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Notes from the Chair
Brea Perry blperry@indiana.edu

I am delighted and honored to serve as Chair of the Medical Sociology Section this year. First, I owe a huge debt of gratitude to Jane McLeod and Deb Umberson, outgoing Chair and Past Chair, respectively.

I am fortunate to have Jane just down the hall from me, and she has been patiently answering all of my questions about chair-related duties. Both Jane and Deb have been excellent stewards of the section, and have made my job infinitely easier as a result.

It was good to see many of you at the 2018 ASA annual meetings in August. Jane put together an interesting slate of sessions, and managed to organize a nice section reception and delicious awards dinner without breaking the bank (who knew a gallon of coffee would cost $100 in Philadelphia?). Much appreciation goes out to our session organizers, Sirry Alang, Denise Anthony, Tyson Brown, Celeste Campos-Castillo, and Sharon Preeves, and a special thanks to Matt Grace for organizing the roundtables. The section is also grateful to Austin Johnson of the Sociology of Sex and Gender section, who organized our joint session on gender and health. In addition to session fare, we were treated to an excellent Reeder Award address by Paul Cleary. Congratulations to Paul and all the other section award winners!
Notes from the Chair (continued)

I would like to extend thanks to our outgoing section council members, Deb Umberson, Rich Carpiano, Cirila Vasquez Guzman, Andrew London, Corinne Reczek, and Thomas Mackie. I am also indebted to Ann Bell and Barret Michalec, who have turned over the newsletter editorship after many years of truly outstanding service to the section. Evan Roberts has graciously agreed to take over this important job. This year we welcome new council members, Deborah Carr, Miranda Waggoner, Patricia Rieker, Aalap Bommaraju, Shannon Monnat, Jennifer Karas Montez, Robyn Brown, Courtney Boen, Tania Jenkins, and Lauren Olsen. I’m happy to report that Lilla Pivnick has agreed to stay on as manager of the listerv. Please direct any section-relevant announcements to her (lilla.pivnick@gmail.com) or to me (blperry@indiana.edu), and they will be included in the weekly email blast. Sara Rubin will also continue as Book Raffle Chair (more on that later).

I am already looking forward to the 2019 meetings in New York. In line with the theme of the conference (Engaging Social Justice for a Better World), Tiffany Joseph will organize a session entitled, “Health equity, social justice, and social movements.” In addition, we will host the second of two joint sessions this year with the Sociology of Sex and Gender section, which Corinne Reczek has kindly agreed to organize. Finally, I am very excited about a session Joanna Kempner will be organizing that is titled, “DIY Medicine: Hacking health, opting out, self-medicating, and consumer resistance.” We will also have a session for the award ceremony and Reeder Award address, and a session for the roundtables and business meeting. As I am writing this, we are only a few members short of reaching the 1,000 needed to earn an additional section. If we reach our goal, I’ll be announcing another session soon. Thanks to everyone who submitted ideas for session topics. I wish we could accommodate all of them!

In other news, in light of increasingly high reception costs at the annual meetings, we will be exploring additional ways to raise money for the section. We have traditionally accomplished this through the book raffle, but it may be time to explore other possibilities. Sara Rubin and I will be leading the charge. If you have any ideas along these lines, please send them to Sara (Sara.Rubin@ucsf.edu) or to me (blperry@indiana.edu).

Thanks again for putting your confidence in me. I feel very lucky to be a member of this community of scholars, and I look forward to working with all of you over the next year. If you have any suggestions or comments about the section, please don’t hesitate to share them with me. Have a wonderful fall!
The 2018 Howard Kaplan Awards Committee was composed of Richard Carpiano (Council Member-at-large, Chair) and Danielle Bessett (Treasurer).

We had four applicants for the Kaplan Award. For the Howard Kaplan Award, the committee selected Wallis Adams (Northeastern University) 2018 recipient.

Wallis Adams presented her paper “Pocket of People: Forensic Peer Support in Pennsylvania” at this year’s Sociology of Mental Health roundtables and received her award at the Section Business Meeting.

