I am pleased to announce that we have finalized the Advisory Board for the Extra Issue of the *Journal of Health and Social Behavior (JHSB)*. The Advisory Board includes:

- Janet Hankin, Co-Editor
- Eric Wright, Co-Editor
- Eliza Pavalko, Editor, *JHSB*
- Pamela Braboy Jackson, Associate Editor, *JHSB*
- Bernice Pescosolido, Associate Editor, *JHSB*
- Jill Quadagno, Associate Editor, *JHSB*
- Scott Schieman, Associate Editor, *JHSB*
- Sarah Burgard, University of Michigan, recommended by Robert Wood Johnson Foundation
- Michael Hughes, Publications Chair, Medical Sociology Section
- Stephanie Robert, University of Wisconsin, recommended by Robert Wood Johnson Foundation
- Sidney Stahl, National Institute on Aging, National Institutes of Health

I am most grateful for their service on the Advisory Board. The Board has been working on identifying the topics to be covered in the Extra Issue. Thus far, Jo Phelan and Bruce Link have agreed to write on Fundamental Cause, David Mechanic and Donna McAlpine on Health Policy, Charles Bosk on Bioethics, and Peter Conrad and Kristin Barker on the Social Construction of Illness. Each article in the Extra Issue will focus on identifying and discussing the three to five key findings in the assigned field of medical sociology. Authors will highlight one or more policy implications of these findings. We plan to have 12 articles and an overview in the Extra Issue. The authors will present a short synopsis of their articles at the 2009 meetings in San Francisco. Stay tuned for details on whether it will be on Saturday, August 8 or Sunday, August 9.

Section day will be **Saturday, August 8** and will begin with a 7 a.m. Council Meeting. Our business meeting with the Reeder Award presentation by Jill Quadagno will occur sometime on Saturday. We will also introduce the winners of the Eliot Friedson Award, the Roberta Simmons Award, and the Louise Johnson Award. The section reception will occur on Saturday evening at 6:30 p.m. Some section sessions will be held on Sunday, August 9th. Make your plans now to attend our celebration of 50 years of the Medical Sociology Section.

The *Sociology of Health & Illness* has again offered to support our reception. Thanks to Wiley-Blackwell for their generous contribution. Steven Wainwright and Clare Williams will address those assembled. We will also introduce former section chairs and Reeder Award winners. Come join our celebration.

Finally, watch for a special article in *Footnotes* scheduled to appear in March. It will highlight the section’s 50th anniversary.

Best wishes and Happy Spring!  ~Janet Hankin
MEDICAL SOCIOLOGY SECTION
2009 Slate of Candidates
Robin Simon, Chair, Nominations Committee (rsimon@fsu.edu)
Committee Members: Jeremy Freese, Northwestern University
(jfreese@northwestern.edu); Jennie Kronenfeld, Arizona State University
(jennie.kronenfeld@asu.edu); Kristen Springer, Rutgers University
(kspringer@sociology.rutgers.edu); Matt Gayman, University of North Carolina
(mgayman@schsru.unc.edu)

Section Chair:
Michael Hughes, Virginia Tech (mdh@vt.edu)
Stefan Timmermans (stefan@soc.ucla.edu)

Chair Elect, Nominations Committee:
Anne Barrett, Florida State University
(abarrett@fsu.edu)
Andrew London, Syracuse University
(anlondon@maxwell.syr.edu)

Nominations Committee Members (2):
Manacy Pai, Kent State (mpai@kent.edu)
Mary-Clare Lennon, CUNY
(MLennon@gc.cuny.edu)
Nancy Kutner, Emory (nkutner@emory.edu)
Karen Kaiser, University of Illinois-Chicago
(karkaise@indiana.edu)

Nominations Committee, Student Member:
Jennifer Caputo, Florida State University
(jlc07e@fsu.edu)
Abigail Sewell, Indiana University
(aasewell@indiana.edu)

Council Member-at-Large:
Richard Levinson, Emory University
(levins@emory.edu)
Dawn Upchurch, UCLA (upchurch@ucla.edu)

Student Council Member-at-Large:
Robin Lewis, Florida State University
(rkl05@fsu.edu)
Jennifer Ailshire, University of Michigan
(ailshire@umich.edu)

Chair, Career and Employment Committee:
Karen Lutfey, New England Research Institutes
(klutfey@neriscience.com)
Jen’nan Read, Duke University
(jennan.reed@duke.edu)

Chair, Publications Committee:
Peggy Thoits, Indiana University
(pthoits@indiana.edu)
Bob Johnson, University of Miami
(rjohnson@miami.edu)

Chair, Teaching Committee:
Teresa Schied, University of North Carolina,
Charlotte (tlschied@uncc.edu)
Sigrun Olafsdottir, Boston University
(sigrun@bu.edu)

PLEASE DON’T
FORGET TO VOTE!!!

