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BUDGET RESOLUTIONS EMERGE FROM COMMITTEES

While the world focuses on a pending war in Iraq, the House and Senate Budget Committees pushed forward their versions of the FY 2004 Congressional Budget Resolution during the week of March 10. The budget resolutions set parameters under which the appropriators make the actual funding decisions later in the year.

The questions facing the Members of Congress this year with regard to the Federal budget include answering the dilemmas of: guns vs. butter, tax cuts vs. deficits, and entitlements vs. discretionary spending. Any additional funding for a war in Iraq and its aftermath are not yet included in any plans put forth by the White House or Congress.

The House Budget Committee, chaired by Rep. Jim Nussle (R-IA), has produced a resolution that provides for \$775 billion in discretionary spending, about \$400 billion for defense and \$375 billion for non-defense accounts. The corresponding figures for FY 2003 are \$766 billion, \$392 billion, and \$374 billion respectively. The resolution includes full funding for defense and homeland security and calls for a cut of 1 percent below FY 2003 funding levels for all other discretionary spending. The proposed Bush tax cut of \$726 billion is accommodated and the 2001 tax cuts are made permanent. The resolution calls for reductions in Mandatory Spending to target "waste, fraud, and inefficiencies." These cuts are to be made by every authorizing committee except Armed Services and Intelligence. Nussle, under this resolution, expects a balanced budget to occur in seven years.

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A CONVERSATION WITH NIH'S NEW DEPUTY DIRECTOR RAYNARD KINGTON

On February 10, National Institutes of Health (NIH) Director Elias Zerhouni announced the appointment of Raynard S. Kington as the new Deputy Director of NIH. Citing his "delight" at having Kington at his side as Deputy Director "during this critical time for biomedical research," Zerhouni emphasized that Kington "has shown great talent and has the right combination of skills and experience to help the NIH move forward in these revolutionary times for the biomedical sciences."

Kington replaces Ruth Kirschstein, who served as Deputy Director since 1993 and as Acting NIH Director from January 2000-May 2002. She is now Zerhouni's Senior Advisor.

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CONVERSATION, (Continued from Page 1)

NIH Associate Director for Behavioral and Social Sciences Research and Director of the Office of Behavioral and Social Sciences Research since 2000, Kington also served as the Acting Director of the National Institute on Alcohol Abuse and Alcoholism from January-September 2002. He came to NIH from the Centers for Disease Control and Prevention (CDC), where he was the Director for the Division of Health Examination Statistics in the National Center for Health Statistics. In that capacity, he led the National Health and Nutrition Examination Survey. Kington also participated in a COSSA Congressional Seminar, *Aging Well*, in 1996.

COSSA Deputy Director for Health Policy Angela Sharpe recently had the following e-mail exchange with Kington about his new position:

Traditionally, the National Institutes of Health (NIH) has been known as a biomedical research agency. Do you see your appointment as Deputy Director as a recognition "of behavioral and social sciences as essential disciplines when applying science to solve health problems - and an important step toward improving the health of the public?"

Kington - Yes, to some degree. Interestingly, different people who have contacted me have seen my appointment as a recognition of different things. Some have focused on my background in the behavioral and social sciences, some on my ties to the health policy and health services research communities, some on my background in health disparities research, some on the fact that I am African American, some on the fact that I came to NIH from another agency, the CDC, some on the fact that I am a relative newcomer to NIH. I am all of those things, and to some degree I believe my appointment reflects them.

How much of a role and/or influence do you believe the Office of Behavioral and Social Sciences had in this evolution? How effective do you believe the office has been and does your elevation to your current position reflect that effectiveness? How soon will the process of searching for your replacement at OBSSR begin?

Kington - OBSSR has evolved into an important Office in the NIH Office of the Director. Behavioral

and social sciences are at the table to stay. I believe the Office has been quite effective and I played a role in that – as did my predecessor and the great staff in OBSSR.

We hope to begin the process of searching for a replacement soon. It will run parallel to a review of the achievements of the Office since its founding and an updating of the Office's strategic plan.

With regards to the NIH budget, the Ad Hoc Group for Medical Research, of which COSSA is a member, and the Federation of American Societies for Experimental Biology (FASEB) believe a 10 percent increase over the Administration's budget is necessary to sustain the momentum achieved thus far through the NIH doubling effort. What would it mean for science in general, and social and behavioral science specifically, if the President's proposed 2 percent budget increase prevails?

