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COSSA Washington Update

IN THIS ISSUE:

- HHS Secretary Designate Kathleen Sebelius Responds to Senators' Questions Following Confirmation Hearings
- Federal Coordinating Council for Comparative Effectiveness Research Seeks Comments
- Webb Introduces Criminal Justice Commission Bill
- NAS Behavioral Sciences' Board Tackles Human Subjects' Protections Issue at Meeting
- Difficulties in Behavioral Science Support for U.S. Intelligence Efforts
- CNSF Holds 15th Annual Exhibition; Speaker Pelosi Thanks Science Community
- Women's Policy Research Group Holds Conference to Present Policy Alternatives to the New Administration
- NSF Seeks Proposals for Urban Long-Term Research Area Exploratory Awards

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HHS SECRETARY DESIGNATE KATHLEEN SEBELIUS RESPONDS TO SENATORS' QUESTIONS FOLLOWING CONFIRMATION HEARINGS

On April 2, the Senate Finance Committee held its confirmation hearing for Governor Kathleen Sebelius' nomination as Secretary of Health and Human Services (HHS). Committee Chair Max Baucus (D-MT) opened the hearing by noting that the Secretary of HHS has a great deal of power and a great deal of responsibility. Sebelius, observed Baucus, has "a great opportunity for leadership." Introduced by former Senate Majority Leader Bob Dole (R-KS), Governor Sebelius testified that she was honored that "President Obama has asked [her] to fill this critical role at such an important time." She recognized Baucus and Ranking Member Sen. Charles Grassley (R-IA) for laying "the groundwork for health reform," including their health reform summit in June 2008 and the series of hearings the Committee convened in the 110th Congress to examine the components of health reform.

Sebelius also appeared on March 31, before the Senate Health, Education, Labor and Pensions (HELP) Committee, chaired by Sen. Ted Kennedy (D-MA). Observing that the Congress has the "opportunity like never before to reform health care," Kennedy stressed that "we need a Secretary of HHS who has the vision, the skill, and the knowledge to help us get there. Governor Kathleen Sebelius has those traits and more. She was named one of the five top governors by Time magazine. She earned that accolade by reaching across the aisle to find solutions that worked." He also observed that "although her duties as Secretary may begin with health reform, they do not end there -- food safety, drug safety, medical research, and disease prevention," are other issues under the jurisdiction of the Secretary of HHS.

In her testimony before both committees, Sebelius pointed out that HHS "supports genomics research to find cures for debilitating diseases that afflict millions of Americans and challenge their families; provides children the health care, early education, and child care they need to enter school ready to learn; and protects the health and well-being of

seniors through Medicare. The Department is also charged with sustaining our public health system and promoting safe food, clean water and sanitation, and healthy lifestyles.”

Sebelius emphasized that as a result of “scientific advances, medical breakthroughs, and an ever evolving understanding of the human condition, the Department’s efforts have made a difference.” She cited as one example the fact that people born in 2000 can expect to live nearly three decades longer than those born in 1900. Despite this progress, she explained that “at the beginning of the 21st century, we face new and equally daunting challenges,” including an obesity epidemic that threatens to make this the first generation of American children to face life expectancies shorter than our own. Similarly, globalization has made a flu strain in a remote country a potential threat to America’s largest cities. We now must guard against man-made as well as natural disasters, as disease has become a weapon. Perhaps most importantly, she testified, the nation faces “a health system that burdens families, businesses, and government budgets with sky-rocketing costs.”

In her testimony before the Senate HELP Committee Sebelius pledged, if confirmed, “to work to strengthen the National Institutes of Health (NIH), with leadership that focuses on the dual objectives of addressing health care challenges. . . and maintaining America’s economic edge through innovation.” She pointed out that funding for the agency in the previous Administration slowed considerably resulting in a sharp drop in the success rate for grant applicants, now as low as 10 percent for many of the NIH institutes and centers. “This has come at a time when the economic downturn has hurt the ability of businesses, universities, and charities to serve as alternative sources of research support. NIH has also suffered from some instances of people putting politics before science,” the Governor testified.

