

# Medical Sociology Newsletter

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A Publication of the Medical Sociology Section of the ASA

## Williams 2011 Reeder Award Winner by David Takeuchi & Eric R. Wright

### Reminders:

- *MSN Spring Deadline:*  
*March 25, 2011*
- *2011 ASA Annual Meeting*  
*August 20-23, Las Vegas,*  
*Nevada **NEW!!***
- *2012 ASA Annual Meeting*  
*August 17-20, Denver, Colorado*
- *2013 ASA Annual Meeting*  
*August 10-13, New York City*



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David R. Williams is winner of the 2011 Leo G. Reeder Award. The Reeder Award is given each year to a deserving sociologist who has had an outstanding and distinguished career in medical sociology. It is one of the most prestigious awards given to a medical sociologist who has made important contributions to scholarship, teaching, mentorship, professional and community service. David is the Florence and Laura Norman Professor of Public Health at the Harvard School of Public Health and Professor of African and African American Studies and of Sociology at Harvard University. His first six years in academia were at Yale University where he was an Assistant to Associate Professor of Sociology and an Assistant to Associate Professor of Public Health, Yale School of Medicine. The next 14 years were at the University of Michigan where he was the Harold Cruse Collegiate Professor of Sociology, a Senior Research Scientist at the Institute of Social Research, and a Professor of Epidemiology in the School of Public Health. Since entering academia, David has accumulated a record of achievement that is truly exceptional. David has distinguished himself in countless ways including as a researcher who has received national and international recognition for his scholarship; an accomplished and award-winning teacher and mentor who has enhanced the lives of undergraduate and graduate students not only at the institutions at which he has worked, but across the nation; and an engaged scholar who has worked

tirelessly in the community and for the discipline and profession of sociology.

David is internationally recognized as a leading social scientist focused on the social influences on health. His research examines the trends and determinants of socioeconomic and racial differences in mental and physical health. His research has enhanced our understanding of the complex ways in which race, racial discrimination, socioeconomic status, and religious involvement can affect health. He is especially interested in interactions between race/ethnicity and SES and in identifying SES and race-related exposures at the level of the individual, household, and neighborhood. From the late seventies to the early nineties, sociology had not made much progress in the study of race and health, in part, because we were locked in a simple debate about whether it was social class or race that explained any association between race and some health outcome.

David's research has helped sociology move beyond this debate to examine the intricacies of the concept of race and, more importantly, to develop theories and methods to study the mechanisms that better determine why race is associated with health. Part of this work has included developmental work on how perceptions of racial bias can affect health status. The Everyday Discrimination scale that he developed is currently one of the most widely used measures to assess perceived discrimination. He has also contributed

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to several integrative summaries outlining the conditions under which discrimination at both the interpersonal and the institutional levels can adversely affect multiple indicators of health. He has also focused on the ways in which residential segregation and other risk factors linked to residence in particular places can combine with individual characteristics to affect health risks. He has been interested in the ways in which biological susceptibilities combine additively or interactively with exposures in the psychosocial and physical environment to affect health risks for persons of different socioeconomic or racial/ethnic statuses. Currently, he is a member of the NIH Center for Research on Genomics and Global Health Working Group and he was recently awarded a center grant by the National Cancer Institute to study some of the linkages between social and biological factors in understanding cancer.

David is the author of more than 200 scholarly papers in scientific journals and edited collections and his research has appeared in leading journals in sociology, psychology, medicine, public health and epidemiology. He has served on the editorial board of 11 scientific journals including the *American Sociological Review*, *Ethnicity and Disease*, *Social Problems*, *Ethnicity and Health*, *Milbank Quarterly*, and *Social Psychology Quarterly*. David has also served as a reviewer for over 60 journals. According to ISI Essential Science Indicators, he was one of the Top 10 Most Cited Researchers in the Social Sciences during the decade 1995 to 2005. *The Journal of Black Issues in Higher Education*, ranked him as the Most Cited Black Scholar in the Social Sciences in 2008. David's article with Chiquita Collins in the *Annual Review of Sociology* published in 1995 (21:349-386), "US Socioeconomic and Racial Differences in Health: Patterns and Explanations" was one of the most cited in *Annual Review of Sociology* during a ten-year span. He has been invited to keynote scientific conferences in Europe, Africa, Australia, South America, and across the United States.

