Greetings!

I hope that you and your loved ones are in good health, hunkered down in safe spaces, and are giving and receiving the social support that is so crucial to our well-being. I am writing this column from the computer in my home office, where I -- like most of you -- have been tethered for the past week and will likely remain for the coming weeks. The COVID-19 pandemic has exerted and will continue to take an unprecedented toll on the health and financial stability of nearly every nation in the world. At a more mundane level, it has reinvented how we carry out our roles as teachers, mentors, and professional citizens. Yet this crisis has also demonstrated that medical sociology is more important than ever. Knowledge of how disease spreads across social networks, disparities in health and health care, ageism, the framing of health messages, and the importance of social integration are helping students, practitioners, and (ideally) political leaders to make evidence-based decisions.

Many resources are available to facilitate the exchange of ideas, ranging from the Dear Pandemic Facebook page and twitter feed, to shared teaching resources sites, like this team-based approach to giving online lectures and exchanging expertise.

(continued)
Notes from the Chair (continued)

Please keep the great ideas coming! Our hard-working listserv manager Lilla Pivnick and I look forward to sharing the new ideas you send us. Please also keep your eyes and ears open for new initiatives that our Council’s graduate student representatives are setting up, to keep students engaged through social media platforms like revitalizing our dormant Twitter and Facebook accounts.

In these uncertain times, it’s important to keep up our routines and traditions, including celebrating the achievements of our section members and gearing up for our annual meeting! A friendly reminder to nominate your colleagues (or yourself) for one of our section awards (see separate article). We have extended the deadline to April 15.

I also want to remind you that we have a fantastic slate of sessions scheduled for the August 2020 annual meeting, with most of our events falling on our section day (August 11). Our panels include “Power, Inequality, and Resistance at Work,” “Health and Health Care among Sexual Minorities,” “Violence and Health,” “Expanding Diversity of Biosocial Research: Opportunities & Challenges” (co-sponsored with Evolution, Biology, and Society), and an invited panel on “25 Years of Fundamental Cause Theory.” We will also have our roundtable session back-to-back with our business meeting, a festive reception (co-sponsored with the EBS and Disability & Society sections), award ceremony, and much-anticipated 2020 Reeder Award address by Debra Umberson. In conjunction with the Mental Health section, we will also hold a special memorial event celebrating the life of the late Carol Aneshensel, who was a wonderful scholar, mentor, and friend to our section.

In the coming weeks, please be sure to vote in the ASA-wide and section elections. The 2020 election will open on Thursday, April 30, and close on Friday, May 29, at 5 p.m. EST. Ballots will be sent out via email from Sociological.ballot@intelliscaninc.net. A sincere thank you to our dedicated section members who have agreed to stand for election (see article), and to the Nominations Committee who assembled this terrific slate (Jennifer Karas Montez, chair; Kimberly Huyser; Patricia Homan; Megan Reynolds; Jessica West). Please make sure your section membership is up-to-date, so you’re able to vote in our election.

I hope you enjoy our Spring 2020 newsletter! Thanks to all our contributors, and especially to our editor extraordinaire, Evan Roberts.
Call for nominations for section awards
Note that all deadlines have been extended to April 15.

2021 Leo G. Reeder Award

The Medical Sociology Section invites nominations for the 2021 Leo G. Reeder Award, which will be awarded at the 2021 annual meeting of the Medical Sociology Section in Chicago. This award is given annually to recognize distinguished contributions to medical sociology, especially a body of scholarly work displaying an extended trajectory of productivity that has advanced theory and research in medical sociology. The Reeder Award also acknowledges teaching, mentoring, and training, as well as service to the medical sociology community broadly defined. Please submit a letter of nomination and the nominee’s curriculum vitae to Andrew London (anlondon@maxwell.syr.edu) with the subject line: 2021 Reeder Award Nomination. Nominations are due by April 15, 2020. The nominee and at least one nominator must be current section members. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council.

