

**APPROPRIATIONS' COMPROMISES
SEND CONGRESS TOWARD
ADJOURNMENT** *HS*

The 105th Congress' first session appeared ready to close as compromises on appropriations' bills and the failure to produce the votes necessary to enact fast-track trade legislation pushed the legislators toward adjournment. As *Update* goes to press November 10, details of the deals are emerging. Full coverage of the final provisions of the bills will appear in the next edition.

Congress passed the conference report on the Labor, Health and Human Services appropriations bill on November 8. The administration and Congress agreed to postpone implementation of any national test until at least FY 1999. The National Assessment Governing Board was given authority over the tests and could continue to develop them. The National Academy of Sciences would conduct a study, to be delivered on September 1, 1998, to determine whether existing state and commercially available tests and the National Assessment of Educational Progress could be used to compare individual student performance with existing, challenging national content and performance standards.

The bill also includes a 7.1 percent increase for the National Institutes of Health, a \$150 million "comprehensive school reform" program, and a ban until March 31 of federal funding to establish needle exchanges for users of illegal drugs. Congress directed the Institute of Medicine to conduct a study of NIH research priority setting.

In addition, the conference agreement appropriates \$30 million for juvenile crime initiatives at the Departments of Labor, Education, and Health and Human Services. The Javits Fellowship program was allocated sufficient funds to hold a new competition. The President still needs to sign the bill.

The conference committee on the Commerce, Justice, State, appropriations accepted a compromise on sampling in the 2000 Census. It will allow the Census Bureau to continue to spend funds on trial-runs of the technique, but will also call for the Supreme Court to expedite its review of the constitutionality of the procedure. The conference agreement still needs acceptance by both Houses of Congress and a presidential signature.

Another Continuing Resolution

Early in the morning of November 10, Congress enacted the third Continuing Resolution to keep the government functioning until November 14th. The D.C. appropriations bill still needs enactment, although the controversial plan for school vouchers is now in a separate bill. The Foreign Operations appropriations bill remains stuck over questions of family planning aid to international agencies that perform, promote or support abortions with their own funds.

In the past two weeks the President has signed the VA, HUD, Independent Agencies bill, which includes the 5 percent increase for NSF. He also signed the Agriculture and Transportation bills.

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OMB ANNOUNCES NEW RACE AND ETHNICITY STANDARDS *HS*

After more than four years of research, congressional hearings, an inter-agency working group, much discussion, and a proposed new rule, the Office of Management and Budget has announced its decision concerning the revision of Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistical and Administrative Reporting. The review of the directive, issued in 1977, occurred, according to OMB, "because of the increasing diversity of our Nation's population that has resulted primarily from growth in immigration and in interracial marriages."

Appearing in the October 30, 1997 issue of the *Federal Register*, the final decision follows most of the recommendations of the Interagency Working Group (see *Update*, July 14, 1997). The major change will allow Americans to check off more than one of five categories when they are asked to identify their race on the Census and other federal data collection activities. OMB rejected the idea of creating a "multiracial" option.

The revised standards will have five minimum categories for race: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White.

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There will be two categories for data on ethnicity: "Hispanic or Latino" or "Not Hispanic or Latino." OMB decided to separate the former "Asian or Pacific Islander" category into two. After receiving over 7,000 postcards plus strong advocacy from the Hawaiian congressional delegation and state of Hawaii officials, the "Native Hawaiian or Other Pacific Islander" classification was designated. In two other category wording changes: African American was added to the Black category, and Latino was added to the Hispanic category. The previous designation Alaskan Native was changed to Alaska Native. OMB rejected calls for two other separate classifications for Cape Verdean Islanders and Arab Americans.

OMB also made clear that "the categories represent a social-political construct designed for collecting data on the race and ethnicity of broad populations groups in this country, and are not anthropologically or scientifically based." In order to avoid respondent confusion that led many people to check "other" on the ethnicity question in the 1990 Census, OMB recommended that the ethnicity question precede the race question on the survey instrument.

How to Tabulate the Data

The next issue facing OMB is how to tabulate the data generated by these new categories. A group of statistical and policy analysts from Federal agencies that generate this information have spent the past few months considering tabulation concerns. OMB stated that tabulation guidelines must meet the needs of two groups within the Federal government.