The 2018 Eliot Freidson Outstanding Publication Award was awarded to a book published in the preceding two years. The committee received 21 excellent nominations, and reading the books, the committee was truly impressed with the breadth of cutting-edge scholarship being done in medical sociology, revealing the strength of the section.

The clear winner for the award was Terence McDonnell’s Best Laid Plans: Cultural Entropy and the Unraveling of AIDS Media Campaigns (published in 2016 by the University of Chicago Press). Best Laid Plans tells the story of three different AIDS campaigns and the ways in which they were creatively received by local Ghanaians in ways that challenged their intended purpose. His core theoretical contribution is the concept of “cultural entropy,” defined as the way in which the intended meanings of cultural objects “fracture into a chaos of alternative meanings,” impossible to predict or contain. McDonnell offers practical suggestions to the producers of AIDS campaigns—though entropy is inevitable, it can be managed and shaped to varying degrees and the messages intended can be communicated more successfully. The committee felt strongly that McDonnell’s book offered tremendous insights and theoretical tools to medical sociologists, but was also relevant and useful beyond this case and beyond this field. Committee members used terms like a “stand out contribution,” “engaging and persuasive,” and “original and novel” to describe the book. Congratulations Terry!

I would like to thank my fellow committee members – Brea Perry, Owen Whooley, and Daniel Menchik – for their service to the section by serving on this time-intensive committee.

~ Claire Decoteau
Lauren Olsen wins Louise Johnson Award

The 2018 Louise Johnson Awards Committee was composed of Richard Carpiano (Council Member-at-large, Chair) and Danielle Bessett (Treasurer).

We had seven applicants for the Johnson Award. For the Johnson Award, the committee selected Lauren Olsen (University of California, San Diego) who presented her paper “Emotionally Taxing and Unpaid: The Costs of Racial Instruction in U.S. Medical Schools” at the Medical Sociology Section Session “Sociology of Medical Education,” and received her award at the Section Business Meeting.

2018 ASA Award Winners

Lindsay Stevens wins Simmons Award

Committee: Richard Carpiano, Tania M. Jenkins, Hui Liu (Chair), Jane McLeod, & David Warner

The Simmons Award received 8 nominations this year. After thorough review of each submission, the award committee selected the dissertation, “According to Plan?: Medicine, Culture, and Reproductive Planning in the United States” by Lindsay Stevens as the winner of the 2018 Simmons Award. This dissertation advances our understanding of the “planned pregnancy” as a contemporary medical and social phenomenon and makes an important contribution to medical sociology, inequalities, gender, and race and ethnicity. It uses an intersectional lens to understand how inequality is produced by and embedded in interrelated arenas: medicine and health policy, the environment, embodiment, and science, knowledge and technology.

Stevens masterfully analyzed multiple sources of data to examine the inequality at multiple levels of the processes surrounding pregnancy planning. Specifically, she documents how the concept of “pregnancy planning” often gets deployed in ways that value the reproduction of privileged women, devalue that of marginalized women, and perpetuate existing inequalities. Her analytic methods range from content analysis, ethnographic observation and in-depth interviews.

Her example paper derived from this dissertation is published in Social Science & Medicine. The paper is clearly written, well integrated with previous literature and theories. The committee believes that this innovative dissertation makes important theoretical and methodological contributions to medical sociology and will have a high impact on the field.
The Simmons Award committee (Chair: Hui Liu) also decided to give an honorable mention to Matthew K. Grace’s dissertation, titled “Fractures in the Medical Education Pipeline: The Social Determinants of Program Attrition among Early Career Premedical Students”, given its high-quality work and potential contributions to medical sociology.

2018 ASA Award Winners

Jennifer Reich wins Donald W. Light Award

This award aims to highlight and inspire the work of the many sociologists who apply their concepts and skills to “politically or ethically important challenges in health, health care, and health care policy at the national or international level.” It is the only section award that pays for itself, because it generates a solid income on its endowment. The award resonates with Michael Burawoy’s historical analysis of public sociology and sociology as a vocation that engages in value-committed sociology. As I wrote in Social Forces over a decade ago, public sociology can make original contributions to research and theory as it reframes an issue, demythologizes elite accounts, or contributes to foundational knowledge about social justice.

