As this is being written on November 13, Washington is preparing for a likely November 14 shutdown of the federal government. The President and the new majority in Congress have not reached an agreement over a new Continuing Resolution (CR) to keep the government running. By the end of today, the Congress will have passed a second CR to fund the government until December 1. The President will veto this bill. This second short term CR becomes necessary since Fiscal Year 1996 began on October 1 without the 13 appropriations bills passed by Congress and signed into law.

The current status of those bills indicates only two have been enacted into law, Agriculture and Military Construction, and their programs and workers will be unaffected by the stoppage. All the others are in various stages of the process, with the Labor, Health and Human Services, and Education bill, the farthest from passage. The full Senate has yet to consider it. The chart on page three indicates the proposed spending in the regular appropriations bills for programs that affect social and behavioral scientists.

The President objects to the new CR because it would reduce spending on many programs that the administration considers priorities, such as Medicare, education and the environment. As proposed, the new CR would fund agencies at the lowest figure from the House or Senate passed bills or 90 percent of the Fiscal Year 1995 level. For those programs Congress voted to eliminate, the CR would provide 60 percent of last year's funding.

The administration also objects to a number of riders to the bill temporarily raising the debt limit. These include a provision that would prohibit the Treasury department from shifting federal trust fund moneys to avoid default. The President argues that this would unnecessarily restrict the Executive Branch and will veto the bill. The provision to eliminate the Commerce Department, included by the House, was removed by the Senate. However, the bill still includes limits on habeas corpus death row appeals, regulatory reform legislation that was stalled in a conference committee, and a provision forcing President Clinton to agree to balance the budget in seven years.

Sweeping legislation that would severely impede the conduct of research involving minors was given a brief hearing before a Senate panel last week. The legislation, H.R. 1271, which would require prior absolute uniform written consent from parents before minors can participate in federally-sponsored research, cleared the House by a wide margin in April and is a component of the Republican Contract with America.

The November 9 hearing before the Senate Governmental Affairs Committee reflected the uphill fight facing opponents of the bill. Committee chair Sen. Ted Stevens (R-AK), the only Senator to attend the hearing, expressed his strong support for the bill in
his opening statement and dissenting presentations by
witnesses were abruptly stopped when Stevens
announced he had to leave for another commitment.

Citing the "breakdown of the family unit" as one
of the reasons for the legislation, the Family Privacy
Protection Act of 1995, Stevens said that it is
imperative to prevent further erosion of the family. He
indicated his desire "to get this bill out" of committee
by the week of November 13 and later bring it to the
Senate floor.

Senator Charles Grassely (R-IA), the lead witness
at the hearing, said that the bill "was of great
importance" to him and that it would expand an
amendment he sponsored to the Goals 2000 legislation
passed in the last Congress. His amendment, similar
to H.R. 1271, applied only to programs funded
through the Department of Education.

Expressing his disgust with proposed Education
Department regulations to implement his amendment,
Grassely told the committee that "they gut the intent of
the law to protect children and families from privacy
intrusion without prior written consent... If the
Department is not going to implement the law
according to intent of the statute, then Congress
simply must act again to accomplish the goal." As a
result of the problems with the regulations, Grassely
requested that the committee tailor H.R. 1271 so that
it "will apply to the Department of Education
programs as well." The bill, as currently written,
would not apply to the Education Department.

Grassely indicated that he was "not surprised by what
the Department did" and that the regulations were
some "faceless bureaucrats speaking."

Opponents Given Short Shrift

Testifying in opposition to H.R. 1271 were: Sally
Katzen, Administrator, Office of Information and
Regulatory Affairs, Office of Management and
Budget; Felice Levine, Executive Officer, American
Sociological Association; Lloyd D. Johnston, Survey
Research Center, University of Michigan; and Sue
Rusche, Executive Director, National Families Action
and President, National Drug Prevention League.

Katzen, who also testified against H.R. 1271
during a House hearing, told the committee that "in its
present form... [H.R. 1271] is likely to jeopardize
essential research that is the basis for our
understanding of the risks faced by children in
America today." "This Administration fully endorses
and supports parental involvement and decision-
making authority with regard to the participation of
their children in research," said Katzen. Stressing the
Administration's strong support for "vital Federal
research in the area of adolescent high risk behavior,
Katzen argued that "gaining parental consent for these
children [runaways, the homeless, and abused
children] would be difficult if not impossible,
particularly in those instances where parents cannot
even be located." Katzen further argued that the
across-the-board requirement of written consent that
H.R. 1271 would impose, "may jeopardize our ability
to protect our children." "Information is one of our
most effective tools," concluded Katzen.