Kington - NIH has been quite fortunate in our funding over recent years, but we know that many things have changed in the last two years, and that we cannot expect the levels of increases that we enjoyed previously. Obviously, we also know that the scientific advances that have taken place because of our recent budget increases have made the possibilities for addressing many of our most important public health problems that much closer at hand.

If a truly multidisciplinary approach was taken, what areas of research do you believe hold the greatest promise for improving the health of all Americans?

Kington - I firmly believe that one of the most important areas of research will be understanding how behavioral, social, and environmental factors interact with our genes to produce phenotypes. Until we address all of the "unexplained" variance in the relationships between genes and health outcomes, we will have great difficulty definitively addressing many important public health problems.

Is there a question that you wish I had asked? If so, what would it be and how would you respond?

Kington - How long are my work days now? Answer: pretty long – the American people are getting their money's worth in me!

ZERHOUNI ADDRESSES FUTURE NIH RESEARCH STRATEGIES

According to National Institutes of Health (NIH) Director Elias Zerhouni, future medical research will require “multi-pronged” strategies with a focus on prevention as well as cure. Zerhouni explained that his roadmap for prevention consists of two steps: “prevention at the molecular level and the connection between mind, brain, behavior and lifestyles.” He emphasized that a “lot of effort will be made in investing in neurobiology of behavior and decision making that relates to differences in the way we respond to different stimuli in the environment. That’s a frontier we need to go into.”

At a luncheon in his honor, hosted by the National Press Club, Zerhouni discussed the “landscape of both health and disease and the biomedical sciences.” According to the NIH Director, “the paradigm for the 21st century is going to have to be intervention before the crash of disease. . . Don’t pick up the pieces but intervene so that you don’t have the accident of disease.”

As a result of the advances in medicine over the last 50 years, Zerhouni explained that diseases have been transformed from acute, lethal diseases to chronic, long-term diseases. “What has happened over the past ten years that has radically changed our expectations and our hope for . . . research in the way we diagnose, prevent, treat, and do research on disease?” he asked. Life expectancy for individuals has grown tremendously, he answered. The accomplishments in term of real health benefits are obvious, he added, citing the examples of the lives saved from premature death in cardiovascular disease, cancer, and AIDS.

This concept that disease has changed over the past half century from acute, lethal to chronic, long-term is “a fundamental aspect of the strategy for research that [NIH has] to follow,” he emphasized. The aging of the population because of the progress made in treating acute diseases is now “leading to the rise in more chronic disease of aging.” Accordingly, the changes in the “landscape of disease are important for [NIH] to consider as a Federal agency,” Zerhouni stressed.

Zerhouni also emphasized the link between the environment and gene interactions, noting that these interactions affect the population all the time. He cited the easy availability for salt, which was once

worth its weight in gold, and its role in high blood pressure. He underscored that our environment has also changed the disease landscape. The abundance of food available and its accompanying role in the “huge increase in obesity rates in our society” was cited as a second example of how the environment affects disease. Obesity is a phenomenon that is occurring worldwide, Zerhouni added.

Health Disparities

The Director reiterated that one of his top concerns is the “persistent difference in disparities of health between populations of different socioeconomic and economic backgrounds. We need to grapple with that” and it remains an “important priority,” he emphasized. We are seeing progress across all diseases but there is “still a persistent difference between several groups in our society, and we need to understand that.”

A Focus on Prevention Research

Because of the changing landscape of disease, along with the changing landscape of science, Zerhouni emphasized that new strategies should be considered by the NIH. Accordingly, for the first time the NIH “is going to focus on prevention,” Zerhouni stressed. Prevention research, in his mind, is “one of the most effective ways that [NIH] can make a difference.” Acknowledging that prevention is not a new topic, he emphasized that he is nevertheless optimistic about it because for the first time he sees “the possibility of influencing prevention at a fundamental [molecular] level.”

Using diabetes as an example, Zerhouni explained that the National Institute of Diabetes and Digestive and Kidney Diseases has supported research that shows if you could detect the disease earlier, “you could in many ways prevent it, using exercise or drugs.” But more importantly, he stressed, it allows you to delay the onset and reduce the rate of progress of the disease.

“So what you’re going to see are different strategies for research and implementation of that research,” Zerhouni explained. Another area, he noted is “behavioral research to find out how we make the right decisions as human beings. How do we decide that the decision you make today, which may be gratifying but deleterious over the long term, how do we make sure that those decisions are the right ones?”

