I am extremely honored to serve as Chair of the Medical Sociology Section of the ASA. The history of this section is rich with outstanding examples of classic research and important debates that have had implications not only for sociological thinking but also for the health and well-being of our fellow citizens. Last year’s celebration of the 50th anniversary of the Medical Sociology Section that was so ably organized by Janet Hankin provided us with the opportunity to take stock of advances in our shared area of sociological interest. The extra issue of the *Journal of Health and Social Behavior*, entitled What Do We Know? Key Findings from 50 Years of Medical Sociology, will provide us with a valuable record of the contributions that medical sociology has made to science and to policy.

As the Section enters its 51st year, there continue to be challenges both new and enduring. I have planned the 2010 program in Atlanta around these issues. The explosion of research in genomics, genetics, and the biosciences raises numerous research questions for medical sociologists. It seems timely for us to debate the role of medical sociology in the genomics revolution. In all likelihood, there are diverse views on this and I hope to organize a session that will highlight these different perspectives.

The debate over universal health care continues in the United States at the same time that other countries around the world contend with the pressures on their own health care systems. Don Light will be organizing an invited session to examine the issue of universal health care from a comparative perspective.

We will also have sessions on the continuing challenges of disparities in health; health and health care across the life course; and on sociological insights into health services, systems, and professions. In addition, we hope to organize a vibrant set of roundtables chaired by distinguished members of our Section. I encourage you to submit papers to the session organizers for the Atlanta meetings.

Please make a special note that Medical Sociology Section Day will be on the second day of the meetings, Sunday, August 15th, but our reception will be the evening before (Saturday, August 14th). Be sure to put these dates on your calendars. We will meet to celebrate our award recipients, debate the issues, and renew old friendships.

I want to thank Janet Hankin for her stellar work as Chair during our 50th Anniversary Year. In addition to securing an extra issue of JHSB to highlight our contributions, Janet organized an outstanding program and maintained constant contact with Section members throughout the year. Thanks also to outgoing members of Council who gave so freely of their time. The successes in our Section are due to the efforts of these volunteers.

I look forward to seeing you in Atlanta in 2010. In the meantime, keep in touch. I'll be contacting you through the Medical Sociology listserv. Feel free to contact me at wavison@uwo.ca.

GOOD NEWS!! We have achieved our target membership of 1,000 members! Please keep signing up your students and colleagues! We have been hovering around 1,000 members for some time and need to keep up the momentum.
MEDICAL SOCIOLOGY SECTION
2010 PROGRAM

1. **Session Title**: The Role of Medical Sociology in the Genomics Revolution  
   *Open Submission*
   **Session Organizer**: William R. Avison, The University of Western Ontario, wavison@uwo.ca

2. **Session Title**: Why Is Universal Access to Health Care So Hard? Health Care as a Right  
   *Invited Session*
   **Session Organizer**: Donald Light, UMDNJ, dlight@princeton.edu

3. **Session Title**: Social Disparities in Health  
   *Open Submission*
   **Session Organizer**: Richard Carpiano, University of British Columbia, carpiano@interchange.ubc.ca

4. **Session Title**: Health and Health Care across the Life Course  
   *Open Submission*
   **Session Organizer**: Tetyana Pudrovska, University of Texas, tpudrovs@prc.utexas.edu

5. **Session Title**: Sociological Insights on Health Services, Systems, and Professions  
   *Open Submission*
   **Session Organizer**: Donna D. McAlpine, University of Minnesota, mcalp004@umn.edu

6. **Session Title**: Medical Sociology Refereed Roundtables  
   *Open Submission*
   **Session Organizer**: Krysia Mossakowski, University of Miami, kmossakowski@mail.as.miami.edu

7. **Session Title**: Socioeconomic Change and Its Ramifications for Health Care and Health Policy (Joint Session with Section on Marxist Sociology)  
   *Open Submission*
   **Session Organizer**: Howard Waitzkin, University of New Mexico, waitzkin@unm.edu