2020 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 2020 award will be given to a book published in either 2018 or 2019. The book may deal with any topic in medical sociology, broadly defined. Self-nominations are permissible and encouraged. When making your nomination, please indicate (however briefly) the reason for the nomination. Send your nomination letter by email to Margot Jackson (margotj@brown.edu) with the subject line: 2020 Freidson Award Nomination. Nominations are due by April 15, 2020. The nominator and at least one author must be current section members.

2020 Simmons Award

Nominations are being accepted for the 2020 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the Medical Sociology section. The awardee will receive a $750 travel grant to attend the ASA meetings and an award certificate. 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 2020 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. The letter of recommendation should be sent directly by the recommender as an email attachment (MS Word or PDF). Please send all materials to Hedy Lee (hedwig.lee@wustl.edu) with the subject line: 2020 Simmons Award Nomination. Deadline for receipt of all submission materials is April 15, 2020. The nominator and nominee must be current section members.
Call for nominations for section awards

2020 Louise Johnson Scholar

The Medical Sociology Section will select a student member of the section to be the 2020 Louise Johnson Scholar. 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, a former colleague of Louise Johnson. The Scholar will receive travel funds up to $500 to present at the annual ASA meetings in San Francisco and attend section events. Selection will be based on academic merit and the quality of an accepted ASA paper related to medical sociology; papers with faculty co-authors are ineligible. To apply, please send: 1) a copy of your acceptance notification to present at the 2020 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 should be sent via email, as Word documents or PDFs, to Pat Rieker (rieker@bu.edu) with the subject line: 2020 Louise Johnson Scholar Nomination. Applications are due by April 15, 2020. The nominator and nominee must be current section members.

2020 Howard B. Kaplan Memorial Award in Medical Sociology

This award is established to support graduate students doing research in one of the substantive areas that defined the distinguished academic career of Dr. Howard B. Kaplan, namely mental health, self-concept and health, or deviance, by providing funds up to the amount of $500 to contribute to expenses associated with attending the annual meeting of the American Sociological Association (ASA). Self-nominations are acceptable. To be considered for the 2020 award, the candidate should submit a CV and letter of nomination to Pat Rieker (rieker@bu.edu) with the subject line: 2020 Kaplan Award Nomination. Deadline for receipt of all submission materials is April 15, 2020. The nominee and nominator must be current section members.

2020 Donald W. Light Award for Applied Medical Sociology

The Donald W. Light Award for the Applied or Public Practice of Medical Sociology is given in alternate years to a book or journal article published in the preceding two years that employs the concepts and methods of medical sociology to an applied issue or problem of significance. The 2020 Light Award will be given to an article published in either 2018 or 2019. Nominations will be eligible for three years. The Light Award recognizes sociologists whose professional work or advocacy contributes to politically or ethically important challenges in health, health care, or health care policy at the national or international level. Self-nominations are acceptable. To be considered for the 2020 award, the candidate should submit a letter of nomination to Brea Perry (blperry@indiana.edu) with the subject line: 2020 Donald W. Light Award. Deadline for receipt of all submission materials is April 15, 2020. The nominator and at least one author must be current section members.
Section Slate of Candidates for 2020 Elections

Jennifer Karas Montez, Chair, Nominations Committee

Nominations Committee: Kimberly Huyser (Chair-Elect), Patricia Homan, Megan Reynolds, Jessica West

Thanks are due to our terrific Committee and Chair for their hard work and to all who were willing to run for office.

Chair elect

Amélie Quesnel-Vallée  McGill University
Rin Reczek  The Ohio State University

Secretary-Treasurer elect

LaShaune Johnson  Creighton University
Markus Schafer  University of Toronto

Council Member

Hui Zheng  The Ohio State University
Don Light  Rowan University

Health Policy and Research Chair

Stephanie Teixeira-Poit  North Carolina State University
Chioun Lee  University of California, Riverside

Membership Committee Chair

Juanita Garcia  University of California, Santa Barbara
Patricia Thomas  Purdue University

Chair-elect, Nominations committee

jimi adams  University of Colorado, Denver
Ann Bell  University of Delaware
Section Slate of Candidates (continued)

