

**PROGRESS ON CONGRESSIONAL  
SPENDING BILLS ILLUSORY?  
VETO THREATS ABOUND** *HS*

With a month to go before the recess for the national nominating conventions and the traditional August break, Congressional action on federal spending for Fiscal Year 2001, has moved along at a surprisingly brisk pace in the House, and much more slowly in the Senate.

Set to return after a week long Independence Day break, the House has four of the 13 appropriation bills left to pass. The Senate, however, has passed only four. Perhaps, the biggest surprise is that the huge Labor, Health and Human Services, Education appropriations bill has made it through both Houses (for details see the chart on page 7). Unfortunately, as with many of the bills passed by the House, as it currently stands, the Labor bill would be vetoed by the President. Neither the House nor the Senate gave the President much of what he asked for in education. The Senate did add an amendment sponsored by Senator Bill Frist (R-TN) to fully fund, at \$20 million, the Interagency Education Research Initiative (IERI). The House provided no funding specifically for IERI. (See related story on page 2 for additional information.)

One bill has made it entirely through the process, the non-controversial Military Construction appropriations and the President has indicated he will approve this one. The Defense bill, which has also made it through both Houses, but not a conference yet, is also "signable," since there was a general consensus on spending levels for national security. The House began debate on the Agriculture spending bill right before adjourning for the Fourth of July recess. The debate will resume when Congress reconvenes on July 10. The Senate version of the bill has made it through full Committee, but has yet to see floor action.

Thus, some observers see the House's flurry of activity on the rest of the spending bills as an exercise in futility that awaits correction by the Senate or by White House-Congress negotiations. This appears the case with the VA, HUD, Independent Agencies appropriation, which includes the National Science Foundation. The Senate has not taken any action on the bill yet. Indications from the Subcommittee suggest that restoring its allocation, doled out to pass other spending bills, will have to occur before it can begin thinking about a markup. Similar problems exist for the Commerce, Justice, State appropriation.

In the meantime, Congress reached agreement on a \$11.2 billion FY 2000 supplemental appropriation to fund military needs, anti-drug efforts in Colombia, disaster relief, and other items sponsored by individual members. In addition, the Office of Management and Budget issued a report indicating that the budget surplus over the next ten years will be \$1.9 trillion, exacerbating the debate on whether and how to spend these additional government revenues.

With three busy weeks before the break, the Republican-led Congress will spend the rest of July trying to present a picture of accomplishment to the country. Whether that will avoid a hectic September of high-stakes negotiations with a lame-duck, but still determined President, is doubtful.

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## FRIST AMENDMENT INCREASES OERI FUNDING; FULLY FUNDS RESEARCH INITIATIVE

DH

The Senate passed its version of the massive Labor, Health and Human Services, and Education funding bill on June 30. During floor debate, which spanned several days, Senator Bill Frist (R-TN), offered an amendment to increase funding for the Department of Education's Office of Educational Research and Improvement (OERI) by \$10 million. The amendment passed after little debate by a unanimous 98-0 vote.

The \$10 million would be dedicated to fully fund OERI's portion of the Interagency Education Research Initiative, a collaborative effort between the National Science Foundation (NSF), the National Institute of Child Health and Human Development (NICHD), and OERI. For Fiscal Year 2001, the Clinton Administration had put OERI's portion of the collaborative research effort at \$20 million. The Frist amendment money will be combined with \$10 million in left-over money from the FY 2000 baseline to reach the administration's requested level. Overall, the administration requested \$50 million for the IERI in FY 2001.

During his floor "defense" of his amendment, Frist said that Federal government has spent billions of dollars on programs that don't work and that may actually hurt children's educational progress. He

asked: Wouldn't it be better to know what works? Additionally, Frist proclaimed that State and local officials, as well as educators, are "clamoring for information about 'what works' to guide their [educational] decisions." The ultimate objective of the IERI, he said, "is to accelerate the translation of robust research findings into concrete lessons for educators to improve student achievement in preK-12 reading, mathematics, and science."

Arlen Specter, chair of the subcommittee that provides funds for the many programs of the Department of Labor, Health and Human Services, and Education, accepted Frist's amendment and said that it "can be held in conference."

## PRESIDENT NOMINATES EX-CONGRESSMAN AS NEW COMMERCE HEAD

DH

President Clinton has nominated Norman Mineta, former Democratic Member of Congress representing the San Jose area of California, to replace William Daley as the new Secretary of Commerce. If confirmed, Mineta would be the first Asian Pacific American to serve in a cabinet position. Mineta currently works for Lockheed Martin Corporation.

