

50<sup>th</sup>

## Newsletter

*of the Research Committee on the Sociology of Health*RC15 Anniversary  
Special Issue

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## Letter from the President of RC15

Welcome to the 57<sup>th</sup> edition of the Newsletter for RC 15, Sociology of Health and the second of 2013, marking our 50<sup>th</sup> anniversary, as RC15 was established in 1963. To mark our anniversary this Newsletter includes reports from five past Presidents - Mark Field (1974-1982), Ray Elling (1982-1990), Stella Quah (1990-94), Elianne Riska (2002-6) and Bill Cockerham (2006-10) - reflecting on events and achievements during their Presidency and commenting on current perspectives and future developments in the field.

As I write sessions being organised by RC 15 alone, or in conjunction with other RCs, for the next ISA World Congress in Yokohama have been finalised and most presenters informed. For the latest information about the ISA's World Congress please visit the dedicated website (<http://www.isa-sociology.org/congress2014>). There is also a request from our Secretary-Treasurer, Amelie Quesnel-Vallee, for you to renew your membership to RC15. Renewing your membership is important as it is integral to the success of our Research Committee and determines how much money the ISA allocates to our RC for travel grants and forum/congress grants.



Also in this Newsletter are a number of calls for papers for special issues of journals or symposia, and information about recent publications. I and other members of the Steering Committee very much look forward to meeting those of you who will be attending the World Congress in Yokohama, between 13th-19th July, 2014, and hope you enjoy what we expect to be a very memorable occasion.

Best wishes

Jonathan

**Professor Jonathan Gabe**  
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## Life of RC15

### *ISA Research Committee on Sociology of Health (RC15)*

*Founded in 1963*

#### Past Presidents

Board 1963-1966 *George READER, USA*

Board 1966-1970 *Elliot FREIDSON, USA*

Board 1970-1974 *Mark G. FIELD, USA*

Board 1974-1982 *Mark G. FIELD, USA*

Board 1982-1986 *Ray H. ELLING, USA*

Board 1986-1990 *Ray H. ELLING, USA*

Board 1990-1994 *Stella R. QUAH, Singapore*

Board 1994-1998 *Eugene B. GALLAGHER, USA*

Board 1998-2002 *Eugene B. GALLAGHER, USA*

Board 2002-2006 *Elianne RISKKA, Finland*

Board 2006-2010 *William C. COCKERHAM, USA*

Board 2010-2014 *Jonathan GABE, UK*

**Mark Field (1970 - 1974)**

**Professor Emeritus of Sociology at Boston University**  
**Former Associate of the Russian Research Center**  
**Harvard University**

It is now difficult to remember what went on so many years ago; in addition family health problems in the last few years make it even more arduous.

I was appointed chair (not elected) at the ISA meeting in Varna, Bulgaria in 1972 perhaps because my knowledge of French and Russian facilitated communications. Those who appointed me were Eliot Freidson (former chair) and Magdalena Sokolowska.

As one interested in comparative health care systems, I tried to maintain momentum by encouraging colleagues in different countries to organize meetings or seminars, as we did in Belgium, France, the US, and as we planned one for China which did not materialize. You are right in mentioning turnover, but that is the nature of the endeavor. Maintaining lines of communication open is a difficult and time-consuming task.

I expect that you know the book *Medical Sociologists at Work* edited by Elling and Sokolowska (1978) in which I have a chapter and describe my own path in medical sociology, a chapter that perhaps needs bringing up to date. It might be an idea to re-issue such a book and bring it to the current period.

The evolution of the Committee has been in terms of formalizing practices (such as elections) from the free-wheeling days of the beginning. Also we should help those of our colleagues who work in the poorly developed areas of the world. And as is usually the case, one of the problems is the financing of our activities. If you have specific questions, please do not hesitate to ask, and they may activate my memories of those past years in this exciting field.

(Reprinted from RC15 Newsletter 44, May 2007)

**Ray Elling (1986 - 1990)**

**PhD Professor of Health Sociology (emeritus)**  
**Departments of Community Medicine, Sociology and Anthropology**  
**University of Connecticut**

The origins of RC 15 may be found as far back as 1958 when a “Medical Sociology Committee” met in Stresa as part of the quadrennial meeting of the International Sociological Association (ISA). Some years later in (editor, please fill in year) it was formally constituted as the “Research Committee on the Sociology of Medicine” of the ISA.

The first Chairperson was Mark Field from Boston, USA, with Magdalena Sokolowska from Warsaw, Poland as Vice-chairperson. Steering Committee members were: Robin Badgley, Toronto, Canada; Derek Gill, Aberdeen, Scotland; Manfred Pflanz, Hannover, West Germany; and George Reader, New York City, USA.

This illustrious group was still serving when I was invited to organize a “Comparative Health Systems” papers session for the VIII th World Congress of Sociology (the ISA quadrennial meeting) in Toronto in August 1974. With some editing on my part, these papers, plus three more, specially invited ones, were published as “Comparative Health Systems”, a supplemental volume of *Inquiry* (journal of the Blue Cross Association) Vol. XII, No. 2, June 1975. RC 15 meetings were never “all work and no play”. On this occasion, one of our local



members got her husband to take us for a lovely sunset, dinner cruise on Lake Ontario aboard their beautiful 36 foot sailboat.