Member, Nominations Committee (vote for 2)

Taylor Hargrove University of North Carolina, Chapel Hill
Jessica Ho University of Southern California
Elyas Bakhtiari William & Mary
Lucie Kalousova University of California, Riverside

Student Member, Nominations Committee

YingLing Lin Baylor University
Michael Garcia University of Texas at Austin

Student representative to Section Council

Elizabeth Bogumil University of California, Riverside
Yvonne Chen Vanderbilt University

Photo used under Creative Commons license: https://flic.kr/p/
**Student section**

We are **Wan-Zi Lu** (left) and **Emily Parker** (right), this year’s student editors of the Medical Sociology Newsletter. Wan-Zi is a PhD candidate in sociology at the University of Chicago, and Emily is a PhD candidate in Policy Analysis and Management at Cornell University.

Send ideas and feedback to  
wanzilu@uchicago.edu  
eap249@cornell.edu

Amid the COVID-19 outbreak, a global pandemic that has infected tens of thousands of people worldwide and is bringing unpredictable socio-economic repercussions, we decided to explore how the field of medical sociology can help to make sense of information during the outbreaks and conceptualize the various economic, political, and cultural implications of the epidemic. The following report draws from an interview with Professor **Robert Dingwall** (Nottingham Trent University, U.K.), who published an op-ed, “We Should Deescalate the War on the Coronavirus,” and an article written by Professor Kevin Thomas (Pennsylvania State University)—“Fighting Coronavirus Fear with Empathy.”

To sociologists, Professor Dingwall said, phenomena like pandemics “get right to the core of what the discipline is about,” for they “disrupt our sense of order.” Citing Strong (1990), Dingwall highlighted that the discipline’s founders were also inspired by the question about “the problem of order” in the late nineteenth century, namely, “how is order sustained in hugely disrupted societies?” This question not only motivates sociological exploration but also offers valuable perspectives for policymaking. Having participated in the United Kingdom’s scientific advisory committee on the outbreak, Dingwall noted that sociologists could provide a holistic view of potential threats on people’s daily lives and the respective measures our institutions should undertake to mitigate these threats. Rather than framing as a “public health challenge,” the British government is responding to the outbreak as a “societal challenge.”

Dingwall observed that representatives from different departments submit plans directly to the prime minister’s office and thus create an efficient, comprehensive channel to coordinate the government’s effort to contain the pandemic and its consequences.

The theoretical toolkit of medical sociology is helpful for both providing insights into policymaking and shaping our understanding of international coordination when the coronavirus spreads worldwide. “The unfortunate coincidence,” Professor Dingwall remarked, “was that the coronavirus emerged during a period of aggressive nationalism in many countries.”
Student Section: COVID-19

As a result, militaristic languages escalate a “war on coronavirus” across media outlets. The defensive messages are used to show that governments are taking action and getting something done, and even to further particular political agendas. Consequently, as more combative framing increases “the fear, the moralization, and the action” in the name of defending the security of political territories, it has also become “more difficult to implement appropriate policies.” Dingwall gave one example that seems more helpful in protecting against the virus in theory than in reality: border control. Given the latency period before the emergence of symptoms, the majority of the infected are still able to go through screening and enter another country, making border enforcement largely ineffectual.

Boundary-making processes are not exclusive to interactions across nations. Professor Thomas draws our attention to how racial and ethnic categories become categories for discrimination during epidemics. Based on his research on the Ebola crisis in 2014, Thomas found the African immigrant communities in Texas faced stigmatization over cultural practices in their countries of origin as those practices were deemed to be the causes of the infections. He noticed that the societal responses in North America since the coronavirus outbreak have been similar, particularly the tendency to blame immigrants from countries where the outbreaks started. Accusations as such “are usually counterproductive,” Professor Thomas suggested, “because they fail to incorporate immigrants into broader efforts to combat the spread of disease.”