He has received numerous honors and awards for his scholarship. In 2001, he was elected to membership in the Institute of Medicine (IOM) of

the National Academy of Sciences. In 2004, he received one of the inaugural Decade of Behavior Research Awards, and in 2007, he was elected to membership in the American Academy of Arts and Sciences. David has been involved in the development of health policy at the national level in the U.S. In 1992, he was appointed, by the Bush administration, to a 4-year term on the Department of Health and Human Services' National Committee on Vital and Health Statistics (a congressionally mandated advisory panel that maintains oversight of all Federal health data collection). He served in an advisory capacity to President Clinton's Task Force on Health Care Reform. Dr Williams has also served on seven committees for the Institute of Medicine including the Committee that prepared the Unequal Treatment report. He has been a consultant to federal and state health agencies, private foundations, and the World Health Organization. He has held elected and appointed positions in professional organizations, such as the American Sociological Association, the American Public Health Association, and AcademyHealth. He also served as a member of the MacArthur Foundation's Research Network on Socioeconomic Status and Health.

David directed the South African Stress and Health Study, the first nationally representative study of the prevalence and correlates of psychiatric disorders in sub-Saharan Africa, with funding from the National Institutes of Health and the sponsorship of the World Health Organization (WHO). This study, among other things, assessed the effects of exposure to racial discrimination and torture, during apartheid, on the health of the South African population. He was also a key member of the team that conducted the National Study of American Life, the largest study of mental health disorders in the African American population in the U.S. and the first health study to include a large national sample of Blacks of Caribbean ancestry.

In addition to his scholarship, David plays a visible and critical national leadership role in raising awareness levels of the problem of health disparities and pointing to interventions to address them. From November 2007 through October 2009, he served as

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the staff director of the Robert Wood Johnson Foundation's Commission to Build a Healthier America. This national, independent, and nonpartisan health commission was focused on identifying evidence-based nonmedical strategies that can improve the health of all Americans and reduce racial and socioeconomic gaps in health. David guided and coordinated the Commission's research, policy, and communications activities, and worked closely with Commissioners. As part of his work with the Commission, he provided testimony at several Congressional Briefings and also participated in meetings at the White House with Obama Administration officials. David has also appeared on national television, including ABC's Evening News, CNN, PBS, C-SPAN, and the Discovery Channel. His research has been featured or he has been quoted in the national print media including the New York Times, Time, Newsweek, the Wall Street Journal, the Washington Post, Jet, and USA Today. He was also a key scientific advisor to the award-winning PBS film series, *Unnatural Causes: Is Inequality Making Us Sick?* David has demonstrated his commitment to the profession and discipline by his service on an extensive array of boards and committees. David is currently a member of eleven different scientific and advisory boards including for the CDC, Kellogg Health Scholars Program, U.S. Dream Academy, and the Cross-University Brain and Behavior Initiative in South Africa. He has been secretary-treasurer for the Medical Sociology Section, nominations committee for ASA, DuBois-Johnson-Frazier Award Selection Committee, and nominations committee for Social

Psychology. He has been a grant reviewer for a number of agencies and institutes in the United States and in different countries.

Despite all of these activities and commitments that make his schedule quite busy, David still finds time to be an exceptional mentor to graduate students, postdoctoral fellows, and junior scholars. At the University of Michigan, he directed or co-directed three postdoctoral training programs and received the Harold R. Johnson Diversity Award in recognition of his efforts in training minority investigators.