MEDICAL SOCIOLOGY SECTION
2009 ELECTION RESULTS

**Chair-Elect**: Stefan Timmermans, University of California-Los Angeles  
**Nominations Committee Chair-Elect**: Anne Barrett, Florida State University  
**Nominations Committee Members**: Mary-Clare Lennon, CUNY-Graduate Center; Nancy Kutner, Emory University  
**Council Member-at-Large**: Dawn Upchurch, University of California-Los Angeles  

**Career and Employment Committee Chair**: Karen Lutfey, New England Research Institutes  
**Publications Committee Chair**: Peggy Thoits, Indiana University  
**Teaching Committee Chair**: Teresa Scheid, University of North Carolina-Charlotte  
**Nominations Committee, Student Member**: Abigail Sewell, Indiana University  
**Student Council Member-at-Large**: Robyn Lewis, Florida State University
Pescosolido et al. Receive 2009 Freidson Award

The recipients of the Freidson Award for 2009 are Bernice A. Pescosolido, Brea L. Perry, J. Scott Long, Jack K. Martin, John I. Nurnberger, and Victor Hasselbrock for their article “Under the Influence of Genetics: How Transdisciplinarity Leads Us to Rethink Social Pathways to Illness,” published in 2008 in the American Journal of Sociology (Vol. 114 (Suppl.): S171-S201). This article emphasizes that understanding variability in alcohol dependence requires taking account of a complex interplay of psycho-social risk factors. Findings indicate that sociological factors derived from the theory of fundamental causes, stress process theory, and social safety net theories interact with genetic factors in predicting alcohol dependence. These results strongly suggest that identifying the complex causal pathways that lead to serious behaviorally-linked health problems may require the development of innovative perspectives that can incorporate different levels of analysis and a diversity of disciplinary traditions in theory and method.

~Michael Hughes

King Receives 2009 Simmons Award

This year’s winner of the Roberta G. Simmons Dissertation Award is Marissa King for her paper, “The Evolution of a Socioeconomic Gradient for Autism.” King examines how the gradient has changed over the course of nearly a decade, and shows that while individual-level factors had a fairly constant effect, the importance of community level resources for the likelihood of an autism diagnosis demonstrated strong temporal periodicity and closely tracked changing prevalence rates. Moreover, at the end of the observation period, neighborhood SES effects were negligible for children born to parents of higher socioeconomic status, but somewhat attenuated neighborhood effects for persons of lower SES persisted. Papers based on the dissertation are already appearing in such high-profile outlets as the American Journal of Public Health and the International Journal of Epidemiology. King graduated in 2008 from Columbia University, and her dissertation was chaired by Dr. Peter Bearman. She is currently a postdoctoral research scholar at Columbia University.

This year, we also awarded an honorable mention in the Simmons Award competition to Brea Perry, a 2008 graduate of Indiana University whose dissertation was chaired by Bernice Pescosolido. Perry is now an Assistant Professor at the University of Kentucky, and was honored for her dissertation work titled: “The Ripple Effect: Social Network Dynamics, Social Location, and Strategies of Interaction in Mental Illness Careers,” which assesses the impact of changes in the social structural location of first-time mental health clients on relationship dissolution and the structure, functionality, and level of membership instability in their social networks over time. Congratulations are due to both of these promising junior scholars.

~Sarah Burgard

Fettes 2009 Louise Johnson Scholar

This year, Danielle L. Fettes was named the 2009 Louise Johnson Scholar for her paper entitled, “Adolescent Social Networks and Mental Health Service Utilization: First Steps, Growing Pains, and Promising Directions.” She is currently affiliated with the University of California, San Diego, but will be receiving her Ph.D. from Indiana University. Her advisor is Jane D. McLeod. 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 Mt. Sinai School of Medicine and a former colleague of Louise Johnson. The scholar receives travel funds up to $350 to present at the ASA annual meetings and to attend section events.