Zerhouni concluded by explaining that to translate his philosophy for research into reality, the “greatest challenge” he believes he has as the Director of NIH is to combine basic science that looks at the scope and complexity of disease, organizing scientific teams in a way that haven’t been seen in the past and translating research findings effectively and quickly. Three strategies, says the NIH Director, need implementing: preventing disease, delaying the onset of disease if we cannot prevent it, and reducing the progression of disability.

NIH ISSUES FINAL STATEMENTS ON SHARING RESEARCH DATA

On February 26, the National Institutes of Health (NIH) released its final statement on sharing research data in response to the agency’s request for comments on a draft statement. In addition, the agency has also published final modifications for the “Standards for Privacy of Individually Identifiable Health Information,” the “Privacy Rule,” of the Health Insurance Portability and Accountability Act (HIPAA).

“NIH reaffirms its support for the concept of data sharing,” noting that it is essential for expedited translation of results into knowledge, products, and procedures to improve human health. Starting with an October 1, 2003 receipt date, investigators submitting an NIH application seeking \$500,000 or more in direct costs in any single year are expected to include a plan for data sharing or state why it is not possible.

According to NIH, several groups and individuals objected to sharing of research data prior to publication. To accommodate them, the agency revised their definition of “the timely release and sharing” to be no later than “the acceptance for publication of the main findings from the final data set.” The statement further notes that NIH continues to expect that the initial investigators may benefit from first and continuing use but not from prolonged exclusive use.

For more information on data sharing see: http://grants.nih.gov/grants/policy/data_sharing/.

CANCER BOARD CALLS FOR MORE BEHAVIORAL RESEARCH

Calling for more publicly- and privately-funded behavioral research on what it takes to change and sustain behavior, a March 10 Institute of Medicine (IOM) report, *Fulfilling the Potential of Cancer Prevention and Early Detection*, maintains that “the nation needs new strategies to prevent cancer and, when cancer occurs, catch it at its earliest stages.” The report also emphasizes that “significant reductions in the burden of cancer are possible through changes in health behaviors.” Smoking, obesity, unhealthy diet, sedentary lifestyles, and failure to get screened all contribute to the excess burden of cancer, according to the report.

“A 19 percent decline in the rate at which new cancer cases occur and a 29 percent decline in the rate of cancer deaths could potentially be achieved by 2015 if efforts to help people change their behaviors that put them at risk were stepped up and if behavioral change were sustained.” This would prevent approximately 100,000 cancer cases and 60,000 cancer deaths each year by 2015.

To save the most lives from cancer, the report stresses that health plans, health care providers, insurers, employers, policy makers, and researchers should be concentrating their resources on helping people to maintain a healthy weight and diet, stop smoking, exercise regularly, keep alcohol consumption at low to moderate levels, and get screened for breast, cervical, and colorectal cancer. The report also stressed that the benefit of behavioral change in these areas extends to cardiovascular disease and diabetes. In addition, it is emphasized that this behavior change may also “help alleviate the disproportionate burden of cancer borne by members of racial and ethnic minority groups.”

The report, by the National Cancer Policy Board, reviews the evidence that cancer incidence rates can be dramatically reduced and outlines a national strategy to “realize the promise of cancer prevention and early detection.” Four questions are addressed by the Board in the report.

1. What lifestyle and health care behaviors contribute to the burden of cancer?
2. What share of new cases of cancer and cancer deaths could be prevented with changes in lifestyle and health care behaviors?

3. What interventions work to bring about health-enhancing behavioral change?
4. What steps can be taken to overcome barriers using effective interventions and to improve what is known about cancer prevention and early detection?

'Action-Oriented' Research Needed

The report observes that the U.S. is at a "crossroads" in cancer prevention research. "Basic science and epidemiology are advancing knowledge in a number of areas, from the relationship between cancer and modifiable behavioral risk factors all the way down to the molecular pathways that mediate the actions of those risks."

There needs to be greater emphasis on action-oriented research to effectively reduce the cancer burden, the report states. "Knowledge about health problems and their causes does not automatically guarantee that appropriate actions are taken. Only when etiological knowledge is linked to evidence on the effectiveness of behavioral change strategies, and, in turn, to public awareness and policy support, can the potential to reduce the burden of cancer be realized," the study's authors explain.

Recommendations

The NCPB made 12 recommendations, including:

- A national strategy should be developed and coordinated by the U.S. Department of Health and Human Services (DHHS) to address the epidemic of obesity, unhealthy diet, and physical inactivity in America. Effective interventions need to be identified and broadly applied to reduce cancer risk among the general population and populations at higher risk.
- Congress should provide sufficient appropriations to the Centers for Disease Control and Prevention (CDC) to support innovative public and private partnerships to develop, implement, and evaluate comprehensive community-based programs in cancer prevention and early detection.
- DHHS should complete a comprehensive review to assess whether evidence-based prevention services are being offered and successfully delivered in Federal health programs.