In sum, David is a truly worthy recipient of the Leo G. Reeder Award. David is a highly accomplished sociologist who has addressed a range of important issues in medical sociology and for the broader discipline. He has superb research and teaching skills, provides extensive service to the profession and community, collaborates wonderfully with others, and is always willing to share his substantial expertise with students, faculty, and other colleagues. David works on some of the most pressing issues of our times: the unequal distribution of health and health care. His work melds the best of scholarship with mentoring the next generation of scholars. David has played a central role in new initiatives on health across the nation and across the globe. He has worked effectively with federal agencies, private foundations, and community groups to shape efforts to reduce disparities in health. His research exemplifies how theory and innovative approaches can contribute immeasurably to advancing the discipline of medical sociology and, most importantly, improving the health and the quality of life for all.

## SEEKING NOMINATIONS FOR 2012 REEDER AWARD

The Medical Sociology Section invites nominations for the 2012 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in Denver, Colorado. 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 **Eric R. Wright**, Chair-Elect of the Medical Sociology Section, at [ewright@iupui.edu](mailto:ewright@iupui.edu). While email is preferred, you may also mail the nomination letter and C.V. to Eric R. Wright, Department of Public Health, Indiana University School of Medicine, 410 W. Tenth Street, HS 3119, Indianapolis, IN 46202. The deadline is **June 1, 2011**.

## NOTE FROM THE CHAIR



Dear Medical Sociologists,  
Happy New Year. I hope 2011 brings health and productivity. As you know, the ASA decided at a late hour to switch the annual meeting from Chicago to Las Vegas. I would like to strongly encourage you to attend the meeting. Besides the best place to empirically test your knowledge of probabilities, we are planning an exciting program for medical sociologists. Health and health care top the national and local policy agenda. Hope to see you in Vegas.

Best wishes,  
Stefan Timmermans

## 2011 ELIOT FREIDSON OUTSTANDING PUBLICATION AWARD: Seeking Article Nominations

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 2011 award will be given to a journal article published in either 2009 or 2010. The article may deal with any topic in medical sociology, broadly defined. Co-authored articles are appropriate to nominate. Self-nominations are permissible and encouraged. When making a nomination, please indicate (however briefly) the reason for the nomination. You do not need to send a copy of the article. 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](mailto:pthoits@indiana.edu) with the subject line: **2011 Freidson Award Nomination**. Nominations are due by **February 15, 2011**.

## SEEKING NOMINATIONS FOR 2011 SIMMONS AWARD

Nominations are being accepted for the 2011 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 2011 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-point 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; please include the words "**Simmons Award**" in the subject heading. 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, 2011**. Please send all materials to: **Sara Shostak**, Department of Sociology, MS 071, Brandeis University, Waltham, MA 02454; [sshostak@brandeis.edu](mailto:sshostak@brandeis.edu).

## A Letter to the ASA Section on Medical Sociology about the Real Utopias Theme of the 2012 ASA Annual Meeting

### Erik Olin Wright, October, 2010

(a full version of this memo can be found at: <http://www.ssc.wisc.edu/~wright/ASA/ASAsectionsMemo.pdf>)

The theme for the 2012 Annual meeting of the ASA is “Real Utopias: Emancipatory Projects, Institutional Designs, Possible Futures.” Here is how I described the core idea of this theme in the ASA newsletter, *Footnotes*:

“Real Utopias” seems like an oxymoron: Utopia means “nowhere” – a fantasy world of perfect harmony and social justice. To describe a proposal for social transformation as “utopian” is to dismiss it as an impractical dream outside the limits of possibility. Realists reject such fantasies as a distraction from the serious business of making practical improvements in existing institutions. The idea of real utopias embraces this tension between dreams and practice: “utopia” implies developing clear-headed visions of alternatives to existing institutions that embody our deepest aspirations for a world in which all people have access to the conditions to live flourishing lives; “real” means taking seriously the problem of the viability of the institutions that could move us in the direction of that world. The goal is to elaborate utopian ideals that are grounded in the real potentials of humanity, utopian destinations that have accessible way stations, utopian designs of viable institutions that can inform our practical tasks of navigating a world of imperfect conditions for social change. Exploring real utopias implies developing a sociology of the *possible*, not just of the *actual*. This is a tricky research problem, for while we can directly observe variation in what exists in the world, discussions of possibilities and limits of possibility always involve more speculative and contentious claims about what could be, not just what is. The task of a sociology of real utopias, then, is to develop strategies that enable us to make empirically and theoretically sound arguments about emancipatory possibilities.