Levine, testified on behalf of the Research and
Privacy Coalition (representing over 35 organizations
including COSSA). She stated that the members of
the Research and Privacy Coalition, which includes
organizations "that represent parents, researchers,
health care providers, educators, child advocates and
community groups dedicated to improving the health
and quality of life of young Americans and their
parents... strongly supports informed parental
consent." Levine also argued that a "single
mechanism for obtaining parental consent is not the
best way to make sure parents are fully informed."
While H.R. 1271 "ostensibly enhances parental
involvement and control over questions or information
directed to a minor," explained Levine, "the bill
actually undermines critical research on youth health
### Fiscal Year 1996 Appropriations for Agencies That Support Social and Behavioral Science Research

(All figures in millions; asterisk denotes approved only by Senate Appropriations Committee)

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behaviors and provides no significant additional protection to the privacy of families." She maintained that while H.R. 1271 is predicated on the notion that it is designed to help parents, "it is more likely to harm their interests by jeopardizing their access to essential and valid information on high risk health behaviors such as drug and alcohol use, tobacco use, violence and the like."

Levine insisted that the Research and Privacy Coalition supports the idea "that decisions regarding the most appropriate means to obtain parental permission for the participation of minors in federally-sponsored surveys require case-by-case attention to situation and local circumstances." In concluding her remarks, Levine informed the committee that "the Research and Privacy Coalition believes parental permission can be obtained without damaging the viability of scientific questionnaires and surveys. These goals are not mutually exclusive." Offering the Coalition's assistance, Levine said that the Coalition believes that "a bill can be crafted that strengthens parental consent without imposing a single Congressional solution in a process that demands multiple approaches, flexibility and judgment."

Johnston, who is the director of Monitoring the Future, a series of annual national surveys supported primarily by the National Institutes of Health, told the committee that "reducing the usefulness and accuracy of research results on the problems of youth hurts just about everyone in society--in particular parents and their children, whom [H.R. 1271] claims to protect. Society's institutions will be rendered less effective at recognizing and responding effectively to the problems young people experience. Parents will be less aware of the scale and nature of the risks their children face, and less informed about the risk factors and symptoms for which they should be watching." Johnston was unable to complete his oral testimony before the committee had to abruptly adjourn. However, he concluded his written testimony by saying that "full range of parents' concerns and needs can be met quite nicely using alternative methods to the very rigid one proposed here."

Teen Drug Use Surveys Jeopardized

Rusche, executive director of National Families in Action (a parent drug prevention organization she helped found in Atlanta 18 years ago), and president of the National Drug Prevention League (a coalition of national drug abuse prevention organizations that represent thousands of community-based organizations), did not have the opportunity to present her testimony to the committee. In her written statement, however, Rusche, stated that H.R. 1271 "raises grave concerns among us who believe passionately in prevention and who support, advocate for and implement the careful evaluation of our work to ensure that we are achieving the results we seek." The bill, said Rusche, "will virtually end our ability to collect reliable data about our own work. And it will end the ability of researchers who conduct national surveys to collect the data we rely on to mobilize parents and other citizens to take action to prevent drug abuse."

Rusche explained that if H.R. 1271 passes, "We will not be able to sound the alarm. We will not be able to mobilize parents without the single most effective tool we have at our disposal: an accurate measure of what is happening to our children....[H.R. 1271] will destroy our ability to obtain the data we need to show parents, and the nation, that something is wrong and we must make it right." "If we don't know, we can't act," says Rusche. Rusche concluded her testimony by saying, "I'm certain that Congress does not mean to make it virtually impossible for parents concerned about other self-destructive behaviors, such as eating disorders, teen pregnancy, suicide and homicide, to obtain accurate data to guide them in their mobilization and prevention efforts."

Also speaking in favor of H.R. 1271 were: Wade F. Horn, Director of the National Fatherhood Initiative; Art Mathias, President of the Christian Coalition of Alaska; Robert Knight, Director of Cultural Studies of the Family Research Council; and Matthew Hill, a Utah attorney and an authority on family privacy issues.