As a Member of Congress Mineta was quite active during consideration of the 1990 Census. He successfully advocated for increasing attention to the Asian/Pacific Islander racial category.

The nomination will be the subject of a Senate Commerce, Science, and Technology Committee confirmation hearing likely to occur in the next few weeks. Assuming the nomination makes it through the Commerce Committee, it will go before the full Senate for a final vote.

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## NIH CONFERENCE HIGHLIGHTS IMPORTANCE OF SOCIAL AND BEHAVIORAL INFLUENCES ON HEALTH

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"Social and cultural factors play a central role in preventing illness, maintaining good health, and treating disease," observed Acting National Institutes of Health (NIH) Director Ruth Kirchstein, welcoming more than 1,000 participants to the groundbreaking NIH-sponsored conference, "Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health," held June 28 - 29 on the NIH campus. Kirchstein expressed her "delight" at being the keynote speaker at a conference centered around social and behavioral factors and their impact on health.

The conference, sponsored by NIH's Office of Behavioral and Social Sciences Research (OBSSR), was designed to: 1) highlight the contributions of social and cultural factors to health and illness to achieve a better understanding of the interdependence of social, behavioral, and biological levels of analysis in health research; 2) examine the state of science in the area of sociocultural constructs such as race, ethnicity, socioeconomic status (SES), and gender; 3) examine the influences of social and cultural factors as well as interpersonal, neighborhood, and community influences on prevention, treatment, and use of health services; 4) examine the current status of issues related to health justice/ethics and perspectives for global health; and 5) provide recommendations for future research directions.

### "There Is More to Health and Life than the Genome"

Kirchstein noted that the timing of the conference was "particularly apt" given the announcement the previous day of the completion of the mapping of the human genome. "There is more to health and life than the genome," she said. The OBSSR conference puts the entire activities of the NIH – biomedical, behavioral, and social science – into context, allowing for a more complete picture. Kirchstein commended the Conference's co- chairs: Christine Bachrach of the National Institute of Child Health and Human Development, and David Takeuchi of Indiana University, along with the planning committee which included representatives

from eleven NIH Institutes and three outside social and behavioral science organizations: COSSA, the American Anthropological Association, and the American Sociological Association.

Kirchstein emphasized that research has shown that individuals' social environment, their family, neighborhood, schools and workplaces, have a "profound impact on health." She added that individuals' socioeconomic status (SES), regardless of their economic condition, as well as their gender, race and ethnicity, have been consistently linked to health outcomes. We know that a person's social ties, the quality of social relationships, and social resources can "mediate the effect of stress on health," said Kirchstein. Further, as a result of social and behavioral science research, she continued, "we know that cultural factors influence how we view, diagnose, and treat both physical and mental illnesses."

She observed that by examining the contributions of social and cultural factors to health, "including the influence of social structures and social processes, we can attain a better understanding of how to prevent illness and treat disease." By analyzing these two factors along with behavioral and biological factors allows for a more complete picture of the total person and what contributes to positive health outcomes, she added. This multifaceted effort, said Kirchstein, will allow the Nation to better attack the most difficult health problems it faces.

Highlighting her anticipation of achieving the administration's goal of eliminating health disparities, Kirchstein underscored that "research on social and cultural factors is a vital part of [NIH's] efforts to understand health disparities, and critical to understanding the etiology of health and illness in general." She further observed that NIH's commitment to improving health for all Americans requires 1) a better understanding of the influences of the social and cultural environment on health, 2) an examination of the social processes and social structures that affect health, and 3) support of the development of an integrated understanding of how social, cultural, behavioral, and biological factors combine to produce health and illness. She concluded by calling for the preparation of more scientists for research careers in the behavioral and social sciences; the facilitation of interdisciplinary

training among scientists to allow for the understanding of the different methods, procedures, and theoretical frameworks; and improving the dissemination of research to "our immensely diverse world."

### **Social and Behavioral Science Research: "Our Time Is Now"**

"Our time is now," exclaimed the former and first OBSSR Director Norman B. Anderson. Now at Harvard University, Anderson stressed a need to galvanize the field. He reflected that upon his arrival at the NIH five years ago as OBSSR's first director many NIH leaders did not understand how social and behavioral science related to the overall mission of the agency. Basic and applied research in the social sciences, he continued, and its integration with other fields of health science, is critical to the mission of the NIH, emphasized Anderson. Although health science disciplines may be separate conceptually, methodologically, and administratively, the processes about which they are concerned are inextricably linked, he continued.