~Jason Schnittker

Visit the ASA Medical Sociology Website at http://dept.kent.edu/sociology/asamedsoc/
Post Notices on the ASA Medical Sociology Section List <MEDSOC@LISTSERV.BROWN.EDU>

Left to Right:  David Mechanic (1983 Reeder Winner & Past Chair), Fred Hafferty (Past Chair), Chloe Bird (Past Chair), Jill Quadagno (2009 Reeder Winner)

Left to Right: Virginia Olesen (1988 Reeder Winner & Past Chair), Janet Hankin (Chair), Jennie Jacobs Kronenfeld (Past Chair), Phil Brown (Past Chair)

2009 Key Figures in Medical Sociology Roundtable organized by Cheryl Diana Stults (Brandeis University) and Dawne M. Mouzon (Rutgers University) featuring (left to right) Peter Conrad (Brandeis University) and R. Jay Turner (Florida State University)
Section
Chairs,
Recipients of
the Leo G.
Reeder Award,
& the Key
Figures
Roundtable

Left to Right: Bernice Pescosolido (2005 Reeder Winner & Past Chair), Charles Bosk (Past Chair), Catherine Kohler Riesman (Past Chair), Stefan Timmermans (Chair Elect 2010-2011)

William R. Avison (Chair Elect 2009-2010)

Career & Employment

As I prepared to inherit this column, I have been re-reading previous issues of the newsletter and observing which topics seem to appear over and over. This column, along with some graduate student columns, and various sessions at ASA, have repeatedly addressed questions related to non-academic jobs, various types of academic jobs, and strategies for how people might land work that is fulfilling to them. A recurring theme is the importance of recognizing the diversity of jobs available and, by extension, the diversity of trajectories leading up to those jobs. My sense that people are hungry for this kind of information is corroborated by my personal interactions with students (and junior faculty): ASA panels on “how to find a non-academic job” are invariably packed to the rafters with people staying afterward to ask questions; students – those who have worked with me and many who have not – request meetings to ask about jobs and pull me aside at meetings to ask questions; and even strangers contact me several times a year asking if they can meet me for coffee to talk about this topic (I find this one particular telling). Often, these conversations make it clear that students do not want to talk with their advisors about their questions, or have had negative experiences when they have tried. While I have personally held a faculty appointment in a sociology department, a postdoctoral fellowship, and a full-time research position, I do not imagine that I have all the answers for these people. However, when considered in combination with the previous topics of these columns, I do think that a logical next step for this Career and Employment column is to invite people to write in with questions related to these topics.

A central observation I have about the job process, and one I typically tell students, is that each job search needs to be tailored to the specific individual. Other people can provide you with a list of web links to “places that hire sociologists,” but that is a poor substitute for you developing your own personalized version of the ASA job bank. Importantly, this concept applies to all areas of sociology (not just medical sociology) and it also applies to people who are seeking academic jobs or are already in academic tracks but trying to sort out changes they are considering for the future. Potential column topics stemming from this observation might include:

- What are we really talking about when we mention “non-academic” jobs, anyway? What is the range of jobs, and what are features I might consider when thinking about them?
- How do I think about job features that might be a good fit for me? (i.e., how do I evaluate jobs beyond just knowing how a given department ranks?)
- How do I think about my skills and interests in this context? What do I offer to an employer? (i.e., get serious and think beyond just whether or not you have statistical skills)
- How do I learn more about types of jobs? (i.e., where do I look other than the ASA bank?)
- How do I prepare for them? How do I identify and line up the required resources?
- How do I research specific jobs? How do I apply?
- What is the role of networks, resources, and my CV in employment contexts other than R1 faculty jobs?
- What if it takes time to figure out all of this? How do I juggle thinking about my long-term job plans and the immediate pressure of an annual job market (especially in this economy)?
- What if my advisor doesn’t know how to help me with this? How do I handle pressure to focus on a specific type of research faculty job?
- What if I am an advisor who would like to help my students but don’t know where to start?

My goal for this year’s column is to help move the discussion ahead so that people can think more clearly about how to personalize their own job searches. Write to me with your questions and I will do my best to get input from as wide a range of people as possible with experience in the relevant areas. In short, let’s talk turkey about jobs!