Horn, a child psychologist, said the bill "would ensure that parents retain maximum decision making authority when it comes to directing the upbringing of their children." Mathias told the committee that H.R. 1271 does not go far enough, as "All of the rights of and responsibilities in raising our children belong to the parents," he said, "and this is an area that the 10th amendment specifically requires the government to stay out of." Knight testified that "those who administer surveys are more interested in high compliance than parental input, so they tend to be opposed to such safeguards." Hilton gave the
committee several suggestions on possible amendments to the bill that would make the language of H.R. 1271 stronger and close what he considers are loopholes in the legislation as it is currently drafted.

ONCE MORE, NIH URGED TO EXPAND BEHAVIORAL AND SOCIAL SCIENCE

The Office of AIDS Research's Behavioral, Social Science, and Prevention Research Area Review Panel of the NIH AIDS Program Evaluation Working Group recently held a public session in Washington as part of a series of meetings by the panel to evaluate NIH's behavioral and social science AIDS research activities. Once again, as it has been for over many years, NIH was told that more research in the social and behavioral sciences would help the nation better cope with the AIDS pandemic.

The Panel is one of six Area Review Panels established by the NIH AIDS Research Program Evaluation Working Group. The Working Group, created by Office of AIDS Research to carry out the evaluation of NIH's AIDS research activities, has the challenge of "reviewing and assessing each of the components of the NIH AIDS research endeavor to determine whether those components are appropriately designed and coordinated to answer the critical scientific questions to lead to better treatments, prevention, and a cure for AIDS." The evaluation is mandated by the NIH Revitalization Act of 1993. (see Update, May 8)

Several organizations representing social and behavioral scientists testified before the panel, including COSSA's Assistant Director for Government Affairs, Angela Sharpe. Sharpe testified that the "enhancement of the role of behavioral and social scientists is critical to America's success in understanding and coping with AIDS." Citing COSSA's support for a multi-disciplinary approach to AIDS research, Sharpe noted that the "need for enhanced integration of behavioral and social science research with biomedical investigations in the federal AIDS prevention and treatment effort cannot be overemphasized." "Behavioral and social science AIDS research," said Sharpe, "is extremely important from a humanistic perspective as well as a cost-effectiveness perspective."

"NIH is the appropriate place to do social and behavioral science research related to AIDS," said John Anderson, Director of the American Psychological Association's (APA) Office on AIDS. Anderson described the current NIH budget for behavioral and social science and prevention research as "inadequate," citing that only "6-7 percent of the total NIH AIDS budget is prevention research." "In the absence of a cure, prevention is the best tool we have," said Anderson. He emphasized that "research on the psychological, neuropsychological, and social consequences of HIV infection should be a high priority." "A strong OAR," noted Anderson, "is essential to insuring that issues in social and behavioral science and prevention research continue to be addressed adequately."

Cynthia Costello, Staff Sociologist at the American Sociological Association, recommended that NIH:

- "focus research effort on the examination of the social factors (such as social networks, norms and values) and social structural factors (such as class, race/ethnicity, gender relations, and the community) that increase risk for transmission of HIV, affect prevention of the disease, and provide opportunities for intervention."
- "focus funding for HIV prevention and intervention research on the broader social factors that may impede or enhance opportunities for behavioral change such as employment practices, laws, and public policies at the local, state, and federal level."
- "devote special research attention to the impact of HIV/AIDS not only on the individuals directly affected, but also on the families, communities, and social institutions indirectly affected by the disease."
- "make efforts to improve data resources and data collections for social science research on HIV/AIDS and to enhance the scientific capacity of the social sciences to conduct research on the disease by providing research training grants at the predoctoral, postdoctoral, and mid-career levels."

Peggy Overbey, Director of Government Relations at the American Anthropological
Association, testified of the shortcomings of current AIDS prevention efforts including the "failure to develop prevention strategies predicated on the recognition that individual behavior is a product of social influences and not just individual intentions and abilities." Overbey discussed lessons that can be learned from previous prevention efforts such as, they "must address the range of problems faced by target populations if HIV prevention is to be effective."

"These lessons reveal the importance of expanding AIDS prevention research to encompass risk behavior in its social, economic and cultural contexts and to appreciate that human motivation and capacity for behavior change are socially conditioned," she said.

The next step in the NIH AIDS evaluation process is the development of recommendations by the Working Group to the OAR Advisory Council that address the overall NIH AIDS research initiatives and identification of long-range goals in the relevant areas of science. Any future development of the NIH AIDS Research program will be determined by these recommendations.

