

Medical Sociology Newsletter

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A Publication of the Medical Sociology Section of the ASA

Aneshensel 2008 Reeder Award Winner by Janet Hankin

The Leo G. Reeder Award for “Distinguished Contribution to Medical Sociology” will be presented to Dr. Carol Aneshensel at the August 2008 ASA Meetings in Boston. The award is presented annually in recognition of scholarly contributions, especially a body of work displaying a 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 as broadly defined.

The award is named after Leo Reeder, a chair-elect of the Medical Sociology Section when he died in a plane crash in 1978, and it is particularly fitting that Carol Aneshensel be the Reeder Award Recipient. Following Reeder’s death, Professor Aneshensel assumed much of the responsibility for the conduct of the research program he left behind.

She received her Ph.D. from Cornell University and currently is Professor in the Department of Community Health Sciences in the School of Public Health at the University of California, Los Angeles. She served as Chair of the Medical Sociology Section from 2003-2004 and received the Leonard I. Pearlin Award for Distinguished Contributions to the Sociological Study of Mental Health from the ASA’s Mental Health Section in 2004.

Professor Aneshensel is a productive scholar, authoring over 60 refereed journal articles and three major books, including *Profiles in Caregiving: The Unexpected Career* (Aneshensel, Pearlin, Mullan, Zarit, and Whitlach, 1995), the *Handbook of the Sociology of Mental Health* (Aneshensel and Phelan, 1999), and *Theory-Based Data Analysis for the Social Sciences* (Aneshensel, 2002). Her research covers the lifespan from adolescence to the elderly and addresses topics including depression, stress, social support, fertility, caregiving, dementia, cognitive functioning, ethnic variations in symptoms, and HIV/AIDS. Professor Aneshensel is known for her carefully designed studies, her sophisticated theories, and her outstanding methodological skills. She has served as Principal Investigator on six major grants from the National Institute of Aging and the National Institute of Mental Health. She has been a co-principal investigator on seven other major grants.

As a teacher, Professor Aneshensel has offered courses in sociocultural aspects of mental health, social epidemiology, women’s mental health, research methods, and quantitative data analysis. Professor Scott Schieman’s letter of nomination explains, “...she is a dedicated and hard working mentor and, over the years, has created a large following of former students.”

Professor Aneshensel’s service to the profession is legion and ranges from grant reviewer, editor, article referee, and committee member in national organizations. She has served in various capacities in numerous sections of the American Sociological Association.

Dr. Aneshensel has made distinguished contributions to medical sociology and to the Medical Sociology Section. The Council of the Medical Sociology Section proudly honors Carol Aneshensel with the 2008 Leo G. Reeder Award.

Reminders:

- **MSN Spring Deadline:**
March 28, 2008
- **2008 ASA Annual Meeting:**
August 1-4, 2008
Boston, Massachusetts
- **2009 ASA Annual Meeting:**
August 8-11, 2009
San Francisco, California



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MEDICAL SOCIOLOGY SECTION

2008 Slate of Candidates

Deborah Carr, Nominations Chair (carrds@sociology.rutgers.edu)

Committee Members: Elaine Hernandez (student member), Robin Simon, Stefan Timmermans

Section Chair:

Bill Avison, University of Western Ontario
(wavison@uwo.ca)

Susan Bell, Bowdoin College
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(burgards@umich.edu)

Richard Carpiano, University of British Columbia
(carpiano@interchange.ubc.ca)

Chair, Nominations Committee:

Jeremy Freese, Northwestern University
(jfreese@northwestern.edu)

Donald Lloyd, University of Florida
(dlloyd@fsu.edu)

Nominations Committee Members

(2):

Jennie Kronenfeld, Arizona State University
(jennie.kronenfeld@asu.edu)

Jennifer Malat, University of Cincinnati
(jennifer.malat@uc.edu)

Sabrina McCormick, Michigan State University
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Kristen Springer, Rutgers University
(kspringe@rci.rutgers.edu)

Chair, Health Policy and Research Committee:

Kristin Barker, Oregon State University
(kristin.barker@oregonstate.edu)

Verna Keith, Florida State University
(vkeith@fsu.edu)

Chair, Membership Committee:

Karen Lutfey, New England Research Institutes
(klutfey@neriscience.com)

Heather Turner, University of New Hampshire
(hturner@cisunix.unh.edu)

Nominations Committee, Student Member:

Matt Gayman, University of Florida
(mg03@fsu.edu)

Daniel Menchik, University of Chicago
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Council Member-at-Large, Student:

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Dawne Mouzon, Rutgers University
(dmouzon@ifh.rutgers.edu)

CALLS FOR AWARD NOMINATIONS

LEO G. REEDER AWARD The Medical Sociology Section invites nominations for the 2009 Leo G. Reeder Award to be awarded at the 50th Celebration of the Medical Sociology Section. 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 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 letter of nomination and the nominee's curriculum vitae to Janet Hankin, Chair Elect of the Medical Sociology Section, at janet.hankin@wayne.edu. While email is preferred, you may also mail the nomination letter and vitae to Janet Hankin, Department of Sociology, Wayne State University, 656 W. Kirby, 2228 F/AB, Detroit, MI 48202. Deadline is **June 1, 2008**.

ROBERTA G. SIMMONS AWARD Nominations are being accepted for the 2008 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. Self-nominations are acceptable. Eligible candidates must have defended their doctoral dissertations within the two academic years prior to the annual meeting at which the award is made. To be considered for the 2008 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-pitch font), inclusive of references. This paper may have been previously published, in press, or under review. Submissions may be sent by e-mail as Word or PDF documents. Hard copies (please send 5 copies) will also be accepted. Deadline for receipt of submissions is **June 13, 2008**. Send nominations to: Jason Schnittker, Department of Sociology, University of Pennsylvania, 3718 Locust Walk, Philadelphia, PA 19104-6299, or jschnitt@ssc.upenn.edu.

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 2008 award will be given to a scholarly book that deals with any topic in medical sociology, broadly defined. Co-authored books are appropriate to nominate but edited books are not eligible. When making your nomination, please indicate (however briefly) the reason for the nomination. You do not need to include a copy of the book. Self-nominations are permissible and encouraged. Nomination letters are to be sent by **March 1, 2008** to: Professor Michael Hughes, Department of Sociology, Virginia Tech, Blacksburg, VA, 24061. Nominations may also be emailed to mdh@vt.edu with the subject line: Freidson Award Nomination.

Career & Employment

Sara Shostak

For the past several issues of the Medical Sociology Section Newsletter, this column has focused on opportunities for medical sociologists outside of traditional sociology departments. In this issue, Dr. Tracy Weitz provides a very thoughtful account of her experiences as a medical sociologist working in an interdisciplinary research program of the Department of Obstetrics, Gynecology and Reproductive Sciences (Ob/Gyn) at the University of California, San Francisco (UCSF).

Advancing New Standards in Reproductive Health (ANSIRH) is a research program of the Bixby Center for Reproductive Health Research & Policy (<http://reprohealth.ucsf.edu>) within the Department of Obstetrics, Gynecology and Reproductive Sciences (Ob/Gyn) at the University of California, San Francisco (UCSF). ANSIRH's mission is to ensure that reproductive health care and policy are grounded in evidence. I co-founded the ANSIRH program in 2002 with Felicia Stewart, MD, an obstetrician-gynecologist. ANSIRH still mourns her early death in 2006, but she left a legacy of collaboration across the disciplines and hierarchies. ANSIRH's team is comprised of sociologists, demographers, economists, anthropologists, physicians, lawyers, advanced practice clinicians, and public health researchers. As the current director of ANSIRH, I provide leadership for all of our programs as well as conduct independent research. I do everything from strategic planning and fundraising to data analysis.

I traveled a complex path to arrive at my current position. As an idealistic undergraduate in physiology and political science at the University of California, Berkeley, I volunteered at the local Planned Parenthood as a pregnancy options counselor. It didn't take long for me to prefer my time at the clinic to time in the classroom; before the end of my junior year I was working almost full time. After several years of middle management at Planned Parenthood, I wanted to focus my energy on changing the larger system of health care delivery for women and got a master's in public administration with an emphasis in health care from Missouri State University. With this degree, I joined UCSF to conduct quality assurance and eventually to manage the Ob/Gyn department.