Write to: Karen Lutfey [Subject line: DEAR TURKEY] at klutfey@neriscience.com. All questions will be treated with 100% confidentiality. All constructive suggestions welcome.
The debate about health care reform within the United States has elicited a lot of discussion, and at the core of this discussion have been issues of access and fairness in one of the world’s richest nations where healthcare is also the most expensive in the world. This summer, this debate was front and center during a research trip to Peru where I interviewed key policy makers, government officials, and international organization personnel in an effort to understand health sector reform in Peru in recent years. One respondent after another cited the United States as the system they were least likely to emulate, because a system with such high average costs would not work in a country with such high poverty rates. However, this response was always followed by an intense interest in the current reform process in the U.S., and a rejoinder that the current debates and potential reforms would be watched closely by those in Peru and other Latin American countries. In many ways, Peru and other Latin American countries offer a precedent from which the U.S. could learn some lessons as they have been grappling with the possibility of implementing universal healthcare for several decades.

As a sociologist working at the intersections of medical and political sociology as they apply to health sector reform in Latin America, the opportunity to conduct research this summer on Peruvian efforts to reform their system was particularly compelling and challenging. Doing research in different cultural and regional contexts is always challenging (and one should add, invigorating and rewarding), but especially so when the subject is so relevant to our situation here at home. The current U.S. experience was sometimes distracting, though, as many respondents wanted to discuss it, rather than what I came to ask them.

But mostly, the topic created an atmosphere of importance and thoughtfulness: the idea that the way the state decides to regulate and supply healthcare is a question not only of lives and money, but fundamentally a question of national character. Although the debate about health sector reform in the U.S. is seen as an intensely national and personal issue – with many viewing the possible outcomes as reflections of American core values, making the debate emotional at times – it certainly is influencing the ways that policy makers are thinking about health reforms in other countries as well. This influence is not just at the level of economic and efficiency priorities, but is also about the broader process of policy making – what role should civil society play in health sector reform? How is the government to ensure that citizen’s needs, as they see them, and citizen’s wants, as they understand them, are adequately addressed?

These are not questions for which any of my respondents or I have straightforward answers, nor should we. The lesson is that questions of fairness and access, as well as quality and sustainability, are at the core of health sector reform in Peru and other Latin American countries (and developing nations more broadly), as they are in the United States. The ways that these questions are addressed, and the challenges and pressures that are faced by different countries, make it a challenging and exciting time to be a medical sociology student. All of which is to say that medical sociologists in training are uniquely positioned and qualified to consider and explore the issue of health sector reform (its causes and consequences), whether it be tangentially or directly, domestically or comparatively.

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**Student News & Views**

by Shiri Noy, M.A.

The debate about health care reform within the United States has elicited a lot of discussion, and at the core of this discussion have been issues of access and fairness in one of the world’s richest nations where healthcare is also the most expensive in the world. This summer, this debate was front and center during a research trip to Peru where I interviewed key policy makers, government officials, and international organization personnel in an effort to understand health sector reform in Peru in recent years. One respondent after another cited the United States as the system they were least likely to emulate, because a system with such high average costs would not work in a country with such high poverty rates. However, this response was always followed by an intense interest in the current reform process in the U.S., and a rejoinder that the current debates and potential reforms would be watched closely by those in Peru and other Latin American countries. In many ways, Peru and other Latin American countries offer a precedent from which the U.S. could learn some lessons as they have been grappling with the possibility of implementing universal healthcare for several decades.

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**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 2010 award will be given to a scholarly book published in either 2008 or 2009. The book may deal with any topic in medical sociology, broadly defined. Co-authored books are appropriate to nominate; edited volumes are not eligible. When making your nomination, please indicate (however briefly) the reason for the nomination. You do not need to send a copy of the book. Self-nominations are permissible and encouraged. Nomination letters may be sent to: Professor Peggy A. Thoits, Department of Sociology, 1020 E. Kirkwood Ave., 744 Ballantine Hall, Indiana University, Bloomington, IN 47405. Alternatively, nomination emails may be sent to pthoits@indiana.edu with the subject line: Freidson Award Nomination. Nominations are due by February 15, 2010.
Creating a Digital Professional Identity, or "The Presentation of Professional Self in Everyday Digital Life"

by Christine Morton

Marc A. Smith, Chief Social Scientist at Telligent Systems (marc.smith.email@gmail.com), and Christine Morton, Research Sociologist at the California Maternal Quality Care Collaborative (cmorton@stanford.edu), led a lively group discussion at the San Francisco meetings and provided ASA medical sociologists with some insights and instructions on how to create (and maintain) a digital professional identity. What follows is an overview of that session.

