

# MEDICAL SOCIOLOGY NEWSLETTER

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## Notes from the Chair

Brea Perry [blperry@indiana.edu](mailto:blperry@indiana.edu)

Happy New Year! I have a few important announcements. First, it is once again time to renew your membership to ASA and the Medical Sociology Section. Please also encourage your students and colleagues with interests in health and illness to join our section if they are not already members.

Second, please submit papers to one of the five section sessions we have planned for 2019:

Health Equity, Social Justice, and Social Movements

Gender, Health, and Medicine

DIY Medicine: Hacking Health, Opting Out, Self-Medicating, and Consumer Resistance

Health in Social Context: The Role of Work, School, Family, and Community

Medical Sociology Roundtables

The ASA submission deadline is January 9th, 2019. Thanks to everyone who agreed to organize. I'm looking forward to what are sure to be some interesting sessions.

(continued overleaf)

## Notes from the Chair (continued)

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Third, it is my great pleasure to announce that Stefan Timmermans, Professor of Sociology at UCLA, is the 2019 recipient of the Leo G. Reeder Award for distinguished contributions and service to the field of medical sociology. Sara Shostak has written the formal announcement for this issue of the newsletter, which highlights some of Stefan's remarkable contributions and accomplishments. Congratulations to Stefan for this well-deserved honor!

In closing, according to the London School of Economics and Political Science, 15 out of 28 leading researchers on wellbeing around the world agree that "individuals are happier during the festive seasons," while only 5 disagree (8 are neutral; [http://cep.lse.ac.uk/textonly/new2014/news/releases/2016\\_12\\_21.pdf](http://cep.lse.ac.uk/textonly/new2014/news/releases/2016_12_21.pdf)). Those that agree cite increased social interaction, the joy of gift-giving, and respite from work and one's normal routine. I hope all of you had the majority experience this holiday season, with opportunities to relax, reflect on 2018, and spend time with loved-ones. I look forward to seeing you in August!



# Call for nominations for section awards

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## 2019 Simmons Award

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Nominations are being accepted for the 2019 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the Medical Sociology section. The awardee will receive a \$750 travel grant to attend the ASA meetings and an award certificate, and will attend the Reeder dinner as a guest of 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 2019 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-point font), inclusive of references. This paper may have been previously published, or may be in press or under review. A letter of recommendation from a faculty mentor familiar with the candidate's work is also required. Electronic submission of the paper (MS Word or PDF) is required. The letter of recommendation should be sent directly by the recommender as an email attachment (MS Word or PDF). Please send all materials to Patricia Rieker at [rieke@bu.edu](mailto:rieke@bu.edu) with the subject line: 2019 Simmons Award Nomination. Deadline for receipt of all submission materials is April 1, 2019. The nominator and nominee must be current section members.

## 2019 Louise Johnson Scholar

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The Medical Sociology Section will select a student member of the section to be the 2019 Louise Johnson Scholar. The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The fund was made possible by Sam Bloom of Mount Sinai School of Medicine, a former colleague of Louise Johnson. The Scholar will receive travel funds up to \$500 to present at the annual ASA meetings in New York and attend section events. Selection will be based on academic merit and the quality of an accepted ASA paper related to medical sociology; papers with faculty co-authors are ineligible. To apply, please send: 1) a copy of your acceptance notification to present at the 2019 ASA meetings, 2) a copy of your paper, 3) your CV, and 4) a letter of recommendation from a professor who can write about your academic merit. Submissions should be sent via email, as Word documents or PDFs, to Hui Liu at [liuhu@msu.edu](mailto:liuhu@msu.edu) with the subject line: 2019 Louise Johnson Scholar Nomination. Applications are due by May 1, 2019. The nominator and nominee must be current section members.

## 2019 Howard B. Kaplan Memorial Award in Medical Sociology

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This award is established to support graduate students doing research in one of the substantive areas that defined the distinguished academic career of Dr. Howard B. Kaplan, namely mental health, self-concept and health, or deviance, by providing funds up to the amount of \$500 to contribute to expenses associated with attending the annual meeting of the American Sociological Association (ASA). The award recipient will be invited to attend the Reeder dinner as a guest of the Medical Sociology section. Self-nominations are acceptable. To be considered for the 2019 award, the candidate should submit a CV and letter of nomination to Hui Liu at [liuhu@msu.edu](mailto:liuhu@msu.edu) with the subject line: 2019 Kaplan Award Nomination. Deadline for receipt of all submission materials is April 1, 2019. The nominee and nominator must be current section members.

## Call for nominations for section awards

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### 2019 Eliot Freidson Outstanding Publication Award: Seeking Journal Article Nominations

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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 2019 award will be given to a journal article published in either 2017 or 2018. The article may deal with any topic in medical sociology, broadly defined. Co-authored articles are appropriate to nominate. Self-nominations are permissible and encouraged. When making your nomination, please indicate (however briefly) the reason for the nomination, and include a PDF of the article. Nomination letters should be emailed to: Claire Decoteau, Associate Professor of Sociology, University of Illinois at Chicago ([decoteau@uic.edu](mailto:decoteau@uic.edu)) with the subject line: 2019 Freidson Award Nomination. Nominations and submissions are due by April 1, 2019.

