A PUBLICATION OF THE MEDICAL SOCIOLOGY SECTION OF THE ASA

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# MEDICAL SOCIOLOGY NEWSLETTER

WINTER 2011

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## PHIL BROWN 2012 REEDER AWARD WINNER

### BY PETER CONRAD, BRANDEIS UNIVERSITY

I am delighted that Phil Brown will receive the 2012 Leo G. Reeder Award. Phil is an outstanding medical sociologist and has excelled in scholarship, teaching, and mentoring over his thirty-year career. He has also been an exemplary contributor to both the discipline and the ASA medical sociology section.

Phil received his Ph.D. in 1979 from Brandeis University, with Irving K. Zola as his mentor and dissertation chair. After teaching at University of Massachusetts at Boston and Regis College, Phil moved to Brown University in 1980 where he has been on the faculty for 30 years.

Phil is an exceptional medical sociologist. He has written or edited nine books in medical sociology and over ninety articles and chapters. His early work focused on psychiatry and mental health, especially his first book *The Transfer of Care: Psychiatric Deinstutionalization and its Aftermath* (1985). This work on the policies surrounding the deinstutionalization of mental patients has become a benchmark in the sociology of mental health. His subsequent fieldwork, based on research at Mass Mental Health Center, probed the vicissitudes of psychiatrist-patient interaction and resulted in several papers examining the construction of diagnosis. He also wrote a penetrating paper on the emergence of tardive dyskinesia as a sociomedical problem (1986) and was among the first to examine the corporatization of mental health (1989). Always sensitive to the plight of the underdog, Phil wrote a series of important papers on mental patients rights, including the right to refuse treatment (1984, 1986, and 1988). These papers foreshadowed his long interest in health activism.

In the late 1980s Phil began research on the "cancer clusters" in Woburn, MA (later to be made famous by Jonathan Harr's book A Civil Action and the subsequent movie). No Safe Place *(*1990), co-authored with Edwin J. Mickelson (which has not yet been made into a movie), is an excellent book on the mobilization of the community in the context of the cancer clusters. This research marked an important turn for Phil, as he was now focusing his research on the impact of the environment on health. This included the development of his by now well-known concept of "popular epidemiology" (1987, 1992), harkening back to the origins of what has been called "shoe leather epidemiology." He has also published a number of articles extending medical sociology more directly into environmental health (1997, 2000) and edited a special issue of a journal on the topic (2002).

Phil's Woburn research also led him to examine a variety of health social movements, particularly environmental movements. Phil has obtained several competitive grants (Robert Wood Johnson, NIH, NSF, and NIEHS) to examine a linked project examining "Contested Illnesses and disputes over environmentally induced disease," "citizen-science alliances in contested environmental illnesses," the construction of health risks in labor and environmental movements, and advocacy groups

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## REMINDERS

- **MSN Spring deadline March 23, 2012**
- **2012 ASA Annual Meeting August 17-20, Denver, Colorado**
- **2013 ASA Annual Meeting August 10-13, New York City**

## PHIL BROWN 2012 REEDER AWARD WINNER

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and environmental justice. This is a huge project examining three contested environmental illnesses: breast cancer, gulf war syndrome and small particle asthma. Phil and his co-authors have in the past five years published nearly twenty articles from this study. The book based on this research, Toxic Exposures: Contested Illnesses and the Environmental Health Movement, was published in 2007. Along the way, Phil has written several articles and edited a volume specifically on health social movements, attempting to make new connections between medical sociology and social movement research and theory. Phil has just completed a major co-authored book, Contested Illness: Citizens, Science and Health Social Movements, forthcoming from University of California Press.

It is clear that Phil has made wide ranging and significant contributions to medical sociology. He has also expanded our medical sociological gaze to include analyses of the environment and social movements. This creation of this kind of intellectual connection is unique and broadens the scope of medical sociology in important and fruitful ways.