The first group is composed of government officials charged with carrying out constitutional and legislative mandates, such as redistricting, enforcing civil rights laws, and monitoring anti-discrimination programs. For these people, an initial tabulation could provide the full detail of racial reporting; that is the number of people reporting in each category and the number of people reporting each of the possible combinations of races, which would add to the total population. An alternative would be to count the total selecting each particular race, whether alone or in combination with other races. This could be more helpful for historical comparison needs, OMB said.

The second group are federal officials producing and analyzing statistical data to monitor economic and social trends. OMB suggested that more research is needed before completion of guidelines to meet this group's requirements. OMB hopes that recommendations will be available by Spring 1998.

The Census Bureau will use the new standards in the 2000 decennial census. Other federal programs should adopt the standards as soon as possible, but not later than January 1, 2003 for use in household surveys, administrative forms and records, and other data collections.

The full *Federal Register* notice is available at: www.whitehouse.gov/WH/EOP/OMB/html/fedreg.html.

EDUCATION RESEARCH TOUTED AT TWO HEARINGS *HS*

With citations to the Third International Math and Science Study and the National Assessment of Education Progress (NAEP), concern about poor student performance at the elementary and secondary school level attracted the attention of two congressional hearings recently. At both, the importance of research on what works in education became a central part of the discussion.

On October 28, the Senate Budget Committee's Task Force on Education, chaired by Sen. Bill Frist (R-TN), held the first of a series of hearings. The following day, as part of its Science Policy Study, Rep. Vern Ehlers (R-MI) presided over a House Science Committee hearing. Frist pronounced that the U.S. Department of Education has an important role to support education research and was "doing it well." F. James Rutherford, Director of AAAS' Project 2061, echoed Frist at the House hearing, arguing that there was "no other source [than the federal government] to generate the knowledge we need in the long term for this complicated system." Frist urged further exploration so that we can determine "more about the conditions for success" in elementary and secondary education.

Former Education Secretary William Bennett, now co-director of Empower America, dotted his

remarks with references to research already performed. He argued vociferously for vouchers and cited Harvard researcher Paul Peterson's study. He asked the Senators to take a hard look at Title I, the major federal program aiding disadvantaged students. He asserted that the two major evaluations of the program have found its remediation effects wear off by junior high school.

Bennett Supports National Testing

Bennett also cited research on what goes on in Postsecondary Schools of Education as finding them "out of touch." This, he claimed, leads to the need for expensive professional development programs for teacher training. The former Secretary also called for more rigorous assessments of bilingual programs. Unlike many of his fellow conservatives, Bennett supports national standards and national testing. He believes that NAEP is "a very good instrument," but the national tests, which all students would take, rather than NAEP's sampling approach, would provide more accountability for schools.

At the House hearing, David Shaw reiterated the agenda laid out in his report for the President's Committee on Science and Technology (PCAST), which includes spending an additional \$1.5 billion on research (see *Update* July 14). Although indicating he was not that concerned with support for basic cognitive science, Shaw argued for more empirical research to determine which educational approaches work. He argued for using the biomedical research model, where you conduct small research projects that generate hypotheses, that are then tested in a clinical setting. He contended that spending \$1.5 billion on these studies would result in savings of \$15 billion by eliminating wasteful, unworkable programs. Shaw also suggested that much of this research should be conducted by those outside the usual disciplines involved in these investigations.

The Frist hearing also heard from current Education Secretary Richard Riley, who mostly defended the President's education initiatives, especially national testing and the emphasis on teaching children to read by third grade and to take Algebra in middle school. He also condemned a proposal by Sen. Paul Coverdell (R-GA) to provide "Education IRAs" that would allow people to set-

aside funds to pay for education at all levels in any type of school. The Secretary concluded that it was possible to "raise student performance, if we work on it in a focused way."

The House panel also heard Rutherford, Gordon Ambach, head of the Council of Chief State School Officers, and Cliff Gabriel, Acting Associate Director for Science at the Office of Science and Technology Policy. Once again, the discussion focused on the need for more professional development, the role of the federal government vs. the states and localities, and how to achieve systemic reform. At the Senate hearing, Pascal Forgione, Commissioner of Education Statistics, laid out the historical data tracking the underachieving performance of American students.