### 2019 Donald W. Light Award for Applied Medical Sociology

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The Donald W. Light Award for the Applied or Public Practice of Medical Sociology is given in alternate years to a book or journal article published in the preceding two years that employs the concepts and methods of medical sociology to an applied issue or problem of significance. The 2018 Light Award will be given to an article published in either 2017 or 2018. The Light Award recognizes sociologists whose professional work or advocacy contributes to politically or ethically important challenges in health, health care, or health care policy at the national or international level. The award recipient will be invited to attend the Reeder dinner as a guest of the Medical Sociology section. Self-nominations are acceptable. To be considered for the 2019 award, the candidate should submit a letter of nomination and a copy of the article to Jane McLeod at [jmcleod@indiana.edu](mailto:jmcleod@indiana.edu) with the subject line: 2019 Donald W. Light Award. Deadline for receipt of all nomination materials is April 1, 2019. The nominator and at least one author must be current section members.

### 2020 Leo G. Reeder Award

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The Medical Sociology Section invites nominations for the 2020 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in San Francisco. This award is given annually for Distinguished Contribution to Medical Sociology. This award 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 a letter of nomination and the nominee's curriculum vitae to Deborah Carr at [carrds@bu.edu](mailto:carrds@bu.edu) with the subject line: 2020 Reeder Award Nomination. Nominations are due by April 1, 2019. The nominee and at least one nominator must be current section members. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council.



## 2019 Reeder Award Announcement

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### Sara Shostak

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Stefan Timmermans, Professor of Sociology at the University of California, Los Angeles (UCLA) and faculty associate at the UCLA Institute for Society and Genetics is the recipient of the 2019 Leo G. Reeder Award. The highest honor awarded by the ASA Medical Sociology Section, the Reeder Award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology, along with teaching, mentoring, and service to the medical sociology community, broadly defined. In the words of one of his nominators, Stefan “stands out among all others in the current generation of medical sociologists,” for the breadth of his contributions. The section is honored to present Stefan with this recognition of his pathbreaking research, generous record of service, and exemplary mentorship of a next generation of scholars.

Stefan’s research spans the fields of medical sociology, science and technology studies, and qualitative methods. Beginning with his first major research project, Stefan has demonstrated remarkable skill in conducting ethnographic research that not only deepens our understanding of the social organization of medical practice, but has clear and important implications for public policy. In *Sudden Death and the Myth of CPR* (1999), Stefan confronted the paradox of CPR – although it is portrayed as a heroic intervention to save the lives of people who experience cardiac arrest, out-of-hospital survival rates for CPR remain in the low single digits. Based on his ethnographic exploration of the practice of CPR and, linked to it, advanced life support technologies, Stefan argued that the social function of CPR is to provide relatives and friends with the opportunity to say goodbye and prepare for death. Therefore, he argued, these loved ones should have more of a role in decision-making about resuscitation and life support. *Sudden Death and the Myth of CPR* was a finalist for the C. Wright Mills Award.



## 2019 Reeder Award Announcement

Stefan's next monograph – co-authored with Marc Berg – *The Gold Standard: The Challenge of Evidence-based Medicine and Standardization in Health Care* won the Robert K. Merton Book Award from American Sociological Association's Section on Science, Knowledge & Technology. It is his most cited book, likely because it made standardization, as a social process, so readily available to sociological analysis, while also raising questions about its unintended consequences. Continuing his focus on medical practices surrounding death, Stefan then studied the role of medical examiners in classifying suspicious deaths as either natural deaths, suicides, homicides, accidents, or undetermined deaths. At the center of his masterful work, *Postmortem: How Medical Examiners Explain Suspicious Deaths* (2005) is the question of why we believe medical examiners, i.e., what are the grounds of their professional authority? To answer this question, Stefan observed more than 225 autopsies in a medical examiner's office, review of autopsy files, and in-depth interviews with medical examiner's staff. Based on these data, he develops a sophisticated sociology of



practice, which locates medical examiners betwixt and between medical and legal worlds. *Postmortem* won the ASA medical sociology section's Eliot Freidson best publication award (2006) and the British Sociology Association's Sociology of Health and Illness book award (2007).

In his more recent work, Stefan has shifted his focus to medical practice at the beginning of life. In a series of widely read and hotly debated articles, and in their book *Saving Babies?: The Consequences of Newborn Genetic Screening*, Stefan – and co-author Mara Buchbinder – examine interactions between clinicians and families informed that their infant has had a positive screen for a genetic condition. The conceptual contributions of the work include the notion of these newborns as “patients-in-waiting,” caught in the limbo between a diagnosis and any manifestations of symptomatic illness.