NIH PANEL BACKS WIDER USE OF BEHAVIORAL TREATMENTS FOR PAIN AND INSOMNIA

A 12-member panel, part of a day and a half consensus conference at the National Institutes of Health (NIH) sponsored by the Office of Alternative Medicine and the Office of Medical Applications Research, encouraged wider acceptance of behavioral and relaxation therapies for treating chronic pain and insomnia. The independent panel emphasized the need for broader use of these therapies in conjunction with conventional medical care of these disorders. Participants of the conference included experts in behavioral medicine, pain medicine, sleep medicine, psychiatry, nursing, psychology, neurology, and behavioral neurosciences, as well as the public.

The conference examined the usefulness of integrating behavioral and relaxation approaches with biomedical interventions in clinical and research settings to improve the care of patients with chronic pain and insomnia. "Integrating behavioral and relaxation therapies with conventional medical treatment is imperative for successfully managing these conditions," said panel chair Julius Richmond.

After reviewing the data presented by more than 20 experts, the panel concluded that cognitive/behavioral techniques are effective therapies in the treatment of low back pain and arthritis. The panel concurred that health care practitioners need to adopt a biopsychosocial approach to disease that incorporates the patient's social and ethical experience of disease.

"One barrier to the integration of behavioral and relaxation techniques in standard medical care," the panel found "has been the emphasis on a biomedical model as the basis of medical education. "Expansion to a biopsychosocial model would increase emphasis on a patient's experience of disease and balance the anatomic/physiologic needs of patients with their psychosocial needs," said John D. Loeser, a presenter at the conference. Loeser explained that "the small amount of behavioral science included in the typical medical school curriculum focuses upon disorders of personality and behavior, and not upon the utilization of psychological techniques as an adjunct to other treatment modalities." "The challenge lies in discerning how to educate all physicians so that they can make use of behavioral principles whatever their specialty," said Loeser.

The panel acknowledged that "research is needed to assess cross-cultural applicability, efficacy, and modifications of psychosocial therapeutic modalities." In addition, more research studies examining the influence of factors such as race, age, gender, religious beliefs and socioeconomic status on the effectiveness of treatment is needed. According to the report, "research efforts on these therapies should include additional efficacy and effectiveness studies, cost-effectiveness studies, and efforts to replicate existing studies." The panel agreed that "future research should include examination of consequences/outcomes of untreated chronic pain and insomnia; chronic pain and insomnia treated pharmacologically versus treated with behavioral and relaxation therapies; and combinations of pharmacologic and psychosocial treatments for chronic pain and insomnia." While barriers -- structural, bureaucratic, financial and attitudinal -- exist to the integration of these techniques, the panel determined that education and additional research can overcome them.

For more information and/or a copy of the report, contact the NIH Office of Medical Applications Research at (301) 496-4819.
ECONOMIC ADVISERS: RATES OF RETURN ARGUE FOR FEDERAL INVESTMENT IN R&D

The President's Council of Economic Advisers, chaired by Joseph Stiglitz, issued a report on October 25, Supporting Research and Development to Promote Economic Growth: The Federal Government's Role, that strongly endorses federal support for research and development (R&D) based on the rates of return provided by those investments.

The report indicates that investments in R&D have large payoffs in yielding new products, improving the quality of life, producing new processes, and enabling American firms to reduce costs of production and become more competitive. Citing research conducted by Zvi Griliches of Harvard University, the Council argues that investments in R&D are estimated to account for half or more of the increase in output per person.

The Council notes the Federal government's long record in promoting science and technology by: granting of patents; supporting technical infrastructure through the development of standards, weights and measures; funding agricultural research; developing the Internet and the Global Positioning Satellite; and supporting basic research in the discovery of DNA. The report also indicates that Federal R&D expenditures have stimulated additional private R&D expenditures.

Comparing U.S. expenditures on R&D to other countries should evoke concern, according to the report. Although the U.S. continues to lead the world in total expenditures on R&D, if expenditures as a percentage of Gross Domestic Product is the measure, the U.S. falls behind Japan and just slightly ahead of Germany and France. If non-defense R&D expenditures as a percentage of GDP are examined, the U.S. falls behind Germany, falls further behind Japan, and remains just ahead of France. This pattern has existed for almost two decades. The report suggests that proposed reductions in spending for R&D in the balanced budget plan supported by the Congress will further erode the U.S. position. By 1997, the Council notes, Japan will spend more in absolute dollars on non-defense R&D than the United States.