My really active involvement with RC 15 began when I followed Albert Wessen in the position of Chief, Behavioural Sciences Unit in the research division (RECS) at WHO. While at WHO, I worked with others to get the ISA and thereby RC 15 officially recognized as an NGO affiliate of WHO. This relationship has been important over the years, but in my opinion, WHO could have got more out of it by including RC 15 members in special meetings on primary health care, malaria control, etc and otherwise engaging the methodological, conceptual and health/medical expertise our organization.

In 1982 I was elected to the Steering Board and in turn the Board elected me Chairperson. In 1986 I was reelected to a second four year term. During my tenure, in addition to guarding the lively scientific, scholarly work of the group, I tried to pursue three goals.

The first was to broaden participation to include sociologists from across the world, to correct somewhat the North American/European domination of the group up to that point. We had some success in this. From a Letterhead of my second term, I see the following makeup of the Steering Committee:

Debabar Banerji, New Dehli, India;  
Ray Elling, Farmington, CT. USA, Chairperson;  
Heidrun Kaupen-Hass, Hamburg, West Germany;  
Asa Cristina Laurell, Xochimilco, Mexico;  
Rance P.L. Lee, Hong Kong, Secretary-Treasurer;  
Stella Quah, Singapore, Vice-chairperson;

Members Elect:

Hans-Ulrich Deppe, Frankfurt, West Germany;  
Kyoichi Sonoda, Tokyo, Japan;  
Wim van den Heuvel, Groningen, The Netherlands;  
Derek Gill, Baltimore, MD. USA (having moved here from Scotland).

A second concern was to broaden the theoretical perspectives of the group by including more work employing a class-based, conflict framework in addition to work employing the more usual and more accepted consensual or integrative theory. When Bismark adopted the first national health system in the world in 1883 he did so “to cut the legs off the Socialist Workers’ Movement”, class conflict was in play. When the United Auto Workers go out on strike against GM, in part to protect their health insurance, we have another example of class struggle in the health sphere. Over the years, I have seen our field importantly enriched by work done from a Marxist class

conflict perspective. This view is elaborated in a piece looking back on some 50 years of work in the health social sciences. (Editor, please give here, or in a note, the complete reference to my “Reflections ...” chapter and also note that it will be reprinted as the lead article in the next issue of the International Journal of Health Services). I do not believe the leadership of RC 15 has been as encouraging of work from the conflict perspective since my time. Perhaps in the future, more attention will be given to this concern.

The third emphasis was to broaden the recognition and acceptance of our work to the whole field of health including nursing, public health, epidemiology, dentistry, pharmacy etc.

At the interim meeting we co-sponsored with the “Second Asian Conference on Health and Medical Care” held August 11-14, 1986 in Urayasu Japan, I gave a talk at the opening ceremonies entitled, “Medical Sociology or Health Sociology?” In it I cited the WHO definition of health: “Complete physical, mental and social well being, not simply the absence of disease.” While this is very idealistic, it is also inspiring and calls out the very stuff of sociology. Later that month at the ISA meeting in New Dehli, the issue of the name of our Section received lively and thorough discussion at our business meeting. When a vote was taken, a large majority favored a change. The ISA then formally changed our name to “Research Committee on the Sociology of Health.” It seems to me that RC 15 has continued to encourage good scholarship and scientific research in the broad field of Human Health and this has been all to the good.

For me it has always been one of the high points in my career to have had the honor and privilege of serving as Chairperson of RC 15.

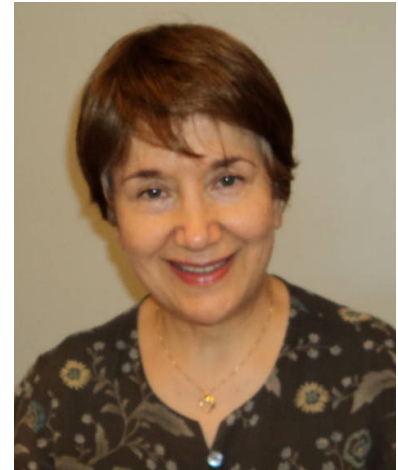
(Reprinted with permission of the author from RC15 Newsletter 45, October 2007)

*Stella Quah (1990 - 1994)*

*PhD Adjunct Professor, Duke-NUS Graduate Medical School  
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Twenty years have passed since I completed my term as Chairman of the RC15 (1990-1994), and I am happy to see the diversity, steadiness and growth of the international community of health sociologists that RC15 represents. Up to the 1970s, the RC15 membership was almost exclusively from US and Europe (Field, RC15 Newsletter 44, 2007; Elling, RC15 Newsletter 45, 2007). However, by the end of 1994, the 178 members of the RC15 encompassed most world regions: Africa (Nigeria, Senegal, Tanzania), North America (US, Canada), Latin America (Brazil, Mexico, Venezuela), Asia (China, Hong Kong, India, Indonesia, Japan, Singapore, Sri Lanka, Taiwan, Thailand), Europe (Italy, Finland, France, Germany, Spain, Yugoslavia), Israel, Australia and New Zealand (Quah, Annotated RC15 Directory of Members 1994-1995).