Because it so powerfully calls into question the costs and benefits of the dramatic expansion of newborn genetic testing in 2005, this work has engaged practitioners, as well as social scientists, in important debates about the role of genetics in health care. One of Stefan's recent grants extends his study to of newborn genetic screening to Israel.

Alongside these ethnographic works, Stefan has also published widely on qualitative methods. His book, *Abductive Analysis* (2014) – with co-author Iddo Tavory – explores the implications of pragmatist philosophy, and especially the work of Charles Pierce, for qualitative analysis.



## 2019 Reeder Award Announcement

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This approach is elaborated also in Stefan's empirical work, perhaps especially in his 2017 AJS paper "Matching Genotype and Phenotype: A Pragmatist Semiotic Analysis of Clinical Exome Sequencing."

While I have privileged books in this accounting of Stefan's work, not the least because I've heard him refer to them as his "children," it is worth noting that he also has published upwards of 70 journal articles. These address a wide range of topics, including the spill-over effects of uninsured populations, the social effects of health care reform, and the importance of a "sociology of disease." Again, these works stand out not only for their empirical rigor but for clear implications for medical sociology, health care practices, and population health. Stefan has also co-edited several volumes, including, most recently, *Boundary Objects and Beyond: Working with Leigh Star* (2016, with Geoffrey Bowker, Adele Clarke, and Ellen Balka), in honor of his graduate school advisor; it received the Best Information Science Book Award from the Association for Information Science and Technology.



Stefan's service to medical sociology is similarly both broad and deep. His leadership roles in the Medical Sociology Section have included Section Chair (2009-2011), as well as serving on the committees for the Reeder Award (chair), the Johnson Award, the Simmons dissertation award, the Freidson award, and for nominations. He served also on the ASA's distinguished book award committee (2012-2014), which he chaired in 2014, and on the Council for the Section on Science, Knowledge and Technology. While Stefan has served on multiple editorial boards - including the *American Journal of Sociology*, *Health*, the *Journal of Health and Social Behavior*, *Social Studies of Science*, and *Sociology of Health and Illness*, among others - it is his leadership as Senior Editor for Medical Sociology at *Social Science & Medicine* (2010-2021) that was noted in his letters of nomination for the Reeder Award. Here, his editorship was praised for being "open and respectful of all kinds of work" and "willing to take on big issues."

As a consequence, notes a colleague, *Social Science & Medicine* has become a "a model of lively and direct intellectual exchange," providing an important resource for both undergraduate and graduate classes.

## 2019 Reeder Award Announcement

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Stefan refers to working with graduate students as his “pride and joy.” In turn, they refer to themselves as “Timmermaniacs.” Their appreciation is further reflected by the 100% response rate I got when I asked a sample of Stefan’s graduate student mentees for reflections on their experience working with him. They describe his classes – especially his ethnographic methods class, which – as remarkable for “the crystal clarity of thought, the methodological rigor, and the humor that infused it.” They note that “He has coauthored with several graduate students” few of whom “research exactly what Stefan does, which speaks to his openness and flexibility when conducting research with graduate students.” They also expressed profound respect for his research which “moves fluidly from one topic to the next, not just reinventing the same wheel over decades” and offers a myriad of examples of “what it means to do good sociological work.” They praise him as a role model, who demonstrates “unparalleled models of scholarship, pedagogy, and balance between work and life” and offer appreciation for the ways that he encourages his mentees to “have a life outside of academia.” They tell of his skills as a mentor, “knowing when to push, when to encourage, and when to just listen,” and his willingness to mentor not only during graduate school, but “beyond.” As a post-doc mentee put it, “I regularly ask myself what Stefan would say and generally follow that advice – so Stefan continues to advise me without even knowing it. I quite simply would not be where I am today without Stefan’s mentorship.” As an informal mentee of Stefan’s, I likewise am profoundly grateful for his unfailing willingness to share his time, attention, and insights; especially, I have valued and appreciated our more than a decade of long walks and conversations, around and about a wide variety of cities and topics.

The Reeder Award will be presented to Stefan Timmermans at the ASA meeting in New York City in 2019. Knowing Stefan, I anticipate his Reeder Award talk will be not only brilliant, but provocative. Indeed, one of the letters of nomination noted his willingness to “‘stir the pot’ a bit” and to “challenge the generations that follow to do the same.” Recall also that in 2017, Stefan won a competition at the UCLA Regents Scholars Society, in which his presentation convinced a multidisciplinary audience that sociology was the academic discipline most likely to survive the zombie apocalypse. I look forward to seeing you all in August, when we join together to recognize and celebrate Stefan Timmermans’ remarkable contributions to medical sociology.





## Student section

### Interview with 2018 Donald W. Light Award winner Jennifer Reich



We are **Alexandra Brewer** (left) and **Meredith Van Natta** (right), this year's 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.



