



International Sociological Association, RC15

NEWSLETTER OF THE RESEARCH COMMITTEE ON THE SOCIOLOGY OF HEALTH

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Greetings from the President

The ISA World Congress in Gothenburg was well attended by RC 15 members and our sessions, except some late in the evening or on the last day, had several people in the audience. Our reception, held in the harbor on the sailing ship Viking, was a great success with good food characteristic of Sweden and cold beer. I announced at the reception that the 2012 ISA Forum would be held in Paris, which was true at the time, but was subsequently opened up to other cities and the site has not been confirmed. We do know that the 2014 World Congress will be in Yokohama, Japan, and the duties of the next Steering Committee will include planning for an RC 15 interim meeting in 2012 and the World Congress.

The primary event this fall is to hold elections. The outgoing committee elects a president, vice-president, and secretary-treasurer, and appoints a newsletter editor, followed by a general election in which all members will vote to fill the four vacancies on the Steering Committee. Ellen Annandale (UK), Robert Dingwall (UK), Christopher Ntau (Botswana), and myself (US) will be replaced, while Ivy Bourgeault (Canada), Jonathan Gabe (UK), Leah Gilbert (South Africa), and Ishwar Modi (India) will be retained for another four years. More information about the upcoming elections is in this newsletter.

Congratulations to Steering Committee member Ishwar Modi who was elected to the ISA Executive Committee. Ishwar will remain on our steering committee the next four years while also serving in his new role.

My thanks to Ellen Annandale for her excellent planning and organization of the RC 15 sessions at Gothenburg and to Robert Dingwall for the financing arrangements (which turned out to be a real adventure, but successful thanks to his diligence). Overall, the Gothenburg meeting was a strong success. Now it is on to Yokohama! We have already begun coordination with the Japanese Society of Health and Medical Sociology that will be continued by the newly elected officers and steering committee.

*William C. Cockerham
ISA RC15 President
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PRIORITY

RC15 Executive Council Elections

The elections this year will take place entirely online during the first part of October, using a website called Electionbuddy (<https://electionbuddy.com/>). The present Council have trialed the system in a fake election and found it to be quite user-friendly so we hope you will be happy to participate. You will receive an email with a link to an electronic ballot, listing the candidates' names. If you click on the names, you will be linked to short election statements – please read these because ISA think it is really important to have a spread of representation on Research Committee Councils and this is your chance to think about voting for someone you don't know.

There are four places to fill and I currently have eight confirmed candidates, although there may be some others by the time you receive the ballot. You will have four votes and I encourage you to use all of them because the highest-ranked runners up will be eligible to be added to the Council if any of those elected ahead of them are elected as officers.

Candidates for election

- Masahira Anesaki, Japan
- Guido Giarelli, Italy
- Brian Hinote, US
- Jenny Kronenfeld, US
- Ellen Kuhlmann, Germany/UK
- Maryam Mehrabi, Iran
- Stephanie Short, Australia
- Karen Staniland, UK
- Amelie Quesnel Valle, Canada
- Pamela Wakewich, Canada

At present, I hope to **send ballots out on 1 October and close the poll on 15 October** but this may slip by a day or two. **Please watch your email carefully!**

Robert Dingwall
ISA RC15 Secretary

XVII ISA WORLD CONGRESS OF SOCIOLOGY

SOCIOLOGY ON THE MOVE
LA SOCIOLOGIE EN MOUVEMENT
LA SOCIOLOGÍA EN MOVIMIENTO

11-17 JULY, 2010
GOTHENBURG, SWEDEN



REPORT from the Programme Coordinator RC15 Sessions

I would like to extend my thanks to everyone who made the RC15 programme of sessions a success: the session organisers, chairs, paper presenters and authors of distributed papers, and those who attended and participated in our sessions.

RC15 put on a total of 16 paper sessions, as well as 4 joint sessions (with RC13, RC32 and RC52) and 1 integrative session (with RC05, RC15 & RC38). Over 170 papers appeared on the programme as presented and distributed (tabled). I am not able to put figures on it, but my impression is that there were less last minute drop-outs than at last few Congresses.

A tally of first author institutions on papers shows that they came from 29 different countries (Austria, Australia, Bangladesh, Belgium, Brazil, Canada, Czech Republic, Denmark, Finland, France, Germany, Hong Kong, India, Israel, Italy, Japan, Luxembourg, Morocco, New Zealand, Norway, Portugal, Romania, Russian Federation, South Africa, Sweden, Switzerland, Taiwan, US, UK). The UK and US were the most highly represented by far. Surprisingly given the location of Göteborg, there were relatively few papers from authors based in Sweden or the Nordic countries generally.