To maintain and increase its growth and diversity, RC15 needs to focus on two crucial objectives: (1) to facilitate interaction among scholars and practitioners in health sociology worldwide; and (2) to promote evidence-based and comparative research in health sociology in order to enhance the relevance of the discipline to the improvement of health and health care around the world. Allow me to elaborate briefly on each of these two objectives.

### **(1) Promotion of scholarly interaction worldwide**

ISA-RC15 is ideally situated to promote and facilitate the interaction of health sociologists around the world. But to accomplish this, RC15 needs to function as a network of health sociologists. Typically, as we know, entry into that network is through RC15 meetings (workshops, seminars, conferences). As I mentioned earlier (RC15 Newsletter 47, 2008) my introduction to ISA and the RC15 in 1977 was through the ISA World Congress. I was invited by Professor Rance Lee to submit a paper at one of the RC15 sessions of the ISA World Congress in Uppsala. Prominent health sociologists who were RC15 members at the time included Mark Field, Magdalena Sokolowska, Judith Shuval, Derek Gill, Ray Elling and Rance Lee, among others. They all were very welcoming and, as a young postgraduate student, I learned a lot by interacting with them. That experience helped me years later, as President of ISA-RC15 (1990-1994) and Chairperson of the ISA Research Council (1994-1998), to promote the role of research committees and of the ISA as a key network for sociologists around the world. In the early 1990s, during my term leading RC15, communication across countries was slower and more costly than it is today; few members had a personal email address and the fastest medium was telex or fax (in most universities faculty members had to use one single fax machine in the Department's main office; personal fax-cum-printer machines were not available until some years later). Thus, to help members identify and contact others at RC15 doing similar work, I compiled and distributed the first annotated RC15 Directory of Members with contact details, professional activities and main research interests. Today, ISA provides a membership directory internally. However, to promote interaction and comparative research on health sociology, RC15 could consider making the annotated RC15 Directory available online to its members perhaps with more information (such as 2 or 3 most significant publications and link to personal website), and permitting members to edit and update their own entries whenever necessary.

### **(2) Promoting evidence-based health research**

Another important objective of RC15 is to foster sociological research on health and illness from a wide range of conceptual perspectives and methodological approaches. In the early 1990s as RC15 Chairman, I considered it my duty to encourage sociological research and to boost the distribution of sociological knowledge across countries. Research conducted by RC15 members during the period 1990-1994 comprised a very wide spectrum

of themes: individuals and communities in health and illness; users and providers of health care services; health systems in their multiple forms, both formal and informal, traditional as well as modern; attitudes and behaviour of health care providers and users before, during and after the onset of illness; and analyses of specific diseases or types of diseases. The details are in my report “The Market situation of Sociological Research and Expertise: The Case of Medical Sociologists” submitted to the ISA Research Council Meeting in March 1992 (see summary in RC15 Newsletter 25, December 1992, pp. 3-9). Today, the body of published research in health sociology has multiplied exponentially. However, with few exceptions, one major limitation of sociological health research (particularly outside the United States) remains: the absence of valid and reliable evidence needed to apply sociological findings to clinical health care. The field of health sociology can contribute directly to the improvement of health care at all levels, from the lab bench to the patient’s bedside; from clinician’s decisions to health policy pronouncements. However, such contributions require active cooperation with medical researchers. Cooperation in multidisciplinary research means that, while keeping the highest standards of sociological analysis (both in theory and methodology) we, health sociologists, need to speak a different ‘language’ and learn to approach the research problem from the medical and health services perspective while contributing our sociological insights and methodologies. Multidisciplinary collaboration is demanding, particularly when you need to explain the sociological approach and conceptual insights to colleagues trained only in the hard sciences (some of whom are inclined to see social sciences as ‘wooly’). But multidisciplinary research is also highly rewarding when your research findings have positive application and improve people’s well-being, and—perhaps as a result—when medical colleagues stop looking at sociological analysis as inconsequential.

In closing, I believe the future is bright. In the course of my career I have encountered enlightened researchers trained in both the social and medical sciences and medical scientists who are genuinely interested in the sociological aspects of health and illness and read health sociology research on their own. Cross-disciplinary training is becoming more common in tertiary institutions and this trend has great promise for the future advance of health sociology.