Echoing Kirchstein, Anderson underscored that social science research, and the interdisciplinary research among social, behavioral, and biomedical scientists will accelerate the progress toward understanding and improving health while ameliorating health disparities. Anderson presented what he termed the "level of analysis" framework, which would allow for such interdisciplinary research. The levels of analysis — social/cultural/environmental, behavioral and psychological, organ systems, cellular, and molecular — is an attempt to get beyond those artificial distinctions, said Anderson. Emphasizing that the five levels are interdependent, he stressed that an integrated multilevel approach to research may be essential to accelerating advances in understanding health.

The majority of today's research in the health sciences, however, occurs within a single level of analysis and is closely tied to specific disciplines, he continued. According to Anderson, scientists have "reified the distinction" between disciplines as if those differences reflect a true framework. Even when scientists from the different fields collaborate on the same research question, maintained

Anderson, it is not always multilevel research. He observed that integrating the levels of analysis has not been completely overlooked in the health sciences, citing cognitive and behavioral neuroscience as examples where the levels of analysis has been applied quite productively.

### **Coming Back To the Social and Behavioral Sciences**

"Ironically and paradoxically," said Anderson, the completion of the mapping of the human genome provides "incredible opportunities for the behavioral and social sciences." Ultimately, he continued, we will have to answer the question, what turns a particular gene on or off? It will become increasingly clear that the other levels affect the organ and cellular levels. The social and behavioral science community, therefore, has to be ready, "they are coming back to us," cautioned Anderson. He concluded that the conference is timely given that several factors are coming together: the Department of Health and Human Service's Healthy People 2010 initiative, the creation of strategic plans on eliminating health disparities by all of the NIH Institutes and Centers, as well as an NIH-wide strategic plan on health disparities and the Congress' call for the creation of a National Center on Health Disparities at the NIH (See *UPDATE*, May 15, 2000, #9).

### **Understanding the Social Context: The Promise and the Challenges**

David R. Williams of the University of Michigan provided an overview of select findings that suggest that factors related to the social environment such as socioeconomic status, race, gender, and place are closely related to the distribution of disease and death. Several of the findings presented by Williams were counterintuitive and paradoxical, highlighting the limited understanding of the mechanisms and processes by which social structures affect health.

According to Williams, the gap in death rates between African-Americans and whites was as large five years ago as it was 50 years ago. Comparing the 1995 leading causes of death among blacks and whites to 1950 rates, Williams observed that in 1950 the death rates for African Americans was 1.6 times

higher than the rate for whites — identical to what it was in 1995. While the overall death rates have declined for both groups, the racial gap is wider today than in 1950 for several leading causes of death, including diabetes, cardiovascular disease, cancer, and cirrhosis of the liver.

Williams explained that racial differences in economic status play a large part of the black-white health differences. Men and women with higher household incomes have better health than those with lower incomes, explained Williams. "Moreover, the differences in health between high income and low income persons of each race are often larger than the overall differences between blacks and whites," Williams continued. He added, however, that at the same time, at every level of income, blacks tend to have higher death rates than whites. This could reflect the added effect of racism and discrimination. According to Williams "racism can affect health indirectly through institutional policies that reduce employment and educational opportunities for minorities." He also stressed that racism can affect health directly in multiple ways. The stress of experiencing discrimination, and residing in poor neighborhoods, said Williams, can also have negative effects on health, said Williams.

Williams also noted that Asian Americans, 70 percent of whom are foreign-born, have lower death rates for all 10 of the leading causes of death in the United States. He also noted that immigrants of all racial groups tend to have better health than their native-born counterparts, adding that unfortunately the health of immigrants also declines as length of stay in the United States increases.

"Advancing our understanding of the role of the social environment and health," emphasized Williams, "will require careful, theoretical, and empirical work that seeks to (1) characterize the multiple dimensions of the social context, and (2) comprehensively assess potential consequences for physical and mental health." There is a need, said Williams, for multidisciplinary research that identifies and evaluates plausible biological mechanisms for observed social processes. "This comprehensive approach is necessary to facilitate identification of the conditions under which various components of social structure are more or less consequential in predicting specific health outcomes," he concluded.