One of the most important lessons learned from responses toward Ebola is the importance of forming coalitions between regulatory bodies and local communities. Immigrant communities, for instance, helped with combat tracing and the implementation of preventative measures. Within the communities, the collaboration between businesses and institutions also alleviated the immigrants’ worries for their families in countries affected by the epidemics. Professor Thomas’ findings demonstrated that local efforts can generate actions “based on facts, not fear.”

As the epidemic develops, sociologists not only think through the epidemic’s implications but also have opportunities to engage with the public. Professor Dingwall pointed out that when sharing a sociological perspective on the outbreak, avoiding jargon “while smuggling the theoretical ideas through” remains a useful approach. For example, network theories about the constellations and movements of humans and things are fundamental to grasping the spread of the illness. Yet, we can address these issues without using formal “network” terminology. The key to getting through to the public, Dingwall advised, is to “let go of the technical language and think about the issues from different perspectives.”

Debates persist about to what extent medical sociologists should be involved in response to worldwide health crises like COVID-19. To this end, Professor Dingwall leaves us with words of wisdom from his advisor, Philip Strong: rather than devoting ourselves to “create the best possible world,” we should focus on “avoiding the worst.” The advice rings true when we are pushed to reconsider our roles as the social order gets disrupted—and beyond.

References
Public Sociology in the Time of Coronavirus

In the current frenzy surrounding coronavirus, we are constantly bombarded with information that is seemingly changing by the minute. Ironically, this information overload makes it difficult to keep up with the actual facts regarding the virus and projected case spread and fatality rates, not to mention the social and economic side effects of this crisis. Fortunately, sociologists with relevant training are on the case and doing their part by sharing information with the public. It is great to see sociologists responding so rapidly with publicly accessible, relevant, and necessary information:

**Briefs, Interviews, and Op-Eds**

jimi adams, CU Denver (@jimiadams)

Andrew Noymer, UC Irvine (@AndrewNoymer)
YouTube video about social distancing: [https://twitter.com/justjohel/status/1239279382541131776](https://twitter.com/justjohel/status/1239279382541131776)

Stacey Torres, UCSF

Jessica Calarco, Indiana University (@JessicaCalarco)
The Conversation: Online Learning will be hard for kids whose schools close - and the digital divide will make it even harder for some of them: [https://theconversation.com/online-learning-will-be-hard-for-kids-whose-schools-close-and-the-digital-divide-will-make-it-even-harder-for-some-of-them-133338](https://theconversation.com/online-learning-will-be-hard-for-kids-whose-schools-close-and-the-digital-divide-will-make-it-even-harder-for-some-of-them-133338)

**Social Media**

Philip Cohen, University of Maryland (@familyunequal)
Cohen has been providing daily country-level updates of Coronavirus cases on his twitter page (@familyunequal), with the data and figures available here: [https://osf.io/wd2n6/](https://osf.io/wd2n6/)

Jennifer Beam Dowd along with several public health scholars is leading a Facebook page titled ‘Dear Pandemic’ that provides up-to-date fact-based information on COVID19. They label it as a “a page where bona fide nerdy girls post real info on COVID-19. We are committed to facts” [https://www.facebook.com/dearpandemic/](https://www.facebook.com/dearpandemic/)

As a bonus, here is a link to the Urban Institute, which has put together a page related to policies to protect people and communities from the Coronavirus fallout: [https://www.urban.org/covid19](https://www.urban.org/covid19)
Most university courses consist of one instructor within one discipline, but—in efforts to provide students with different perspectives within the same classroom—universities occasionally offer interdisciplinary courses with multiple instructors. I had an opportunity to direct a course like this about 7 years ago, and I am not being modest when I say that it did not go well. The goal of the course was to give students an interdisciplinary perspective on health disparities by bringing in a professor or expert every class period from a different discipline (e.g., economics, medicine). As course director, my role was to oversee the course—inviting speakers, designing and grading assignments, giving occasional lectures, and answering questions. Some elements of the course worked great. Students were engaged with the material, they found the diverse perspectives challenging and informative, and they gained new insight into why reducing health disparities requires multiple disciplines working together. But the positives of the course were overshadowed by students’ confusion, as I had thrown them into an interdisciplinary environment without enough preparation and guidance.