I was not able to attend all of the RC15 sessions due to commitments elsewhere on the conference programme, but I was present at most. The sessions were timetabled from mid-morning right through to an 8pm to 10 pm slot on many nights. Sociologists of health clearly have a lot of stamina as there were good audiences and lively discussions throughout! There was a table in our main session room on which presenters and authors of distributed papers could leave copies of their papers and other materials such as flyers for books, conference alerts and so on which helped to foster networking.

A small number of members contacted me to say that they felt that the sessions did not fully represent the field of the sociology of health. RC15 Members were asked soon after the last Congress in Durban in 2006 to come forward with session titles and to put themselves forward as chairs. This consultation remained open until January 2009 when the list had to be submitted

to ISA. In fact it was possible to accommodate all of the session suggestions that had come forward from the membership by this date. I would therefore encourage everyone to check the planning timetable that will appear in a subsequent Newsletter and to get involved by putting their favourite topics forward for Yokohama 2014.

As Robert Dingwall notes in his report from the Business Meeting (see below) the feeling was that the quality of presentations had improved this Congress, though members felt that still more could be done to promote dialogue alongside the usual question and answer format. In this regard I would note that at the planning stage we wanted to have some round table sessions, but Congrex (the Congress organisers) said that the venue prohibited this; it turned out much later that they could have accommodated this format, but it was too late in our planning to make the change. I think it would be worth considering this and other more innovative kinds of sessions for Yokohama 2014.

Ellen Annandale

ISA RC15 Programme Coordinator and Vice-President

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REPORT from the Secretary

Minutes of RC15 Business Meeting, Gothenburg, 16 July 2010

On board the SS Barken Viking, 41 members in attendance

President Bill Cockerham welcomed members and thanked them for the honour of serving as their President for the last four years. He urged them to support the 2014 meeting in Yokohama. He had been to the venue on a previous occasion and praised the quality of accommodation and facilities offered. He hoped that it would be possible for his successor to work closely through the Steering Board with local colleagues to ensure that the programme reflected the unique opportunity to understand health and illness, and societal responses, in Japan. He thanked Ellen Kuhlmann for her work on the newsletter and recalled the successful interim meetings in Montreal and Jaipur. There would be an interim ISA Forum in Paris in July 2012* and members might wish to reserve the dates and to consider whether to plan to participate in this – the previous forum had been arranged at too short notice to revise the arrangements with Montreal. One of the outcomes of the work with Canadian colleagues had been the higher profile of francophone sociology in the group and he hoped that his successor would be able to develop this further. Members were urged to come forward as candidates and participate in the forthcoming elections to renew the Steering Board. It was particularly important to have people on the Board who would be active and contribute to the planning of events. He thanked Ellen Annandale for her work as the Programme Organizer. Many members had expressed their pleasure at the quality of the programme and this was very much down to Ellen's labours. He also thanked Robert Dingwall for his work as secretary and treasurer – locating the venue for this meeting and the reception and administering RC funds in difficult circumstances.

Secretary/Treasurer Robert Dingwall thanked Bill and Ellen for their support in the organizational difficulties associated with his redundancy from the University of Nottingham, particularly Bill's assertive interventions to secure the release of funds that had gone astray within the university's accounting system. All funds had now been transferred to the University of Leicester, where they were under Ellen's supervision pending the election of his successor. The accompanying accounts painted as true a picture as he could manage but there had been a great deal of confusion and some losses seemed to be irrecoverable. He particularly thanked RC member Karen Staniland, who had personally guaranteed the costs of the evening on her credit card because of delays in transferring funds from Leicester to the Barken Viking! He invited potential members of the Steering Board to put themselves forward for election and gave notice that this would be conducted electronically, probably in September, so that the new Board could begin planning a handover at the end of the year. The present Board would elect new officers before that date so that members could have their names in mind when considering how to vote to achieve a diverse Board.

Vice-President Ellen Annandale apologized for the problems with the session programme, most of which lay with the scale of the task and the technical limitation of the electronic database used by Congrex. This had led to issues over registration and inappropriate deregistration from the programme by Congrex, the inability to list more than 4 authors per paper and the like. Unfortunately, these marked ISA congresses in general and were not unique to this one. She thanked the session organizers for their imaginative panels and the quality of the papers that they had selected – and the whole membership for the enthusiasm with which they had come forward to showcase their work.