For our latest student column installment, we spoke with Jennifer Reich, winner of the 2018 Donald W. Light Award for Applied Medical Sociology for her book *Calling the Shots: Why Parents Reject Vaccines* (NYU Press).



Jennifer Reich receiving the Donald W. Light award at the 2018 ASA meetings in Philadelphia

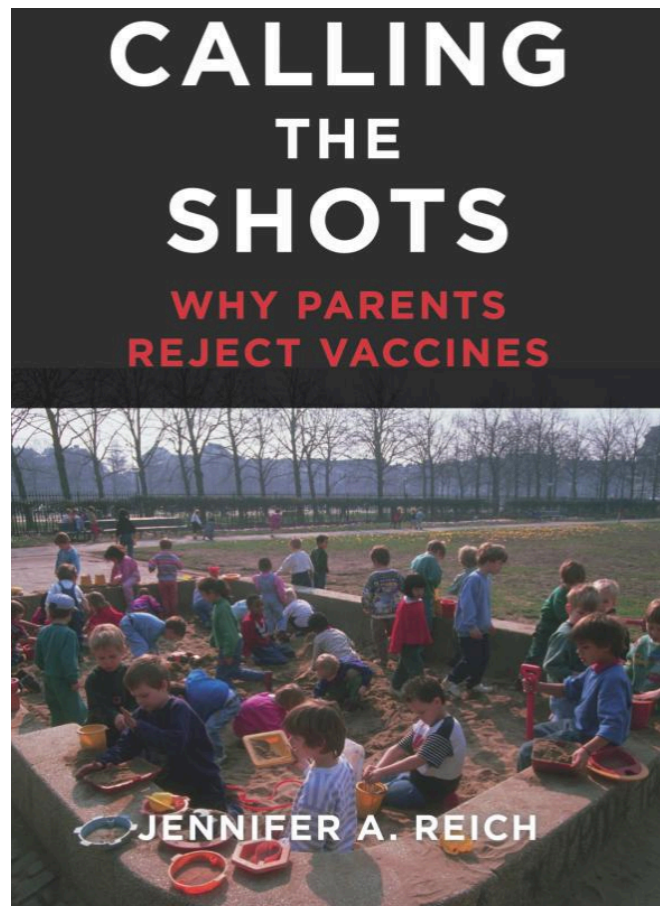
Given the controversial nature of vaccine refusal, we asked Professor Reich what strategies have helped her negotiate such a charged subject and how she would advise junior scholars facing similar challenges. Professor Reich explained that her interest in parents' vaccine refusal grew out of her previous research on the child welfare system and the ways in which families made sense of state policy and law in their daily lives. As this research unfolded over a decade, the issue proved both timely and divisive. It became challenging for her to write parents' stories in a way that balanced respect for their time and trust with critical questioning of the ways in which they leveraged their relative privilege in making vaccine decisions. "I think the strategy I found most helpful as I tried to figure out how to tell their stories in a way that felt critical but respectful was to really connect to my sense of empathy," she says. "If I could tell their stories the way they would tell their own stories, then I would feel like I could stand behind whatever kind of analysis came from that." Professor Reich adds that writing "from a place of connection and respect" enables nuance to come through in the stories she tells. She has brought this perspective recently to public health agencies and schools, where there is growing interest in learning new ways of connecting with parents.

## Interview with 2018 Donald W. Light Award winner Jennifer Reich

We also asked Professor Reich to reflect on advice she has received from mentors over the years. She identified three mentors who offered three unique pearls of wisdom that have served her well throughout her career. As a graduate student, her dissertation chair encouraged her to engage in questions that were both important to the discipline and accessible to practitioners and policymakers. This insight oriented her work toward a broad audience and expanded its impacts beyond academia into the spaces where health decisions are made – including courts and health agencies.

Later, when she was on the job market at the end of graduate school, another professor made it clear that an academic job was just that: a job. “Jobs are good ways to have a life,” she explains, “but jobs are not your life.” Understanding this has allowed Professor Reich to choose a job that enables her to do the kind of research she wants to do while balancing connection with family and students. Finally, as a junior faculty member, a senior colleague reminded her that careers are long, and she did not need to accomplish every goal at once. This insight gave her permission to prioritize and think critically about how she wanted to pace her research and teaching in terms of the bigger picture.

Stay tuned for our next column in the Spring 2019 newsletter!



## Interview

### Interview with Carole Joffe

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Editor's note: This interview is the first edition of a new feature in the Medical Sociology section newsletter: an interview of scholars working in a similar area, but at different ends of their career. I'm grateful to 2018 Simmons award winner **Lindsay Stevens**, and UCSF Professor **Carole Joffe** for getting this series started.