## The Challenge Ahead For NIH

A long-standing commitment prevented the current Acting OBSSR Director Peter Kaufmann from participating in the two-day conference. In a statement read by Christine Bachrach to conference participants, Kaufmann called the NIH-sponsored conference "visionary" for its attention to the social and cultural dimensions of health. "This conference," said Kaufmann, "is a natural outgrowth of the growing recognition, among biomedical and behavioral scientists alike, that what happens inside our bodies is the result of a unique series of interactions among genetic, biological, psychological, and environmental influences. The social and cultural milieu plays a critical, and increasingly appreciated role in this equation."

"The challenge," according to Kaufmann, "is for the NIH to move beyond appreciating the importance of social and cultural influences on health to fully developing the science that elucidates them, explain how they operate, and translate this knowledge into interventions that can reduce health disparities and improve the health of all people." This, said Kaufmann, requires the development of better methods and models for understanding how social and cultural factors combine with other health determinants to produce health and disease. Biomedical scientists and social and behavioral scientists need to collaborate to develop truly integrated models of health. The work of this conference is an important step toward meeting these objectives, said Kaufmann.

In the months to come, according to Kaufmann, the OBSSR will develop a research agenda to build on the "recommendations and vision" of conference participants. Noting that a draft of the research agenda will be posted on the NIH/OBSSR website ([www1.od.nih.gov/obssr/obssr.asp](http://www1.od.nih.gov/obssr/obssr.asp)) in the Fall for public comment, Kaufmann encouraged the social and behavioral science community to provide additional comments.

***This is part one of a two part article that will continue next issue.***

## REPORT DESCRIBES FEDERAL R&D INVESTMENT BY STATE

HS

A recent report prepared by the Rand Corporation's federally-funded Science and Technology Policy Institute, analyzes the federal research and development enterprise and organizes the data to illustrate how the states are benefitting from this \$80 billion enterprise. The report, *Discovery and Innovation: Federal Research and Development Activities in the Fifty States, District of Columbia, and Puerto Rico*, done for the White House Office of Science and Technology (OSTP), is available at [www.rand.org/publications/MR/MR1194](http://www.rand.org/publications/MR/MR1194) or [www.whitehouse.gov/WH/EOP/OSTP/html/radius/html](http://www.whitehouse.gov/WH/EOP/OSTP/html/radius/html).

The study utilized RAND's RADIUS database, a comprehensive system that tracks Federal R&D activities and provides data online and in a readily searchable form ([www.rand.org/radius](http://www.rand.org/radius)). The study concluded that there is "surprisingly little duplication of effort across the thousands of research sites" in the database.

However, with regard to the states, there is substantial regional concentration. As expected, California, which receives an annual \$14.4 billion, leads the pack. Maryland is runner-up, with Virginia, Georgia, Texas, Massachusetts, Florida, New York, Ohio, and the District of Columbia, rounding out the top ten. For some of the smaller states, such as New Mexico, Federal R&D funding is a significant percentage of the total federal non-entitlement funding coming into the state.

For the states at the bottom of the rankings — South Dakota, Wyoming, Vermont, North Dakota, Puerto Rico, Delaware, Maine, and Montana — the study will provide more fodder for those politicians who would like to see the Federal R&D dollar spread on a more equitable geographic basis.

## SOURCES OF RESEARCH SUPPORT

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COSSA provides this information as a service and encourages readers to contact the sponsoring agency or organization for further information or

application materials. Additional application guidelines and restrictions may apply.

### **"Communications and HIV/STD Prevention" National Institute of Mental Health (NIMH) National Institute on Aging (NIA) RFA: MH-01-003 Letter of Intent Deadline: August 18 Application Deadline: September 5**

The NIMH and the NIA seek research applications to address communication issues in HIV/STD prevention research; describe some major areas that provide opportunities for HIV/STD prevention research; and develop mass communications models for HIV/STD preventions.

For more information, contact Willo Pequegnat, Center for Mental Health Research on AIDS, Division of Mental Disorders, Behavioral Research and AIDS, NIMH, 6001 Executive Boulevard, Room 6209, MSC 9619, Bethesda, MD 20892-9619; 301/443-6100 (Telephone); [wpequegn@nih.gov](mailto:wpequegn@nih.gov) (Email). The RFA can be viewed at: <http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-01-003.html>

### **Office of Juvenile Justice and Delinquency Prevention (OJJDP) Hate Crime Prevention: A Comprehensive Approach Application Deadline: August 7**

OJJDP seeks applications for its program "Hate Crime Prevention: A Comprehensive Approach." The purpose of this program is to disseminate information on promising approaches to reduce and prevent incidents of hate crimes and hate-related behavior committed by youth and to provide training and technical assistance to help law enforcement, communities, and schools implement effective hate crime prevention programs and activities.