### ***Elianne Riska (2002 - 2006)***

***Professor of Sociology  
University of Helsinki, Finland***

My first ISA meeting was in Uppsala, Sweden, in 1978, when I attended mainly the RC 15 sessions. The President of RC15 at that time was Mark Field who together with Ray Elling arranged informal events during the meeting where younger scholars could meet the distinguished international representatives of the field. This was an important event for me, especially when I realized how many of the older leaders in health sociology were women. From that on I saw RC15 as an important reference group and one which offered a forum for discussions unbound by national traditions and specific theoretical boundaries. At the ISA world congress in Bielefeld I became the editor of the RC15 newsletter, in which capacity I served during 1994-2002. The status as an editor meant according to the RC15 statutes at the time, that I was part of the RC15 Board. During the Presidency of Eugene Gallagher I became involved as the program coordinator for the 12 sessions (three on health professions, one on gender and health, and the other about the organization of health care) that RC15 organized at the ISA congress in Montreal in 1998. Based on the sessions we edited an anthology *Toward a Global Sociology of Health and Medicine* (Sage 2001). I also serve as the coordinator of the 18 sessions (e.g., one on the sociology of the body, two sessions on gender and health, two sessions on the medicalization thesis, one on medicine and sexuality, on health and inequality) that RC15 had on its program at the ISA conference in Brisbane in 2002. By that time I had become elected a member of the RC15 board for the period 2000-2006.



As President during 2002-2006 I continued to promote three issues that I already had pursued as a coordinator of the programs of the RC15 at two ISA world congresses. First, I had included sessions on the sociology of the

body and gender and health into the program of RC15 to indicate that those two themes were part of mainstream health sociology. The gender theme appeared first as sessions on women's health on the program. At the Durban conference in 2006 the theme also included sessions on men's health and afterwards the papers in the two sessions on the gender and health theme appeared as a special monograph issue of *Current Sociology* in 2009. Second, I also took an initiative to arrange sessions together with RC52 on the sociology of professional groups to expand the research interest on various types of health professions and to understand the role of the state, market and gender for health professions in various countries. My third goal was to promote women on the program especially as chairs of sessions. This proved to be a challenge because at that time women researchers had considerable problems in finding travel moneys for attending international conferences compared to men.

The arrangement of midterm meetings was an important goal so that RC15 members could meet between the quadriennial ISA world congresses. Fortunately I had an active RC15 board and thanks to the initiative of one of the RC15 board members, Robert Dingwall, RC15 organized a joint meeting with the British Sociological Association's Medical Sociology group in September of 2004 in York, UK. Another initiative was a review of the RC15 themes in a joint publication by members of the RC15 Board, i.e., I, Ellen Annandale and Robert Dingwall, a review that was entitled "Health sociology: Conflict, competition, cooperation" and published in *The ISA Handbook in Contemporary Sociology: Conflict, Competition, Cooperation*, edited by Ann Denis and Devorah Kalekin-Fishman (Sage, 2009).

I did not continue for a second term as the President of RC15 in 2006 as by then I had been part of the activities of the RC15 board since 1994, both as a board member, program coordinator and then as President. It was time for new initiatives and for a younger generation to get involved on the Board of RC15.

What current perspectives and future developments do I envisage for Sociology of Health? The following three issues could be mentioned: 1) The challenges of an aging population and of the economic costs for different types of health care systems, 2) the differentiation and status of health care workers and patients based on race, ethnicity and gender under changing conditions of health care work, 3) new challenges for women's and men's health under new conditions of working life and family arrangements. I would also like to see researchers in health sociology to more often enter into a dialogue with STS (Science and Technology Studies) researchers, because some of the current and interesting theoretical developments related to sociology of health can be found in current STS research.

### ***William Cockerham (2006 - 2010)***

***Professor of Sociology, Medicine and Public Health  
University of Alabama, Birmingham (USA)***

I served as President of Research Committee 15 (Health Sociology) of the International Sociological Association during 2006-2010. There were two changes during this period at ISA that directly affected RC 15 and the other research committees, including changing the title of the heads of the research committees from Chairs to Presidents. So I moved from the office of Vice-Chair of RC 15 (2002-2006) to President. I was joined by Ellen Annandale (UK) Vice-President, Robert Dingwall (UK) Secretary-Treasurer, and Steering Board members Ivy Bourgeault (Canada), Jonathan Gabe (UK), Leah Gilbert (South Africa), Ishwar Modi (India), and Chris Ntau (Botswana). Outgoing Chair Elianne Riska (Finland) was an ex-officio Board member until 2008 and Ellen Kuhlman (Germany) served as Newsletter Editor. Most of our early work was focused on developing a current RC 15 membership list and planning for a very active conference schedule in 2008.



The other change was the new ISA Forum which was designed as an interim meeting to be held during the two years prior to the World Congress to include any RC that wanted to participate. The advantage of the Forum was that much of logistical and administrative support for an international conference was provided by ISA itself,

rather than individual committees planning and implementing their own meetings which could be difficult for small RCs. The first Forum was held in Barcelona, Spain, in September, 2008. The RC 15 Board decided not to participate in the Forum as we already had plans to conduct our own interim meeting. The RC 15 President and Vice-President, however, attended the Research Council meeting at the Forum and co-chaired a joint session in Barcelona with RC 13 on leisure and health.