While accomplishing this Phil has been an outstanding mentor to young sociologists, especially at Brown University. Perusing his CV, I found at least 13 articles prior to his most recent contested illness research that were co-authored with students (including a few undergraduates). Of his recent research on contested environmental illnesses and environmental health activism, no fewer than 30 pieces are coauthored with his students. In addition to including students on his research teams, he has also been very successful at obtaining grant support for his research project and his students. Phil also mentors students at professional meetings, supporting their presentations and introducing them to fellow colleagues. Since I have shared a hotel room with Phil at ASA for over a decade, I have met many of these students and seen Phil's caring and sharing close up. He has also been dissertation advisor to dozens of doctoral students at Brown, including a number who are now tenured professors at first-rate institutions.

Phil has been a fine citizen for the section. He has held many offices in the Medical Sociology Section, including chairing the nominations committee, health policy and research committee, spent numerous years on council, and served as Section Chair from 1996-1997. Perhaps Phil's most distinctive contribution was organizing and presiding over the Medical Sociology book raffle for at least 5 or 6 years. This was a huge amount of work and required a good sense of humor. It is interesting that Phil doesn't list the achievement on his CV, perhaps for fear that someone will ask him to do it again! Finally, Phil has served on the editorial board of five medical sociology journals, including *International Journal of Health Services, Journal of Health and Social Behavior, Sociology of Health and Illness, Health,* and *Culture, Medicine and Psychiatry*.

In addition to being an outstanding scholar, superb mentor, connector with other disciplines, and exemplary medical sociological citizen, Phil is also just a plain good guy and a wonderful colleague. We have been friends for over two decades, and he is always an astute and willing reader of my work (and I know he reads the work of many others). He is also a voracious tennis player, a pianist who plays in a Klezmer band, was the heart and soul of the Catskill Institute (and author of two books on Catskill Culture), and is a guy who enjoys tinkering around his house. I sometimes marvel at where he gets all his energy, but I am pleased he has put so much of it into medical sociology so we can all benefit from it.

**DON'T FORGET TO RENEW YOUR ASA MEMBERSHIP & YOUR MEMBERSHIP IN THE MEDICAL SOCIOLOGY SECTION!**

## SEEKING NOMINATIONS FOR 2013 REEDER AWARD

### Nominations are due by June 1, 2012

The Medical Sociology Section invites nominations for the 2013 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in New York City. This award is given annually for Distinguished Contribution to Medical Sociology and recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to 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 letter of nomination, at least two other suggestions for nominators, and the nominee's curriculum vitae to Allan V. Horwitz, Chair-Elect of the Medical Sociology Section, at: ahorwitz@sas.rutgers.edu.

## NOTES FROM THE CHAIR BY ERIC R. WRIGHT

Dear Colleagues,

Happy New Year! I hope you had restful holiday season. The winter issue of the Medical Sociology Newsletter is always one of my favorites because it highlights an extraordinary colleague. This year's Leo G. Reeder Award winner is Phil Brown. Phil's extraordinary accomplishments in scholarship and teaching as well as his extensive service to the Section are well summarized by Allan Horwitz and Peter Conrad above.

The fact that Phil is receiving this honor has special meaning for me personally. As a graduate student many years ago, I remember vividly meeting him at one of my first ASA meetings. Like many graduate students, I was very nervous when we met because I had read and admired much of his work in some of my early graduate seminars. Phil's relaxed and unassuming demeanor, though, immediately put me at ease. We had an intriguing conversation about the impact of deinstitutionalization on people and families struggling with mental illness. I walked away from that conversation with a stronger sense of professional self-confidence that I might someday be able to join the scholarly conversation of medical sociology.

Like most prior Reeder recipients, Phil exemplifies one of the things I treasure most about our field: a genuine and widely shared commitment to welcome and mentor younger scholars. Phil probably does not even remember our conversation. Frankly, I am not sure I remember much of the substance either, other than the general subject area. However, what I do remember quite clearly is the feeling I had afterward when it hit me that someone of his intellectual caliber, who was not one of my professors, willingly took a few minutes to welcome me into the profession.

Over the years, I have observed Phil and many others do the same for many other graduate students and younger colleagues. I firmly believe that it is this spirit that is behind the success of our Section within the ASA and why the field is such an intellectually vibrant one.