I am hoping that many of the sections of the American Sociological Association will be enthusiastic about engaging this theme in some of the sessions which they directly organize, but I also hope that members of different ASA sections will submit proposals to the program committee for thematic panels which explore the problem of real utopias within their subfield. Medical Sociology seems like an especially fertile arena for thinking about real utopias, both because of a range of themes connected to medical systems – such as alternative healing practices and the institutional design of health care systems – and because of issues connected to health/illness, mind/body, and wellness. My hope is that there are people in the Medical Sociology section who will creatively elaborate proposals for panels touching on such themes (and of course others that I have not thought of). To facilitate such proposals, I thought it might be helpful if I shared some of my general ideas on the structure of the thematic and plenary panels for the 2012 meetings. This is all quite tentative – the first real meeting of the program committee where these and other ideas will be discussed will be in early December – but it may give people some idea of the kinds of things I hope to see happen. What follows, then, is a brief sketch of the different kinds of panels around the theme of Real Utopias I would like see at the meeting.

#### Real Utopia Proposals Sessions

Each of these sessions will revolve around a proposal for a real utopian design to resolve some domain of problems. Examples would include: unconditional basic income, market socialism, equality-sustaining parental leaves, participatory budgets, random-selection democratic assemblies, worker cooperatives, stakeholder corporations, solidarity finance, democratic media, etc. The ideal here is to recruit an anchor person for the session who we know has already worked extensively on formulating such real utopia designs rather than simply a person who has thought critically about the theme (although there will certainly be flexibility on this). This format will not be appropriate for all of the themes around real utopias; it will be especially effective for those problems around which there exists an on-going discussion of alternative institutions. My idea is for the sessions to be organized as follows:

- We will create a dedicated website for these sessions.
- The person who anchors these sessions will prepare an elaborated proposal for institutional designs around some theme which will be posted online by early 2012. While of course these essays will include some discussion of what’s wrong with existing structures and institutions, the goal is for them to sketch the central contours of alternatives. By this I do not mean a detailed “institutional blueprint”, but rather a careful elaboration of the core principles of an institutional proposal. My expectation is that these will be in the 10,000 word range, although some could be longer.
- In some sessions there could be two competing or contrasting proposals. Having two different proposals could make for a very lively session for some topics.
- The website will allow for comments and dialogue so that these proposals can be part of a discussion prior to the meeting. I am not sure yet precisely what the best design for the website would be, but I am hopeful that it will be an interactive site rather than simply a passive site.
- At the session there will be a very brief – 15-20 minute – presentation of the proposal and at most one commentary, or perhaps a contrasting proposal. I want to avoid panels with lots of presentations and little time for debate and discussion.
- In *Footnotes*, section newsletters, and other modes of information dissemination we will encourage people to look at the proposals before the meeting and to come to sessions with issues they want to raise. While of course we want to avoid long-winded speeches from the floor, I think somewhat longer than usual interventions could be constructive.

## Career & Employment

by Karen Lutfey & Alyssa Goolsby Hunter

In a past column, I drew from the book *So What Are You Going to Do with That?* by Susan Basalla and Maggie Debelius (2001). In this issue, we're using four of their "key points about post academic job searches" (from Chapter 3, "Testing the Waters: Information Interviews and Internships") to organize some observations about networking and job searching.