I’ve now had experience with two other co-taught interdisciplinary classes that have been much more successful. I serve as course director for Dentistry & Culture, required for all first year dental students, and I provide some instruction and oversee other instructors from sociology, political science, communication studies, nursing, public health, and biostatistics and community guests (e.g., YWCA director, therapist). I have also been an instructor in a 9-credit hour course on sex and gender in the Honors College. I helped design and teach the course alongside faculty from psychology, biology, art, political philosophy, and English as well as guest lecturers from other departments and the community (e.g., a rabbi, a pediatric endocrinologist). Through my experience in both of these courses and from learning from the experiences of others involved in similar courses, I offer three tips for co-teaching interdisciplinary courses that I wish I had known in my first experience.

First, start planning this type of course early and establish clear communication lines between instructors. For both courses, we began meeting and actively writing the syllabus, deciding readings, determining assignments, and lining up speakers eight months before the start of the course. These courses’ success depends on strong organization and clear expectations. Co-taught interdisciplinary courses have two common pitfalls. First, the instructors might be too repetitive with one another. In the Dentistry & Culture class, most of the instructors are sociologists, and we learned quickly that students didn’t appreciate that most of us started every lecture with a quick Sociology 101 overview. We became familiar with what other instructors were teaching, and we worked to build on their material but not repeat it. Alternatively, every lecture might try to be on its own terms, with no overlapping content with other lectures and so no clear sense to students as to how these disciplines are in conversation with each other. Clear communication between instructors—facilitated early and often by the course director—and careful course planning play a large role in preventing either of these issues from occurring.
Second, be upfront about the challenges—and benefits—of an interdisciplinary course. In the sex and gender course I co-taught, students heard from a wide-range of speakers who often disagreed with each other. Most of our students were only a year or two out of high school, and used to a learning model where what is known—and thus what they should know—is clear. So when one instructor discussed sex differences in the brain and a second instructor dismissed the existence of meaningful sex differences, students were confused—especially because many then worried about what to write on an exam. This even occurred when we had instructors from similar fields. In one class period, we had a religion panel in which the Methodist preacher and Catholic priest disagreed about what their shared religious texts said about sexuality. Although this is a challenge for the students, recognizing these areas of disagreement is one benefit of an interdisciplinary approach. We regularly checked in with students to remind them that the disagreements they observed were real, and that their job as critical thinkers was to evaluate the different positions. As researchers, we know that interdisciplinary research is hard but rewarding; this is also the case for interdisciplinary learning. Instructors in these environments benefit their students by helping them develop the complex tools of interdisciplinary thinking and communicating.

Third, use a “mixed-methods” approach to teaching. The benefit of multiple instructors is that students don’t hear the same person lecture day after day. But it can be easy to think that changing instructors is enough innovation. Students learn best through active participation, especially as interactive activities allow students to recognize their own expertise. Well-designed assignments within and outside of the classroom also help with the tension of learning from an interdisciplinary standpoint. These active learning opportunities give students a place to articulate the tensions they are observing and discuss what they see to be the values and difficulties of interdisciplinary work. Well-moderated discussions give a space for students to connect ideas and stories from community members (e.g., a former dentist who dealt with drug addiction, a state representative working to change sex education laws) to those from more traditional academics, and also give them a space to share their own experiences.

Co-taught interdisciplinary courses are to the benefit of students (and to the faculty who get to sit in), exposing them to a diverse range of disciplinary methods and theories—and to community experts and practitioners—in a way that often only universities are equipped to offer. Regardless of specific topic, approach, or mix of disciplines, interdisciplinary courses are a valuable resource, pushing us all outside of our disciplinary comfort zone.

I’d love to hear other experiences or advice for co-teaching interdisciplinary courses. Feel free to either email me (mthomeer@uab.edu) or send me a Tweet (@miekebeth), and I’ll be sure to share ideas on Twitter or in a future column.

Image from “A Case of Irregularity” in the first issue of the Dental Cosmos, a 19th century magazine for dentists.