A number of issues were raised from the floor. Robert explained that his decision, as Treasurer, not to fund alcoholic drinks for the evening, reflected two factors: a significant number of members were from faith communities that would not allow them to share in this and it seemed wrong to use their subscriptions to fund something they could not enjoy; and his view that others might think it incongruous for RC15 Sociology of Health to be promoting alcohol consumption. However, as a good libertarian, he had also arranged for a cash bar!

There was a view that the quality of presentations had improved this year, but that further improvement was still desirable. Bill explained that it was difficult to be prescriptive, given differences in national styles and traditions, and Ellen pointed out that some of the ISA guidance had come out very late. Chairs should be encouraged to offer more by way of commentary and linkage between papers and to remind presenters of the needs of multilingual audiences.

A possible clash was identified between the Paris meeting in 2012 and the ESHMS meeting that year. Generally, it was felt that more needed to be done to promote collaboration between RC15, ESHMS and the ESA, in addition to work with national associations. This was seen as a challenge for the new Board.

The process of decision-making between presented and distributed papers was questioned. Ellen Annandale and Ellen Kuhlmann, who had previously organized the programme for another RC, explained that ISA encouraged session organizers to seek a balance between diversity and

merit. This was not a formal peer review process with feedback and justification of decisions, and it did not seem possible to achieve this.

There was general agreement that, in the interests of the environment, ISA should abandon the practice of giving every delegate a printed volume of abstracts. Huge numbers of these had been discarded around the meeting, and members would strongly prefer to receive theirs on CD or memory stick. A smaller number of abstract books could be held in reserve for delegates from developing countries without access to the relevant technology but this number was thought to be very small and possibly more theoretical than real. The President was asked formally to communicate this view to the ISA secretariat. He was also asked to raise the issue of photography and video-recording in sessions. Many delegates found this highly distracting and some were concerned about the implications for intellectual property. Although it might be argued that these devices allowed for subsequent review of sessions in an unfamiliar language, it was felt that, on balance, the disadvantages probably exceeded the advantages and ISA should be asked to consider a ban on this practice.

Robert Dingwall
ISA RC15 Secretary

*** Please note that the Forum venue has now gone out for competition and it may not necessarily be in Paris.**

Individual Reports from PhD students/ early career researchers

During the massive ISA Gothenburg 2010 meeting, I had the pleasure of attending RC 15 Session on 'Transformations of Health Policy' which was organized by Viola Burau from Aarhus University and Ellen Kuhlmann from Goethe University Frankfurt Germany/ University of Bath UK. It was truly international in scope with papers discussing health policy developments in countries like Australia, China, Malaysia, Japan and Turkey as well as European countries like France, UK, Germany, Portugal and Italy. The session was meticulously planned to cover transformations which are quite diverse and which take place at different levels – local, regional and global. By dividing the session into two groups chaired by each organizer and guiding the presenters effectively and allowing for rapid communications of distributed papers Burau and Kuhlmann provided us the opportunity to listen many interesting papers.

Focusing on very different areas of health policy, the first group of presenters discussed positive and negative implications of recent reforms that have been carried out in various countries. The discussions on Japan's recent reforms in long-term care were very interesting as they have incorporated some elements of 'mutual aid' in the provision of integrated home-based care. This happened especially when health and social care professionals crossed over their expertise and provided care, and it was perceived very positively by the patients and their families. Another positive development, this time in public health field, took place in France where a major public health crisis – HIV contamination of the blood supply (made public in 1991) – has led to a major transformation of public health whereby a new regulatory structure was formed alongside the emergence of new public health actors.

On the negative side, papers focusing on China, Italy and Turkey discussed some possible negative implications of health sector reforms. In the Chinese and Italian cases growing inequalities in the aftermath of the reforms are very important findings since they highlight major contradictions among the purposes and results of reforms. Perhaps due to my interest in health care reforms in the Turkish context, I find these discussions on the aftermath of the reforms very important and believe that we should spend more time examining the consequences of market-based reforms in terms of improving access and equity among different social groups and regions.