For more information contact Frank Popotage, Deputy Director, Training and Technical Assistance Division by at 202/616-3634 or [Frank@ojp.usdoj.gov](mailto:Frank@ojp.usdoj.gov). To see the *Federal Register* notice go to: [www.access.gpo.gov/su\\_docs/fedreg/a000623c.html](http://www.access.gpo.gov/su_docs/fedreg/a000623c.html) OJJDP's web address is: [www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org)

**FISCAL YEAR 2001 APPROPRIATIONS FOR AGENCIES THAT SUPPORT  
SOCIAL AND BEHAVIORAL SCIENCE RESEARCH**

(all figures in millions, and subject to rounding error)

AGENCY	FY 2000 Approp.	FY 2001 Request	FY 2001 House	FY 2001 Senate	FY 2001 FINAL
<b>National Science Foundation</b>					
Total	3,897.2	4,603.4	4,046.3		
Research and Related Activities	2,966.0	3,540.7	3,117.7		
Education and Human Resources	696.6	729.0	694.3		
<b>Department of Health and Human Services</b>					
Centers for Disease Control & Prevention (Total)	3,037.0	3,239.5	3,290.4	3,204.5	
Agency for Healthcare Research and Quality	198.8	249.9	223.6	269.9	
Asst. Sec. for Planning and Evaluation	16.7	16.7	16.7	16.7	
Child Health & Human Development	859.3	904.7	984.3*	986.1*	
Environmental Health Sciences	442.7	468.6	506.7*	508.3*	
Aging	687.9	725.9	790.3*	794.6*	
Cancer	3,311.7	3,505.1	3,793.6*	3,804.1*	
Nursing Research	89.5	92.5	102.3*	106.8*	
Alcohol Abuse and Alcoholism	293.2	308.7	349.2*	336.8*	
Drug Abuse	687.4	725.5	788.2*	790.0*	
Mental Health	974.7	1,031.4	1,114.6*	1,117.9*	
Diabetes and Digestive and Kidney Diseases	1,141.4	1,209.2	1,315.5*	1,318.1*	
Human Genome Research Institute	335.9	357.7	386.4*	385.9*	
Center for Complementary and Alt. Medicine	69.0	72.4	78.9*	100.1*	
<i>*These numbers assume a \$2.7 billion increase</i>					
<b>Department of Agriculture</b>					
National Research Initiative	119.3	150.0	96.9#	121.4#	
Economic Research Service	65.4	55.4	66.4#	67.0#	
<b>Department of Commerce/Census Bureau</b>					
Census Bureau (Total)	4,758.6	719.2	670.8		
Decennial Census	4,476.3	396.3	392.9		
Cont. Measurement (Amer. Community Survey)	20.0	25.0	20.0		
Bureau of Economic Analysis	43.8	48.9	43.8		
<b>Department of Education</b>					
National Institute for Ed. Research*	-----	198.6	0.0	0.0	
<i>*Pending Administration Legislative Proposal</i>					
Research Institutes	103.6	-----	103.6	103.6	
Laboratories	65.0	-----	65.0	65.0	
Education Statistics (NCES)	68.0	84.0	68.0	68.0	
Fund for the Improvement of Postsecondary Ed.	74.2	31.2	31.2	56.2	
International Education	69.7	73.0	78.0	73.0	
Javits Fellowships	20.0	10.0	10.0	11.0	
<b>Department of Housing and Urban Development</b>					
Office of Policy Development and Research	45.0	62.0	40.0		
<b>Department of Justice</b>					
National Institute of Justice (without transfers)	43.4	49.2	41.4		
Bureau of Justice Statistics	25.5	33.2	25.5		
Juvenile Justice (OJJDP)	287.0	289.0	287.0		
<b>Department of Labor</b>					
Bureau of Labor Statistics (Includes Trust Fund)	433.9	453.6	440.0	446.6	
<b>National Endowment for the Humanities</b>					
	115.3	150.0	115.3#	120.3#	

#Approved by Appropriations Committee

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