With regard to the Centers for Disease Control and Prevention (CDC), Sebelius pledged, if confirmed, to “continue proven strategies for success as well as revitalize CDC for its heightened role in a reformed health system.” She also promised to “strengthen the agency’s ability to detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote health behaviors, and foster safe and healthful environments.” According to Sebelius, under her leadership the CDC will play a crucial role in health care reform since strong and effective disease prevention and health promotion go hand in hand with the President’s goal of providing affordable, quality health coverage to all.”

The Finance Committee recently posted the [questions](#) submitted for the record by Committee members with the corresponding answers from Sebelius. The questions in the 137-page document pertain to a number of topics including, the NIH, prevention, open access, conflicts of interest, health professions training, with a substantial number of questions attending to the use of comparative effectiveness research, particularly as to whether the research “should take into account the cost” of various procedures.

National Institutes of Health

Responding to Sen. Debbie Stabenow’s (D-MI) recognition that the NIH has been starved for resources under the prior Administration, Sebelius acknowledged that “after a five year doubling initiated in the Clinton Administration, NIH has been essentially flat-funded since 2003. This has produced a 17 percent loss of buying power since 2003, and an acute fall in the success rates for grant applicants.” She also pointed out that “researchers have to wait longer for their first award and usually have to apply multiple times,” noting that the average age when a researcher gets a first, coveted R01 (investigator-initiated) used to be 39. Today it is 43. A plan to achieve sustained growth of the NIH budget is much needed so that, feast or famine, can be avoided.” “President Obama’s pledge to increase funding for basic science research will enable the U.S. to regain its leadership in the area of biomedical research, expand training opportunities for the next generation of scientists, and stimulate local economies to create jobs,” she added.

Senator Jon Cornyn (R-TX) noted that part of the efforts during the health care reform debate “will focus on transparency and empowering individuals to ensure that they have timely access to accurate, appropriate medical information.” He expressed concern, however, that “as the federal government is called upon to significantly increase its investments in NIH and other science agencies, it is important to increase the level of accountability. Where is our money being spent? How is it being spent? Who is spending it? What are we getting back for our money?”

Sebelius responded that the NIH “is the largest single engine for outstanding biomedical research in the country and the world. . . NIH supports scientists at more than 3,000 institutions in all 50 states and the U.S. territories, as well as researchers in more than 90 countries around the world. The core mission is to find new ways to help detect, treat, or prevent hundreds of diseases and conditions—from common diseases such as cancer and diabetes to extremely rare conditions. Part of NIH’s mission is also to communicate research results broadly, so that they have a positive impact on people’s health.” She also highlighted the agency’s peer review process which is used to “determine which scientists--and which scientific ideas--to fund,” relying on thousands of scientific experts to review research proposals to identify the best science to support, with the least amount of scientific burden.

Additionally, Cornyn pointed to NIH's open access policy "to ensure that manuscripts reporting on the results of NIH-funded research are made openly available to the public within 12 months of publication in a scientific journal. . . Given the importance and value of this policy to both advancing scientific discovery and fostering public health, would [Sebelius] support strengthening the policy by speeding access to these manuscripts by ensuring public access after a shortened, six-month embargo period," he asked. He also wanted to know if the Secretary-designate would support expansion "of this public access policy to include research funded by the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and other agencies within HHS?"

Sebelius explained that the "NIH Public Access Policy's 12-month maximum delay period provides a window during which publishers can display and print any version of an NIH-supported paper exclusively, after which PubMed Central (PMC) will make the author's manuscript publicly available. The policy has other important publisher protections as well: the final published paper, as it appears in the journal, need never be posted to PMC. Also, NIH investigators may continue to charge any publisher-related expenses to their NIH Awards. The 12-month maximum delay is set by statute, and it is likely that some publishers would like to leave it that way. However, certain publishers have stated publicly that they are able to sustain a profitable business model even when they make all their articles - not just the NIH-funded ones - openly available six months after publication. The shorter delay could make it possible for all Americans - scientists, clinicians, patients, and others to get greater benefit from the NIH investment." If confirmed, Sebelius indicated that she looks forward to working with Cornyn and other members of Congress "to strike the right balance and to explore the option of expanding the public access policy to include all HHS-funded research."

