



COSSA

Washington Update

Consortium of Social
Science Associations

October 6, 2003

Volume 22, Issue 18

NEW FISCAL YEAR BEGINS; TEN SPENDING BILLS UNDONE; OMNIBUS LOOMS

On October 1, Fiscal Year 2004 began. Once again, Congress has failed to complete the appropriations process on time. This year only three bills have been enacted – Defense, Homeland Security, and Legislative Branch. Of the ten spending bills remaining, four have passed both Houses and are now in conference committees, including the massive Labor, Health and Human Services, Education spending bill. Six others still need Senate floor action, including: VA, HUD and Independent Agencies, which contains funding for the National Science Foundation; Agriculture; Commerce, Justice, State; and Interior, which includes funding for the National Endowment for the Humanities. Congress passed and the President signed a Continuing Resolution (CR) that will keep the government operating, in most cases at last year's spending levels, until October 30. Another CR is expected after that.

Consideration of the President's \$87 billion supplemental spending for Iraq and Afghanistan has interrupted progress on the remaining bills. The Senate has recessed for the week of October 6. The House will take up the request late that week.

All this has led appropriators to begin discussions of an omnibus spending bill that would lump the undone FY 2004 funding into one giant piece of legislation. Although each individual bill will still be under the control of the key players that always deal with it, e.g. Senators Bond (R-MO) and Mikulski (D-MD) and Representatives Walsh (R-NY) and Mollohan (D-WV) for the National Science Foundation, omnibus bills

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SEXUAL HEALTH RESEARCH ONCE AGAIN AN ISSUE; ROGERS, WAXMAN DEFEND NIH RESEARCH

On October 2, the House Energy and Commerce Committee and the Senate Health, Education, Labor and Pensions (HELP) Committee held a joint hearing to discuss the recently released National Academies report, *Enhancing the Vitality of National Institutes of Health: Organizational Change to Meet New Challenges*. (See Update, August 11, 2003). Testifying before the Committees were Elias Zerhouni, Director, National Institutes of Health (NIH), Harold Varmus, Memorial Sloan-Kettering Cancer Center and former NIH director, and Harold Shapiro, Princeton University and Chair of the Academies Committee on the Organizational Structure of the NIH.

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create opportunities for more direct leadership control and for mischief. It also allows advocacy groups the chance to persuade Members of Congress to adopt provisions that change earlier decisions. Advocates for NIH are still seeking an 8 to 10 percent increase for FY 2004, even though the House has provided a 2.5 percent boost and the Senate a 3.7 percent increase.

Since omnibus bills require an up or down vote on a bill containing many spending accounts, it is difficult to sustain actions that the leadership may oppose, such as the effort to overturn the FCC decision on media ownership rules. Stay tuned!

NIH RESEARCH, (Continued from Page 1)

Opening the hearing, HELP Chairman Judd Gregg (R-NH) explained that its purpose was to obtain background on how the NIH is handling the major increase in its funding as a result of the five-year doubling commitment of Congress. Gregg further explained that he recognizes that the agency is an "extraordinary resource doing exceptional research." The question is, he continued, are the resources being effectively used and how can the Congress assist NIH in attaining its goal to improve health care in the U.S.?

Three issues dominated the discussion by Members: sexual behavior and function research, stem cell research, and the outsourcing (OMB Circular A-76) of Federal jobs.

Rep. Joseph Pitts (R-PA) initiated the discussion regarding the NIH's support of the grants cited in the Toomey amendment to the House Labor-HHS appropriations bill. (See *Update*, July 14, 2003). Mischaracterizing the grant to the Kinsey Institute on how to study how decision-making regarding sexual risk taking was affected by sexual arousal and emotional state, Pitts questioned why the NIH was paying people to drink alcohol and then watch pornography. In actuality, the grant to the Institute does not involve alcohol in any way. Apparently, Pitts read from two separate parts of the application. One section of the application cited as background a previous study that examined the effects of alcohol on sexual risk-taking intentions and did involve alcohol. The grant to the Kinsey Institute did not.

Scientific Justification

Answering that the NIH took this question seriously, Zerhouni replied that "one has to look at the balance

between science, society and health." There is a "scientific justification" for support of this research and there is a "definite public health connection." The NIH "clearly" has a transparent process when it comes to funding, Zerhouni maintained, adding that it would be "detrimental if a small percentage of the [NIH] portfolio was opaque."

What mechanism does the NIH have in place "to stop this research," even if the peer review process approves it, Pitts asked. Expressing his understanding of "how one could be concerned," Zerhouni explained that the peer review process has integrity and is made up of two-thirds scientists and one-third public members. "We have to believe that these processes are working. We need to look at the total balance of the portfolio," Zerhouni argued.