Digitized copies available at https://quod.lib.umich.edu/d/dencos/
Career and Employment

Preparation is critical to have a successful on-campus job interview. However, even the best preparation cannot cover all possible situations. Kelly faced just such a situation at a recent on-campus job interview. We thought this might be a great opportunity to share her experience and to share a few tips that may be helpful for other unexpected situations.

Kelly was in the second day of an on-campus interview and was eating lunch with a few undergraduate students when the electricity in the dining hall went out. If this wasn’t disconcerting enough, she soon found out that the electricity had gone out not just in the dining hall but across the entire campus and town. This was just before she was to present her job talk and lecture to a class! To make a long story short, she taught the class with just the light from the windows and gave her job talk with the committee looking over her shoulder to see her Prezi presentation on her computer. No matter the small chance of having just such an experience, we can draw some lessons from Kelly’s experience as a way to prepare for any other number of unexpected situations:

1. **Have hard copies of documents.** This may include charts or graphs that are central to your job talk, or images and tables that may supplement your class lecture. If things go wrong, you can remain calm and in control.

2. **Have backup presentations on fully charged devices.** Make sure that you download any PowerPoints or presentations that you will be using. This can help in case you have to present in an area without internet access. Additionally, if you have these materials saved on a fully charged laptop, you can ensure access to your materials.

3. **Relax and Take a Deep Breath.** While interviews can be intense, try and relax as much as you can. If problems arise, your calm demeanor will be appreciated by the search committee.

We reached out to graduate students currently on the job market for their experiences. We think it’s important to highlight her some of the unusual and personal questions they have been asked in their interviews. Questions have included:

1. In what ways have your changed over the past year?
2. What book are you reading now or have recently read?
3. How do you engage in self-care?
4. If you could be anywhere in the world right now, where would you want to be?
5. What dish would you bring to a department potluck?
Career and Employment

Though these questions are interesting, it seems that they aim at getting to know the candidate on a personal level. As candidates we prepare so much that we know our job talk backwards and forwards, can speak to our strengths as instructors, and can clearly explain why we would make a great fit in that department. Still, you must remember that colleges and universities are hiring someone to become part of their team, not just a top-notch scholar! Spend some time thinking about how you want to present yourself as a colleague, too.

Finally, here are a few resources with tips on preparing for an academic interview:

https://www.training.nih.gov/assets/Preparing_for_Academic_Interviews_Handout.pdf

https://www.theguardian.com/higher-education-network/blog/2014/feb/07/prepare-academic-interviews-top-tips

https://www.insidehighered.com/advice/2017/12/06/eight-tips-strong-job-interview-opinion

Social distancing instructions to prevent the spread of the novel coronavirus COVID-19
Introducing the Sociology of Health Professions Education Collaborative

Who We Are

The Sociology of Health Professions Education Collaborative was founded in 2015 as an interest group to connect scholars of the sociology of medical education. As our reach has expanded internationally, our mission has also widened to include research on training and work in the health professions more broadly. We are now a group of 150+ scholars who are connected via listserv, website, twitter, and in-person at conferences.

Historically an important subfield within medical sociology, the sociology of medical education has produced some of the most significant medical sociology and sociology of professions research of the past half century. One of our aims is to link this legacy to the ongoing work in our subfield. Specifically, the goals of the Sociology of HPE Collaborative are to create a welcoming community in order to forge collaborations, keep pace with work in progress, and support scholars across their careers. In forming this community, we have seen concerted attention directed to some of the most pressing questions of sociology at large. Moving beyond the classic studies of professional socialization, our scholars examine structural and cultural mechanisms of the reproduction of inequality, the role of material culture and affect in professional socialization, historicized accounts of changing professional dynamics, and other questions important to medical sociology.

We have an active twitter presence, annual mini-conferences, specialized panels at major social science conferences, and social gatherings at the ASA Annual Meeting. We welcome new members—please see below for ways to become involved with our activities!