Prior to the Forum, RC 15 had held its own interim meeting in Montreal, Canada, in May, 2008, in support of the inaugural meeting of the newly formed Canadian Medical Sociology Association. The conference was held at McGill University and organized by Ivy Bourgeault and Amélie Quesnel-Vallee. One of my goals as RC 15 President was to develop and maintain a close relationship with the health sociologists in the French Sociological Association in order to secure greater French participation in our activities that had been declining with complaints about the dominance of English at ISA meetings. An important measure on our part was to allocate a French speaking session for all RC 15 conferences that would be organized by our French membership. This was continued throughout my presidency and began with the Montreal meeting.

Following this conference, RC 15 also sponsored a session on health and mortality in the Former Soviet Union and Eastern Europe at the International Institute of Sociology meeting held in June, 2008, at the Central European University in Budapest, Hungary.

Possibly for the first time in its history, RC 15 held a second interim meeting prior to an ISA World Congress when the Board decided to also host a conference in Jaipur, India, that took place in January, 2009. The reason for doing so was that Jaipur was a very close second to Montreal in the Board's voting for an interim meeting site and Montreal had primarily attracted participants from Canada, the U.S., France, the UK, and other Western countries. In order to reach out to India and Asia, a second conference was approved for Jaipur and organized at a local hotel by Ishwar Modi. In addition to paper sessions, the conference included cultural events such as traditional Indian dancing and a visit to an Indian village theme park. Modi, Jonathan Gabe, and myself, represented the RC 15 leadership. The greatest proportion of participants were from India, Australia, and other parts of Asia. Plans for an edited book based on conference papers did not materialize, but otherwise the meeting was highly successful.

Robert Dingwall performed an excellent job as Secretary-Treasurer, both in developing an accurate list of members and managing RC 15's money. Robert was on the faculty at the University of Nottingham in the UK at the time where our finances were maintained. In an end of the fiscal year sweep of temporary accounts at Nottingham, RC 15's funds were moved into the university's general fund and our account disappeared. After some months of attempting to get our money restored, including a direct request by myself to Nottingham's Chancellor, our money was finally returned just in time to pay for the reception at the World Congress. Up until that point, one of our members (Karen Staniland) had guaranteed the costs of the reception to her personal credit card in order to reserve the date while we awaited our funds. We subsequently moved our account to the University of Leicester where Ellen Annandale was able to monitor the funds until we could transfer the monies to the next Secretary-Treasurer.

Otherwise, the focus of the RC was on the XVII ISA World Congress of Sociology held in July, 2010, in Gothenburg, Sweden. Ellen Annandale, in her role as Vice-President, organized sixteen RC 15 sessions, four joint sessions with other RCs, and an integrative session with four RCs. Some 170 papers of different types were part of the program and RC 15 members from some 29 countries attended. Ellen was later acknowledged by many for the quality of the sessions. The reception and business meeting was held on a sailing ship, the SS Barken Viking, in Gothenburg harbor. An RC 15 session on sociological theory in medical sociology that I had chaired resulted in an invitation from Springer for an edited book, *Medical Sociology on the Move: New Directions in Theory* that was published in 2012.

The main events and achievements of my time as President were the successful meetings in Montreal, Jaipur, and Gothenburg, the development of an accurate and updated membership list, and rescuing our funds from Nottingham University. Liaison was also initiated with the Japanese Society of Medical Sociology to plan for the 2014 World Congress in Yokohama and the future of RC 15 was secured with a new and very able leadership taking office under Jonathan Gabe.



## FUTURE EVENTS

*Study Tour for RC15 members and other participants  
at the World Congress of Sociology in Yokohama 2014*

### *Health Care in Japan: Yokohama as an example (One day)*

#### **Lectures:**

Introduction to Health Care in Japan,

Health Care Planning and Health Care in the Kanagawa Prefecture.

(At the Kanagawa Prefectural Office)

Visit to Keiyu Hospital next to the Kanagawa Prefectural Office.

(Former hospital for police officers and their families, now open to the general public)

(Lunch)

Visit to a public health centre.

Visit to the Kanagawa Prefectural Cancer Centre.

Visit to a doctor's clinic.

#### **References:**

Anesaki, M., "Japan: Health Care Delivery System"

Cockerham, W.C., Dingwall, R., ed. (In the press), *The Wiley-Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, Blackwell Publishing Ltd.

Anesaki, M., "History of public health in Japan"

Lewis, M.J. and MacPherson, K.L. ed. (2008), *Public Health in Asia and the Pacific*, Routledge.

Powell, M. and Anesaki, M. (1990), *Health Care in Japan*, London and New York, Routledge. Etc.

\* A minibus rental should be shared by participants.

\*\*The number limit is 20 persons on a first-come-first served basis by email.

\*\*\*The tour will be held on only one day during the Congress in Yokohama (date is undecided).