I've invited Alyssa Goolsby Hunter to co-author this issue in light of her recent and highly successful post academic job search. Alyssa received her MA (ABD) in Sociology from the University of Minnesota and is currently a survey research project manager with i3 Innovus, a contract healthcare research organization. Thanks to Alyssa for the great observations and for taking the time to share them!

• *Value what's in front of you. Don't discount anything that you enjoy; that's the field where you'll be most successful. If you are passionate about a subject, figure out how to make it your full-time job (even if it involves obstacles like working for a former student).*

**AGH:** I am a true believer in doing what you love, even when figuring out what that is takes some work. Think broadly about your skills. Workplaces need flexibility, and they need *you* to show *them* how your skills fit the broader picture of their work. Lists of "transferable skills" found on many job search websites may be useful here. Being able to write and talk about the big picture skills I developed, not about research findings and interests, was crucial for me. What I know about managing processes, how I think about data, and my experience communicating across industries and disciplines were the kinds of things prospective colleagues wanted to hear.

**KL:** I think this concept of doing what you enjoy applies not only to the substance of work, but also the type of work. I have heard from many people who feel like they *should* like certain types of work associated with academic jobs, whether that be teaching, publishing in specific journals, or even keeping a nine-month schedule. If you prefer work that does not involve students, or you enjoy generating different kinds of deliverables, then knowing that about yourself will help you open more appropriate

doors in your job search. Something as simple as preferring "bankers' hours" is perfectly legitimate and may affect your quality of life.

• *You have to research your possibilities, not in a library or lab, but by picking up the phone and contacting anyone who might be able to help.*

**AGH:** The job search process can be isolating and time-consuming. Stay connected with your academic and nonacademic colleagues and don't be afraid to let them know you are looking for a job. It may seem obvious, but maintaining relationships with your advisors post-degree is essential. For me, nonacademic colleagues had the most productive connections and tools, but recommendations about my academic work were vital during the job search too.

**KL:** I have written in previous columns about informational interviews and networking, but I would add here that Basalla and Debelius have some excellent material on the former, including sections on how to prepare, what to ask, what not to say, what to do afterwards, and different levels of informational interviewing. My personal favorites under "Words that should not come out of your mouth": "I'll die of boredom" and "How can you stand to work summers?"

• *Consider taking a temporary or part-time position to bolster your credentials. (This is what we mean by an internship: any kind of formal or informal, paid or unpaid experience that introduces you to a new field.) Don't be afraid of taking something that seems less prestigious than being a tenure-track professor.*

**AGH:** After spending a few years trying out opportunities and fit in a healthcare nonprofit and a small engineering firm, I was ready to return to work as a sociologist. These positions were not where I wanted to be long-term, but having spent time in other fields provided experience that made me a better candidate when I began my job search again.

**KL:** I have an enormous amount of respect for how Alyssa approached her job search. She was patient but also deliberate, and acquired a great deal of experience

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while working at her less preferred positions. I think those jobs clearly put her in a strategic position to recognize the right opportunity when it came to her.

•*Finally, be open to unexpected possibilities. Job hunting is full of serendipity and kismet. You can't control kismet, but there are some things you can do to help these cosmic forces along.*

**AGH:** Take your time – you can't force a good fit, but be ready when opportunity presents itself. My job search took longer than I anticipated in part because I got into the habit of focusing on only a few

organizations. Keeping your search and your network broad may bring more good options into view.

**KL:** The latter point especially is something I hear frequently. With academic positions, people may have their “dream jobs” but still know how to apply more broadly because they can turn to the ASA job bank. When it comes to non-academic positions, a lack of information can make it difficult for people to branch out their searches and inadvertently focus on just a few places that may or may not be a good fit even if they were to be hired.

**ATTENTION JOB-SEEKERS:** Do you have questions for the Career & Employment column? Have you asked me about jobs at ASA but are feeling shy about sending me your questions? Now is your chance!