Aligning himself with Pitts, Rep. Michael Ferguson (R-NJ) noted that research that could be construed as "provocative" when discussed in an open forum is problematic. This research is "difficult to comprehend and hard to justify," he asserted. He asked the NIH to provide him with a written explanation of the medical benefits hoped to be derived from this research.

Applauding the members who voted against the Toomey amendment when it was considered by the House because of their support for NIH, Rep. John Shimkus (R-IL), explained that he voted for the amendment because "in this case I had to let ideology or politics ... intervene. I had to make a statement (to my constituents)." It is "stuff like this" that will cause my constituents to say 'don't fund anything.' He inquired whether or not the NIH is directing, conducting, or advising applicants to stay away from certain buzzwords that will cause concern for some Members of Congress or people that oppose certain types of spending. Zerhouni said no.

Noting that he voted against the Toomey amendment because he wanted to make sure the NIH had the authority to make the decisions with regard to research, Rep. Michael Rogers (R-MI) noted that a grant by Michigan State, which was included in the Toomey amendment, was doing research that did not sound good but "once you got down below the surface, it made a lot sense." Rogers explained that he did not want to micromanage the NIH; the powerful things that NIH can accomplish are great if the Congress would get out of the agency's way and let them do it, he reasoned.

Rogers, a former FBI agent, observed that he thought "Some of those sexual behaviors could be translated into rape cases, pedophile cases, and other

valuable research for law enforcement. We don't know that and by reading the application, you can't even come close to that. You can help us by being very clear and very transparent to allow us to make good decisions so that we are not climbing in your knickers," he told Zerhouni.

Rep. Henry Waxman (D-CA) emphasized his desire "to make sure that NIH's scientific mission is protected from political interference." Remarking that he has a sense that NIH is suffering from increased political interference, Waxman cited as examples the questions raised at the hearing by members of the Committee. "What has been raised has been a question of political correctness. I don't think your decisions on research should be based on somebody else's view of political correctness. I think it ought to be based on the validity of the scientific research." He commended the merit review process used by the NIH to fund research.

Finally, he noted that there seems to be a theme to the objections – a theme based on sex and sexual research. "It appears to me," Waxman emphasized, "that sexuality and sexual relationships are a very important part of the lives of most adults." Agreeing with Rogers, he noted that he saw the benefits of this research when he looked below the surface.

'NIH ROADMAP FOR MEDICAL RESEARCH' RELEASED

On September 30, National Institutes of Health (NIH) Director Elias Zerhouni rolled out the "NIH Roadmap for Medical Research," a series of "bold" initiatives designed to transform medical research capabilities and speed the movement of research from the laboratory bench to the patient's bedside. The "Roadmap" is the culmination of a series of meetings Zerhouni convened soon after taking the helm of the NIH in May 2002. (See *Update*, May 13, 2002).

According to Zerhouni, the purpose of the Roadmap exercise was to identify major opportunities and gaps in biomedical and behavioral research that no one institute at NIH could undertake single-handedly, but are still part of the agency's mission. The agency expects to spend \$128 million in FY 2004 on Roadmap initiatives and more than \$2 billion overall by FY 2009. (The NIH's total budget in FY 2003 was \$27.2 billion.) The funding for the Roadmap will come from a common pool of resources that will be used for all current and future investments.

Highlighting "remarkable progress in medical research," Zerhouni related that "NIH-supported research has changed the landscape of many diseases." The NIH needs "to change, adapt, and be innovative to take advantage of the opportunities" that are available as a result of the doubling of the agency's budget, Zerhouni emphasized. "NIH is now drawing all fields of science together in a concerted effort to meet these challenges head on," he added.

The agency's Roadmap was developed with input from nationally recognized leaders in academia, industry, government, and the public. Designed to provide a framework for the strategic investments that NIH needs to make to optimize its entire research portfolio, the roadmap builds on the momentum provided as a result of the recent doubling of the NIH budget.

The plan is responsive to the recommendations within the recently released National Academies report, *Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges*, the result of a Congressional request. That report recommended the NIH director present the scientific rationale for trans-NIH budgeting and the creation of a "discrete program" in the Office of the Director "to fund the initiation of high-risk, exceptionally innovative research projects offering high potential payoff," both of which the Roadmap seems to set in motion.

The Roadmap's structure is comprised of 28 initiatives and focuses on three main areas: 1) new pathways to discovery, 2) research teams of the future, and 3) re-engineering the clinical research enterprise.