I look forward to congratulating Phil and all of our other award winners in Denver in August, and I hope that you have a healthy, prosperous, and inspiration-filled 2012.

Warm regards!

Eric R. Wright

## 2012 ELIOT FREIDSON OUTSTANDING PUBLICATION AWARD: SEEKING BOOK NOMINATIONS

### Nominations are due by February 15, 2012

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 2012 award will be given to a scholarly book published in either 2010 or 2011. The book may deal with any topic in medical sociology, broadly defined. Co-authored books are appropriate to nominate; edited volumes are not eligible. Self-nominations are permissible and encouraged. Publishers may not make nominations. When making a nomination, please indicate (however briefly) the reason for the nomination. You do not need to send a copy of the book.

Nomination letters can be sent to: Kristin K. Barker, Associate Professor of Sociology, School of Public Policy, Oregon State University, Fairbanks Hall, Corvallis, Oregon 97330. Alternatively, nomination emails can be sent to Kristin.barker@oregonstate.edu with the subject line: 2012 Freidson Award Nomination.

## SEEKING NOMINATIONS FOR 2012 SIMMONS AWARD

### Deadline for receipt of all submission materials is March 1, 2012

Nominations are being accepted for the 2012 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the 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 2012 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 and an award certificate, and will attend the Reeder dinner as a guest of the Medical Sociology section. Please send all materials to: Richard Miech at richard.miech@ucdenver.edu.

## SEEKING NOMINATIONS FOR 2012 LOUISE JOHNSON SCHOLAR

### Nominations are due by March 26, 2012

The Medical Sociology Section will select a student member of the section to be the 2012 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 and a former colleague of Louise Johnson. The Scholar will receive travel funds up to $350 to present at the annual ASA meetings in Denver and to attend section events, and 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.

To apply, please send: 1) a copy of your acceptance notification to present at the 2012 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: Sara Shostak, Department of Sociology, MS 071, Brandeis University, Waltham, MA 02454. Email submissions can be sent to sshostak@brandeis.edu with the subject line: 2012 Louise Johnson Scholar Nomination.

## CAREER & EMPLOYMENT BY WILLIAM COCKERHAM

This column picks up where the last one left off (interviewing at ASA) concerning tips about getting a job in a sociology department. If you are interested in a particular position, then make applying for it a priority by getting your application in before the deadline. While this may seem obvious (and it is), the deadline is important because recruiting committees meet at that point to draw up their short list of candidates. If there are many candidates, a tentative short list may have been made prior to the deadline and awaits only a review of last minute candidates to be finalized. Thinking that as long as an application is postmarked prior to the deadline it will be considered could well be a mistake. Sociology Departments are not the IRS and applications that dribble in a few days after the deadline—regardless of the postmarks—may be too late. The recruiting committee may have already made its recommendations to the faculty since everyone wants to get moving with the recruiting process.

Of course, many departments today accept electronic submissions, including letters of recommendation, which avoid the postmark situation. The point is: get your application in before the deadline by whatever means are acceptable. And don't wait until just before the deadline to submit it. Why? One thing that applicants do not consider is fatigue. Not their fatigue, but that of department recruiting committees who find themselves reviewing scores of applications over a period of several weeks. Toward the end, they get tired and later applications may not be reviewed with the same energy and attention to detail as those that come in earlier. So try to submit an application well before the deadline. It can make a difference. Recruiting committees may find it easier to disregard or give cursory examinations to later applications if they have their favorites among the applications already on hand.

*So putting off submitting an application to work on a paper or grant is not a good idea. If the job is important, make the application a priority.*

What if you submit your application on time and do not hear anything as the weeks go by? What it means is that you did not make the short list and probably will not be interviewed on campus for the job. Some departments do poorly in keeping their applicants informed about the status of their applications. Some make mistakes. Years ago when I was on the faculty of a Big Ten university, we interviewed a job candidate on campus and never informed the person he did not get the job (he had a very marginal area of research).

Three months later, the individual called the department chair and asked what happened. It was somewhat embarrassing as neither the chair nor the recruiting committee had remembered to give him the bad news. This was an extreme situation, as eventually all applicants should hear something unless the department has serious administrative problems or simply overlooks an applicant as in the example above. However, if you feel you have to call to find out whether you got the job, you probably did not get it. If a department wants you, it will come after you.