**ATTENTION JOB-HOLDERS:** Do you have a non-academic job and want to share advice with job-seekers? People are very interested in this information, but it's difficult for students to meet you! What are **3 things** you wish you knew when you started out?

**Are you ready to Talk Turkey about jobs? Send your confidential questions/comments to [klutfey@neriscience.com](mailto:klutfey@neriscience.com) (subject line: TALK TURKEY).**

**Let me compile this information so this column can address your real concerns!**

## Call for Chapter Proposals

In 2004 and 2008, the SSSP and the Justice 21 Committee published the first two volumes of the **Agenda for Social Justice**. Those reports contained chapters on a variety of social problems, among them poverty, educational inequality, unemployment, environmental health risks, global economic change, capital punishment, post-Katrina disaster response, gender inequality in the criminal justice system, the vulnerability of ESL students in public schools, surveillance technologies, civil unions, and domestic violence.

We are now beginning our work on the third publication – **Agenda for Social Justice-2012**. This publication is designed to inform the public-at-large about the nation's most pressing social problems and to propose a public policy response to those problems. This project affirms the commitment of SSSP to social justice, and enables the members of the association to speak on public issues with the sponsorship of the corporate body. This report will be an “agenda for social justice,” in that it will contain recommendations for action by elected officials, policy makers, and the public at large. The report will be distributed as widely as possible to policy makers, those in progressive media, and academics.

The quadrennial report will be a product of the most valid and reliable knowledge we have about social problems and it will be a joint effort of the members and Divisions of SSSP. We invite you to consider preparing a chapter for the 2012 publication. We ask you, individually or with colleagues, to consider submitting a brief proposal (1-2 pp) identifying a social problem of concern to members of SSSP, and

respond to the questions:

*What do we know?*

*How do we know it?*

*What is to be done?*

As the coordinating committee for **Justice 21**, we invite members to prepare a draft statement for a proposed contribution to the 2012 publication, tentatively to be produced and distributed by the Edwin Mellen Press (<http://www.mellenpress.com/>). For the 2012 edition, confirmed contributors include the following well-known sociologists: Frances Fox Piven, Alejandro Portes, and Amatai Etzioni. Please submit a copy of your 1-2 page proposals to each of the members of the committee by **March 1, 2011**, and contact us if you have questions or would like additional information. Final manuscripts will be due near the end of 2011, and will appear in print prior to the 2012 SSSP annual meetings in August 2012.

Glenn Muschert (chair), Miami University, [muschegw@muohio.edu](mailto:muschegw@muohio.edu)

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For an expanded discussion of **Justice 21**, see the May 2001 issue of *Social Problems* (“Inventing Social Justice”). To see the 2004 and 2008 publications, see the SSSP website at the following address: <http://sssp1.org/index.cfm/m/323>.

## Teaching Tips

by Teresa Scheid

### Family Health History Assignment

This is a good assignment for a lower-level class, but could easily be upgraded for an upper-level undergraduate class by asking them to collect current statistics about morbidity and mortality and compare them to those found in the student's family tree. I often use this as an out-of-class assignment around Easter or Thanksgiving.

“Easter or Thanksgiving is a time for family gatherings. Use this time to compile a family health history (see <http://www.hhs.gov/familyhistory/> and complete the form provided). Ask your grandparents and parents about health

problems and their ages when these problems began or were diagnosed. Look at your family tree and identify the ages and causes of death for those relatives who have died since you were born. Discuss lifestyle habits (diet, exercise, smoking, drinking, etc.). Provide a brief summary of your ‘findings.’ What kinds of changes in lifestyle do you need to make based on your findings? There is no need to turn in your family history or data from family but be sure to discuss these data in your summary.”