\*\*\*\* Please contact Masahira Anesaki at [anesaki\\_m@yahoo.co.jp](mailto:anesaki_m@yahoo.co.jp)

**Masahira Anesaki**

*Member Emeritus*

*The Japanese Society of Health and Medical Sociology*

*Board Member of the Research Committee 15, ISA*

## *World Congress of Sociology in Yokohama 2014*

### **Applications for Registration grants. Deadline: 31 January, 2014 24:00 GMT**

Now that you should have received your notification letters regarding the acceptance of your abstracts, comes time to start planning for your conference travel support! ISA has allocated RC15 € 1,160 in registration grant support. The guidelines for application summarized here are also available at <http://www.isa-sociology.org/congress2014/guidelines-for-grant-application-submission.htm>

### **Eligibility**

Individual ISA members in good standing (i.e. who have paid the individual membership fee at least two years before the month of the ISA conference) are eligible for registration grants.

### **How to apply**

One can apply for a grant to only one RC/WG/TG. Multiple applications will not be considered. If you wish to apply for a registration grant from RC15, you must send a letter of application before January 31, 2014 to the Program Coordinators ([ivy.bourgeault@uottawa.ca](mailto:ivy.bourgeault@uottawa.ca); [j.gabe@rhul.ac.uk](mailto:j.gabe@rhul.ac.uk)). In that letter, please state the nature of your contribution to the program (title of the abstract, session, oral presentation or contributed paper) and indicate whether you have received such funding in the past.

### **Decisions**

The Program Coordinator shall decide on allocation in consultation with the RC/WG/TG President and Secretary by March 1, 2014. The results shall be published at the ISA conference website <http://www.isa-sociology.org/congress2014/> by mid-March 2014.

### **Grant allocation**

A registration grant code will be provided to the selected individuals by the ISA Secretariat so that all successful applicants can register with this code to the conference before the early registration deadline April 1, 2014.



## IVSA 2014

### *Visual Dialogues in Postindustrial Societies: Transforming the Gaze*

26-27-28th June  
Duquesne University  
Pittsburgh, PA

#### THEME

Post-industrial societies require new forms of visual imagination and research. In this context visual researchers create new ways of capturing and interpreting our constantly transforming social life, and construct alternative epistemologies that dialogue with increasingly broader audiences and disciplines. This will be the core theme of the 2014 International Visual Sociology Association conference, which will meet June 26-28, 2014 at Duquesne University in Pittsburgh, Pennsylvania.

#### CALL FOR PANELS

We invite visual sociologists and related scholars, including independent scholars and other visual professionals to submit proposals for panels to be part of the 2014 IVSA conference.

These panels can address the conference theme directly or they may raise related questions regarding methods, theory, and content. Panel proposal should be sent electronically to [IVSA2014@duq.edu](mailto:IVSA2014@duq.edu) by **January 15th, 2014**. All proposals must provide the following information:

- Panel title and abstract. The abstract must not exceed 300 words and should be phrased as a call for papers.
- All abstracts must be sent as a word document (not PDF), single spaced, with a standard font. The proposal must include:
  - A short biography of the person(s) submitting and chairing the panel (up to 200 words, including affiliation and recent publications, activities.)
  - Email address where the paper proposals are to be submitted.

#### **PLEASE NOTE: DO NOT EXCEED WORD LIMITS SPECIFIED ABOVE**

We also invite organizers to propose completed panels. In this case, and in addition to the above requirements, panel organizers should send the titles and abstracts of all papers and biographical details of all presenters. Sessions will typically consist of four paper presentations, with five at the most. If panel directors wish to organize overflow papers into a second panel this should be communicated to the conference organizers and negotiated in a timely manner.

Panel organizers will be notified of the decision regarding their proposals by February 5th, 2014. We will require that panel organizers and presenters register for the conference by May 15th, 2014.

On February 9th the call for papers will be issued. Proposals for individual papers will be submitted directly to panel organizers. The panel directors will inform the conference organizers of their selection no later than April 7th. They will also have the option to re-direct to the conference organizers proposals that they feel are interesting but cannot fit (for reasons of topic or space) in their panel. Paper presenters will be notified by April 30th.

## *3rd World Congress of Clinical Safety (3WCCS)*

**Abstract submission:** from 1st Feb 2014 to 31st May 2014

**Conference registration:** from 1 April 2014

**Main theme:** Clinical Risk Management

**Period:** 10 - 12 September 2014

**Place:** University of Cantabria, Spain

**Homepage:** <http://www.iarmm.org/3WCCS/>

Poster: [http://www.iarmm.org/3WCCS/\(poster\)3WCCS\\_2014.pdf](http://www.iarmm.org/3WCCS/(poster)3WCCS_2014.pdf)

Flyer: [http://www.iarmm.org/3WCCS/\(Flyer\)3WCCS\\_Spain.pdf](http://www.iarmm.org/3WCCS/(Flyer)3WCCS_Spain.pdf)

Greetings: [http://www.iarmm.org/3WCCS/Greet/HP\\_data.pdf](http://www.iarmm.org/3WCCS/Greet/HP_data.pdf)

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## *Health and Welfare Challenges in Europe: East, West, North and South*