This year’s winning book was selected by Debra Umberson from the University of Texas at Austin (chair), Erik Wright from Wisconsin and past-president of the ASA, Helen Marrow from Tufts University, Tom Mackie from Rutgers University, and Cirila Estela Vasquez Guzma from the University of New Mexico. The Award Committee selected Calling the Shots: Why Parents Reject Vaccines, by Jennifer A. Reich and published by the New York University Press in 2016.

~ Donald W. Light
ASA 2018

Section members visit National Board of Medical Examiners

As part of the recent ASA annual meeting, the Medical Sociology Section and Medical Education Interest Group sponsored a visit to the National Board of Medical Examiners (NBME). During the visit, twenty-five sociologists from diverse institutions attended presentations by NBME researchers, toured the USMLE Step 2 Clinical Skills (CS) Philadelphia test center, and observed a mock Step 2 CS standardized patient encounter. Participants engaged in thoughtful discussions focused on such topics as race and gender differences in medical licensure examination scores, wellness and burnout among medical students and physicians, and the history and development of the performance-based component of USMLE. The visit was extremely well received and generated an exciting and robust dialogue around shared interests from varied perspectives. Lots of fodder for future conversations! Please contact Monica Cuddy at mcuddy@nbme.org with any questions you have about the visit or the NBME.
The annual book raffle raised an impressive $500 for the Roberta G. Simmons Outstanding Dissertation in Medical Sociology award. The success of the raffle would not have been possible without the generous donations of a record 44 books from 10 individuals and 6 publishers, as well as the countless section members who purchased raffle tickets at the conference. Many thanks to all of those who contributed in one form or another to a triumphant year of the Medical Sociology Section Book Raffle. Special recognition is due to Miranda Waggoner, Laura Mauldin, Alondra Nelson, Howard Waitzkin, Brea Perry, Carol Estes, Janet Shim, Susan Bell, Adele Clarke, and Joanna Kempner for collectively donating so many great titles. University of Minnesota Press, Emerald Group Publishing Limited, Sage Publishing, Cornell University Press, University of Chicago Press, and Yale University Press also made extremely generous contributions to the raffle this year, and we are thankful for their support.

While the book raffle has been a celebrated event at the conference for nearly a decade, many section members have expressed the desire to retire this tradition in hopes of identifying a new way of raising funds for this award. As book raffle chair, I am eager to hear any thoughts that you might have about how we as a section might go about raising these funds without relying so heavily upon the generosity of council members, who typically bear the brunt of the responsibility when it comes to both donating (and shipping) books as well as purchasing raffle tickets. Thanks to all of those who have supported the raffle over the years—looking forward to forging new traditions in 2019! –Sara Rubin (sara.rubin@ucsf.edu)
Student section

Interview with 2018 Leo G. Reeder Award winner Paul Cleary

We are Alexandra Brewer (left) and Meredith Van Natta (right), and we want to introduce ourselves as the new student editors of the Medical Sociology Newsletter. Alexandra is a PhD candidate in sociology at the University of Chicago, and Meredith is a PhD candidate in sociology at the University of California San Francisco.

Our goal with the student section of the newsletter is to interview eminent scholars of medical sociology and share their wisdom about research, public engagement, and navigating the early stages of an academic career. For our inaugural piece, we conducted an interview with Professor Paul Cleary, the winner of the 2018 Leo G. Reeder Award for a Distinguished Career in Medical Sociology.