## Health Policy

by Sydney Halpern

### Waiting to See on Affordable Care

As the New Year begins, the Patient Protection and Affordable Care Act (ACA) signed by Obama in March, 2010, faces two immediate challenges. The first is legal action brought by twenty state attorney generals claiming the federal government lacks constitutional authority to require individuals to purchase health insurance. The second is the declared intention of conservatives in the new Congress to repeal ACA. Socio-legal scholar Wendy Mariner (2010) suggests that resolution of the legal issues is likely to take years. The case will eventually be decided in our politically-fractured Supreme Court and, in Mariner's view, the ultimate outcome is uncertain.

In contrast, efforts to repeal ACA will not gain immediate traction except as political theater. At least until 2013, the democratically-controlled Senate can block such measures and, if not, the White House can veto them. A much more serious concern arises from Congressional control over funds necessary for ACA's implementation. Brookings Institute's Henry Aaron (2010) notes that while ACA authorizes spending, Congress has yet to enact more than 60 specific appropriation bills for over \$100 billion necessary to the law's realization. Nor has Congress yet allocated \$1 billion for the Department of Health and Human Services (DHHS) for the purpose of formulating rules for insurance plans and exchanges. Furthermore, states will need federal subsidies to set up the state-based insurance exchanges. Political posturing about the law's repeal may be a prelude to a strategy by Congressional opponents of obstructing ACA funding and rule making.

In short, while outright repeal of ACA is unlikely, incremental crippling of the bill to the point of evisceration

could occur. Aaron invokes the specter of “zombie legislation, a program that lives on but works badly, consisting of poorly funded and understaffed state health exchanges that cannot bring needed improvements to the individual and small-group markets.” Such a possibility is raised not only in Aaron's commentary but also in *Health Care Reform and American Politics* (2010) a book about ACA by political scientist, Lawrence Jacobs, and sociologist, Theda Skocpol. These authors note that hundreds of behind-the-scenes battles over funding and rule making will determine the form ACA assumes and that, as these battles take place, well connected industry lobbyists will be pressuring Congress, DHHS, and state health agencies. On the positive side, Jacobs and Skocpol portray the White House as very aware of the need for assertive administrative leadership during the years when ACA's central features are being implemented

As partisans position themselves for the coming struggles, interested observers will find the *New England Journal of Medicine* a good source of commentary on new policy developments, and the Jacobs and Skocpol volume an accessible overview and valuable teaching tool on ACA.

Aaron, Henry. 2010. “The Midterm Election – High Stakes for Health Policy.” *New England Journal of Medicine* 363 (Oct 28): 1685-87.

Jacobs, Lawrence, and Theda Skocpol. 2010. *Health Care Reform and American Politics*. New York: Oxford University Press.

Mariner, Wendy. 2010. “Health Insurance Politics in Federal Court.” *New England Journal of Medicine* 363 (Sept 30): 1300-01.

## Student News & Views

by Vanessa Munoz & Miranda Waggoner

In this current job market, graduate students are increasingly considering postdoctoral positions (“postdocs”) as a first step after the PhD. According to one ASA report, 83 postdocs or fellowships were advertised last year (Spalter-Roth et al. 2010. “Still a Down Market: Findings from the 2009/2010 Job Bank Survey.”

[http://www.asanet.org/research/2010\\_Job\\_Bank\\_Brief.pdf](http://www.asanet.org/research/2010_Job_Bank_Brief.pdf).

But compared to the resources on academic and non-academic positions, very little detailed information exists about the postdoctoral application and selection process. (It is a bit of a “black box,” so to speak, although one exception is “Applying for a Postdoctoral Fellowship,” by Vick and Furlong, *The Chronicle of Higher Education*, Dec. 12, 2007).

So for this column, we set out to learn more about the postdoc experience. We emailed 5 postdocs currently working on health-related research and asked them about how they prepared their applications, what their transition from graduate school to the postdoc was like, what surprises they encountered, and what advice they might give to current graduate students interested in these positions. While we quote them anonymously, we want to thank them for taking the time to share their insights with us!

### Working on the Application

The postdocs we spoke with reported using various strategies to strengthen their applications. One person modeled her proposal after others who had previously held the postdoc and recommended that applicants start early to leave time for many rounds of feedback and revisions.