Post Notices on the ASA Medical Sociology Section List <MEDSOC@LISTSERV.BROWN.EDU>
LEO G. REEDER AWARD

The Medical Sociology Section invites nominations for the 2010 Leo G. Reeder Award. This award is given annually for “Distinguished Contributions to Medical Sociology.” The award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity and encompassing theory and research. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community, broadly defined. Please submit a letter of nomination and the nominee's curriculum vitae to William R. Avison, Chair-Elect of the Medical Sociology Section, at wavison@uwo.ca. While email is preferred, you may also mail the nomination letter and vitae to William R. Avison, Department of Sociology, The University of Western Ontario, London, Ontario, Canada N6A 5C2. Deadline is June 1, 2009.

MEDICAL SOCIOLOGY BOOK RAFFLE

The time has come, once again, to consider donating a book to the Medical Sociology Book Raffle. You may contribute your own (people often have extra copies of books they have written) or extra copies of other people’s books that you may have received. **PLEASE, CURRENT TITLES ONLY AND NO TEXTBOOKS.** Remember, these donations are going to a worthy cause – to provide support for the Leo G. Reeder and Roberta G. Simmons Awards.

Please send your donated copies to: Susan Stockdale, Raffle Chair, UCLA Semel Institute Health Services Research Center, 10920 Wilshire Blvd. Ste 300, Los Angeles, CA 90024. If you have any questions about potential donations, please contact me at sstockdale@mednet.ucla.edu. I’m honored to be taking over the raffle this year from Sarah Burgard, who has done a fabulous job in the past. Please send books by August 3, 2009 so I can transport them to the ASA meeting. Thank you for your generous support!
Teaching Tips by Rachel Tolbert Kimbro

Unnatural Causes as a Teaching Tool

Many of you may have seen the outstanding four-hour PBS documentary last year, *Unnatural Causes*, which beautifully illustrates a variety of the social determinants of health. Not only are the story-telling and production compelling, but it features ‘cameos’ by many distinguished social scientists, including David Williams, Sir Michael Marmot, Dolores Acevedo-Garcia, Nancy Adler, Troy Duster, Ichiro Kawachi, Nicholas Christakis, and Nancy Krieger. It was exciting for my students to see these scholars on film after reading their work.

Structure of the Film

The film is organized into seven parts; the first part (56 minutes) is a general overview of the social determinants of health, with a compelling framework that follows several people in Louisville, KY from different walks of life. Only near the end do we learn they are employed at the same hospital, but in jobs with varying degrees of demands and control, which leads into an excellent discussion of the stress response and health. The other six parts are approximately 30 minutes each, a perfect length for viewing in a class period, and cover the racial gap in infant mortality, immigrant acculturation and health, diabetes in the Native American population, the intersection of immigrants, neighborhoods, and the urban poor, globalization and infectious disease, and the effects of layoffs on health status in Western Michigan.

My students were incredibly outraged, responsive, and engaged in the discussion that followed from the segment on the racial gap in infant mortality – I highly recommend it for its detailed and compelling look at racial discrimination and health.

Online Resources

One of the best features of the film is the extensive online resources that go along with it (found at: [http://www.unnaturalcauses.org/for_educators.php](http://www.unnaturalcauses.org/for_educators.php)). There are lesson plans, discussion questions, handouts, online interactive activities, and much more. For example, I used the “Health Equity Quiz” found here to create a lecture incorporating our classroom’s audience response system (clickers), so students could test their knowledge in an interactive way. There are also some case studies that I used after viewing the first segment of the film to stimulate discussion in small groups. Also featured online are video clips from each episode, so if you can’t purchase the DVD, you can at least show some of the highlights to your students via the internet. In sum, I found this to be a highly engaging and successful teaching tool and hope you will as well!