Ten years later, I co-founded one of the first six national centers of excellence in women's health (awarded to UCSF by the US Department of Health and Human Services) which sought to integrate women's health across disciplines and agendas (<http://www.ucsf.edu/coe>). Yet, even within my new leadership role, I still wasn't making the changes I thought needed to be made. I needed new skills to better understand why health care is so impossible to change and why there was such a large disconnect between what women wanted and what the system was offering them. After exploring many fields, it was clear that Medical Sociology would train me to ask complex questions differently and interpret answers more completely. I applied and was accepted into the doctoral program in Sociology at UCSF. At the same time I met my mentor, Felicia, who gave me words to live by: "If you are brave enough to do what no one else will do, you need to do that work." Since that time, my work – research, education, and advocacy – has reflected my commitment to abortion rights. My dissertation combined my interest in health care systems with this commitment; I explored the implications of medication abortion (aka the abortion pill or RU486) for abortion access in the United States. Given my passion for the field of reproductive health in general and access to safe abortion in particular, I chose a job that allowed me to do applied work. For me, that has meant joining my physician colleagues in efforts to conduct research and develop interventions aimed at real change. Some consider this applied approach a departure from "true" sociology. I don't see it that way. Every day I am able to use my sociological imagination to help health care providers, advocates, and policy makers see beyond their personal experiences and develop new understandings of the interplay between complex social issues. My largest research project is a state-wide study evaluating the provision of early abortion by advanced practice clinicians (nurse practitioners, physician assistants, and certified nurse midwives). The training and clinical care are the easiest parts of the study (early abortion is a very simple procedure to perform). The challenges in this project include understanding and communicating the perspectives of individuals and

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institutions, negotiating turf boundaries between professions, and navigating the stigma of abortion – all traditional medical sociology undertakings.

There is no doubt about the challenges of being a sociologist in a clinical department in a medical school. Promotion committees are often comprised of individuals who are unfamiliar with sociological journals and unsupportive of the length of time it takes to conduct sociological research. Publishing, itself, can be challenging as studies of a clinical nature are not of interest to top tier sociological journals and clinical journals don't want to include detailed discussions of theory. In medicine, articles are often multi-authored, which is not widely supported in Sociology. On the other hand, books, the currency of sociology, are just another non-peer-reviewed publication in medicine. Finally, there is the need to navigate differing ontologies: clinical medicine is based on the notion of finding the "Truth" while sociology seeks to understand multiple "truths."

Yet the benefits far outweigh the challenges. Working with the colleagues I study provides insight into the

complexity of issues in a very unique way. This environment also requires that I grapple with the practical world, recognizing that it is not enough to simply critique what isn't working. Rather, with the privilege of access comes the responsibility of making useful recommendations for change.

To those who choose to pursue this sort of path, my first recommendation is to follow your passion, not the funding nor the prestige. My second recommendation is to recognize that in choosing a career of Sociology in medicine, you accept some level of marginalization from the mainstream field of Sociology. And lastly, I recommend that you focus on relationship building. Clinical colleagues are not our enemies yet they are often treated that way by our sociological peers. To study clinicians, you must earn their respect and their trust that you will not betray their confidence. While we can challenge our clinical colleagues in their privilege, it is likewise important to ground our research in the goal of "understanding" rather than "exposing." Collectively, I believe, we can achieve better understandings and more sustainable change.

—Tracy Weitz <TWeitz@globalhealth.ucsf.edu>

Call for Papers: HIV/AIDS in its Third Decade: Renewed Critique in Social and Cultural Analysis, A Special Issue of *Social Theory and Health* (2009)

Guest editors: Eric Mykhalovskiy (York University, Toronto, Canada) and Marsha Rosengarten (Goldsmiths, University of London, UK). The identification of HIV/AIDS nearly thirty years ago occasioned important developments in the social and cultural analysis of illness and disease. Critical analyses of science and its relationship to activism, research on illness experience, stigma, sexuality and identity, and critiques of the limits of behavioural science were among the foci of a remarkable period of innovation in social thought and research.