Is not hearing anything initially always unfortunate? It usually is, but not all departments always get the top applicants on their short list. Usually applicants apply to many places and department and university reputations, salaries, research opportunities, potential colleagues, regional preferences, location of family members, and the like all enter into decisions about whether to take a job or not. Some departments are disappointed when their offer is turned down and have to continue their search past the initial stage. Consequently, a secondary job market kicks in the first few months of the calendar year. Applicants who have not received a rejection letter for their fall application should still be in the game. Departments may "bank" some promising applications as a reserve pool in case their initial short list does not result in a hire, even though some of these persons may no longer be available. After all, compiling a short list is not an exact science. Someone who looks good on paper may be disappointing in person for a number of reasons. Or otherwise highly qualified candidates may be affected by diversity needs as race and perhaps gender influence selections. Departments, themselves, may be disappointing in some way to the candidate who turns an offer down to accept an offer from a preferred university. And, in some cases, departments may have new faculty positions that are not approved until late in the academic year.

So there is a secondary market that continues the job opportunities for applicants who not hired in the fall. This market mirrors fall recruiting but has the advantage of not having competition from those who have accepted jobs. So until a rejection letter or email arrives, there is still a possibility of a job even though the potential lessens significantly as time goes by. The secondary market should be opening up now. Good luck!

Send your suggestions for future career and employment columns to: wcocker@uab.edu.

# TEACHING TIPS BY KATE STRULLY

Many of us, at some point or another, have tried to lead a "policy debate" in the classroom. These are sometimes wonderfully successful, lively discussions, punctuated by students' insightful comments. However, other times when we open the floor for debate, the discussion may fall flat and be punctuated by awkward silences rather than insightful comments. As I currently work on revising my syllabi for the up-coming spring semester, I have been trying to think about what makes for a successful or unsuccessful contemporary policy debate exercise in a Medical Sociology class. I often try to focus on policy debates that the students are experiencing in semi-"real time" during that semester. For instance, when teaching medical sociology in fall semester 2009, I had the students debate influenza vaccination and control strategies related to that winter's swine flu outbreak. Later that same semester, I had the students debate some of the key features in the early House and Senate proposals for Obama's health care reform. In my best-laid plans, students spend some time outside of class getting background information on the contemporary issue I've chosen, feel inspired because it resonates with their current lives, and come to class excited and ready to debate the pros and cons of different policies and intervention strategies. In reality, of course, these exercises sometimes work much better than others.

As I have been reflecting on my past attempts to incorporate "real time" Medical Sociology controversies into my classes, it seems that there a few key features that distinguish relatively more successful efforts at in-class policy debates.

**First**, there must be clear cleavages in the underlying logics and perspectives on the opposing sides of the debate, and it is important to avoid getting too wonkish about policy details. For instance, students seemed very interesting in debating different swine flu vaccination and control strategies during winter 2009 because arguments for and against different strategies aligned with broader tensions between individual rights and public safety in population health. On the other hand, my attempt to have the students debate the different points of the House and Senate preliminary proposals for Obama's health care reform plan in spring 2009 fell flat. In retrospect, this is unsurprising; the proposals were too similar in their key features and the points of debate became too focused on policy details.

**Second**, it is important to find good and accessible background information on the debate for the students to go over before class. Particularly when dealing with an issue that is very current, it can be challenging to find background sources that are appropriate and accessible for the students. Some options are New York Times summaries/news analyses, National Public Radio podcasts, and publications by think tanks (e.g., Urban Institute, the Kaiser Family Foundation, etc).

**Third**, in order to highlight the key distinctions in the debate and keep the discussion focused, it is helpful to assign students to groups with clearly defined positions for or against a given intervention/policy position. Engaging an entire class in open-ended policy debates and discussions can be interesting. But, particularly for larger classes, it can be useful to divide the class into multiple groups. Each group should be asked to argue one single side of the debate. After giving the students time to talk in their groups, each group can present the key points of their position. I find it helpful to have each group designate in the beginning a note-taker to write down the group's key points and a spokesperson to present the key points at the end. It is a good challenge for the students to have to argue a position they might not necessarily agree with. And, at the end of the exercise, you can give the students the opportunity to explain why they did not agree with the position they were assigned to, or ask them if they were persuaded to change their views during the course of the debate.