**LS: For the past four decades, you have been studying and writing about the experiences of those providing reproductive health care, especially abortion. How has the changing landscape of American politics shaped the lives and work of these providers?**

CJ: In a fundamental sense, their lives have gotten much more stressful and, arguably, dangerous since *Roe v. Wade*, the Supreme Court decision establishing a legal right to abortion, happened in 1973. There were some intimations of violence then, but the first abortion provider was not assassinated – and I use that term advisedly – until 1993. Since then, we've had 11 people murdered at the site of abortion clinics as well as a providers' home and another's church. Plus, what can only be referred to as domestic terrorism has increased: stalking, firebombing, introducing horrible-smelling acids into clinics.

But that's just one aspect of it. There has also been a torrent of what I would call violent attacks by the State. Since *Roe*, there have been about 1,200 restrictions on abortion passed by state Legislatures and Congress. I actually see a paradox, though. At the same time as these physical and regulatory attacks, an extraordinary community has grown among those who work in this field of abortion provision. To draw a very shorthand way of explaining this: At mainstream medial meetings people are colleagues, but when I go to meetings of abortion providers, they seem not simply like colleagues, but comrades.

I think another real challenge for providers of abortion care is how you find the correct balance between appropriate security – which you are impelled to do – and creating a warm and welcoming environment for your patients. When I first started studying this in the 1970s, some of the clinics were funky, old houses with comfortable couches. They could hang décor on the walls and serve herbal tea in the recovery rooms. Now, many clinics have to buzz patients in, have strict identification policies, and some even use metal detectors. This is not the environment providers want for their patients. And many of those other comforts are not possible anymore because of restrictions imposed by the State which compel clinics to resemble small hospitals.



Carole Joffe



## Interview with Carole Joffe

### **LS: What about for the patients? What has changed about the experience of obtaining or trying to obtain an abortion?**

CJ: I'm writing a book now with my colleague David Cohen at Drexel, tentatively titled *Obstacle Course: The Struggle to Get an Abortion in the United States*. It documents the barriers to abortion patients now face. We interview providers in every state and Puerto Rico and were overwhelmed with stories about the difficulty of just *getting there*. There have been over 160 clinic closures in the last couple of years. We have about six or seven states that are down to one clinic that is hanging on by a thread.

We are also now in a situation where abortion patients are disproportionately poor and disproportionately women of color. You have this perfect storm of fewer and fewer clinics and more disadvantaged patients who have tremendous difficulty getting there. Many times, patients don't have cars and have to rely on others to get to the clinic. I heard the story again and again of patients who have made their appointments, negotiated with various abortion funds to cobble together money for the procedure, and then their ride doesn't show up.

A very significant change that has both good and bad aspects is the now-tremendous reliance on volunteers. Volunteer clinic escorts help patients get through the gauntlet of protestors and we've heard extraordinary stories about volunteer networks that are set up not just to raise money, but to literally get women to their appointments and take them home. On one hand, this shows human decency and volunteerism at its best. But the downside is: Is this a way to do health care? Health care should be reliable. It should not depend on the kindness of strangers, moving as it is.

### **LS: You write that U.S. politics is characterized by "abortion exceptionalism." What does that mean to you?**

CJ: Abortion exceptionalism is a term to describe how, again and again, you see abortion treated differently than other aspects of health care by state Legislatures, by Congress, and by popular culture. The government's willingness to regulate abortion procedures is really unprecedented. As only one example, telemedicine – the ability to evaluate, diagnose, and treat patients at a distance using new communications technologies – is a very promising development in health care in general. It has really changed the accessibility of medicine for people who live in rural areas or are remote. Nineteen states have banned abortion by telemedicine for no reason. They allow telemedicine for other procedures, but why not abortion?

There have also been incredibly burdensome and increasing restrictions on the types of abortion procedures providers can do – for example the move in a number of states to ban dilation and evacuation abortions ("d and e's"), the method by which the overwhelming number of second-trimester procedures in the U.S. are performed. If these bans are upheld by the Supreme Court, the only option left for who those need second-trimester abortions may be what's called "induction abortion," which basically means you go through labor and deliver a stillborn fetus. Especially when it's unnecessary, this procedure is incredibly upsetting to women and somewhat more dangerous. This kind of cruelty and indifference to what individual women will go through is really very, very worrisome.

## Interview with Carole Joffe

### **LS: Do you think sociology of reproduction has something unique to offer the field of medical sociology and vice versa?**

CJ: I always hesitate to say “unique,” because whenever I say, “The field of abortion provision is like no other...” then I immediately start thinking of the first generation of HIV doctors and of Doctors Without Borders. Yet, I’m hard-pressed to think of branches of medicine – with a few exceptions – that are so strongly tied to social movements and so dependent on advocacy groups and on lawyers. What abortion provision would be in this country without groups like the American Civil Liberties Union (ACLU) and the Center for Reproductive Rights is unthinkable.