As HIV/AIDS nears three decades of intervention, a series of new challenges are apparent. These include, for example, how to conceptualize and respond to transformations in the bodily experience of HIV, the pharmaceuticalization of life, the globalization of clinical scientific research on HIV/AIDS, the growing disparities in health and access to care for people living with HIV both within developed countries and between the global North and global South, a perceived crisis in the prevention of HIV, the growing trend toward the integration of HIV treatment and prevention, the nature and implication of shifts in the gendered and racialized representation of HIV/AIDS, and transformations in the relationship of science and activism.

Alongside these transformations, shifts have occurred in the social study of HIV infection. Most notably, HIV research from behavioural and health sciences perspectives has continued to develop and there are signs of a burgeoning interest in community-based research on HIV/AIDS. However, critical social and cultural approaches to the study of HIV/AIDS have not fared as well. Particularly missing have been the application of contemporary social theory to critical, social analyses of HIV and transformations of social theory itself to take into account emerging empirical research.

In this special issue of *Social Theory and Health* we invite papers written from a critical social science or cultural studies perspective on the issues facing the HIV/AIDS field nearly three decades since initial identification of the virus. In keeping with the journal's interdisciplinary perspective, contributions from a range and/or combination of disciplines including, for example, sociology, anthropology, cultural studies, history, and critical psychology are encouraged. We particularly encourage papers that extend the scope of critical analyses of HIV by engaging with contemporary debates and issues in social theory. Both theory and theoretico-empirical papers are invited.

Contributors are welcome to approach the guest editors with initial inquiries about content or style. Please visit the journal website: <http://www.palgrave-journals.com/sth/index.html> and click on "Instructions for authors" for guidelines on paper formatting and length. Submissions should be sent electronically in Word format to both: Eric Mykhalovskiy (ericm@yorku.ca) and Marsha Rosengarten (m.rosengarten@gold.ac.uk). Final date for submissions is **July 11 2008**.

Teaching Tips

Rachel Kimbro

Voices from the Classroom

Welcome to the first of a series of columns on teaching medical sociology that will interview scholars who are also known for being engaging teachers. It is my hope that their suggestions will give you ideas to draw upon for your own teaching. First up are **Bridget Gorman**, Associate Professor of Sociology and Undergraduate Advisor at Rice University, and **Elizabeth M. Armstrong**, Associate Professor of Sociology and Public Affairs and Director of Graduate Studies in the Office of Population Research, at Princeton University.

RK: Bridget, what classroom exercises, readings, films, or assignments work particularly well in your Medical Sociology course?

BG: I like to use 60 Minutes or Frontline clips, which are great for covering timely topics and getting a good discussion going. The advantage of 60 Minutes clips is that they are always from 11-14 minutes long, which is the perfect amount of time to demonstrate the main points and then leave plenty of other time for lecture or discussion.

RK: Any in particular that you recommend?

BG: Two 60 Minutes clips come to mind. First, "Is the Price Right?" which is a piece from 2006 examining the topic of the high price of medical care for uninsured patients compared to those who are insured. This clip is particularly appropriate for a focus on the U.S. health care system in general or the plight of the uninsured. The second is "China: Too Many Men," which highlights the consequences of the one-child policy in China within the context of misuse of ultrasounds for sex selection purposes. This clip would be appropriate in discussions of global health and gender, or the medicalization of pregnancy and childbirth, among others.

RK: What do you enjoy about teaching Medical Sociology?

BG: I love teaching this course because of the wide range of topics I get to cover – the wide range of *controversial* topics we cover. I see it as a 'myth-busting' class, where I get to dispel a lot of things where students have just made all these assumptions – they always look surprised. I get to talk about the healthcare system, medical marijuana, and abortion, all in an academic framework. I tell them that everyone has their own beliefs about these topics, but that I am going to present them with the science-based perspective, and they can take or leave it. I find that it is very easy to get the students engaged in these topics, and I enjoy helping them develop informed opinions.

RK: Betsy, what classroom exercises, readings, films, or assignments work particularly well in your Medical Sociology course?