The second group of papers focused on other kinds of transformations taking place in health care systems, not necessarily tied to health sector reforms, such as growing role of the NGOs, recent emphasis on citizens' participation in health policy and on gender mainstreaming policies. The paper by Taylor and her colleagues presented a deeper look at community/health sector partnerships which are emerging as important actors in health policy and drew our attention to the usefulness of a categorization of partnerships which can help us identify and discuss their benefits and challenges. Two papers dealt with another important discussion in health policy circles – citizens' participation. While Brown and Calnan highlighted the role of trust in encouraging initial engagement with mental health services in the UK, facilitating more open disclosure, and enhancing agreement and cooperation with treatment, Serapino drew our attention to the gap that existed between the discourse on the importance of involving the citizens that permeated throughout the reform process and the practice of health services in Portugal. A similar warning regarding policies of gender mainstreaming came from Kuhlmann and Annandale who discussed the extent to which the recent emphasis on gender mainstreaming at the global level has translated to substantial policy changes at the national level. While identifying opportunities, the authors highlighted the crucial role of the feminist actors in benefiting from these opportunities and implementing gender policies – a very important point which tells us that there is much to do for us if we want to have gender-sensitive policies in our countries.

As this brief overview of the papers demonstrate, this RC 15 session contributed to ISA World Congress' theme on 'Sociology on the Move' as it shed light onto different aspects of health care systems which are also 'on the move'. I hope the audience benefited from these discussions as much as I did and left the room with many more questions on health policy to explore in future studies.

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Arriving on the eve of the World Congress I made small talk with my taxi driver – he told me about Gothenburg's funny accent, its long fishing tradition and how he grew up in the city. Although I would soon find out that I would be dropped at the wrong hotel in the wrong part of town I was still looking forward to my first Congress. Coming from a law background understandably I did not feel totally at home. This was my first sociology conference and I was presenting in an RC15 session on epidemics. Although I was a bit apprehensive another set-

back would slowly reveal itself over the coming days – it began soon after registration when I was handed a holy book of abstracts.

So much in so little time, I thought to myself. Do I go for methodology or public health? What about my allegiance to my host stream of RC15? What about the sociology of professions? After all I have been tracing the medical profession's dance with law. Yes, then there is the sociology of law. I had yet to grasp how to manage the congress. Unfortunately some speakers would not show up, some were more akin to lullabies while others unexpected gems. Eager to make the most of the week I relentlessly circled titles and marched around the city – lecture hall to classroom and back. I soon realised the mammoth book of abstracts would have been better placed on minidisc – saving both my arm and a few acres of Scandinavian pines.

All of this is to explain my slow erosion of confidence; my background was in law, and ANT was my bridge to the sociological world. I was in the deep end and the more sessions I attended the less is seemed I to know. Suddenly my thesis was beginning to look rather thin on theory and method and I was standing on the edge of a void. Then it happened – it was the end of long day when and while leaving the main conference hall with a colleague another attendee, who had been sitting nearby, asked if I had been checking emails during the talk. Ok – now I'm caught, called out in public – prepare the gallows. What if I have been typing notes or 'word searching' the book of abstracts? Nothing I could say would sound convincing. I laughed it off but I was irked by the incident, probably as I was feeling a little overwhelmed. Later, I bumped into some people from sociology of the professions stream, over drinks I recalled the encounter and something not unpredictable happened; some off-duty analysis. "That's academic violence!" said one French lady "that person was simply creating a boundary, denying your inclusion into the space and knowledge". "Yes!", Said another, "it was she who was setting out what was acceptable behaviour and her greater involvement in sociology was used to dismiss you".

Then I did think about the amazing arm strength of a Japanese gentleman holding a camera aloft throughout the entire session. And another scholar giggling, fully immersed in the future direction of the Scandinavian School. On second thoughts I was quite innocuous. Our discussion went on and they asked about my work – I held my own and realising how I had absorbed quite a lot over the week. We discussed the ins and outs of methodology – the strengths and shortcomings of ANT and they shared storied from their work-life. Eventually we temporarily suspended talk on sociology and enjoyed a great evening out.

In the end my crisis of confidence was averted and my academic pulse revived – this was more rewarding than any presentation. On reflection my experience is more a product of the PhD process as my research question was still too broad. Perhaps that is the purpose of Congress not as an entirely cushioned academic affair but a chance to lock horns, to reflect on your own work, to discuss and then to know when to switch off. Heading back to the airport – as chance would have it I had the same wandering taxi driver. Within 24 hours he wired a full refund to me.