Chronic Disease and Prevention

Baucus recognized that "an estimated 80 percent of heart disease, stroke and Type-2 diabetes can be prevented if Americans stopped smoking, adopted healthy diets and became more physically active," and noted that the President had outlined eight principles for health care reform in the Budget including an investment in prevention and wellness. Concurring, Sebelius agreed "that wellness and prevention are urgent priorities" for the Administration. "This century's epidemic is chronic disease: over 70 percent of costs and deaths result from it. Yet, we spend only one to three percent of our \$2.6 trillion health system on prevention." President Obama, she continued, has committed to expanding clinical and community-based prevention to shift our health care system from an acute care system to one that prioritizes health promotion and disease prevention activities. As part of his health reform agenda, the President wants coverage of evidence-based prevention services as part of a reformed health system. She pledged to work "with the President and Congress to make a greater focus on prevention a key cornerstone of health reform."

Senator Blanche Lincoln (D-AR), a "long" supporter of the concept of chronic care management and coordination, especially for older adults with multiple chronic conditions including dementia, announced that she plans to reintroduce her bill "with a fresh new name" as the RE-Aligning Care Act (Reaching Elders with Assessment and Chronic Care Management and Coordination). According to Lincoln, the legislation would provide assessments and care coordination to Medicare beneficiaries in the fee-for-service program with multiple chronic conditions, including those with dementia. "How can we best work with you to redesign the health and social care delivery systems to meaningfully incorporate chronic care management and coordination, especially for our most vulnerable populations, ensure that the various professionals and paraprofessionals involved in these systems are available and have the proper training to care for aging Americans, and that these systems involve patients and caregivers to the greatest extent possible," she asked Sebelius.

Sebelius responded that "there are a number of initiatives that can ensure effective coordination of care for patients with multiple chronic conditions, several of which have received funding through the American Recovery and Reinvestment Act. First, the creation of an interoperable health information technology system will allow improved communication across providers. Second, health training programs will build a 21st-century health workforce capable of meeting the needs of our aging population. Third, comparative effectiveness research will provide patients and providers with information on what works best to treat diseases. And fourth, prevention and disease management will keep our populations healthier, longer." Sebelius indicated that she was looking forward to working with the Congress "to build on this investment to achieve the goal of high-quality care for patients with multiple chronic conditions."

Comparative Effectiveness Research

Comparative Effectiveness Research (CER) is becoming a highly partisan issue as reflected in the recent party-line vote on budget reconciliation. Questions regarding CER were asked by several of the HELP and Finance Committee members, including, Ranking Member Charles Grassley (R-IA) and Senators Jon Kyl (R-AZ), Mike Crapo (R-ID), Orin Hatch (R-UT), and Pat Roberts (R-KS).

Grassley wanted to know if Sebelius believes “comparative effectiveness research should take into account the cost of a treatment or procedure, or should it focus solely on the clinical effectiveness?” Sebelius answered that “a vital component of a high-functioning health care system is the empowerment of providers and patients with timely, rigorous, and relevant information on treatment options. Comparative effectiveness research assesses the relative strengths of different treatment options - critical information to improving quality and outcomes. Congress did not limit this research when authorizing it in both the Medicare Modernization Act and the American Recovery and Reinvestment Act.” If confirmed, she promised to “work to ensure that the research is high-quality and is used to enhance decision making and inform choices by patients and providers.”

Kyl wanted assurance that “HHS, federal health care programs, and any new entity will not use comparative effectiveness research to ration care.” Sebelius assured him that she and the President would “work to expand Americans’ access to high-quality health care, not restrict it. The best way to do this is to make health care affordable since the system now rations care by ability to pay. At the same time, it is imperative that we both learn what works and design our policies to empower providers and patients to use it. Comparative effectiveness research is one component of building a high-quality, value-oriented health system. It is not about government rationing,” she assured Kyl.

Kyl also wanted to know if it is “the Administration’s intent that comparative effectiveness research be used to help make coverage and reimbursement decisions.” Sebelius responded that “in keeping with the provisions of a 2003 law, comparative effectiveness research will be used to allow patients and their providers to make the best, most informed decision possible as to which treatment is best. As specified in the law, Medicare cannot make coverage decisions based on this research.”