The federal government supplies 36 percent of the funds for R&D in this country; industry funds 59 percent. However, the focus is different. The government supports 58 percent of basic research, while industry supports 58 percent of applied research and 70 percent of the development. The Council, citing research by Chris Hill of George Mason University, indicates that reducing federal support for R&D also leads to reduced private support.

Arguing for continued and increased federal investment in R&D, the Council suggests the spillover effects of this activity. Reviewing econometric studies on the returns on investment in R&D, the report concludes that the "average private rate of return of an innovation seems to be between 20 and 30 percent, while the social rate of return is closer to 50 percent." Admitting these figures are estimates, the report argues, however, that the consistency of results over many studies seems to validate its conclusion.

Making the case for federal investment in basic research, the report admits that economic returns from these investments may be many years away, therefore the gaps between social and private returns is particularly large, and thus firms are "typically reluctant to invest much in basic research." Thus, the role of university-based, federally-funded basic research is extremely important. Universities are also key elements in transferring technology by educating and training a scientific and engineering workforce. Edwin Mansfield of the University of Pennsylvania has estimated the median social rate of return to research conducted at academic institutions to be 28 percent.

The report also argues for federal support of dual use (civilian and defense) research and technology and pre-commercial technology development, two current programs the new majority in Congress has tried to eliminate. The Council concludes that continued support of high return investment in R&D from supporting scientists and engineers, to promoting basic research, to assisting in the development of new, high-risk technology with significant spillovers is necessary to maintain America's pre-eminent role in the world scientifically and economically.

Copies of the report are available from the Council of Economic Advisers, 202-395-5107.
MEMBERS

American Anthropological Association
American Economic Association
American Historical Association
American Political Science Association
American Psychological Association
American Society of Criminology
American Sociological Association
American Statistical Association
Association of American Geographers
Association of American Law Schools
Law and Society Association
Linguistic Society of America

AFFILIATES

American Agricultural Economics Association
American Assembly of Collegiate Schools of Business
American Association for Public Opinion Research
American Council on Consumer Interests
American Educational Research Association
Association for Asian Studies
Association for Public Policy Analysis and Management
Association of Research Libraries
Eastern Sociological Society
History of Science Society
International Studies Association
Institute For Operations Research and the Management Sciences
Midwest Sociological Society
National Council on Family Relations
North American Regional Science Council
North Central Sociological Association
Population Association of America
Rural Sociological Society
Society for Research on Adolescence
Society for Research in Child Development
Society for the Advancement of Socio-Economics
Society for the Scientific Study of Religion
Sociologists for Women in Society
Southern Sociological Society
Southwestern Social Science Association
Speech Communication Association

CONTRIBUTORS

American Council of Learned Societies
American Institutes for Research
University of Arizona
Arizona State University
Bowling Green State University
Brookings Institution
University of California, Berkeley
University of California, Los Angeles
University of California, San Diego
University of California, Santa Barbara
Carnegie-Mellon University
Center for Advanced Study in the Behavioral Sciences
University of Chicago
Clark University
University of Colorado
Columbia University
Cornell Institute for Social and Economic Research
Cornell University
Criminal Justice Center, Sam Houston State University
Duke University
Emory University
University of Georgia
Harvard University
University of Illinois
Indiana University
Institute for Social Research, University of Michigan
Institute for the Advancement of Social Work Research
Institute for Women's Policy Research
University of Iowa
Johns Hopkins University
Kansas State University
Massachusetts Institute of Technology
Maxwell School of Citizenship and Public Affairs, Syracuse University
University of Michigan
Michigan State University
University of Minnesota
National Bureau of Economic Research
National Opinion Research Center
Nelson Rockefeller Institute of Government
New York University
University of North Carolina, Chapel Hill
North Carolina State University
Northwestern University
Ohio State University
University of Oregon
Pennsylvania State University
Princeton University
Purdue University
University of Rhode Island
Social Science Research Council
State University of New York, Binghamton
State University of New York, Stony Brook
University of Tennessee
University of Texas, Austin
Texas A & M University
Tulane University
University of Washington
University of Wisconsin, Madison
University of Wisconsin, Milwaukee
Yale University

Consortium of Social Science Associations
1522 K Street, N.W., Suite 836, Washington, D.C. 20005