According to Zerhouni, only scientific initiatives "deemed of high potential impact," sufficient to enhance the disease and mission-specific activities of all of NIH's 27 institutes and centers (ICs), and that will respond to the needs and concerns of the public are part of the Roadmap. Implementation of the plan will begin in FY 2004. He explained that some of the initiatives selected build upon existing research and are "expected to achieve their goals rapidly" while more complex initiatives are expected to take several years to complete. "Through these new initiatives, we hope to remove some of the biggest roadblocks that are keeping research findings from reaching the public as swiftly as possible," Zerhouni observed. The efforts cover a broad spectrum of points between the laboratory and the clinic, he explained.

Research Teams of the Future

The NIH Roadmap acknowledges that the traditional divisions within biomedical and behavioral research may

inadvertently impede the pace of scientific discovery. To combat these “artificial organizational barriers,” the Roadmap includes the establishment of a series of awards designed to make it easier for scientists to conduct interdisciplinary research. The new awards will provide funding for:

- Training of scientists in interdisciplinary strategies
- Creation of specialized centers to help scientists forge new and more advanced disciplines from existing ones; and
- Initiation of forward-looking conferences to catalyze collaboration among the life and physical sciences.

Interdisciplinary research is defined as “integrating the analytical strengths of two or more often disparate scientific disciplines to solve a given biological problem.” The Roadmap cites as an example: “behavioral scientists, molecular biologists, and mathematicians might combine their research tools, approaches, and technologies to more powerfully solve the puzzles of complex health problems such as pain and obesity.” Such research will allow for the eventual elimination of the traditional gaps in terminology, approach, and methodology. It is hoped that the establishment of these new awards will accelerate research on diseases of interest to all 27 ICs.

The current plan is to issue the first awards in FY 2004 with the creation of 15 planning grants for interdisciplinary research centers. Additional RFAs will also be issued in FY 2004 to provide training to scientists.

As part of the effort to lower the barriers that have impeded interdisciplinary studies, the new awards will grant principal investigator status to all key members of the research team; provide indirect research costs to multiple institutions involved in the research; require integrated reviews of grants, which take into account the melding of the various disciplines; and encourage interdisciplinary teams to evolve in both directed and serendipitous ways.

Exploratory Centers for Interdisciplinary Research RFA

To this end, the NIH has released the Exploratory Centers for Interdisciplinary Research RFA (RFA-RR-04-002). In recognition of the need to bring several disciplines together as equal partners, the RFA allows the research teams to submit separate, but related

applications that will be reviewed as a unit. The grants are expected to identify a biomedically relevant problem, evaluate why previous approaches have not worked, justify why the proposed interdisciplinary approach will work, identify the planning approach, and propose a time line. **A letter of intent is due by January 30, 2004 and the application receipt date is February 24, 2004.** For more information contact: Greg Farber (301/435-3563 or gf48a@nih.gov) or Michael F. Huerta (301/443-3563 or mh38f@nih.gov)

Other initiatives incorporated under the research teams of the future include:

- **Interdisciplinary Research (IR) Centers** – Planning grants to begin IR programs that will address significant and complex biomedical problems, particularly those that have been resistant to more traditional approaches will be awarded.
- **Interdisciplinary Research Training Initiative** – As IR centers will likely cross the borders of two or more NIH ICs, this initiative will allow each IC to support wholly components of a consortium that are relevant to its mission, even when the preponderance of research in a given consortia effort does not.
- **Innovations in Interdisciplinary Technology and Methods (meetings)** – The goal of these initiatives is to facilitate interdisciplinary research, which includes the behavioral and social sciences, by developing and improving methods and measurement.
- **Removing Structural Barriers to Interdisciplinary Research** – Designed to help NIH remove business practice barriers that impede IR, including recognizing more than one principal investigator.

This section of the Roadmap also includes the creation of the NIH Director’s Innovator Awards. These awards are nothing like the NIH has ever done before. The awards will provide support (\$500,000 per year for five years) to “a highly select group of individuals who have the potential to make extraordinary contributions to medical research. They will be evaluated in terms of their exceptional creative abilities, potential for ground-breaking discovery, evidence of focused and skillful habits of mind that predict perseverance and thorough exploration of his/her ideas, and prospects for making seminal biomedical research advances.”

New Pathways to Discovery

In an attempt to address the need to advance the understanding of the complex biological systems, this theme is designed to build “a better ‘toolbox’ for researchers. This includes an initiative to create “National Centers for Biomedical Computing (NCBC).”