Professor Cleary has researched HIV/AIDS since the 1980s and has worked closely with researchers from a variety of fields and disciplines. We wanted to know what he sees as sociology’s unique role in interdisciplinary health research and how sociologists might communicate this to researchers outside of their field. “I can’t think of an issue in health behavior, health prevention, or health care that shouldn’t involve sociologists,” remarked Professor Cleary. “There are enormous contributions for medical sociologists to make… I’ve always found clinicians, politicians, administrators, and health service workers to be extremely interested.” He added, “They want the patient to get better. If you have some insights that may help an on-the-margin patient to do better, that’s all they care about. That’s very, very attractive to them.” (continued overleaf)

Paul Cleary (back center, in front of art work) had lunch with a group of Medical Sociology section graduate students at the ASA meetings in August.

Photo kindly supplied by Estela Vasquez Guzman
Additionally, we asked Professor Cleary to tell us the best advice he ever got from a faculty mentor and whether he would offer this same advice to students today. He praised his first faculty mentor, David Mechanic, calling him "the gold standard of scholarship and mentorship." He said the best advice he received as a graduate student was, “Really focus on an area that took passion and develop it in depth. That may sound obvious, but there’s many forces that work against that.” Now that he has served in the role of graduate mentor himself, Professor Cleary says about his orientation to his students’ careers, “My goal is to advance your scholarship. I want you to drop any of these projects that are not contributing to your intellectual development and focus on things that are.”

To conclude the interview, we asked Professor Cleary how a graduate student might find mentors to help them in these ways. He encouraged students to focus less on how famous their potential mentor might be and more on personality fit. “If a person doesn’t have your priorities among their top priorities, it doesn’t matter how many contacts they have. They can have twice as many contacts as the person next to them, but if that person next to them thinks about you and your career and wants you to advance, they’re going to be a better mentor.”

In the next issue of the medical sociology newsletter, we will be interviewing another of this year’s ASA medical sociology award winters. Stay tuned!

Jane McLeod (2017-18 Section Chair, Indiana University), Paul Cleary (Reeder award winner, Yale), and Allan Horwitz (Rutgers University) at the Medical Sociology section awards presentation in Philadelphia, August 2018.
Health Policy

Why the Senate’s Opioid Crisis Response Act Won’t Fix our Problem

Since 1999, over 600,000 people in the U.S. have died from drug overdoses, with opioids leading the way. Despite substantial media and political attention and increased spending to combat this crisis, the death rate continues to surge. So far, policy strategies to address the opioid problem have focused almost exclusively on opioid supply reduction and treatment interventions rather than addressing the underlying social problems that got us into this mess. And now, the Opioid Crisis Response Act (OCRA) of 2018 passed by the Senate in September offers us more of the same.

OCRA is dominated by many of the same failed supply-side strategies of the past and by a medical treatment model that emphasizes increasing funding for new pain drugs and increasing access to substance abuse treatment and to the opioid agnostic - Naloxone (commonly sold under the brand name Narcan). The Urban Institute reports that between 2011 and 2016, Medicaid spent over $3.5 billion on medication assisted treatment for opioids, and that’s only a start.

The cost of medical treatment for opioid use disorders over the next 10 years could be as high as $180 billion. OCRA allows NIH to use its “other transactions authority” for high impact cutting-edge research projects to find new pharmaceutical solutions for pain relief and the treatment of opioid use disorders. At best, big pharma was complicit in the opioid overdose surge. At worst, they deserve the lion’s share of responsibility for heavily marketing to and misleading physicians and the public about a product that was so easily abused. But under OCRA, the quick-fix medical model prevails, and big pharma will be handsomely rewarded for a problem it sparked.

To be sure, getting more people who need it into treatment and making Narcan universally available will save lives. But, we need to get real with ourselves about the U.S. drug problem. We are not going to Narcan our way out of this. We are not going to treat our way out of this. The problem is bigger than opioids. The problem is bigger than drugs, altogether. Opioids are a symptom of much larger social and economic problems. Opioids may have been the spark, but a spark needs kindling in order to ignite. This kindling, comprehensively described in must-read books by journalists Sam Quinones and Brian Alexander and by VCU sociologist Victor Tan Chen is the result of decades of economic restructuring, rising income inequality, social disconnection and loss of social cohesion, and a neoliberal policy regime that emphasizes the market and maximizing shareholder value over collective societal well-being.
Health Policy

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Public health experts are increasingly conveying the message that addiction should be viewed as a medical disease, just as we view other chronic diseases. If we accept that, then we must also accept that, just as other chronic diseases have underlying social determinants, addiction is also a social disease. “Addiction doesn’t discriminate” is a soundbite that ignores the reality that overdose rates are highest in economically distressed communities, particularly places that have experienced declines in job opportunities for people without a college degree.

