally something they can easily rent) and writing a review of the film using targeted lectures. My favorite for Doctor/Patient Interaction and the Clinical Mentality is “The Doctor”. William Hurt plays an arrogant doctor struck with throat cancer and this effectively limits his dominance over everyone around him. He learns from a fellow cancer patient, and from his own frustrating experiences with providers and the health care system, about how to be a more humane doctor. This film also deals with a colleague’s attempts to cover a medical error and the support he has from other doctors. “Wit” is an excellent portrayal of the patient experience of illness, death and dying, as well as Doctor/Patient Interaction (in one scene Emma Thompson, as an English Professor suffering from late stage cancer, is ineptly examined by one of her former students). This movie is very sad, so I would issue a caution when showing it in class.

For issues related to health care policy, I have had my students watch politically-motivated films or documentaries (“Food, Inc.”, “Sicko”, “John Q”) out of class. I have them watch the film with at least three other individuals (family or friends) and then ask them to engage in a discussion about health care reform. They write a report about reactions to the ideas in the film, and they are asked to discuss current barriers to health care reform.



Another strategy I have used to good effect in lower-level medical sociology classes (I have to teach a sophomore Health and Quality of Life class) is to have them watch one of the many medical TV series throughout the semester (I generally encourage them to select one with fairly good credentials such as ER or House). They have to submit raw notes on at least 5 episodes, analyze the series in terms of at least three class concepts (I provide a list), and then assess the degree to which the series provides viewers with an accurate understanding of health care. Students are quite merciless in their critiques of all the fluff that goes on in some shows (for example Grey’s Anatomy). Students like having out-of-class assignments, and I think they especially like the control and autonomy they have with this kind of assignment.

RECENTLY PUBLISHED

Kelly Joyce. 2008. *Magnetic Appeal: MRI and the Myth of Transparency*. Ithaca, NY: Cornell University Press.

Magnetic Appeal considers the symbolic importance of Magnetic Resonance Imaging technology and investigates the cultural, economic, and political factors that contribute to the technology’s use in the United States. Drawing on fieldwork, in-depth interviews, and content analysis, the book critically examines the mythology of MRI technology – one that suggests the technology provides a transparent window into the body and is equivalent to gold-standard care. Working at the crossroads of medical sociology and science and technology studies, *Magnetic Appeal* analyzes how technologists, radiologists, and referring physicians work with the machine, the machine’s output, and patients within the contexts of institutional pressure to increase revenue, fee-for-service reimbursement schemes, and concern about litigation. *Magnetic Appeal* contributes to medical sociology scholarship by examining how the elective affinity between health care policies, standards of evidence, and cultural ideas about mechanically-produced images transform MRI into a highly desirable (and sacred) diagnostic technique.

Joffe, Carole. 2009. *Dispatches from the Abortion Wars: The Costs of Fanaticism to Doctors, Patients and the Rest of Us*. Boston, MA: Beacon Press.

More than thirty-five years after women won the right to legal abortion, stories of limited access to abortion are still familiar; yet most people have little idea of just how inaccessible it has become. While a majority of Americans support safe and legal abortion, the pervasive stigma – cultivated by the religious right – continues to shame women and marginalize abortion providers in their own professional communities. Reproductive-health researcher Carole Joffe has studied abortion provision for more than thirty years. In *Dispatches from the Abortion Wars*, she relays on-the-ground stories of doctors grappling with the obstacles of providing abortion care for their patients: from skirting draconian state regulations to negotiating with intransigent insurance companies or having to beg superiors for the right to perform medically necessary abortions in hospital. Joffe brings these examples to vivid life, reporting the lived experiences behind the polemics. *Dispatches from the Abortion Wars* also offers hope for real change, pointing the way to a more compassionate standard of women’s health care – one that responds to the needs of the individual and trusts women to make their own moral choices.

Student News & Views

by Shiri Noy, M.A.

The question of how to cash in a P-h-D for a j-o-b is not new, as evidenced by the many columns in the Medical Sociology Newsletter that have focused on this topic. This feels like a particularly challenging time to be a Sociology PhD student, in the midst of a financial crisis with many universities experiencing cutbacks and hiring freezes; however, is it really all that different from years past? Did previous job applicants have an equally hard time (trudging through the snow, uphill both ways, naturally) or are we really faced with a shrinking job market? And what about medical sociologists specifically? A 2008 ASA document indicates that in 2006, of the 610 positions advertised in the ASA Job Bank, 13 were for Medical Sociologists (with 227 positions listed as “field open”). Relative to other sub-fields, Medical Sociology fares well (ranking 7th in terms of advertised positions out of the 22 listed sub-fields).