SOCIAL/BEHAVIORAL APPROACHES TO HEALTH FOCUS OF BRIEFING AS

Basic behavioral and social science research and research on behavioral treatment and prevention approaches have "produced some of the strongest evidence for the role of the mind in healing and health," declared National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR) Director Norman B. Anderson. The lead witness at a House Appropriations Subcommittee on Labor, Health, and Human Services, and Education briefing, *Healing and the Mind*, Anderson reported "advances in behavioral and social sciences research are generating a whole new perspective in health sciences."

Subcommittee Chairman John Porter (R-IL) related that the briefing provided an opportunity to look at the subject in a broad way and what is being done to integrate behavioral and social science into NIH.

Behavioral/Social Sciences Equally Important

The NIH, said Anderson, has a "long and revered tradition of funding research in the physiological realm," and more recently, studies in genetics have created tremendous excitement. "But equally important, is the recognition of the role of behavioral, psychological, sociocultural and environmental

factors play in health," he said. "Our beliefs, our emotions, our behavior, our thoughts, our family and cultural systems, as well as the environmental context in which we live, all are as relevant to our health as our genetic inheritance and physiology," he added.

The next scientific challenge, said Anderson, is to "seek a deeper understanding" of the interactions between these social, psychological, and behavioral variables and health. "To do this we really need interdisciplinary research," he said, emphasizing that this is one of OBSSR's three primary goals. He highlighted that the Office, in cooperation with the NIH institutes and centers recently issued a Request for Applications (RFA) to fund educational workshops in interdisciplinary research. "Through this and other activities," said Anderson, "we hope to create a larger contingent of scientists who are broadly trained in the methods, procedures, and theoretical perspectives of disciplines outside their own." This collaborative research, he continued, "will transcend the contributions of single disciplines, and produce entirely new ways of thinking about health. . . . The false dichotomies of mind/body and nature/nurture will no longer confuse and inhibit the understanding, prevention and treatment of disease."

Replying to Porter's question of whether the behavioral and social sciences are as good as other sciences, Anderson emphasized that the behavioral and social sciences use the same statistical approaches and that studies are not designed differently.

Enough Funding for OBSSR?

The Chairman also asked about the OBSSR's grant making authority. Noting that now Anderson has "to convince the other institutes that tend not to have behavioral factors in mind" to fund this research. Porter asked "Is there enough funding to reach conclusions that will be of use?" "Clearly, we don't enjoy the same status," answered Anderson. "That is why the office is so necessary. NIH is missing scientific opportunities. . . . There is a wealth of scientific opportunity out there that we are not capitalizing on," he related. Anderson cited the recently issued RFA and the collaboration of 16 institutes as an example where the Office is overcoming its lack of grant-making authority.

Herbert Benson, M.D., President of the Mind/Body Medical Institute at Harvard Medical School, a participant in the briefing, added that he sees "the creation of the Office as important" and had lobbied in support of it. It is "disproportionately small," he said, "when you weigh behavioral factors on health." There is "ever increasing data that behavioral approaches decrease visits to doctors." The Office, he continued, "should be more encompassing and larger." The OBSSR is a "wonderful place" for multidisciplinary funding to happen, along with the training programs needed to retrain people. Benson said that in a world of "cubby holing" there is little room for an approach that looks at the entire picture -- this Office needs to be integrated.

"It is important to distinguish the difference between mind/body therapies and so-called alternative medicine," said Benson. "Alternative treatments are without scientific foundation. After all, if alternative therapies were scientifically established, they would not be alternative," he continued. Mind/body approaches require patients to manage their illnesses by learning self-care skills.

Benson noted that there are four barriers to effective integration of mind/body therapies. Currently the focus of a NIH working group led by OBSSR, the barriers are: 1) lack of knowledge of the existing scientific data among health care providers, patients and policy makers in government and private industry; 2) a bias against mind/body interventions in medical care as being too "soft;" 3) inadequate insurance payments for these treatments; and 4) a bias against shifting away from pharmaceutical, surgery and procedures to self care approaches.

Rep. Louis Stokes (D-OH), remarked that the briefing was "particularly interesting and educational" and asked what major research was underway that will increase our knowledge base? He also inquired about the level of investment in this research and by which institutes. Anderson noted that the National Institute on Mental Health, National Institute of Alcohol Abuse and Alcoholism, National Institute on Drug Abuse and the National Institute on Child Health and Human Development have major investments in behavioral and social sciences research. Stokes also expressed his interest in

violence and violent behavior research and research that would open the minds of students to learning.