There is also a very interesting issue going on now with respect to medicalization. So much of the thrust of what abortion advocates and scholars like me have argued is that abortion has not been treated as a normal part of health care. I argue and others have argued that abortion needs to be legitimized, needs to be normalized, and needs to be routinized into mainstream medicine. As opposed to the argument – of scholars whose work I respect greatly – that our society is too medicalized, but in the case of abortion, medicalization is often a good thing.

The wrinkle, however, is that medication abortion – the availability of mifepristone and misoprostol pills – has really opened the possibility for de-medicalizing abortion, often bypassing the clinic. For years, women in countries where abortion is not legal have accessed these medications through the black market or through collectives like Women on the Web. American women were already doing this, too. In the current political climate, the impulse within the advocacy world and the research world is to show that this kind of self-managed abortion can be done safely. Recently, researchers have tested the abortion pills being mailed to people and, to everybody’s surprise, by and large these pills were in fact what they said they were and effective! Yes, we want abortion to be incorporated into mainstream medical care, but in the meantime, more and more women will be choosing or will be forced into self-managed abortion and this can be done safely, as long as clinicians are available for consultation. The big question is whether women, and those who advise them, will face legal prosecution.

### **LS: You’ve often written about abortion and reproductive justice in high-profile outlets like The Washington Post and The New York Times. What is your motivation for engaging in public sociology?**

CJ: My motivation is I believe in public sociology! Not that all scholarly work necessarily needs to be such, but I try to write mainly for a public audience. I’m very grateful to Michael Burawoy because when he was the president of the American Sociological Association, he gave a real legitimization to this kind of engaged research. Contexts is also wonderful, not only because the articles are so interesting, but because it is an ASA journal, it sends a very powerful message: This is a legitimate way of doing sociology.

## Interview with Carole Joffe

**LS: You're not only a public sociologist but one who studies abortion, specifically. I imagine this comes with both benefits and personal costs. Have you found that to be true?**

CJ: So far, knock on wood, I have been targeted to a very minimal degree. It is nothing remotely like what the people I study get. I would not be doing this for 40-odd years if the benefits didn't outweigh the costs. There are other costs, though. One is that it is hard to get funding as an abortion scholar. In general, government funding is not available and many other foundations steer clear of abortion research because it is controversial. The other issue of being an abortion scholar is that it is very hard to convince many people that you are a scholar and not an ideologue. When you write about something that you are, in fact, committed to, it does get tricky where one draws the line between scholar and advocate. I think there's a special kind of privilege and burden of writing on these issues about which you personally care.

I will say my public platform has led to one of the most gratifying professional moments of my life. In the 2015 *Whole Woman's Health v. Hellerstedt* case, Ruth Bader Ginsburg, my personal heroine, wrote a concurring opinion and in it, she cited my work. I wrote a piece about the case of Kermit Gosnell, a Philadelphia doctor arrested for performing abortions in truly horrific and unsafe conditions. I argued that if you make abortion harder and harder to get, you will leave women at the mercy of the Gosnells of the world. When I saw that Justice Ginsburg cited that as a justification for overturning Texas' abortion restrictions, it made my year.



**Carole Joffe, Ph.D.**, professor at the University of California, San Francisco's Bixby Center for Global Reproductive Health. She has written extensively on reproductive politics and the social dimensions of reproductive health, with a focus on abortion provision. Some of this work includes *Dispatches from the Abortion Wars: The Cost of Fanaticism to Doctors, Patients, and the Rest of Us* (2011, Beacon Press) and *Doctors of Conscience: The Struggle to Provide Abortion Care Before and After Roe v. Wade* (1996, Beacon Press). She is currently completing a book with David S. Cohen (Professor of Law at Drexel University) about the contemporary barriers to abortion access. It is tentatively titled *Obstacle Course: The Struggle to Get an Abortion in the United States* and will be published by the University of California Press.



**Lindsay M. Stevens, Ph.D.**, is a postdoctoral research associate at Princeton University. She researches the normative ideas and assumptions that get embedded in medicine, especially reproductive health care. Her current book manuscript, *The Planning Trap: Medicine, Inequality, and Family Planning in the United States*, traces the contemporary idea of the "planned pregnancy" through public health policy, medical practice, and lived experience. She was awarded the Section's 2018 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. See page 2 for instructions on nominating a candidate for this year's award.



# Health Policy

## Rural Population Health Research



**Shannon Monnat**

(@smonnat) is the Lerner Chair of Public Health Promotion and Associate Professor of Sociology at Syracuse University.

Rural population health research has traditionally been relegated to a small group of rural sociologists, demographers, and public health scholars. But due in large part to the unexpected outcome of the 2016 U.S. presidential election and the nation's opioid crisis, the economic and health challenges of rural America have been in the national spotlight for the past couple of years. Media reports like [Despair and Death in Small-town America](#) and [Rural America is the New 'Inner City'](#) portray a rural America in dire straits. To be sure, on average, [rural areas perform worse than urban areas](#) on a variety of key health indicators, including lower rates of health insurance coverage and higher rates of disability and pain, food insecurity, chronic disease, mental illness, and premature mortality. Thanks to [more deaths than births](#), many rural communities are facing depopulation.