Send your suggestions for future teaching tips columns to: kstrully@albany.edu

# STUDENT NEWS AND VIEWS
## BY SONIA BETTEZ AND TENNILLE MARLEY

Our focus this year centers on sharing perspectives from prominent medical sociologists about how they decided to pursue a career in this field, and the rewards and challenges of carrying out that decision. We invite you to send us your comments and suggestions to: medsocstudentviews@gmail.com

***For this issue we interviewed our advisor, Dr. Howard Waitzkin.***

***Dr. Waitzkin is Distinguished Professor Emeritus at the University of New Mexico. He received his Ph.D. (sociology) and M.D. degrees from Harvard University and obtained his subsequent clinical training in internal medicine as a resident, fellow, and Robert Wood Johnson Foundation Clinical Scholar at Stanford University and Massachusetts General Hospital.***

His work has focused on health policy in comparative international perspectives and on psychosocial issues in primary care. He is involved in advocacy for improved health access and recently has been conducting studies of Medicaid managed care in New Mexico, the diffusion of managed care to Latin America, and global trade and public health, supported by the U.S. Agency for Healthcare Research and Quality, the World Health Organization, the National Institute of Mental Health, and the United Nations. His work on patient-doctor communication and psychosocial issues in primary care has been funded by the National Institute on Aging, the National Institute of Mental Health, the Agency for Healthcare Research and Quality, and the Robert Wood Johnson Foundation.

Dr. Waitzkin has received recognition as a Fulbright New Century Scholar, fellow of the John Simon Guggenheim Memorial Foundation, recipient of the Jonathan Mann Award for Lifetime Commitment to Public Health and Social Justice Issues from the New Mexico Public Health Association, and recipient of the Leo G. Reeder Award of the American Sociological Association for Distinguished Scholarship in Medical Sociology (the highest career achievement award in the social sciences pertinent to medicine). The Nominations Committee of the Medical Sociology Section recently nominated him as a candidate for Section Chair in the 2012 election. He has published over two hundred articles and five books; his latest book, Medicine and Public Health at the End of Empire (2011), focuses on the social history of empire and how medicine and public health are changing as we enter what he calls the "postempire era."

**S&T**: *Please tell us about the journey that brought you to issues of health, medical care and access to care.*

**Waitzkin**: I went into medicine by way of community organizing. I was involved in the civil rights movement, stemming from some personal issues that my family and I had experienced with block busting, a horrible practice in which low-income communities were divided on the basis of racism and manipulation of property values. From that, I got involved in various aspects of the civil rights movement both in high school and in college. In 1968, during the strike organized by Students for a Democratic Society, I worked with a community in Roxbury, a low-income part of Boston, to resist the destruction of housing by Harvard Medical School. One of the demands was the reversal of that destructive process. I also was influenced by a viewpoint expressed by Jack Geiger and others at the time who viewed medicine as a route for community organizing and empowerment. There had been a number of experiments, both in the Boston area and in Mississippi, that were inspirational. I saw the importance of uniting perspectives in medicine with those of the social sciences and also approaches to organizing communities. From these experiences I became very interested in social aspects of health and illness, the social determinants of illness and early death, health policy, and also the patient-doctor

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relationship and patient-doctor communication. Those themes brought me into medical sociology and have stayed with me through my whole career.

S&T: *We often hear that academia and activism are not compatible. What is your view?*

Waitzkin: My own view is that the combination of intellectual work and activism actually has a long and wonderful history. As Noam Chomsky and others have pointed out, there's responsibility that we have as intellectuals to try to combine both and to use our intellectual skills in the process of demystifying the dominant paradigms and hegemonic ideas that maintain current patterns of oppression, not only in the United States but also worldwide. So I personally have found that the combination of activism and intellectual work is very gratifying, dangerous at times, ineffectual at times, but ultimately worth doing.