But economic decline is not the only factor driving our opioid problem. It is also deeply related to neoliberal social decline - an era of individualism and personal responsibility, disinvestment in social safety nets and social infrastructure, and increased loneliness. A new report by the American Psychological Association shows that stress in America is at its highest level since polling began. How is this connected to opioids? Research by Brookings economist Carol Graham shows that people who are hopeful and optimistic about the future are more likely to invest in their future and have better health outcomes, whereas those consumed with stress are less confident that such investments will pay off and are more likely to engage in health-harming behaviors. Importantly, she shows that 62% of Americans now believe their children will be worse off than they are, and optimism among working-class whites (the group with the highest opioid overdose rate) began to fall in the 1970s!

As the American Dream has eroded into a system where winners win big but losers fall hard, it is no wonder that people are seeking escape. But drugs aren’t the only escape. In fact, they’re not even the most common escape. High calorie foods, smoking, and alcohol also offer temporary vacations from grief and despair, and they remain the three leading preventable causes of death in the U.S. Suicide - the permanent escape - is also on the rise.

OCRA barely acknowledges the broad social and economic problems underlying the nation’s opioid crisis. These same big problems drove the crack epidemic in the 1980s and the meth epidemic in the 1990s and 2000s. History tells us that once opioids have left the scene, another drug will come along, and there will be a new drug war to fight. One of the biggest problem with U.S. public health policy is that we invest most of our resources in tackling problems after they emerge rather than investing in preventing them to begin with. OCRA disproportionately targets downstream mechanisms, while upstream strategies that promote opportunities for people to live happy and healthy lives have largely been ignored. Relegating prevention to a secondary status while we try to get a tourniquet on what many view as the pressing matter (the rising death toll) will ensure only that we need more tourniquets.
Welcome to the fall semester! We are eager to continue our conversation on CUREs (course-based undergraduate research experiences) in the sociology classroom.

One of the fundamental skills that CUREs strengthen is oral communication. CUREs often develop oral communication skills through in-class poster and PowerPoint presentations—assignments that often generate anxiety. In our spring 2018 course, we asked students to create videos with a webcam or other recording device in a location of their choosing and edit the video after the fact.

We worked closely with UTEP’s Academic Technologies division. Instructors met one-on-one with instructional technology experts, and the Associate Director of Academic Technologies, Steve Varela, gave a presentation to the students, along with a handout on creating an effective video.

To assess this new assignment, we invited students to participate in a UTEP IRB-approved focus group. A few important themes emerged:

1. Making, editing, and uploading a video were not skills that all students already had. This challenged our assumptions about the tech-savviness of Generation Z and millennial students.

2. Students recognize video making as a valuable skill to develop for other courses and their career.

3. No students used UTEP resources (such as labs) for video making and editing. This may be partly because UTEP is a commuter campus.

4. Students said they would have preferred an in-class oral presentation (largely because they felt the video project took more preparation time than an in-class presentation).

We found that presentation grades improved from the previous semester, when students did the same assignment with an in-class presentation. On average, evaluated dimensions such as “flow” and “timing,” scored considerably higher in the recorded presentations. We believe that grades improved because students could edit their videos and instructors could turn up the video volume or rewind when necessary.

We hope that in the future students will be glad they developed these new skills, despite the time it took, but following up with these students will be the most telling.