Accordingly, the NIH has released a National Centers for Biomedical Computing RFA (RFA-RR-04-001) designed to create a networked national effort to build the computational infrastructure for biomedical computing, the National Program of Excellence in Biomedical Computing (NPEBC). The NCBC will be devoted to all facets of biomedical computing, from basic research in computational science to providing the tools and resources that biomedical and behavioral researchers need to do their work.

The NCBCs are designed to bring together three types of scientists: 1) computational scientists, 2) biomedical computational scientists, and 3) experimental and clinical biomedical and behavioral researchers, who generate data that can be transformed into knowledge by computational simulation, analysis, modeling, data mining, and visualization.

After the funding of the initial NCBCs, NIH anticipates releasing a new program announcement that will support partnerships between individual investigators and the centers. Or individual investigators could be a part of a Driving Biological Project (DBP) funded within a NCBC.

The RFA uses the NIH U54 award mechanism: applicants will be solely responsible for planning, directing, and executing the proposed project. **The anticipated award date is September 15, 2004.** It is expected that this RFA will be reissued at least once to allow funded centers to have the chance for a competing continuation. The initial period of support for a U54 center will be five years. No center will receive more than 10 years total of NIH funding. For more information see: <http://grants1.nih.gov/grants/guide/rfa-files/RFA-RR-04-001>.

Re-engineering the Clinical Research

According to Zerhouni, it will be necessary to “recast” the entire system of clinical research. The “core” of the re-engineering of clinical research theme is recognition of the “need to develop new

partnerships of research with organized patient communities, community-based physicians, and academic researchers.” A major goal of this initiative is to “more fully involve and empower the public in the research process.”

To learn more about the NIH Roadmap, please visit <http://nihroadmap.nih.gov>.

SENATE ROUNDTABLE HELD ON RESHAPING THE FUTURE OF AMERICA'S HEALTH

On October 1, 2003, Senator Robert Bennett (R-UT), Chairman of the Congressional Joint Economic Committee, held a roundtable discussion to respond to the health care challenges facing the nation. The roundtable, entitled “Reshaping the Future of America’s Health,” explored avenues to improve America’s health and also examined ways to reduce future health care costs that could potentially be incurred by the U.S. government because of the increased number of Americans with poor health.

According to Bennett, “the current debate on health care is dominated by a discussion of benefits, deductibles, insurance coverage, and payment levels. The attention of policymakers has been drawn away from the most important health care issue – the actual health of the American people.” With many of the nation’s chronic health problems caused by smoking, obesity, and lifestyle choices, Bennett asserted that these problems are preventable because, in most cases, they are behaviorally based. With new public health issues arising, the Senator concluded that research and innovations in public health will be essential if “we plan to preserve the overall health of our nation.”

Moving from Treatment to Prevention

Echoing this theme, United States Surgeon General Richard Carmona, suggested a paradigm shift in American health care. “There is no greater imperative in American health care than switching from a treatment-oriented society to a prevention-oriented society,” he noted. Carmona stressed that if Americans do not want to bear the economic burden of subsidizing billions of dollars spent by the government on costly treatments they will have to make behavioral and lifestyle modifications.

Resonating on the idea that prevention is the key to public health, Carmona explained that healthy behaviors should not be adopted during adulthood, but should begin

during childhood. However, Carmona emphasized, “As important as these efforts are, we cannot switch America’s health care paradigm from treatment to prevention through government action alone. This fight has to be fought one person at a time, a day at a time.”

What Do Americans Need?

In accord with Carmona about behavioral change, James Oatman, Senior Vice President of Fortis Health, asserted, “We individually need to take personal responsibility for significant lifestyle changes to improve our health.” Oatman believes that there are three key elements required to witness significant improvements:

1. **Education** – People need a consistent, reliable source of information on the efficacy of health improving behaviors.
2. **Screening & Assessment** – People need a method to measure their current health status in order to calibrate their current health status against a reliable standard.
3. **Incentives** – Proper rewards and incentives applied by health care providers serve as important impetus to reinforce the message and secure important lifestyle changes.

Oatman concluded by insisting that Americans need to stop pointing the finger and take a closer look at themselves because expensive health care costs can be greatly reduced if an individual makes the necessary lifestyle changes and modify certain behaviors that may potentially lead to them suffering from a chronic disease.

HIGHER ED ACT REAUTHORIZATION MOVING IN HOUSE COMMITTEE

On September 24, the House Education and Workforce Committee, chaired by Rep. John Boehner (R-OH), moved another piece of the reauthorization of the Higher Education Act (HEA). Earlier the Committee had focused on teacher training issues; this time it examined International Education and Foreign Language Studies (Title VI) and support for Graduate Education (Title VII).