S&T: *What would you consider your most notable successes?*

Waitzkin: At this point in my life, I feel that my mentoring has been important in my sense of my own accomplishments. This realization seems a bit strange because until about ten years ago I actually didn't view myself quite that way. I have been considered a good teacher and mentor, but I did not consider these activities as a central focuses until recently. Especially since coming to the University of New Mexico, and in the process of being awarded the Presidential Teaching Fellowship (which the University considers its highest teaching award), I had to formulate my philosophy of teaching and mentoring. Based on that, I wrote an article that was published in the Chronicle of Higher Education. It is called "Recognizing the Stranger in Paradise," which refers to the ways that a teacher can recognize and support learners from deprived social backgrounds. Such learners, with origins similar to my own, often feel like strangers in academic institutions. My efforts have contributed at least in a small way to their nurturance and flowering.

I also have become grateful to realize that through a number of my books and articles I have influenced the thinking and actions of many people around the world who continue to approach me and encourage me to contribute to their own development and their own struggles. For example, a few weeks ago I was asked to talk about my most recent book, Medicine and Public Health at the End of Empire, in Turkey and Greece, where people feel that my approach helps them in their current conflicts and dilemmas of struggling for their rights. In this case they are fighting against massive attempts by the International Monetary Fund and various governments of Europe as well as the United States to impose drastic cutbacks in health care, education and public services that will prove dangerous and hurtful for much of the population.

S&T: *What advice do you have for those of us who are in our early careers or aspiring in the area of medical sociology?*

Waitzkin: I hope that the intellectual skills and insights you are developing will prove helpful in their own right but also will contribute to progress toward a more humane society. I think that your successes actually will be greatest if you know and follow your passions and not worry too much about the mainstream types of expectations that you'll encounter. My advice is to be innovative and courageous. I would encourage you to become as fearless as you can in pursuing your work.

S&T: *Where do you see medical sociology going?*

Waitzkin: Medical sociology incorporates contradictions that we see in academia. There is a version of medical sociology, as practiced to a limited extent in the United States but much more so in Europe and Latin America, intimately tied to notions of social medicine and collective health. In my view, studying the social structures that are deleterious to health outcomes, mortality and morbidity can lead us to envision more humane and health-promoting ways to organize society. The viewpoints about which I've written and taught – such as the history of social medicine, in the work of Engels, Virchow and Allende – have become central for medical sociology in Latin American and fairly central in Europe and Asia. Such perspectives remain much less central in the United States, where medical sociology sometimes espouses conservative values that, from my point of view, contribute to our problems rather than to our solutions. Much work within our field remains

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reductionist and looks at units of analysis at the individual level, with individual behavior and individual lifestyle as the foci, rather than conceptualizing these issues at a broader level of analysis. From my and many others' point of view, this broader view becomes a much more effective way to look sociologically at problems of health and illness.

Such contradictions and dialectical shifts have characterized medical sociology in the United States since its inception. Robert Strauss referred to a tension between "sociology in medicine" and "sociology of medicine" – "in medicine" as more reductionist and clinical; and "of medicine" as more macro, more critical and more policy oriented. We have seen this tension for many years in the field, and it is important to remain aware of the tension. I would encourage people to feel that it is perfectly okay and in fact honorable to pursue the more macro and policy oriented issues that have to do with the social determinants of health and illness. Disappointingly, medical sociology as a field and also some organizations like the Robert Wood Johnson Foundation won't come out in favor of, and advocate for, a specific model of national health program and help it actually come to fruition, despite billions of dollars spent on health policy issues. Again, many different policies are studied and advocated, often at a micro level. Yet answering the question of how best to reorganize our whole health care system has attracted inadequate leadership, in my opinion, by medical sociologists and decision makers in foundations and government.

Hopefully, with a new generation entering the field, we'll be able to move ahead in a more positive direction – toward a health care system that provides universal access to services and that also addresses the macro-level determinants of suffering, illness, and early death.

**Recently Published**

Catherine Bliss. 2011. "Racial Taxonomy in Genomics." *Social Science & Medicine* 73(7): 1019-27.