The rural health disadvantage stems from a complex interplay of multiple [demographic, economic, and social forces](#), including older age composition, lower socioeconomic status, higher rates of risky health behaviors (smoking, heavy alcohol use, physical inactivity), greater reliance on injury-prone and manual labor intensive occupations, and less access to health care (lower insurance rates, healthcare workforce shortages, greater distance to providers, and fewer specialized and

high-intensity care providers). Over 80 rural hospitals have [closed since 2010](#), nearly 700 more are at risk of closing, and more than half of rural counties lack access to [hospital maternity wards](#).

Moreover, [decades of declines in secure and livable wage jobs](#), especially for those without a college degree in small cities and rural hinterlands, has led to community breakdown, resource disinvestment, and outmigration. The very [deep despair, dysfunction](#), and poverty in some parts of small city and rural America are increasingly reflected in high rates of [opioid addiction and overdose](#), alcohol abuse, suicide, and declining life expectancy.

Despite these overall trends however, there is substantial heterogeneity in rural population health. As sociologists, we seem to understand that there is wide diversity across America's urban spaces, and our research illustrates this. We do not do as good of a job at this for rural America. The media's recent emphasis on rural people and places offers a timely opportunity for health researchers, especially those with a spatial orientation, to research heterogeneity in rural health, and in so doing, advance rural health research and policy.

## Rural Population Health Research

First, I encourage researchers to consider the role of growing demographic and economic diversity on health in rural areas. For example, rural does not automatically equate to white. Racial/ethnic minorities account for about 20% of the U.S. rural population, are often geographically isolated, and face significant health challenges. The [rural Hispanic population](#) increased by 43% between 2000 and 2010, is expected to continue growing, and is more geographically dispersed than ever before. Despite lower rates of mortality and chronic disease than whites, rural Hispanics have [very high poverty rates](#) and face significant health care access challenges, including [lower health insurance rates](#). Rural blacks and American Indians have the lowest life expectancies in the U.S., the highest rates of chronic disease (cancer, diabetes, heart disease), and [shamefully low access to health care](#). [American Indians](#) also have the highest death rates from drug overdose, suicide, and alcohol-related causes.

Rural also [does not automatically equate to farming](#). Fewer than 20% of the U.S.'s 1,976 nonmetro counties are farming dependent. Like urban areas, service industries account for the largest share of employment in rural areas, but many rural areas are also heavily dependent on manufacturing, mining, the public sector, and recreation. Health outcomes vary drastically across these different types of counties. For example, while mining-dependent rural communities fare poorly on nearly all health measures, including among the [highest rates of opioid mortality](#) in the U.S., rural [recreation](#) and retirement destinations have better [health services and health outcomes](#) than other rural counties.

In addition to considering the tremendous racial and economic diversity in rural health outcomes, this is also an ideal time to consider the multiple important intersections and interdependencies between rural and urban areas. Big cities and rural communities are [more economically and socially interconnected and interdependent than ever](#). Hence, examining health via a rural vs. urban dichotomy is not a particularly useful way to understand national health disparities or to inform strategies to improve health. Rural demographers have increasingly been recommending analyses that consider the [rural-urban interface](#). Rather than a boundary separating rural from urban, [the interface is characterized by](#) increasingly intense flows of capital, labor, population, information and culture, food, and material goods between rural and urban America.

More than 46 million people live in the rural U.S. It represents 70% of the nation's land area. Rural areas supply disproportionate shares of the nation's food, energy, military personnel, natural amenity recreation, and retirement destinations. As such, the health of rural people and places is crucial for U.S. economic competitiveness. The highly variable and dynamic demographic, economic, and social characteristics of the rural U.S. should be better reflected in our research and policy agendas.

For those interested in conducting rural population health research or keeping up with rural policy issues, please check out these resources:

Rural Policy Research Institute (RUPRI) - <http://www.rupri.org/>

National Rural Health Association (NRHA) - <https://www.ruralhealthweb.org/>

HRSA Federal Office of Rural Health Policy - <https://www.hrsa.gov/rural-health/index.html>

USDA Economic Research Service (ERS) (these are useful for any county-level research, regardless of whether it focuses on rural areas):

- County Typology Codes: <https://www.ers.usda.gov/data-products/county-typology-codes/>
- Atlas of Rural and Small Town America: <https://www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america/>
- Natural Amenities Scale: <https://www.ers.usda.gov/data-products/natural-amenities-scale/>

(A version of this post previously appeared as a blog on the Robert Wood Johnson Foundation New Connections Website)

# Teaching

## Library Day and the Literature Review

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Many of us assign papers to our lower- and upper-division undergraduate courses, and some of these papers require some type of literature review. As we all know, a good literature review is the basis for a good paper. While there are many steps for conducting a literature review, a common step students get stuck at is performing the search to find relevant material. So how might we ensure that students have the resources to write an outstanding literature review?