Following the lead of the Select Education Subcommittee, chaired by Rep. Peter Hoekstra (R-MI), but altering some of its provisions, the full Committee made a few changes to the existing programs. With regard to graduate training, the panel stressed how graduate education plays a role in training teachers for

K-12 education, particularly, according to Chairman Boehner, “those who are prepared to meet the needs of students with limited English proficiency.”

With this in mind, the legislation (H.R. 3067) adds a section to the Graduate Assistance in Areas of National Need (GAANN) program calling on the Secretary of Education to establish a priority for institutional grants “in order to prepare individuals for the professoriate who will train highly-qualified elementary and secondary school teachers of math, science, and special education, and teachers who provide instruction for limited English proficient individuals.”

The Jacob K. Javits Fellowship program, which provides support to students in graduate programs in the arts, humanities, and social sciences, is left pretty much intact. The Subcommittee version established a priority for students studying advanced linguistics, which was related to the interest in teachers of limited English proficiency pupils. This section was removed from the legislation when it was pointed out that the Javits program does not prioritize among disciplines in the three broad fields it covers.

H.R. 3067 also reauthorizes the Thurgood Marshall Legal Education Opportunities Program to prepare students for law school and the Fund for the Improvement of Postsecondary Education. The Committee amended the latter program to include “international cooperation, partnerships, or student exchange among postsecondary educational institutions in the United States and abroad.”

With regard to International Education and Foreign Language programs, the legislation (H.R. 3066) passed by the Committee reauthorizes intact all existing Title VI programs. The bill establishes an International Advisory Board that is troubling to many supporters of these programs.

The Board was created after significant criticism by Stanley Kurtz of the Hoover Institution and others, particularly with regard to a balance of views in Middle Eastern Studies programs. (See *Update*, June 23, 2003). Although the new Board is prohibited from controlling curricula, it is authorized “to study, monitor, apprise and evaluate a sample of activities supported under this title in order to provide recommendations to the Secretary and the Congress for the improvement of programs under the title and to ensure programs meet the purposes of the title.” One of the purposes states that centers funded by this program and the materials they use should “represent” diverse perspectives and the full range of views on a subject.

The Committee will continue to work on other titles in the HEA, including the major section on student aid. A proposal to penalize institutions of higher education for raising tuition above the rate of inflation has been promulgated by Rep. Howard 'Buck' McKeon (R-CA). At hearings on September 23 the proposal did not receive much support.

The Senate has yet to begin addressing the HEA reauthorization and completion of the legislation will be put off until 2004 at the earliest.

NSF SEEKS NEW SBE LEADER

The National Science Foundation (NSF) has initiated a national search for an Assistant Director for the Social, Behavioral and Economic (SBE) Sciences Directorate to replace Norman M. Bradburn who has served in this position since 2000. Under NSF rules, Bradburn's term expires on March 1, 2004. Nancy Cantor, Chancellor of the University of Illinois, Urbana-Champaign, will lead the search committee.

The Assistant Director for SBE leads a Directorate comprised of three divisions and one office: Behavioral and Cognitive Sciences; Social and Economic Sciences; Science Resources Statistics; and the Office of International Science and Engineering. Employment may be on a temporary or permanent basis in the Federal Service or by temporary assignment under provisions of the Intergovernmental Personnel Act.

According to NSF, the Committee is seeking help in identifying candidates with: outstanding leadership qualifications; a grasp of the challenges and opportunities facing the social, behavioral, and economic sciences in research and education; and the ability to serve effectively as a key member of the NSF senior policy and management team. As always, NSF seeks a diverse applicant pool.

This is an important time for the Directorate, as NSF has identified Human and Social Dynamics (HSD) as a priority area for support. The new Assistant Director will play a major role in HSD's implementation, which encompasses not only SBE, but is a NSF-wide priority encompassing all the other directorates.

Please send recommendations, including any supporting information which you might be able to provide, to AD/SBE Screening Committee via e-mail (sbesrch@lists.nsf.gov) or at the following address: National Science Foundation, Office of the Director, Suite 1205, 4201 Wilson Boulevard, Arlington, VA 22230.

The search committee hopes to move very quickly in order to have a person in place as soon after March 1 as possible.

COSSA WELCOMES NEW CONTRIBUTOR

COSSA welcomes Iowa State University as our newest Contributor. We look forward to working with the University on issues of interest to its social and behavioral scientists.

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Update is published 22 times per year. Individual subscriptions are available from COSSA for \$80; institutional subscriptions - \$160; overseas mail - \$160. ISSN 0749-4394. Address all inquiries to COSSA:

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

www.cossa.org

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