How to Purchase

Copies may be purchased at: [http://www.newsreel.org/nav/title.asp?tc=CN0212](http://www.newsreel.org/nav/title.asp?tc=CN0212) The cost is $295 for most colleges and universities or for individuals. Major funding for *Unnatural Causes* was provided by the Ford, MacArthur, Kellogg, and Cummings Foundations, as well as Kaiser Permanente, the Joint Center Health Policy Institute, and the National Minority Consortia of Public Television.
Career and Employment by Sara Shostak

It is, by now, obvious that a global economic recession brings many challenges in the domain of “career and employment.” In addition to the staggering numbers of unemployed that we read about each week in the newspapers, most of us know people who have been laid off, put on furloughs, or are unable to obtain positions that once seemed clearly within their grasp. Recent articles in the Chronicle of Higher Education and the New York Times (http://www.nytimes.com/2009/03/07/arts/07grad.html?scp=3&sq=academic%20jobs&st=cse) address the constriction of the academic job market in particular (though, for some exceptions see: http://chronicle.com/weekly/v55/i27/27a00103.htm), and cost cutting measures at colleges and universities.

I asked a number of my esteemed colleagues how they were advising their graduate students about preparing for and negotiating the challenges of this historical moment. Their responses tended to fall into one of two (not entirely mutually exclusive) categories, which I present below. Following the expressed preferences of the majority of folks who responded to my request, I’m not attributing comments to individuals. However, my sincere thanks to y’all for being willing to offer your insights to the members of the section (and, by extension, all of our students).

Advice for graduate students not yet on the job market:
1. Try to find an independent funding source. You have so much more control over your trajectory if you have your own funding.
2. Publish early with faculty. Journal writing is a weird skill and doesn’t look like writing you’re used to as an undergraduate. Writing an article early in your career with someone who understands the process is an easy way to learn (actually help write it, not just the analysis).
3. Get hooked into a productive project. This is a fast and easy way to get publications and learn the research process.
4. Publish your master’s thesis on your own. The sociology publishing/review process is so slow that this is the only way to guarantee (okay, greatly increase your likelihood of) a sole-authored publication.
5. Talk to (or work with) the junior faculty in your department. They’ve been on the market more recently and can share with you their experiences and perspectives on the process.
6. You shouldn’t be on the market if you don’t have a good chunk of your dissertation done. One rule of thumb (perhaps subject to debate?) is that you should have the 1st publication from your dissertation out under review so you can easily talk about it on an interview. Also, if you aren’t that far along, you are going to have a tough time finishing and dealing with the market (everyone underestimates the distraction posed by being on the market, whether you interview or not) and then immediately beginning a new job (with the tenure clock ticking upon your arrival).
7. Don’t let fear govern your decisions. For example, don’t go on the market this year if you’re not ready, just because you’re afraid things will be worse next year. None of us knows what the
future holds and if you progress, you will be more competitive the following year.
8. If you’re a woman and/or a minority, you will benefit greatly from having at least one mentor who is a woman and/or a minority.
9. Grad education is not a sprint, it’s a marathon and if you put the time into compiling a solid record and solid ideas in school, you’re much more likely to do well once you leave and are on your own.

**Advice for graduate students who were not able to secure a job this year:**
1. While this market is frustrating, don’t get discouraged; you’ve worked hard to get where you are and now is not the time to give up.
2. Keep an eye on jobs that become available later in the year and apply to anything that fits.
3. If you need to make money in the meanwhile, choose something that is as closely related as possible to your career goals. Medical sociologists have more options here than sociologists in other subfields. Look for research positions associated with health services, which is a relatively stronger part of the current economy.
4. Take this year as an opportunity to strengthen your CV with regard to your particular career goals. Prepare and teach a few courses as an adjunct, if you are interested in teaching positions. Get your papers under review (or, of course better, in press).
5. Stay connected to the discipline. Be sure to remain affiliated with a sociology department, even if via a courtesy appointment. Go to conferences and present your work. If you can’t afford to travel to ASA, attend your regional conference.
6. Stay positive, or, as Ken Kesey said, “Don’t let the machine grind you down…”

**Also, a call to the faculty:**
You’re more established than your students, so find ways to protect your students from these tough economic times! Use your funds to help support great scholars, hire students to work with you with some part of your summer funding, include extra lines for graduate students in your grant applications, etc. We have a responsibility to help future scholars succeed just as they have a responsibility to work hard.

CALL FOR NOMINATIONS

JAMES R. GREENLEY AWARD FOR
DISTINGUISHED CONTRIBUTIONS TO THE SOCIOLOGY OF
MENTAL HEALTH

The Mental Health Division of the Society for the Study of Social Problems (SSSP) invites nominations for the 2009 James R. Greenley Award for distinguished contributions to the sociology of mental health. With this award, the Division seeks to recognize individuals who have distinguished careers and made a significant impact on the field through their scholarship, teaching, and community involvement. Previous award winners include Thomas Scheff, Walter Gove, and Bill Avison.