Behavioral Factors Marginalized

"Disorders of thought and emotion, which have terrible impacts on individuals, families, and national productivity, are often made light of and ignorantly stigmatized," stressed National Institute on Mental Health Director Steve Hyman. He told the Subcommittee "that the marginalization of the subjective and behavioral contributes to the widespread undertreatment of pain, and the failure to recognize or treat anxiety disorders and depression." Hyman said that "cognitive and behavioral treatments may be critical components to, and, occasionally, alternative to pharmacotherapies."

Depression, said Hyman, is "the most serious mental illness in the U.S. Major depression, he continued, which benefits significantly from medical treatment, affects approximately 10 million Americans in a given year. But as a result of the "inappropriate shame," many individuals do not ask for help. "There is perhaps no more compelling reminder of our failure as a society to diagnose and treat depression than our failure to prevent suicide," citing statistics where 40 percent of older white men saw a primary care provider in the week they died, and 70 percent in the month of their suicide.

"The next urgent challenge is to succeed in communicating to the public and to front-line health care providers what we know through research. . . . Learning how words, thoughts, and insights can change the physical workings of the brain, with what therapeutic effects and what side effects, is one of the great challenges before us. But learn we will, by means of research that must be every bit as rigorous as is research that we conduct to demonstrate that a given medication will eliminate a bacterial infection," Hyman concluded.

COMMITTEE EXPLORES CHILD HEALTH RESEARCH AS

The importance of investment in research on child health and development cannot be overstated, declared Duane Alexander, Director of the National

Institute of Child Health and Human Development (NICHD) at the National Institutes of Health (NIH) during a second hearing convened by Rep. John Porter (R-IL), Chair of the House Appropriations Subcommittee on Labor, Health, and Human Services, and Education.

"We all agree that our children are this Nation's greatest resource. Indeed, the quality of their health and well being will greatly shape the future of our country. What we will be like as a nation 25 years from now, and what our health care costs are going to be 40-50 years from now, are being shaped by how today's children grow and develop and learn, by the kinds of health problems they experience, and by the kinds of social and health-related behaviors they develop in childhood," said Alexander.

Citing a recent report: *America's Children: Key National Indicators of Well Being*, Alexander noted that "cigarette smoking, drug abuse, and alcohol use by children are all increasing, and death from handgun violence among Black adolescents have risen to alarming heights." (See *Update*, July 14) Most of the improvements and positives referred to in the report are traceable to advances from research; most of the problem areas identified need research to guide corrective intervention efforts, he continued.

In the area of health behaviors, said Alexander, "childhood is the time that lifelong patterns are formed, and it is far easier to establish healthy behaviors in the first place than it is to change unhealthy behaviors in adulthood," he said, pointing to the difficulty that adults have in stopping smoking, losing weight, changing dietary patterns or even increasing exercise. "In all these areas we can do better in whatever we are doing or not doing. Investing in research on how to influence these behaviors successfully in childhood will help us prevent the adult disease that result," he stressed.

NIDA's Child and Adolescent Research Initiative

Because drug use is beginning at an earlier and earlier age, affecting children in a variety of harmful ways, the National Institute on Drug Abuse (NIDA) has made "children and adolescents one of its highest priority areas," testified Director Alan Leshner. He reported that NIDA is dedicating a large portion of

its portfolio to study the effects that drug abuse and addiction have on infants, children and adolescents.

There are three "significant ways," underscored Leshner, that drugs can have a "significant impact" on the health of children: 1) exposure through maternal use during pregnancy, 2) by growing up in a household where drugs are abused, or 3) abusing drugs themselves. NIDA's research portfolio addresses all of these issues, he stressed, "including the study of the consequences of prenatal drug exposure, etiology and epidemiology of drug use, drug use prevention, treatment of drug abuse and addiction, and drug abuse aspects of child and adolescent HIV/AIDS."

The Maternal Lifestyles Study (MLS), which examines the health and development of infants and children exposed to illicit drugs during pregnancy, is one of several NIDA-supported studies that will continue to follow a large number of drug exposed children in their school years, he said. "Researchers who have been studying many of these children since birth are looking not only at the child's intellectual status, but at their behavioral, emotional and social development as well," he said.