[Pop Quiz! How many ASA meeting attendees twittered or blogged about the papers they heard or the people they interacted with?]

Marc gave the group a tour of how he uses social media tools to create his own digital professional identity, including, but not limited to, various email accounts, company blog, project website, employer website, in spaces such as Google, Twitter, Flickr, slideshare, LinkedIn, Facebook, WordPress.org and delicious. The point of doing all of this is that if someone walked up to a keyboard and typed in words that have something to do with you, or your work, they would find you because you created trails that lead back to your digital professional identity.

Why use these tools?

- They provide a way for people interested in you, or your content, to find you and more importantly, your work products.
- They connect with an audience beyond academia who cares about the work you do.
- They extend your current paper CV. Moreover, if others use them, you can use these same tools to find people or topics of interest to you.

Is it worth the time?

- Each of these tools is free, but expensive in time.
- Each tool has some mechanism for measuring how content is being consumed so you can evaluate the pay-off. At a minimum, verify what shows up online so that people can find you, especially if you have recently (or not so recently) changed institutions – nothing goes away online, so make sure your digital identity is up to date and accurate.

Will it help or hurt my tenure case? (see http://chronicle.com/article/Facebooking-Your-Way-Out-of/46951/)

Facebooking Your Way Out of Tenure, By David D. Perlmutter

- You could blow your tenure case with all the time spent on digital grooming activities. That said, anything on your paper CV should go into delicious, Facebook, LinkedIn, etc., to comprise your digital CV. Online, you are discoverable in ways your paper CV never can be. To the extent you get a benefit, it is worth your time. Whether a tenure committee is your only path to prominence, or you are not going to ever meet a tenure committee, or you get a thumbs down from that committee, reaching outside the academy can be beneficial in terms of increasing the visibility of your work, your contributions, and your value. While a blog post may get you 2000-3000 inbound citations, compared to 150 for a journal publication, it’s not likely to get you tenure. But other goals are addressed by making your content visible to a wider audience than those who read academic journals. Citation indices are a traditional way to evaluate your professional standing; have you looked at what comes up with your name in Scholar.Google?

How do you strategically use capabilities of these tools to maximize effect while minimizing the time commitment?

- Use many tools (but be selective about the content types and channels – 140 character twitter, blog, video, delicious)
- Integrate where possible (i.e., set your Tweets to automatically update your Facebook status line; post pictures in Flickr so they show up in Facebook)
- Think beyond sociological jargon – Think about words that people would use in a search query for your material even if those words would not be your words.

Use search to scan the web for people and topics of interest to you.

- Set up search.twitter.com, to search for key words, names and phrases that are relevant to you and your work (e.g. your name, book, project, research), and use those standing searches to pipe them into a mechanism that gives you alerts. Anywhere on earth anyone who mentions your name or your project name, or the key words associated with your project, can make your phone ring. You can also do this through Google Reader.

What about Facebook?

- It depends on your demographic, and your peer group, but Facebook is a useful way to do self promotion. Not everything is visible to all, but only to the people you have ‘friended.’ Tell them when you’ve published, when you’ve given a talk, were a featured presenter, blogged a blog post, etc. When you use tools in concert with one another, you save time and extend your reach.

I’m not in Facebook, because I’m concerned about the division between (Continued on page 9)
private/public and personal/professional.

• While we know about Goffman’s back stage as the place where you knowingly contradict the position you took in the front stage, in these social media spaces, you must assume there is no more back stage. Despite an initial desire and promise to use these tools as a place for free self expression, wild parties, and honest exchanges, that is a dangerous assumption. This is a record keeping and publishing medium, highly machine readable and thus searchable. Do not consider the safety of your keyboard to be real safety. Nothing is backstage any more. Even private email may be published. Patterns you leave behind are telling.