**Teaching**

**Promoting Student-created Videos**

Adelle Monteblanco
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Ophra Leyser-Whalen
oleyserwhalen@utep.edu

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Career and Employment

The academic job market is a funny thing. Let’s just pause and remind ourselves of that for a moment: applicants, typically graduate students, submit substantial packets of information for not just one or a handful but often dozens of positions—positions that will not commence for nearly a year. During that year, dissertations will be finished, papers published, and maybe even a thing or two in applicants’ personal lives will take place. To all applicants currently navigating the system: it’s not you, the system is strange.

Of course, the conventions of the academic hiring system have reasons and histories behind them, but it behooves us all to step back and evaluate this system at a macro level. As Lauren Rivera’s December 2017 American Sociological Review article demonstrates, the current system may exacerbate labor market inequalities and hamper faculty diversity. Using ethnographic methods, Rivera observed three hiring committees, one in the humanities, one in social sciences, and one in physical sciences, for a full hiring cycle. She finds unrecognized discrimination against partnered heterosexual women, undergirded not only by cultural stereotypes, but also through organizational practices, including the quantity of committee member time investment the system demands, the risk of losing a hiring line if the first offer is not accepted, and the lack of institutional policies around partner employment. Rivera’s sample was small; other forms of unrecognized discrimination likely operate in other hiring committees. We have to do better. To everyone in a position to hire: reading and sharing Rivera’s article is a good first step.

Featured publication announcement

This publication from the National Academies of Sciences, Engineering, and Medicine summarizes a workshop (organized by several section members) that was convened in March 2018 to help inform research, programs, and policies to better meet the mental health needs of women in the United States. Participants examined trends in mental health as well as risk and protective factors for diverse populations of women, and they considered the research needed for a better understanding of women’s mental health. Important issues of practice and policy also were discussed. Experts explored these topics from a life-course perspective and at biological, behavioral, social/cultural, and societal levels of analysis. ~ Debra Umberson (umberson@prc.utexas.edu)
Welcome to the first issue of the 2018/19 Medical Sociology newsletters. The volume numbers alone (55!) show what a long history we have. In preparation for taking over this role I reviewed the archives that were online, which date to 2006. We have a long history, and as someone whose interests are historical I would love to connect with members who have paper copies of older issues, to see if we can scan these and make them easily available.

A newsletter is a space for section members to communicate and connect. I thank all the contributors to this issue for their contributions. A new (renewed?) feature is a column of publication announcements, which members have contributed. The goal of this section is to highlight publications that may be harder to find, so we are not featuring articles in *Journal of Health and Social Behavior* and *Sociology of Health and Illness* which I trust you are all reading avidly and regularly.

I would like to introduce to the newsletter a feature of post-docs and assistant professors interviewing colleagues nearer the end of their careers. If you would like to volunteer on either end of the age distribution, be in touch. Best wishes for fall.

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**From the editor**

**Evan Roberts, University of Minnesota**

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**Publication announcements**


Publication announcements


Newhart, Michelle and William Dolphin. *The Medicalization of Marijuana: Legitimacy, Stigma, and the Patient Experience*. Routledge. 2018. “This is the first comprehensive look at what it means to participate in a regulated state medical marijuana program, from talking to doctors and establishing treatment regimens to managing risk and navigating stigma and stereotype. Anchored by key sociological theories and concepts, this book is based on qualitative research that included in-depth interviews with 40 mid-life patients enrolled in Colorado’s medical marijuana program, observation over a two-year period, and unstructured interviews with key actors in the medical cannabis industry.”


Publication announcements

Shasteen, Julie. "A Doctor Is Less Valuable Than a Working Truck": A Phenomenological Study Exploring International Immersion Experiences of Primary Care Physicians Trained in the U.S. Dissertation completed at the University of Nebraska - Lincoln, 2017.


The ASA meetings in Philadelphia were held near Wanamaker’s downtown department store (now a Macy’s). Wanamaker, like several other early twentieth century department store owners employed, physicians and nurses for his employees, and offered limited sickness benefits to his employees. The Philadelphia store also had a nursing station for customers who needed medical attention.