- Programs are needed for health care providers to improve their education and training, monitor their adherence to evidence-based guidelines, and enhance their practice environments to support their provision of cancer prevention and early detection services.
- Congress should provide sufficient support to DHHS for the U.S. Preventive Services Task Force and the U.S. Task Force on Community Preventive Services to conduct timely assessments of the benefits, harms, and costs associated with screening tests and other preventive interventions.
- Public and private sponsors of research including the National Institutes of Health, the Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid Services, the CDC, the U.S. Department of Defense, and the American Cancer Society should expand their support of applied behavioral research and how best to disseminate evidence-based prevention interventions. Effective strategies are especially needed to encourage healthy behaviors among children and their families, medically underserved populations, and the public at large through multi-component interventions.

A copy of the report can be found at: <http://search.nap.edu/books/0309082544/html>.

NAS HOLDS JOINT SESSION OF 2000 AND 2010 CENSUS PANELS

On March 12, the Committee on National Statistics (CNSTAT) of the National Academies held a joint session of the Panel to Review the 2000 Census and the Panel on Research on Future Census Methods 2010. The session, co-chaired by Janet Norwood, former COSSA President and Chair of the 2000 Panel, and Benjamin King, Chair of the 2010 Panel, featured presentations on coverage and adjustment by U.S. Census Bureau officials.

Donna Kostanich of the Bureau's Decennial Statistical Studies Division presented revised estimates from the 2000 Accuracy and Coverage Evaluation (ACE). She noted that when the first ACE data were compiled in March 2001, the under-coverage rate (which measures households missed by the Census) was smaller than ever before, but there was too much uncertainty in the figures. As a result, the Bureau recommended against using adjusted data in the congressional redistricting process.

By October 2001, the ACE data were “re-interviewed,” which revealed misnumeration by Census employees and a high overcount rate. Kostanich concluded by noting that the October 2001 estimates are considerably superior to those compiled in March 2001. Despite this, John Long, Chief of the Bureau’s Population Division, noted in a presentation that he still recommended against using these adjusted figures for Federal funding allocations to states and localities.

During the question and answer period, Norwood asked Long to explain his reasoning for not using the revised data. Long noted that no final decision on the matter has been made and that using the adjusted data is still being discussed by Census officials and funding agency decision-makers on a case by case basis.

For more information on CNSTAT and the Census panels, please visit www.national-academies.org/cnstat.

NSF SEEKS PROPOSALS

With its FY 2003 appropriation finally in hand, the National Science Foundation (NSF) has announced two solicitations of interest to social and behavioral scientists:

Human and Social Dynamics: Special Competition for FY 2003

Using the seed money provided for the new priority area, *Human and Social Dynamics*, the Social, Behavioral and Economic Sciences Directorate (SBE) seeks proposals in three areas:

(1) Enhancing Human Performance (EHP); (2) Empirical Implications of Theoretical Models (EITM); and (3) Decision Making Under Uncertainty (DMUU).

The EHP special competition requests proposals that include a strong focus on individual performance, but they can also examine broader contextual settings that influence such performance. Three broad areas are encouraged: the behavioral, cognitive, social, and cultural context of human performance in a changing world; the development of human performance, ranging from lifespan to evolutionary scales of time, and how it interacts with a changing world; and how the design and engineering of physical and social infrastructures can be psychologically and socially relevant to a

changing world. Due date: **June 11, 2003**. More information: Steve Breckler, sbreckle@nsf.gov, (703) 292-7303.

The EITM competition will support research that integrates the formal delineation of theories with testable empirical specifications of what these delineations imply. The research should permit empirical testing of the plausibility of the original model. The proposal must have both formal and empirical components and those components must be integrated. Due date: **June 12, 2003**. More info: Frank Scioli, fscioli@nsf.gov, (703) 292-7281.

The DMUU competition will fund interdisciplinary centers that will produce new knowledge, information, and tools related to DMUU associated with longer-term climate change and shorter-term climate variability. Proposals are also welcome for workshops or symposia, high-risk exploratory research efforts, or supplements to current awards in order to identify research gaps or future research needs for DMUU related to climate change. Due date: **July 15, 2003**. More info: Cheryl Eavey, ceavey@nsf.gov, (703) 292-7269.