• As a general rule, all bits will be public, it’s just a matter of time. You need to take a moment of thought and ask yourself before any and every piece of information you post on the Internet—“If I was defending myself in the presence of these words on a big screen in a court of law or where someone existed who did not like me and wanted to do some harm to me, then what would that be like?” You must assume that everything allegedly private will be public. All rules in play today may be changed tomorrow. The destiny of all information is to be public. What was personal has become professional, as your professional contacts seek entrée into your Facebook account. Students are a special case, and faculty take different positions on whether to “friend” students. While you should treat all spaces as professional, be aware that new norms of self promotion often encourage personal self-disclosure. Whereas your paper CV might have listed your birth place and date, where you were educated and one sentence about things you do when you’re not working, your online persona demands more – people want to see a photo of you in Cancun (not partying), but at a conference. Preferably with someone famous in your research field. Different sites have different norms: LinkedIn makes less room for personal self-disclosures. How do you use social media tools to construct your professional digital identity?

• Put a link to every paper you write in Facebook, LinkedIn, delicious. It’s a great way to be seen by colleagues, to communicate work in progress, to celebrate anything notable. When you post photos, tweets, or summaries of conferences you attend and tag the people you interact with in those posts, you create visible signs that drive traffic to your sites (because people are setting up search terms on their own names, otherwise known as ego-googling).

• Become what author Bruce Sterling has termed a “Global micro brand,” and you will be known by 800, or 1800, people in terms of your work. You won’t necessarily be a global brand known to 38 million, but this strategy is more practical than ever. Those 800 or 1800 people may be the ones most relevant to you and your work. Even these people don’t all read the same academic journals; if the key words at the heart of your work are digitally discoverable, people will search Google for them. The question is, where do you land on that land of discoverable objects?

• If your work crosses boundaries, it’s important to know that there are other tools being used widely in different national and linguistic communities. Google has just created Google Profile, its version of Facebook. It also has Orkut, the dominant tool used in Brazil and India. Bibo is in UK and Germany has Studiovz, etc. Although few people attending have Twitter accounts or actively tweet, now that Twitter is indexed, if you tweet that you blogged, more people will find your blog. Then your blog points to wiki, wiki points to paper, paper points to journal. The academic article has been found. Think of places that people enter the information stream to find the digital current that takes them to your island of information.

SEEKING INCOMING EDITOR FOR MEDICAL SOCIOLOGY NEWSLETTER

Robin Moremen, our current Medical Sociology Newsletter Editor, will be stepping down in 2011, so we are seeking an incoming Newsletter Editor for our Section. Our goal is to select the incoming Editor this year so he/she can shadow Robin and learn the ropes during Robin’s last year (2010-2011), then take over the Newsletter in the fall of 2011. If you are interested in this service to our Section, please contact Peggy Thoits, Publications Committee Chair, at pthoits@indiana.edu with a statement of interest and your vita. It would be helpful to be at an institution or department that can supply software and technical support, if needed (Microsoft Publisher is the preferred software). Please send your statement of interest and vita to Peggy by October 15, 2009.
Teaching Tips

Key Books in Medical Sociology
This list was compiled by Teresa Scheid for use in her Medical Sociology classes. It is not intended to be exhaustive, so please don't be offended if your favorite book is not on this list!


(Continued on page 11)
(Continued from page 10)


(Continued from page 10)

**NEW BOOKS**


*On the Margins of Citizenship* provides a comprehensive, sociological history of the fight for civil rights for people with intellectual disabilities. Carey addresses many topics of interest to medical sociologists, including the use of the medical model to justify segregation and rights restrictions; debates regarding institutionalization and the right to treatment; controversies over forced sterilization, eugenics, and procreation; and present concerns regarding pre-natal genetic testing. Presenting the shifting constitutional and legal restrictions for this marginalized group, Carey argues that policies tend to sustain an ambiguity that simultaneously promises rights, yet also allows their retraction.