EMA: I like to use Lorrie Moore's short story "People Like That Are the Only People Here," [*The New Yorker*, Jan. 27, 1997; winner of the 1998 O. Henry Prize] which illustrates the ways people fill particular roles when they are in a medical encounter. The characters are identified only by their social roles, no first names: Mother, Father, Baby, Doctor, Nurse. It does a great job of showing how language can differ between social groups, and of how someone can be socialized into the sick world. It's a great introductory reading, near the beginning of a semester, which really seems to captivate the students.

Another exercise that goes along with reading personal accounts of illness is having my students write a sick role memoir. In this paper, they reflect on an experience of illness in their own life, either their own or someone they know. It gets them into thinking about what it means to be sick, and how sickness sets us apart, and allows them to think carefully about how their own illness episode fits or does not fit Parsons' theory of the sick role, which helps them clarify their understanding of Parsons. It also serves a diagnostic function for me, early in the semester, to see which students have experienced serious medical episodes. I find that there is some self-selection of such students into this course, and it is helpful to find out who they are early in the semester.

RK: And what do you love about teaching Medical Sociology?

EMA: I really get a lot of students who hope to have careers in the health field, especially pre-med students. Those students are so hungry for insights into what it means to be a doctor; into what their life and world is going to be like. They tend to have a very rosy view of what being a physician is like – I like to introduce them to the concept that for doctors, every patient is a problem. Some of them are going to vomit on you; some of them are going to die on you; and then you have to tell their family members. We talk about the use of black humor and detachment, and how that helps medical students put experiences into context. I like to think that I've given pre-meds a different way to think about the experience they will have, so when they are deep in the fire in medical school and they are struggling, they can access something in the recesses of their mind; "this is socialization, I am being socialized," which can help them make sense of their experiences. I like to introduce the sociological imagination, so they can think about medicine and their patients differently, so they can think about what it means to be sick, and how the fundamental causes of disease influence their patients. I find this class most rewarding – students respond really well, and love the materials. Students really feel engaged with what they are learning.

Student News & Views

William A. Anderson, MPA, MPH

Presentation of Self in Everyday Graduate School

I recently got a mentee. Each incoming graduate student in their first year in our department is assigned to a student who has been in the program for awhile. If the new student has questions or concerns, he or she has someone to talk to. Preparing for my new role, I called upon my years of graduate experience (in four master's degree programs and one Ph.D. program at two different schools – yes, it took some experimentation to decide what I *really* wanted to do.) I also consulted with friends in other programs and at other universities. What are the key things a new graduate student should know?

Of course, there is the standard advice about getting involved in research, doing well in classes, picking manageable and appropriate thesis or dissertation topics, and finding good faculty to work with. But we see and hear this advice everywhere. What, I wondered, was vital, but largely not discussed? From one conversation, something finally distilled: If you want to be an academic professional, act like one. No, I am not talking about tweed coats with elbow patches. (However, I do have a black corduroy one—without elbow patches.) Nor am I talking about teaching classes, doing research, and publishing papers, though we certainly must do those things. I am talking about involvement in the academic community and the department – abandoning the undergraduate habit of credit accumulation in favor of behavior appropriate to an academic professional.

This may seem painfully obvious to the experienced folk who are reading this, but I doubt it is that obvious to fresh, new students who are accustomed to the idea that good grades and solid attendance will take you all the way. In comparison to getting a Ph.D., the process leading to a

bachelor's degree is fairly simple. Accumulation of a certain number of credit hours will usually get you a bachelor's degree. In some cases it will get you a master's degree. At the doctoral level, though, it gets you, at best, to ABD. Add to that the completion and successful defense of a dissertation and the Ph.D. requirements are usually fulfilled. But, as much as getting a Ph.D. is about completing these requirements, it is also about convincing people who already have such a degree that you deserve one, too. An important part of that is presenting yourself as an academic professional.

Quality research and publications, are, of course, vitally important to this task, but also vitally important are things like attending departmental gatherings and other functions, participating in new faculty hiring processes by attending job talks and receptions, forming collegial relationships and collaborating with fellow students and with faculty, attending conferences whenever possible and affordable (even if you're not on the program), and in general taking advantage of every opportunity available to act like the faculty member you want to one day be.