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ISA Forum 2010: note from Margaret Abraham, ISA Vice-President for Research

In Gothenburg a Research Coordinating Committee has been elected for the next term (2010-14) as part of the executive Committee and Margaret Abraham has taken over as Vice-President for Research (for details see <http://www.isa-sociology.org/about/ec/rcc.htm>).

Congratulations and a warm welcome to Margaret!

In her email to the Presidents and Secretaries of ISA Research Committees Margaret has provided some information on the next ISA Forum in 2012 (please see below). She also announced the launch of a new ISA Newsletter, circulated in addition to ISAGRAM, and action to be taken in order to review the services provided by Congress at the Gothenburg Congress and improve the services for the forthcoming congress.

ISA Forum 2012

ISA Forum 2012: We will have an ISA Forum in 2012. The Forum is designed first and foremost as a meeting of Research Committees, Working Groups, and Thematic Groups. The Forum shall develop a socially relevant theme involving public actors and to which different areas of sociology can contribute. In the interests of openness, the Executive Committee of the International Sociological Association sent out a call for bids to RCs, WGs, TGs, and NAs for the site of ISA Forum of Sociology in 2012. The bids should be received by the ISA Secretariat by November 15, 2010 and we hope to have a decision made by January 15, 2011 by the ISA Executive Committee. I will communicate with you on further developments. (copied from Margaret Abraham, email communication, 15 September)

Sociology of Medicine and Health in Iran: a Report

The Sociology of Medicine and Health is a rapidly emerging sub-field of sociology in Iran and courses are now introduced in the official curriculum of the university-level education. One of the founding fathers was Dr Manuchehr Mohseni, a sociologist by training and a member of the Faculty of Health at Tehran University. In 1969, he first introduced this field of sociology in Iran by teaching a course on medical sociology for students in the Faculty of Medical Sciences at Tehran University. In 1972 he taught the same course also in the Faculty of Health and in 1973 in the Faculties of Social Sciences at Tehran University and even in many other universities throughout the country. Thus, the course was formally added to the curriculum of the discipline of sociology at the undergraduate level in Iran.

In 1974, Tehran University Press published the first book entitled *Medical Sociology of Medicine and Health* by Dr Mohseni. Initially, the content of his book was mainly based on material translated from books in the Western countries. However, Mohseni managed to undertake research in the field in Iran, which subsequently was included in several new editions in the years to follow and greatly helped improving the teaching material available in Iran. A few other academicians also contributed to publications in the field of medical sociology in Iran but most of the books were translations of English and French publications.

Yet Medical and Health Sociology is not fully established at postgraduate level in Iran and consequently, there are only few medical sociologists by training in Iran. Those considered medical sociologist are mainly university professors and lecturers, such as for instance the author, who either had the opportunity to study this field abroad in the United Kingdom or in other Western countries, or to study general sociology at PhD level in Iran with an individual focus on medical sociology as their thesis subject.

In 2008, a further milestone was achieved by the foundation of an academic group of "Sociology of Medicine and Health", initiated by the author. This group was added to a list of overall 18 active scientific groups of the Iranian Sociological Association, and I was elected a member of the board of directors. The group rapidly expands; within a two-years-period more than 30 members from different educational levels and disciplinary backgrounds have joined us. The group now includes PhD graduates of sociology (who are also university lecturers in Tehran and other cities in Iran), Master graduates and MA students of sociology and a number of diverse disciplines (like for example, anthropology, women studies, cultural studies, social welfare) as well as medical doctors, dentists and professionals with a medical educational background who are interested in social sciences and collaborate with us as active members. The members of this group are living in Tehran and other provinces of Iran but also in the UK, the Netherlands and the US for work, study or educational reasons. Here, communication is facilitated by IT technologies such as the establishment of a google group ("medical-sociology-group" <medical-sociology-group@googlegroups.com>).

Unlike in the West, sociology of medicine and health is considered a relatively new and young branch of sociology in Iran. One of the tasks and goals of this group is to develop both original

and translational literature on medical and health sociology hoping to make those areas of interest more known and rich in this country. Amongst other things, members of this group lecture in seminars and conferences relevant to the field, publish articles in journals and medical periodicals, translate materials (articles, books) from English language into Persian (Farsi), collaborate in research projects and develop a comprehensive library of printed material and e-books of medical and health sociology. Overall, the group has organized 23 lectures and seminars covering wide ranging topics; these are documented at the Persian homepage of ISA (<http://isa.org.ir/specialized-committees/75>) and the website of the Iranian Sociological Association (www.isa.org.ir). Finally, we also managed to attend and present at the recent ISA World Conference of Sociology in Gothenburg.