**15th Conference of European Society for Health and Medical Sociology  
(ESHMS)**

28-30 August 2014  
Helsinki, Finland

### **Info:**

[www.thl.fi/ESHMS2014](http://www.thl.fi/ESHMS2014)

[etunimi.sukunimi@thl.fi](mailto:etunimi.sukunimi@thl.fi)



## PUBLICATIONS



*J. Amzat, Usmanu Danfodiyo University, Sokoto, Nigeria;  
O. Razum, University of Bielefeld, Bielefeld, Germany (2014)*

### *Medical Sociology in Africa*

Springer: Berlin, Heidelberg

- ▶ **Provides a global source and reference in social dimensions of health and illness**
- ▶ **Global relevance coupled with illustration from African context**
- ▶ **Presentation of current research directions in the field**

This book presents a comprehensive discussion of classical ideas, core topics, currents, and detailed theoretical underpinnings in medical sociology. It is a globally renowned source and reference for those interested in social dimensions of health and illness. The presentation is enriched with explanatory and illustrative styles. The design and illustration of details will shift the minds of the readers from mere classroom discourse to societal context (the space of health issues), to consider the implications of those ideas in a way that could guide health interventions. The elemental strengths are the sociological illustrations from African context, rooted in deep cultural interpretations necessitated because Africa bears a greater brunt of health problems. More so, the classical and current epistemological and theoretical discourse presented in this book are indicative of core themes in medical sociology in particular, but cut across a multidisciplinary realm including health social sciences (e.g., medical anthropology, health psychology, medical demography, medical geography and health economics) and health studies (medicine, public health, epidemiology, bioethics, and medical humanities) in general.

## CALL FOR PAPERS

*Contemporary Perspectives in Family Research*, an annual series which focuses upon cutting-edge topics in family research around the globe, is seeking manuscript submissions for its 2014 volume. The 2014 volume of CPFR will focus on the theme of 'Family and Health: Evolving Needs, Responsibilities, and Experiences.' Around the globe, families are often faced with a variety of health issues, often as a result of social, political, religious, and economic forces. Health issues affect not only individual family members, but also impact family relationships and structures. This multidisciplinary volume of CPFR will address topics such as: caring for aging parents, illness in adults and children, addiction, obesity, wellness and nutrition, pregnancy and childbirth, healthcare reform, access to healthcare, advances in medical research, mental health, environmental health, the demographics of health, and the role of healthcare professionals from varying global perspectives.



The 2014 volume will be coedited by Jennifer Higgins McCormick of Trocaire College and Sampson Lee Blair of The State University of New York (Buffalo). Manuscripts should be submitted directly to the editors ([mccormickj@trocaire.edu](mailto:mccormickj@trocaire.edu) and [slblair@buffalo.edu](mailto:slblair@buffalo.edu)), preferably in MS WORD format. Manuscripts should not exceed 40 double-spaced pages (not including tables, figures, and references). Submission of a manuscript implies commitment to publish in CPFR. Manuscripts should adhere to the APA format. Manuscripts should represent previously unpublished work. An abstract of 150-200 words should be included at the beginning of each manuscript. All manuscripts will undergo peer review.

The deadline for initial submissions is January 20, 2014. Any questions may be directed to the editors at [mccormickj@trocaire.edu](mailto:mccormickj@trocaire.edu) and [slblair@buffalo.edu](mailto:slblair@buffalo.edu).

## How Do Men Prepare for Parenthood?



A new special issue of the *Journal of Family Issues* just released (August 2013) explores men's roles in matters related to family planning, conception, abortion, adoption and preparing for childbirth.

The guest editors of the collection are Dr Maria Lohan (Queen's University Belfast); Prof. William Marsiglio (University of Florida) and Prof. Lorraine Culley (De Monfort University).

Speaking about the collection:

Dr Maria Lohan says:

'There is a widespread assumption that women manage reproduction. Men are regarded as sexually active but reproductively innocent'.

'Academic scholarship typically focuses on the experiences of family planning in women's lives. Although in recent times the role of men as fathers has attracted increasing attention, men's experiences of

preparing for parenthood (or 'the procreative realm') has been neglected'.

'Yet, every day, all over the world, men think about having babies, imagine themselves as parents, struggle with infertility, donate gametes, hear of unintended pregnancies, receive news of foetal abnormalities, make decisions about abortions and adoptions, and become parents. Men have compelling experiences of dealing with reproduction that deserve more attention'.

Prof. William Marsiglio states:

'This journal collection presents opportunities to advance our understanding of men's experiences with pregnancy and family planning. In the introductory article to this collection we explore how men's relationship to the procreative realm is currently conceptualised in academic scholarship and delineate a broader agenda for critical research on men's participation in reproductive planning.'

Prof. Lorraine Culley states:

'This collection emerged from a group of papers presented at the International Sociology Association Forum in Buenos Aires in 2012 and draws papers on men, including gay men, preparing for parenthood from across four continents.'

Speaking about the collection, Marcia C. Inhorn, Professor of Anthropology and International Affairs at Yale University states:

'This collection argues for all of the research on men as procreators that still needs to be done, and the special issue is going to make a significant contribution in that regard'.