One way to get this done is by having a campus library day—either a reference librarian can come to your class, or you can bring your class to the library. We have had much success in scheduling a “library day,” a full class session during the semester. To best support their visit, we coordinated with the reference librarian beforehand, informing them of the exact assignment that the class will be doing. Thus the librarian had a sense as to what databases, or even keywords, to point the students. Librarians can also discuss helpful information such as reliance on peer-reviewed articles rather than media accounts, requesting items through interlibrary loan, and how to VPN into the academic databases from off-campus. This not only helps in getting better papers for your class, but also extends student learning for their other classes.



“student library” <https://flic.kr/p/bX6HLG>

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## Career and Employment



**Katrina Kimport**

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The research we do and the material we teach, as many readers surely discover every day, has relevance to policy-making and civil society. In fact, sometimes it is shocking just how relevant medical sociology is for making sense of the day's headlines. But, outside of our classrooms, conferences, and journals, many of us are stumped as to how we can bring our research expertise to bear on policy-making and public life. As much as we might want to impact these aspects of our society, with all of the responsibilities on our plates, the idea of learning to navigate the arcane-seeming processes of policy-making seems daunting.

The resource I highlight in this newsletter is an organization that supports scholars in navigating those processes: the Scholars Strategy Network (SSN; <https://scholars.org/>).

Founded less than a decade ago, SSN is a voluntary, federated organization that supports scholars in developing relationships with policy-makers, journalists, and civic leaders.

The organization strives to connect research experts with people outside the "ivory tower"—and does so through multiple means, including support for op-ed writing and placement, media trainings, and empowering local chapters to identify needs and opportunities. Its mission is to improve policy and strengthen democracy with research and evidence.

Membership is open to scholars from any discipline who have published peer-reviewed articles. This includes advanced graduate students! There is no cost to join. So, if you are interested in support for bringing your research expertise to bear on policy-making and public life, check SSN out. Membership information can be found here: <https://scholars.org/membership>. And, on the employment front, SSN has a two-year postdoctoral fellow program, so people going on the job market should keep an eye out for that as well.

## From the editor



**Evan Roberts, University of Minnesota**

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Welcome to the winter issue of the Medical Sociology newsletter. I hope that you have all had a time to recover from the demands of the semester, quarter, or term and are looking forward to 2019 in good health.

The newsletter is a place for members to connect, share, and learn more about each other's work. In this era where social media encourages short exchanges, and there is a proliferation of electronic content an old-fashioned newsletter offers us some different opportunities. First, we can learn more about our colleagues through the two interviews featured in this issue. Second, the conference and publication announcements section offers members a chance to share upcoming events and recently published work that we might otherwise miss in the sea of table of contents alerts and RSS feed. I'm pleased to see members sending announcements of books.

I thank the section members who have contributed so much great material for this quarter's newsletter. If you have conference or publication announcements, or ideas for future interviews please be in touch.

## Conference announcement

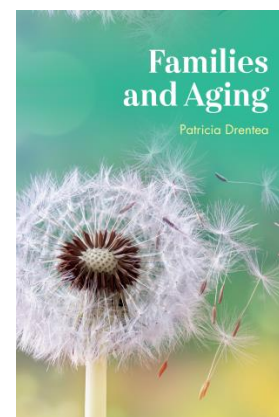
Kelly Underman and Alexandra Vinson invite abstracts for their upcoming panel at the Society for Social Studies of Science (4S) conference: "Rethinking Health Professions Education in the 21st Century: Innovations, Interruptions, and Regenerations." The deadline for abstracts is February 1, and the conference will take place September 4-7 in New Orleans. For more details: <https://www.4s2019.org/call-for-submissions/>

## Publication announcements

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## Publication announcements

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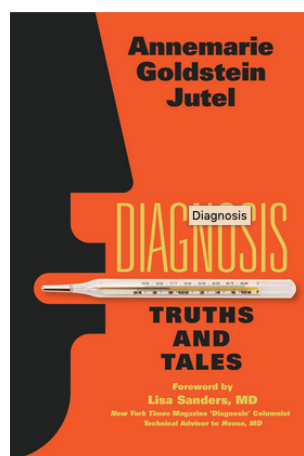
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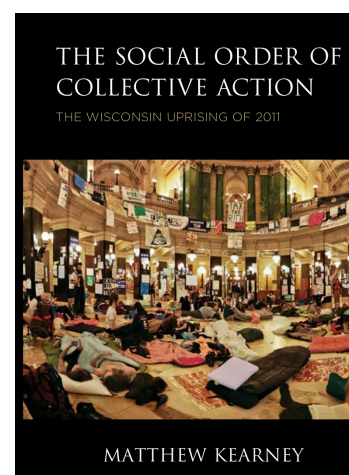


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