Furthermore, research in the field of Sociology of Medicine and Health also makes progress. In response to recent interest of the Ministry of Sciences, Research and Technology to develop and run interdisciplinary fields of study, a comprehensive plan and syllabus of a Master Program in Medical Sociology was developed by the author in 2009; the Program attempts to recruit students from both sociology and medical sciences. Yet the Master Program has not been officially introduced into the Iranian academia, due to some general problems challenging the discipline of sociology in the current sociopolitical atmosphere in the country. Interestingly however, there are some chances for including the Program in Medical Universities under the Ministry of Health and Medical Education.

Overall, we are currently witnessing a growing interest in the sub-discipline of medical sociology among the faculties of medical sciences. For example, the author has taught medical sociology as a course for PhD students of Medical Ethics in Shahid-Beheshti Medical University in Tehran and also for the students of the Faculty of Paramedical Studies at the same university in Tehran; and she is invited to teach a class of medical sociology for the medical students who are specializing in the field of Social Medicine in Tabriz Medical Sciences University in East Azerbaijan province of Iran. Furthermore, a growing number of students of sociology and social research enrolled in Master Programs choose medical sociology topics as the subjects for their theses; thus the field is experiencing new horizons to its development.

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The Sociology of Pandemics: Crisis and Transparency in Social Order ***Sociology of Health & Illness* Monograph 19**

Edited by

Robert Dingwall (Dingwall Enterprises/Nottingham Trent University)

Lily Hoffman (CCNY)

Karen Staniland (University of Salford)

Although the 2009/10 H1N1 influenza pandemic proved not to be a re-run of the global catastrophe of 'Spanish flu' in 1918-20, relevant policy communities regard it as a valuable rehearsal for the 'big one' that most virologists still expect. Such crises make visible features of social order that are ordinarily opaque to investigation, as Phil Strong pointed out in his 1990 *SHI* paper on 'Epidemic Psychology.' Discussing the parallels between the early years of the AIDS pandemic and societal reactions to the Black Death in fourteenth century Europe, he echoes themes articulated in a variety of mainstream sociological writing: the French 'sociologie du spectacle' of Willener, Touraine and Morin; the sociology of collective behaviour, with a lineage from Blumer and Shibutani back through Park to Tarde and LeBon's critical writings on mass society; and the modern sociology of disasters, accidents and natural catastrophes, associated with Turner, Perrow, Vaughan and Clarke. Pandemics are not, then, simple challenges to medicine: they raise fundamental issues about social organization, the functioning and interdependence of institutions and nations, the role of states and civil society, and the normative assumptions embedded in each.

We have been invited by the Editorial Board of *Sociology of Health & Illness* to assemble work, from the broadest possible range of sociologists, considering pandemics and society. *SHI* is the leading international academic journal in its field (5/114 in 2009 ISI Sociology rankings). *SHI Monographs* appear both as a regular issue of the journal and in book form. As is usual, submission involves a two-stage process. The first phase is submission of abstracts – no longer than 800 words – by 1 January 2011. These will be reviewed for quality and the balance of the collection. A shortlist will be determined by 31 March 2011 and the authors invited to develop articles – 6-7,000 words including references – for return by 30 July 2011 and full peer review. The Monograph is expected to be published early 2013. All abstracts should be addressed to shi.pandemics@virginmedia.com

The following list suggests some themes that might feature in the monograph but we welcome ideas and suggestions from any sub-field within sociology.

- a. Pandemics and Collective Behaviour
 - i. The sociological understanding of fear, panic, mass emotion
 - ii. Responses to risk – implications for risk society thesis
 - iii. Mass communications – old and new media

- b. Pandemics and Social Order
 - i. State and civil society – corporate interests, families, NGOs and their roles in the crisis
 - ii. Pandemics as a problem for governance
 - iii. Pandemics as a challenge to the state’s use of power – force or self-discipline
- c. Pandemics and health systems – global and national
 - i. The challenge of rationing
 - ii. Quarantine or liberty
 - iii. The responsibilities of health professionals – self-preservation or self-sacrifice
 - iv. The search for evidence-based intervention and the rise of the modellers – garbage in and garbage out?
- d. The context of history
 - i. The impact of 1918 on 2009 – for good or ill?
 - ii. H1N1 and other pandemics – a pandemic society or one that has forgotten mass disease?