Now I am certainly not arguing for pretense here. If one truly finds these kinds of activities uninteresting and unnecessary, a different career might be in order. Though they are not formal requirements and are not seen on a transcript or CV, such activities are important all the same. They take a student beyond paper credentials. Some students quickly realize this and are regularly involved. Some are told by their mentors. Others, though, can seem blissfully unaware that their sparse or nonexistent involvement makes them appear uninterested and unprofessional. I, and friends at other schools, have all seen at least a few students who desperately needed this advice. Fortunately, my new mentee, I am proud to say, did not.

Indiana University-Purdue University Indianapolis (IUPUI)

The Department of Sociology invites applications for a tenure-track, assistant professor or beginning associate professor position beginning August 20, 2008. Applicants must, by the time of the appointment, hold a Ph.D. in sociology or an appropriate interdisciplinary area with demonstrated knowledge in advanced sociology. We are seeking candidates with a strong background in medical sociology or a related subfield. The successful candidate will join a 20-member faculty of active researchers and committed teachers. Candidates must have a record of, or show clear potential for, research excellence and effective teaching at the undergraduate and masters levels, and will be expected to teach basic and advanced courses in medical sociology. Applicants with significant potential for, or demonstrated success in, securing external research funding are encouraged to apply. IUPUI enrolls 28,000 students on an urban

campus encompassing the IU Medical Center and a number of professional schools, including the IU School of Medicine, the IU Law School, the IU School of Nursing, and the School of Public and Environmental Affairs, in addition to the liberal arts and sciences, and offers many opportunities for interdisciplinary work in medical sociology. Candidates should send a curriculum vitae, statement of research and teaching interests (including teaching philosophy), and no more than three samples of writing (including one sample dissertation chapter for Ph.D. candidates). Please also arrange to have three letters of reference sent. Address all materials to William Gronfein, Chair of the Search Committee, IUPUI, Department of Sociology, 425 University Blvd., Indianapolis, IN 46202-5140. Applications arriving by **January 15, 2008**, will receive the fullest consideration. IUPUI is an Equal Opportunity Employer and especially welcomes applications from women and minorities (www.iupui.edu/~slasoc/SOCHOME.htm)

A Publication of the Medical Sociology Section of the ASA

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Postdoctoral Opportunities Available: Institute for Health, Health Care Policy, and Aging Research Rutgers, The State University of New Jersey

The Institute for Health, Health Care Policy, and Aging Research, directed by David Mechanic, offers postdoctoral opportunities for research and training in mental health research. The National Institute of Mental Health provides funding for the program. Trainee stipends range from \$35,568 to \$51,036 per year, depending on years since completion of the doctorate.

The major foci of the program are mental health services research and psychosocial factors in mental health and illness. Participating disciplines include sociology, psychology, psychiatry, history, economics, anthropology, public policy, and social work. Two-year

Students – Apply to be the 2008 Louise Johnson Scholar!

The Medical Sociology Section will choose a student member of the section to be the 2008 Louise Johnson Scholar. The scholar will receive travel funds up to \$350 to present at the annual ASA meeting in Boston and to attend section events. The scholar will be chosen based on academic merit and the quality of an accepted ASA paper related to medical sociology. Papers with faculty co-authors are ineligible. Applications are due on **May 15, 2007**. To apply, send: 1) a copy of your acceptance notification to present at the 2008 ASA meeting, 2) a copy of your paper, 3) your CV, and 4) a letter of recommendation from a professor who can write about your academic merit. Submissions may be sent by e-mail as Word documents or PDFs. Hard copies will also be accepted. Applications should be sent to: Joanna Kempner, Princeton University, 263 Wallace Hall, Princeton, NJ 08544. Email: jkempner@princeton.edu

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.

appointments starting June 2008 are available. Further information on the Institute and training program faculty is available at: <http://www.ihhpcpar.rutgers.edu>. Applicants must have a Ph.D. in hand by June 30, 2008 and should send a CV, statement of research interests, and three letters of reference by **March 1, 2008**. Only citizens, non-citizen nationals, or persons lawfully admitted for permanent residence are eligible for these positions. For further information, write or email: Deborah Carr, Institute for Health, Health Care Policy, and Aging Research, Rutgers, The State University of New Jersey, 30 College Avenue, New Brunswick, NJ 08901-1293. Email: carrds@sociology.rutgers.edu.