Response to Invited Commentary

Galea and Link Respond to “Pathologies of Social Epidemiology,” “Social Epidemiology and Scientific Realism,” and “Off-Roading With Social Epidemiology”

Sandro Galea* and Bruce G. Link

* Correspondence to Dr. Sandro Galea, Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 W 168th Street, Room 1508, New York, NY 10032-3727 (e-mail: sgalea@columbia.edu).

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We thank our colleagues for their thoughtful comments about our article, “Six Paths for the Future of Social Epidemiology” (1). We read all with interest and learned something from each of the commentaries (2–4). We shall not summarize here the points made by all commentators, as a deft summary was provided by Dr. Kawachi (5).

We were struck by the diversity of approaches taken by the commentaries to the challenge raised in our articles. The comments ranged from calls for greater use of novel analytic methods (2) to stronger calls for more engagement in underlying social theory (3). The diversity of perspectives taken by the commentators suggested not simply a range of opinions about the future of the field but rather a vibrancy of ideas that speaks well for the stage of development in which social epidemiology finds itself. Not only is the field not “done for,” but it provokes carefully reasoned—but divergent—prescriptions that present us with a range of options and opportunities for the future of epidemiology. We shall be interested to see which of these remains most resonant 10 years from now.

Amidst the diversity of prescriptions in the commentaries, we flag one point of commonality: a call for social epidemiology to ask important questions and guide us to important answers. It is a call that Dr. Oakes characterized as an effort to make social epidemiology more “useful” (4). We could not agree more with this sentiment. This echoes, to our mind, a growing body of literature arguing for a more pragmatic epidemiology and marks a clear front where social epidemiology stands to make its mark (6, 7). A more useful social epidemiology will ask questions that are not necessarily easy, leaning perhaps more on what Professor Muntaner called a “realist epistemology” (3). It may also need to adapt technologies that are just beginning to emerge in our field, as suggested by Glymour et al. (2). Above all, however, this suggests the philosophical adoption of a pragmatic approach to the discipline, accepting that an epidemiology that is concerned with the social production of health has a particular responsibility to help identify how that social production may be altered so that the health of populations may be improved. If that were indeed a clear message that emerged from this exchange, we will have succeeded well beyond our aspirations for any one commentary.

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Author affiliation: Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, New York (Sandro Galea, Bruce G. Link).
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REFERENCES