The Sociology of Health Professions Education Collaborative Executive Board

- Kelly Underman
  - Drexel University

- Alexandra Vinson
  - University of Michigan

- Laura Hirshfield
  - University of Illinois-Chicago

- Tania Jenkins
  - UNC Chapel Hill

- Lauren Olsen
  - Temple University

Dispatch from the Field: Eastern Sociological Society 2020

The ESS Mini-Conference on Health Professions Education was held over two days, February 28-29, in Philadelphia. The mini-conference featured 33 presentations over eight sessions on a wide range of topics, including empathy, status, burnout, expert knowledge production, evaluation, and socialization.
Introducing the Sociology of Health Professions Education Collaborative

The presentations featured a range of sociological methods, from survey analyses to ethnographic research to computational methods and content analyses of blogs, fora, Twitter and Reddit. Each session was 90 minutes, which meant that there were 20-25 minutes of vigorous discussion following the talks. This allowed for in-depth engagement from the audience, which regularly numbered around 30 people for each session. We also live-tweeted the conference from our group’s twitter handle (@soc_hpe) using the hashtag #esshpe, which received much engagement on Twitter.

Presenters came from a wide range of scholarly backgrounds and included sociologists working in sociology departments, sociologists working in health professions schools and organizations, clinicians (including a physician and a pharmacist), and other scholars, such as a librarian, a managerial scholar, and an architect. Hailing from the Eastern US, the South, the Midwest, and even Canada, presenters spanned various career stages, including: 3 undergraduate students, 7 graduate students, 2 post-docs, 1 medical student (with several more in the audience), 1 department chair, and 1 associate dean.

The mini-conference also featured a dinner on Friday evening, where 27 participants attended and continued their conversations from earlier in the day. Many participants have told us that it’s their favorite conference of the year, and given the excellent turnout and continued interest over the last two years, we look forward to doing it again next year!

Please join us!
You can find out more about our community at https://www.soc-hpe.com/

To join our listserv, please contact Kelly Underman at kelly.underman@drexel.edu

Our twitter handle is @soc_hpe

Save the Date
Our annual ASA social gathering will take place on Monday, Aug 10th.

Time and location TBD.
Welcome to the spring issue of the Medical Sociology newsletter. I started planning this issue in late February, and it is an under statement to say that the world has changed significantly since then.

The coronavirus pandemic we are experiencing reminds us of the vital importance of our work as medical sociologists and the related work some of us do in health demography, health policy, epidemiology, and public health among other cognate areas.

The final word on our section’s relevance really has to go to 2019 Reeder Award winner Stefan Timmermans

Recent articles by section members


New books by section members


https://nyupress.org/9781479864621/save-my-kid/

Use code Gengler30 for 30% off at the NYU press website.

Families who have a child with a life-threatening illness face a daunting road ahead of them, one that not only upends their everyday lives, but also strikes at the very heart of parenthood. In “Save My Kid,” Amanda M. Gengler traces the emotional difficulties these families navigate as they confront a fundamentally unequal healthcare system in the United States. Gengler reveals the unrecognized, everyday inequalities tangled up in the process of seeking medical care, showing how different families manage their children’s critical illnesses in fundamentally different ways and with very different resources. She also uncovers the role that emotional goals—deeply rooted in the culture of illness and medicine—play in medical decision-making, healthcare interactions, and the end of children’s lives. A deeply compassionate read, “Save My Kid” is a frank analysis of the medical and emotional inequalities that pervade the illness and help-seeking process, and an inside look at inequality in healthcare among those with the most at stake.

Amanda Gengler is an Assistant Professor of Sociology at Wake Forest University
Books

Mark Sherry, Terje Olsen, Janikke Solstad Vedeler and John Eriksen (eds), Disability Hate Speech: Social, Cultural and Political Contexts, Routledge, 2019.