The full solicitation can be found at: <http://www.nsf.gov/pubsys/ods/getpub.cfm?nsf03552>

Science and Technology Centers

The NSF is about to undertake a new competition for multidisciplinary, multiyear science and technology centers (STCs). These awards will fund innovative research and education projects of national importance that require a Center mode of support. The STCs conduct world-class research in partnerships among academic institutions, national laboratories, industrial organizations, and/or other public/private entities to create new and meaningful knowledge of significant benefit to society. Preliminary proposals are due **June 3, 2003**. Full proposals are by invitation only and will be due on **February 4, 2004**. NSF hopes to make 6 to 8 awards with approximately \$30 million in funds available.

The Centers should share an ambitious research vision or theme that integrates research and education and is of sufficient scale to justify the Center mode of support. Each Center must have dedicated full-time leaders who are responsible for Center direction, management, education and knowledge transfer. Training and diversity are other key components of any Center operation.

Program officer contact: Margaret E. Tolbert, mtolbert@nsf.gov, (703) 292-8040. The full program announcement is available at: http://www.nsf.gov/pubsys/ods/getpub.cfm?ods_key=nsf03550.

CONSORTIUM OF SOCIAL SCIENCE ASSOCIATIONS

Executive Director: Howard J. Silver
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COSSA TO HOLD CONGRESSIONAL BRIEFING ON OBESITY MARCH 21

COSSA will hold a congressional briefing entitled *Obesity, What Can Be Done Now?: Examining Environment and Lifestyle* on March 21, 12:00-2:00 p.m. in Room B-369 of the Rayburn House Office Building.

The speakers will be: **Sally M. Davis**, Director, Center for Health Promotion and Disease Prevention, Department of Pediatrics, University of New Mexico; **Barry Popkin**, Professor of Nutrition, Division of Nutrition Epidemiology, Schools of Public Health and Medicine, University of North Carolina - Chapel Hill; and **Tom Wadden**, Professor of Psychology, University of Pennsylvania School of Medicine.

For more information or to RSVP, please call (202) 842-3525 or e-mail coffa@coffa.org.

The Consortium of Social Science Associations (COSSA), an advocacy organization for federal support for the social and behavioral sciences, was founded in 1981 and stands alone in Washington in representing the full range of social and behavioral sciences.

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1522 K Street, NW, Suite 836
Washington, D.C. 20005
Phone: (202) 842-3525
Fax: (202) 842-2788

www.cossa.org

BUDGET, (Continued from Page 1)

The Senate Budget Committee, chaired by Sen. Don Nickles (D-OK), has produced a resolution that provides for \$784 billion in discretionary spending, about \$400 billion for defense and \$384 billion for non-defense accounts. The proposed resolution includes \$698 billion from 2003 to 2013 for "economic growth and job creation tax relief." The Committee cites an analysis from the Heritage Foundation using the DRI-WEFA macroeconomic model that such relief would create almost a million new jobs in 2004 and \$84 billion growth in GDP, with sustained growth in both jobs and GDP through the next decade. This use of "dynamic scoring" would also reduce the deficit by 57 percent over a "static" estimate and would increase disposable income. It also assumes making permanent the 2001 tax cuts. The Committee packages the tax proposals in a reconciliation bill, which would require only a majority vote for enactment, rather than the 60 votes necessary to defeat a filibuster. Nickles expects the budget to come back into balance in FY 2013.

For Function 250, General Science, Space and Technology, the House assigns \$22.8 billion in Budget Authority, close to a \$400 million reduction from comparable FY 2003 numbers. The Senate is a little more generous at \$23.6 billion. The Senate assumes the President's request of a 3.2 percent increase for the National Science Foundation and a \$27.9 billion budget for the National Institutes of Health for FY 2004.

Already, colleagues of Nussle and Nickles are saying these resolutions are impractical and unrealistic. Senate moderates are attempting to modify the tax cuts and certain House members are balking at the reductions in mandatory programs such as Medicare and Medicaid. The process has just begun. How it will play out, especially in the face of a war, produces more uncertainty than usual. Stay tuned!

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CONTRIBUTORS

American Council of Learned Societies
American Institutes for Research
University of Arizona
Brookings Institution
Brown University
University of California, Berkeley
University of California, Davis
University of California, Los Angeles
University of California, San Diego
University of California, Santa Barbara
University of California, Santa Cruz
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Consortium of Social Science Associations

1522 K St., NW, Suite 836, Washington, D.C. 20005