Nominations, including a letter of nomination and a copy of the nominee’s CV, should be sent via e-mail by May 1, 2009 to:
Eric R. Wright, Indiana University School of Public and Environmental Affairs, Indiana University-Purdue University Indianapolis (IUPUI), 801 W. Michigan Street, BS 4059, Indianapolis, IN 46202. Email: ewright@iupui.edu

The winner of the 2009 award will be notified in June and the award presented at the Mental Health Division’s Business Meeting in San Francisco in August.

FORTHCOMING BOOK SERIES

Social Disparities in Health and Health Care
Series Editors:
Ronald Angel, Department of Sociology, University of Texas at Austin
William Avison, Department of Sociology, University of Western Ontario

Publisher: Springer

Social Disparities in Health and Health Care series will publish books, both edited and authored, by leading researchers in the discipline. These books will consider issues at the forefront of research in medical sociology and the sociology of mental health in this burgeoning area of research. The objective of this series will be to highlight the leading research in these areas and to identify emerging issues for future sociological research on health and health care.

It is recommended that you contact the series editors with your idea first before submitting a proposal:
William Avison (wavison@uwo.ca) or Ronald Angel (rangel@mail.utexas.edu)

Some potential ideas for volumes in this series include:
♦ Identifying social sources of disparities in health and health care, including but not limited to: Examinations of issues related to the delivery of health care to vulnerable populations with potentially unique health profiles; Comparative studies of national health systems including their financing and organization to determine how these affect equity in health care delivery and health disparities.
♦ Understanding the causal processes that link disadvantage to health disparities.
♦ Examining health disparities across the life course.
♦ Understanding how variations in health perceptions and health behaviors influence health disparities.
♦ Investigations of methodological issues that arise in comparative research involving groups that differ greatly in culture, education, and income, as well as demographic and disease profiles.
A Student’s Perspective on the Qualitative/Quantitative Debate

The age-old qualitative/quantitative debate seems to have created a dichotomy not only between research methods, but between sociologists themselves. Many theorists propose moving beyond oppositions such as agency/structure, objectivism/subjectivism, black/white, men/women, or rich/poor. Like other oppositions identified as artificial, the quantitative/qualitative dichotomy is a false one. Perhaps graduate students do need to “choose a side,” but not for the reasons most assume; there are explanations for why we may feel the need to define ourselves as quantitative or qualitative. In exploring these reasons, we can, as graduate students, break the cycle of unwittingly contributing to the reproduction of the false dichotomy.

Although graduate students arguably do not need to pick one method and define themselves through that choice, we do need to do a dissertation, or thesis, or article, and that study must have a method. Over time, we likely become skilled in that method and may wish to pursue it in greater depth…and perhaps we become committed to its premises. However, more likely than developing a loyalty to a particular methodology, we choose to ask certain questions best answered through a particular method. Therefore, it is not the method we originally prefer; it is that we presumably chose the suitable technique to answer a given question. Over time, a proclivity for a particular methodology may obscure the process of choosing the appropriate method for the research question at hand.

Another reason graduate students may feel the need to pick a side is the finite career. It could take an entire life span to master a given methodology; this would be true even if theories, methodological procedures, and statistical programs did not advance from this point on, which fortunately for the field is unlikely. There are only so many research projects we can do, classes we can teach, seminars we can take, workshops we can attend, and statistical programs we can learn. Sociology, like any other discipline, needs advances in these methodologies and the people who are likely to make this contribution are those who dedicate themselves to methodology itself. For the remainder of graduate students who do not choose methodology as a specialization, who we are at the dissertation stage is not necessarily who we will end up being intellectually. We will have many opportunities to work with different types of people throughout our career; if we have some sort of bias against one type of method, then we may prevent ourselves from exploring other avenues. While there is limited time within a career, people do not stop learning and are not bounded by the methodology used in their dissertation.

What creates the false dichotomy is the perception that people who practice one method exclusively think differently than the other or that one methodology has greater value. The obvious answer is that sociology needs both and there is no need to fight over which is better, only whether the question was answered adequately and appropriately. Whatever our methodological preference, we need to appreciate the contributions both methods make without marginalizing either. They are both equally rewarding and frustrating, each having various strengths and weaknesses. If we understand the reasons why we end up feeling personally committed to a particular methodology, then we can begin to break down the illusive quantitative/qualitative wall.