A few people emphasized the importance of tailoring their applications to each position:

- “I was very careful to craft a research plan for each postdoc that emphasized how I could work with faculty at each university.”
- “I worked to point out my strengths and any possible unique contributions to the position and to the discipline overall.”
- “It is important to be thoughtful about how you fit into the program and how you can make your fit very clear to those who are evaluating your application. It is probably better to write one or two excellent post-doc applications than several poor ones.”

They also emphasized that there are different types of postdocs. In one person’s words: “It is important to

understand, more during the application process than the preparation process, that there are a wide variety of kinds of post-docs. Some have a lot of freedom in terms of the work you do, some have much less. Some are very well paid and well resourced, some are not.”

### The Transition

The postdocs we spoke with said it took them some time to transition from being a graduate student to being a postdoc. For example, one postdoc told us, “I didn’t expect that it would be difficult to transition from completing my dissertation into being immediately productive on new projects (while also trying to publish pieces of my dissertation), but it took me a couple of months to really settle into my new position and projects.”

Another commented that it took awhile to “socialize into the department – to identify more closely with faculty than with students, to get used to being called ‘Dr.’, to work with multiple faculty as an equal rather than as a grad student. However, it is MUCH better to learn these things as a postdoc than as a first year faculty member.”

With respect to research, one person elaborated: “I received a postdoc fellowship that allows me to generate my own research agenda. As a result, it has taken some time to think bigger than was needed in graduate school and getting used to not having a committee to report to.”

And, as always, there were stressors, as exemplified by this quote: “I did have the typical tension of wanting to get my dissertation published while also starting new projects. I was mostly surprised by how fast the postdoc went and how slowly the new projects came to fruition. In retrospect, I of course wish that I had gotten more dissertation papers out the door/off the desk before the postdoc started.”

Despite the many adjustments that needed to be made, one person concluded “I love being a PhD instead of a graduate student.”

One point that we took away from these conversations is that the best way to learn more about postdoctoral positions is to talk to other postdocs and faculty members.

While not every recent PhD takes the postdoc path, we hope that the few perspectives in this column are helpful for those considering this type of position.

Good luck with your applications (postdocs and otherwise) this year!

Thoughts to share? Email us:

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A Publication of the Medical Sociology Section of the ASA

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## Students – Apply to be the 2011 Louise Johnson Scholar!

The Medical Sociology Section will select a student member of the section to be the 2011 Louise Johnson Scholar. The scholar will receive travel funds up to \$350 to present at the annual ASA meetings in Las Vegas 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 26, 2011**.

To apply, please send: 1) a copy of your acceptance notification to present at the 2011 ASA meetings, 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 via email as Word documents or PDFs. Hard copies will also be accepted. Applications should be sent to: **Professor Dawn Upchurch, Ph.D.**, UCLA School of Public Health, 650 Charles Young Drive South, Los Angeles, CA 90095-1772, [upchurch@ucla.edu](mailto:upchurch@ucla.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 Mount Sinai School of Medicine and a former colleague of Louise Johnson.

## AMERICAN ASSOCIATION OF MEDICAL COLLEGES TO REVIEW MCAT EXAM FOR INCLUSION OF BEHAVIORAL & SOCIAL SCIENCE CONTENT

The American Association of Medical Colleges (AAMC) has acknowledged the behavioral and social sciences as sources of knowledge and advanced clinical applications essential for the skillful practice of medicine. **Nancy Kutner** was recently asked to represent medical sociology on a small working group of medical school and undergraduate faculty who will recommend content in the behavioral and social sciences for the MCAT exam. The AAMC is currently conducting a comprehensive review of the MCAT exam and recommending changes to increase MCAT's value to medical school admissions committees, including new information about applicants' mastery of behavioral as well as natural sciences content. More information about this project can be found at [www.aamc.org/mr5](http://www.aamc.org/mr5).