This book, the first to specifically focus on disability hate speech, explains what disability hate speech is, why it is important, what laws regulate it (both online and in person) and how it is different from other forms of hate. Unfortunately, disability is often ignored or overlooked in academic, legal, political, and cultural analyses of the broader problem of hate speech. Its unique personal, ideological, economic, political and legal dimensions have not been recognized until now. Disability hate speech is an everyday experience for many people, leaving terrible psycho-emotional scars. This book includes personal testimonies from victims discussing the personal impact of disability hate speech, explaining in detail how such hatred affects them. It also presents legal, historical, psychological, and cultural analyses, including the results of the first surveys and in-depth interviews ever conducted on this topic in some countries. This book makes a vital contribution to understanding disability hatred and prejudice, and will be of particular interest to those studying issues associated with hate speech, disability, psychology, law, and prejudice.

Part One is entitled “The nature of disability hate speech.” It contains chapters called “Disability hate speech laws” by Mark Sherry and Louise Walker, “Disablist hate speech online” by Mark Sherry, and “Towards a conceptual and experiential understanding of disablist hate speech: Acceptance, harm, and resistance” by Leah Burch. Part Two is “The personal impact of disability hate speech” and it contains chapters the following chapters: “They think they can call me anything” by Armineh Soorenian, "Very bad bedside manner: Medical professionals and hate speech" by Sheri Wells-Jensen and Claire Wells-Jensen, "Everyday ableism and hate speech: A tale of three encounters in one day" by Damien Milton, and "Hate speech and dwarfism: The influence of cultural representations" by Erin Pritchard. Part Three is "Disablist hate speech within a geopolitical context" and contains "Hate speech targeting Sami people with disabilities" by Line Melbøe and Hege Gjertsen, "Stereotypes fomenting hate: Perceptions, stigma, and real-world consequences for Africans with disabilities" by Mark P. Mostert, "Amputation of disability as hate speech pattern in Poland" by Beata Borowska-Besztà, "Disability under austerity: Do some forms of political rhetoric constitute disability hate speech?” by Lisa Davies, "Hat speech by carers: Exploring an Australian case" by Mark Sherry and Solomon Amoatey, ‘’Hammerin’ Hank, (dis)ablism, racism, homophobia, and hate speech” by Stephen A. Rosenbaum, and “Hate speech as an expression of disablism: An examination of reported hate speech experiences and consequences” by Terje Olsen, Janikke Solstad Vedeler, and John Eriksen.

Mark Sherry is Professor of Sociology at The University of Toledo, Terje Olsen is Research Director at Fafo Institute for Labour and Social Research in Oslo, Norway, interests include welfare state issues, disability studies, youth research, marginalization, labour market participation, legal rights and access to justice for persons with disabilities. He is Editor-in-chief of the journal Nordic Welfare Research, Janikke Solstad Vedeler is a Senior Researcher at Norwegian Social Research at OsloMet - Oslo Metropolitan University and at the Nordland Research Institute, and John Eriksen is Emeritus Researcher and formerly a Research Director at NOVA - Norwegian Social Research Institute, Oslo, Norway.
Books


Everyday suffering—those conditions or feelings brought on by trying circumstances that arise in everyone’s lives—is something that humans have grappled with for millennia. But the last decades have seen a drastic change in the way we approach it. In the past, a person going through a time of difficulty might keep a journal or see a therapist, but now the psychological has been replaced by the biological: instead of treating the heart, soul, and mind, we take a pill to treat the brain.

Chemically Imbalanced is a field report on how ordinary people dealing with common problems explain their suffering, how they’re increasingly turning to the thin and mechanistic language of the “body/brain,” and what these encounters might tell us.

Drawing on interviews with people dealing with struggles such as underperformance in school or work, grief after the end of a relationship, or disappointment with how their life is unfolding, Joseph E. Davis reveals the profound revolution in consciousness that is underway. We now see suffering as an imbalance in the brain that needs to be fixed, usually through chemical means. This has rippled into our social and cultural conversations, and it has affected how we, as a society, imagine ourselves and envision what constitutes a good life. Davis warns that what we envision as a neurological revolution, in which suffering is a mechanistic problem, has troubling and entrapping consequences. And he makes the case that by turning away from an interpretive, meaning-making view of ourselves, we thwart our chances to enrich our souls and learn important truths about ourselves and the social conditions under which we live.

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