This is the link to the papers: <http://jfi.sagepub.com/content/34/8.toc>

**Media Inquiries**

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## *TASA - 50 Years of Social Inquiry, Engagement and Impact*

### **From the Age of Aquarius to the Era of Economic Rationalism: Health Sociology in Australia, 1963-2013**

**Stephanie D. Short**

*Professor, Head of the Discipline of Behavioural and Social Sciences in Health  
Faculty of Health Sciences  
University of Sydney*

### *Widespread Adverse Reactions to New and Older Drugs*

A new study published from the Edmond J. Safra Center for Ethics at Harvard University finds that millions of patients suffer from adverse reactions to prescription drugs they take to get better.

Patients in United States experience an estimated 81 million adverse reactions a year. Although most of these are medically minor, such as sleepiness or aches, they can impair judgment and cause accidents. But based on careful reviews of hospital charts, about 2.7 million hospitalizations and 128,000 deaths are attributed to properly prescribed drugs. This makes prescription drugs are the 4th leading cause of death, tied with stroke. Hospitalizations and deaths from prescribing errors, overdose, and self medication would add to these totals.

Authored by Donald Light, a visiting fellow at the Center, Joel Lexchin at York University, and Jonathan Darrow at Harvard Medical School, the 10-page article and can be downloaded at [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2282014](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2282014).

It is part of a special issue of the Journal of Law, Medicine and Ethics from the Center on Institutional Corruption and the Pharmaceutical Industry. Other articles address distortions in pharmaceutical markets, inappropriate off-label prescribing, bias in clinical guidelines, and company recruitment of leading clinicians to educate their colleagues.

A recent study shows that the chances of serious adverse reactions from new drugs are 1 in 5, far higher than people are led to believe. Yet only 1 in every 10 new drug products approved by the FDA has substantial clinical benefits for patients, according to independent review bodies of physicians and pharmacists. For drugs approved on an accelerated basis, the risk rises to 1 in 3.

People do not realize that for the past 30 years or longer, the FDA and EMA criteria for approving new drugs mean that ninety percent are little or no better clinically than existing drugs, said Light. Most pharmaceutical research is devoted to developing scores of minor innovations that are little better than existing drugs for most patients.



The FDA does not require safety trials or trials comparing new products to existing ones; so they know little about how safe new drugs are and nothing about whether they are better or worse than well-established drugs for a given problem.

People are surprised to learn that the FDA is prohibited from judging how much better or worse new drugs are to existing ones, Light said.

A principal cause of physicians prescribing new drugs that are more harmful than they realize is that companies test their own products. They have developed many ways to produce evidence that their drugs are more beneficial and safer than they prove to be.

Company-funded clinical trials exclude many of the patients who will be prescribed a new drug, such as people with more than one medical problem or taking more than one drug, people most likely to have an adverse reaction, and older people.

Companies also fund professional teams of medical editors, writers, and statisticians to further bias the published articles on which physicians rely for trustworthy medical knowledge. The authors call this the trial-journal pipeline that parallels the R&D pipeline of new products.

Published papers legitimate the pharmaceutical products emerging from the R&D pipeline and provide the key marketing materials, the authors write. Favorable articles then bias the clinical guidelines used for prescribing.

Since 1992, Congress has supported companies paying the FDA for the review of their drug-candidates, rather than funding the FDA as an independent public institution. The authors note several consequences of the conflict of interest. Although the FDA developed around drug disasters to protect the public from unsafe drugs, it allocates only a small percent of its budget to identifying and policing the epidemic of harmful side effects. Also, current FDA policies are approving drugs with even less testing and evidence of their clinical effects. The FDA is now approving more drugs on an accelerated basis, where the risks of serious harm are 1 on 3.

The authors call for a major overhaul of how new drugs are tested and approved: evidence that they are better than existing drugs based on independent trials, and reviewed by a publicly funded FDA that carries out its historic mission to protect the public from harmful and ineffective drugs.

**Donald W. Light**

*Professor, Rowan University - SOM  
Network Fellow, Edmond J. Safra Center for Ethics, Harvard University  
Visiting Researcher, Princeton University*



## Membership

Dear colleagues,

I am writing to encourage you to renew your membership, and encourage colleagues and trainees to join!

A vibrant membership is an integral component to the success of our research committee. Indeed, not only do your dues go directly to funding exciting section events (and we have many of those in store for you come Yokohama 2014, such as a new mentorship dinner), the size of our membership also determines how much ISA allocates our RC in terms of travel grants and forum/congress grant.

If you're wondering if your membership is current, please do not hesitate to contact me at [amelie.quesnelvallee@mcgill.ca](mailto:amelie.quesnelvallee@mcgill.ca).

You can renew your membership at <https://secured.com/~f3641/formisa.htm>. Please feel free to pass this along to colleagues and students who would like to join, and see you in Yokohama!

Best,

**Amélie Quesnel-Vallée**  
*RC15 Secretary-Treasurer*

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