The ASA Sociology Job Bank currently lists six Medical Sociology openings, with three for Assistant Professors (with four Assistant Professor positions listed as open). It seems, then, that the situation facing graduates this summer (and perhaps in years to come), is harsher than in years past. Given that a change of career and/or field of study is likely not a viable (nor desirable) option for most of us, what then are our options? The most obvious, of course, is to apply for jobs that overlap with our medical sociology expertise: mental health, social psychology, political sociology, etc. depending on the type of research we do. However, many other qualified applicants (often not just sociologists) are competing for these coveted positions.

Hopefully, and fortunately, as medical sociologists, we are well trained to apply for positions in the applied world. In addition, its seems that our skill sets and substantive research areas lend themselves well to a variety of post-doctoral positions, which sheds some light on a bleak situation. I’m not going to offer advice as to how to get these jobs (seeing as I have not yet been on the market and there are those much more qualified to do so), but I will say that I think, comparatively, we’re in good shape. From my personal experience (based on a very modest sample size of a dozen or so fellow graduate students), it seems that those specializing in medical sociology are, and have been in the last several years, in a comparatively good position. Partly, I think, this is owing to the medical sociology community – we count ourselves lucky to have some of the foremost sociologists willing to mentor, train, and otherwise assist us in our careers. Hopefully, this makes us suitable not only for positions with a medical sociology specialty, but also competitive for open positions. Medical sociology is extremely relevant to social life, not just to the healthcare reform debate (though that’s a big one) but to a variety of social issues, with discussions of the “medicalization” of so many issues. As we move into 2010, hopefully the heartening news of economic recovery will extend to academic positions becoming more available. In the meantime, we can only continue to engage in our research, teaching, and service as best we can and continue to rely on the generous advice and assistance from established medical sociologists as we move towards completing our degrees.

RECENTLY PUBLISHED

William R. Avison, Carol S. Aneshensel, Scott Schieman, and Blair Wheaton (eds.). 2010. *Advances in the Conceptualization of the Stress Process: Essays in Honor of Leonard I. Pearlin*. New York: Springer.

The stress process paradigm has been one of the most dominant conceptual models of health and illness over the past three decades. The contributions to this volume chart a new course for the stress process, extending the paradigm conceptually, methodologically, and substantively. Written in honor of Leonard I. Pearlin, the contributions to this volume provide a new direction for stress process research. This volume covers three major sections:

- Conceptual and methodological extensions of the stress process
- The roles of family and work in the stress process, throughout the life course
- Psychosocial factors that affect health outcomes

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ASA Sociology of Emotions Section's Recent Contribution Award

Nominations are being sought for the most outstanding book published in the last three years that advances the Sociology of Emotions empirically, theoretically, or methodologically. The recipient must be a member of the Sociology of Emotions Section. Send nominations to **Jen Lois** by **February 1, 2010**. Deadline for receipt of books is **February 15, 2010**. Copies of books should be sent directly to the committee members: **Jen Lois**, Department of Sociology, 516 High St., Western Washington University, Bellingham, WA 98225-9081, email: jennifer.lois@wwu.edu; **Robin Simon**, Department of Sociology, P.O. Box 7808, Wake Forest University, Winston-Salem, NC 27109, email: simonr@wfu.edu; **Jim Jasper**, Department of Sociology, CUNY Graduate Center, 365 Fifth Ave., New York, NY 10016-4309; email: jjasper@gc.cuny.edu.

Students – Apply to be the 2008 Louise Johnson Scholar!

The Medical Sociology Section will choose a student member of the section to be the 2010 Louise Johnson Scholar. The scholar will receive travel funds up to **\$350** to present at the annual ASA meeting in Atlanta and to attend section events. The scholar will be chosen based on academic merit and the quality of an accepted ASA paper related to medical sociology. Papers with faculty co-authors are ineligible. Applications are due on **March 27, 2010**. To apply, send: 1) a copy of your acceptance notification to present at the 2010 ASA meeting, 2) a copy of your paper, 3) your CV, and 4) a letter of recommendation from a professor who can write about your academic merit. Submissions may be sent by e-mail as Word documents or PDFs. Hard copies will also be accepted. Applications should be sent to: **Sarah Burgard**, Department of Sociology, University of Michigan, 500 South State Street, Ann Arbor, MI 48109-1382, burgards@umich.edu. 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 fund was made possible by Sam Bloom of Mt. Sinai School of Medicine and a former colleague of Louise Johnson.