Crapo acknowledged that “while the prospect of comparative effectiveness research holds real value for patients,” he is very concerned that this could lead to centralized coverage decisions about who should and should not get access to medically beneficial care. “As Secretary, what steps do you plan to take to ensure this research achieves the goal articulated by President Obama - improving patient and provider decision-making - while avoiding these types of centralized access restrictions,” he asked. Sebelius responded that one of the Administrations’ “priorities is to ensure a quality health care system, and quality care means people receive the care that is right for them. Improving the evidence base through support for basic, applied, and comparative effectiveness research will improve patients’ choice of optimal therapies. Empowering patients and providers with this type of information is a key component of a high-quality, affordable health care system. Business groups, some provider groups, and bipartisan members of Congress support this effort because it will improve the performance of the health system. We must disseminate information on the best medical practice for people in a way that ensures effectiveness.”

Referencing the American Recovery and Reinvestment Act of 2009 and the fact that the NIH received new funds for Fiscal Years 2009 and 2010, Hatch noted that the agency has designated at least \$200 million for NIH Challenge Grants in Health and Science Research. Included in the Challenge Grants is Integrating Cost-Effectiveness Analysis into Clinical Research which calls for the inclusion of rigorous cost-effectiveness analysis in the design and testing of new and innovative interventions as well as existing interventions with demonstrated effectiveness which notes “This data will be used to provide information to guide future policies that support the allocation of health resources for the treatment of acute and chronic diseases.” Hatch indicated that “this seems contradictory to what was stated in the President’s budget for comparative effectiveness research that the findings can thereby enhance medical decision-making by patients and their physicians. I take that to mean that the comparative effectiveness research is intended to be used solely to review clinical effectiveness, and not for making treatment and coverage decisions.” Asked to explain “this discrepancy,” Sebelius clarified that “producing timely, rigorous, and relevant information on treatment options will lead to empowered decision-making for patients and providers. That’s why comparative effectiveness research is supported by businesses, providers, and members of Congress from both parties. This research has nothing to do with government dictating choices. As stipulated in law, this research will not be used for coverage decisions by Medicare.” (See Update, [March 9, 2009](#))

Roberts, referencing the recent House Labor-HHS Appropriations Subcommittee hearing in which Acting NIH Director Raynard Kington testified that the NIH “may use money from the economic stimulus law to fund grants for comparative effectiveness research that includes comparisons of the costs of the treatments involved, expressed his concern that this “is not the legislative intent of the stimulus package.” He asked Sebelius did she “believe comparative effectiveness research conducted by NIH should be focused on cost comparisons or focused on clinical comparisons, as was the intent of the legislation?” (See Update, [April 6, 2009](#))

Sebelius responded that “a vital component of a high-functioning health care system is the empowerment of providers and patients with timely, rigorous, and relevant information on treatment options.” She reiterated that Congress did not limit this research when authorizing it in both the Medicare Modernization Act and the American Recovery and

Reinvestment Act. If confirmed, she again promised to “work to ensure that the research is high-quality and used to enhance decision-making and inform choices by patients and providers.”

Next Steps

It is the Chairman’s goal to move health-care legislation through the Committee process in June. Beginning at the end of April, Baucus indicated that the Finance Committee plans to hold Member roundtables and walk-through specific proposals related to delivery system reforms, coverage, and revenues. The roundtables will take place throughout April and May. On Tuesday, April 21, the Finance Committee is expected to meet to consider favorably reporting the Sebelius’ nomination.

The May 5th roundtable will address the issue of *Increasing Access to Health Care Coverage*. *Financing Comprehensive Health Care Reform* is the subject of the May 14th roundtable. According to Baucus, “these roundtables are designed to spark a dialogue on the health care solutions that American need now. These roundtables are another opportunity for Members to bring their ideas on health care reform to the table and to hear from experts about those ideas as the health reform process moves forward.” Grassley noted that “there’s a lot to fix and a lot to consider. Congress should understand that every action to reform health care could have a reaction somewhere else. The experts can help us understand the complexities and challenges ahead.”

FEDERAL COORDINATING COUNCIL FOR COMPARATIVE EFFECTIVENESS RESEARCH SEEKS COMMENTS

On April 14 the Federal Coordinating Council for Comparative Effectiveness Research (FCCCER) held the first of three planned [listening sessions](#) on Comparative Effectiveness Research as required by the American Recovery and Reinvestment Act (ARRA). Carolyn Clancy, director of the Agency for Healthcare Research and Quality (AHRQ), welcomed observers which overflowed into the Department Health and Human Services’ Great Hall. The number of observers, Clancy noted, is “testament to the great interest and the need for better information to improve healthcare.”