*Social Movements and the Transformation of U.S. Health Care* examines dynamics of change in health care institutions through the lens of contemporary theory and research on collective action. Bringing together scholars from medicine, health management and policy, history, sociology, and political science, the book conceptualizes the American health care system as being organized around multiple institutions – including the state, biomedical fields, professions, and health delivery organizations. By shifting attention toward the organizing structures and political logics of these institutions, the essays in this book illuminate the diversity in both sites of health-related collective action and the actors seeking transformations in health institutions. The book considers health-related social movements at four distinct levels of analysis. At the most macro level, essays analyze social movements that seek changes from the state in the regulation, financing, and distribution of health resources. A second set of essays considers field-level analyses of institutional changes in such wide-ranging areas as public health, bio-ethics, long-term care, abortion, and AIDS services. A third set of essays examines the relationship between social movements and professions, examining the “boundary crossing” that occurs when professionals participate in social movements or seek changes in existing professions and the health practices they endorse. A final set of essays analyzes the cultural dominance of the medical model for addressing health problems in the United States and its implications for collective attempts to establish the legitimacy of particular issues, framings, and political actors in health care reform.
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Call for Papers

Papers are being sought for Volume 28 of Research in the Sociology of Health Care published formerly by Elsevier Press and now by Emerald Press. The major theme for this volume is RACIAL/ETHNIC, GEOGRAPHIC, GENDER, AND OTHER SOCIAL FACTORS LEADING TO DIFFERENCES IN HEALTH AND HEALTH CARE: ISSUES FOR PATIENTS AND PROVIDERS.

Papers dealing with macro-level system issues and micro-level issues involving racial/ethnic, geographic, gender, and other social factors leading to differences in health and health care issues for patients and providers are sought. This includes examination of racial/ethnic, social, demographic and structural sources of differences in health and health care. This also includes papers that try to link an understanding of the causal processes between disadvantages whether due to race/ethnicity, gender, geography, or structure and health and health care outcome differences. This includes a consideration of social sources of differences across the life course. Papers that focus on linkages to policy, population concerns, and either patients or providers of care as ways to meet health care needs of people both in the US and in other countries would be welcome. The volume will contain 10 to 14 papers, generally between 20 and 40 pages in length. Send completed manuscripts or detailed outlines for review by February 1, 2010. For an initial indication of interest in outlines or abstracts, please contact the same address by January 5th, 2010. Send to: Jennie Jacobs Kronenfeld, Sociology Program, School of Social and Family Dynamics, Box 873701, Arizona State University, Tempe, AZ 85287-3701 (phone: 480 965-8053; email: Jennie.Kronenfeld@asu.edu). Initial inquiries can be by email.

BOOK RAFFLE RAISES MONEY FOR REEDER AND SIMMONS AWARDS

The Section book raffle raised $415 for the Leo G. Reeder and Roberta G. Simmons Awards this year. Eighteen individuals and publishers donated fifty-one books which were raffled off at the Business Meeting of the Section on August 8, 2009 at the ASA meetings in San Francisco. The success of the raffle was made possible only through the generous donations of the following publishers and individuals: New York University Press, Temple University Press, Ashgate Publishing Limited, University of Toronto Press Incorporated, University of Alberta Press, University of Iowa Press, Springer, McGill-Queen’s University Press, University of Chicago Press, University of North Carolina Press, Annual Reviews, Yale University Press, Leonore Tiefer, Bill Avison, Jane McLeod, Bernice Pescosolido, Allen Horowitz, and Peter Conrad. Thank you to everyone for making this year’s raffle such a success. We could not have done it without you and we sincerely hope that you will contribute again next year. I look forward to another successful year ahead! ~Susan Stockdale

Noy New Student Editor

Shiri Noy is the new student editor of the Medical Sociology Newsletter. She is a doctoral candidate in the Department of Sociology at Indiana University-Bloomington. She received her M.A. in Sociology from IU in 2007. Her research interests center around development, social policy, and welfare states in Latin America. She has just completed preliminary data collection for her dissertation in Peru, interviewing policy makers and informants from international organizations about health sector reform since the 1980s. We look forward to her contributions in the Student News & Views column (see page 7 in this issue). Congratulations Shiri!