Noting that families play a crucial role in human development throughout the life-span, Leshner emphasized that "research has demonstrated that parenting styles, parenting behaviors, parental substance use, the quality of the parent-child relationship and the family environment all contribute to the acquisition and development of both adaptive and maladaptive behaviors in children and adolescents." He also stressed that NIDA will "continue to rely on research to understand the biological, psychological, and environmental factors and their interactions involved in a person's first use of drugs and the risk for subsequent progression to addiction."

Concluding his testimony, Leshner noted that NIDA is supporting research on the treatment of drug abuse among adolescents, addressing such topics as mental health comorbidity and treatment implications, screening and diagnostic assessment for use in matching each youth to the most appropriate available treatment, the development or modification of treatment modalities, treatment service utilization,

treatment program evaluation and aftercare programming.

CDC's Adolescent Health Promotion Efforts

James Marks, Director of the Center's for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion, echoed Alexander and Leshner. "Today's most serious and expensive health and social problems are caused, in large part, by behavioral patterns established during youth, including tobacco use, high-fat diets, drug and alcohol abuse, violence, and risky sexual behaviors," underscored Marks. The health problems that result from these behaviors result in unnecessary health care costs.

Marks noted that among "CDC's 14 Prevention Research Centers, four centers specifically focus on adolescent health promotion as a core research theme." The CDC, continued Marks, is working with the Nation's schools and other agencies that serve youth to implement comprehensive health education programs that promote well-being of our youth. In addition, the CDC is establishing an "ongoing research registry to compile findings from studies about the effectiveness of interventions to influence behavior among youth."

CIA RELEASES DOCUMENTS ^{HS} ASSESSING EARLY SOVIET THREAT

The Central Intelligence Agency's Center for the Study of Intelligence released a large number of documents pertaining to assessments of the Soviet threat in the early postwar years, 1946-50, at a conference held at CIA headquarters on October 24. The documents were produced by the analytical arm of the CIA and its predecessor, the Central Intelligence Group and provided President Truman daily, weekly, and monthly summaries that analyzed world events in this period of the beginning of the Cold War. These included assessments of the situation in Berlin, the communist takeover of Czechoslovakia, the detonation of an atomic device by the Soviet Union, the Chinese civil war and subsequent communist victory, and the Korean conflict. A volume of the documents, with an introduction by Woodrow J. Kuhns, is available:

Contact the Center for the Study of Intelligence at 703/613-1751 or their home page at www.odci.gov/csi.

At the conference a number of scholars and former CIA analysts looked back at these analyses of what one participant described as "what would Moscow do and how would the U.S. react." Of particular influence were George Kennan's long telegram from Moscow, that later became his famous "X" article in *Foreign Affairs*. Paul Nitze, who as the head of the Policy Planning Staff at the State Department, wrote the famous NSC-68 directive that put in place the policy of containing the Soviet Union, spoke about the difficulty of convincing then Secretary of Defense Louis Johnson that NSC-68 was not a conspiracy to increase the defense budget.

The speakers agreed that the CIA analysts concluded that the Soviet Union would not risk a direct confrontation with the U.S. during this period, and this they concurred, had a calming effect on U.S. policy. The analysts, however, underestimated the Chinese threat to intervene in Korea and seemed bewildered by Tito's break with Stalin. William Hyland, who was a former CIA analyst in the 1950s, before serving as deputy national security adviser to President Ford and later the editor of *Foreign Affairs*, argued that understanding Stalin's personality was the key to discerning the immediate post-war period. James Hershberg, Assistant Professor of History and International Affairs at George Washington University, agreed with Hyland's assessment. He offered conference participants the opportunity to study this further by examining documents from the "other side" as part of the Cold War International History Project at the Woodrow Wilson International Center for Scholars. The Web address: www.cwihp.si.edu.

Also affecting many of the analyses and subsequent events of this period was the mischief caused by spies like Kim Philby and his colleagues who had infiltrated the highest policy making agencies of both the United States and England. For example, according to Hershberg, there is evidence in Soviet documents that Philby's knowledge of American intent on the Marshall Plan led to a reversal in the Soviet view of the plan.

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