Book announcements

The Sage Handbook of Qualitative Methods in Health Research

edited Ivy Lynn Bourgeault, Robert Dingwall and Ray De Vries, Sage, 2010 forthcoming, 112 US \$

Comparative Health Policy

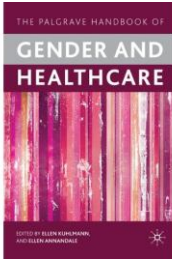
by Robert R. Blank and Viola Burau, Palgrave, 2010, paperback, 23.99 GBP

This excellent and essential reading is now available in its third edition. The book has been revised throughout and now includes details of recent health reforms in Germany and the Netherlands, an increased number of examples from within Asia, and boxed histories on the developments of the health systems covered.

Reforming Healthcare Systems

edited by Theodore R. Marmor, Yale University, US, and Claus Wendt, University of Siegen, Germany, Edward Elgar, forthcoming in January 2011, 2 volumes, hardback, 375.00 GBP

This comprehensive two-volume collection brings together more than 50 scholarly articles – dating from 1975 to 2009 – on both healthcare systems in general and health reform in particular.



NOW PUBLISHED!

The Palgrave Handbook of Gender and Healthcare

edited by Ellen Kuhlmann and Ellen Annandale

Palgrave Macmillan, Hardcover 120 GBP

Please visit the website for further information: <http://www.palgrave.com>

This authoritative, state-of-the-art reference collection addresses the main issues and core debates related to gender and healthcare in one accessible volume. Mapping the field, and drawing together cutting-edge research on gender and healthcare, this essential guide to an area of increasing interest provides a critical overview of debates as well as practical guidance on how to bring gender perspectives to the heart of health policy, practice and research.

Providing an integrated and context-sensitive approach that focuses on men's and women's health, actor-centred and institutional approaches to healthcare as well as to the needs of service users and professionals this comprehensive and innovative overview examines both the developed and developing world and explores intersections between gender and a wide range of social inequalities.

Divided into five parts this programmatic survey covers

- Gendering healthcare and policy
- The social patterning of health by gender
- Equity and access to healthcare
- Gendering the organization and delivery of healthcare
- The professions as catalyst of gender-sensitive healthcare

Offering an impressive range of international world class expertise and insight each chapter includes a chapter summary and an overview of key reading making this Handbook an invaluable companion for a wide range of academics, researchers, practitioners and policy-makers.

We are pleased to announce that a paperback edition with new additional chapters is scheduled for spring 2012.

Rejoin RC15 and ISA – New membership

We strongly encourage you to rejoin RC15 and ISA when your membership is due for renewal and also to inform your colleagues about RC15 and ask them to join RC15.

How to join ISA

Please visit the ISA website and register online. Dues USD 60 (USD 20 discount) for a 4 year period; <https://secured.com/~f3641/formisa.htm>.

Individual Membership

Open to scholars and professionals of sociological teaching, research or practice. At present there are 4,300 members from 167 countries. Benefits:

- Subscription to ISA journals Current Sociology and International Sociology.
- The Directory of Members.
- Reception of isagram, an electronic newsletter containing announcements of the forthcoming conferences, calls for papers and manuscripts, prizes, competitions, etc.
- Access to e-bulletin, ISA on-line publication.
- Access to SAGE Full-Text Collection which includes 31 journals with more than 12,500 articles.
- 35% discount on SAGE Publications books.
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Changes of Address

If you change your email or postal address, please do not forget to let us know by contacting us by email or regular mail. Please contact the RC15 Secretary:

Robert Dingwall
ISA RC15 Secretary
E-mail: robert.dingwall@ntlworld.com

A new RC15 Secretary will be appointed following the elections of the Steering Board; information will be circulated and placed on the ISA RC15 website.

Note from Newsletter Editor

The next Newsletter No 52 is preliminary scheduled for March 2011. A new Newsletter Editor will be appointed following the elections of a new RC15 Steering Committee and information will be placed at the RC15 website.

Your notices and Call for Papers of interest for RC15 members are very welcome and must be sent as a word file (please note: no pdf files or email announcements!). Please send your information to the new Newsletter Editor, or alternatively I am also happy to forward your announcements.

I would like to take the opportunity to thank the RC15 Board and other colleagues who contributed to the Newsletter for their collaboration over the last four years.

Ellen Kuhlmann
RC15 Newsletter Editor
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