The Recovery Act contains \$1.1 billion for comparative effectiveness research (CER), \$300 million for AHRQ, 400 million via (AHRQ) for the National Institutes of Health (NIH), and \$400 million for the Office of the Secretary of Health and Human Services. These funds are to support research assessing the comparative effectiveness of health care treatments and strategies, through efforts that:

1. Conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions.
2. Encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.

The Council will make specific recommendations to the Secretary on how to allocate the \$400 million designated to the Office of the Secretary.

ARRA also created the FCCCER to coordinate CER across the federal government. Clancy explained that comparative effectiveness research compares treatments and strategies to improve health. “This information is essential for clinicians and patients to decide on the best treatment. It also enables our nation to improve the health of communities and the performance of the health system.”

Most importantly, Clancy emphasized, the meeting was designed to gather information on how the Council should accomplish its mission and establish priorities. Two additional listening sessions (May 6 and 13) will follow the April session. The Council will also take written comments online through the end of May. In an attempt to facilitate the Obama Administration’s effort to have an “open and transparent” government registered lobbyists are asked to identify themselves as such before posting comments. The Council and a separate Institute of Medicine Panel are to report their findings to Congress by June 30, 2009. The Secretary, AHRQ and NIH are also required to submit an operating plan to Congress no later than July 30, 2009.

WEBB INTRODUCES CRIMINAL JUSTICE COMMISSION BILL

Sen. James Webb (D-VA) has introduced legislation, S.714, to create a National Criminal Justice Commission. Concerned that the U.S. has the highest reported incarceration rate in the world with minorities making up a disproportionately large share of that prison population, the Senator wants the commission to “undertake a comprehensive review of the criminal justice system...to improve public safety, cost-effectiveness, overall prison administration, and fairness in the implementation of the Nation’s criminal justice system.”

The Senator also wants the Commission to examine gangs, drugs and criminality. Troubled by the use of prisons to house the mentally ill and the increased public health risks in prisons, including assaults, Webb asks the commission to look at “all areas of Federal and State criminal justice costs, practices, and polices.” Furthermore, the bill requires the panel to conduct cross-national comparisons of incarceration policies as well as examine the training and administration policies in the nation’s prison system. In addition, the issue of reentry and recidivism should be parts of the Commission’s agenda, according to the bill.

The legislation establishes an eleven member panel with a presidential appointee serving as chair. Two members each are appointed by the Senator Majority Leader, Senate Minority Leader, Speaker of the House of Representatives, and the House Minority Leader. The Chairs of the Republicans and Democratic Governors’ Association get to pick one member each.

Those chosen, the bill notes, should be nationally recognized experts in law enforcement, criminal justice, national security, prison administration, prisoner reentry, public health, victims’ rights, and social services. The Commission shall have an Executive Director who may appoint a staff.

The panel shall submit a report to Congress and then go out of business. The bill has been referred to the Senate Judiciary Committee. It has 19 co-sponsors. No comparable bill has been introduced in the House.

NAS BEHAVIORAL SCIENCES’ BOARD TACKLES HUMAN SUBJECTS’ PROTECTIONS ISSUE AT MEETING

The National Academies’ Board on Behavioral, Cognitive, and Sensory Sciences held a planning meeting on April 1 to discuss how it could move forward in providing more guidance on the issue of human subjects’ protection as it affects behavioral and social science research.

Philip Rubin, CEO of Haskins Laboratories in New Haven, CT, and former director of the National Science Foundation’s (NSF) Division of Behavioral and Cognitive Sciences, chairs the Board. He began the session with a review highlighting the difficulties social/behavioral researchers have had with the current system under the Common Rule regulation and its interpretation by campus Institutional Review Boards (IRBs). Complaints have been loud, but mostly anecdotal. Rubin is steeped in this problem since he once served as chair of the National Science and Technology Council’s Human Subjects Research Subcommittee (HSRS). Once again the bottom line is that despite efforts by Joan Sieber and the *Journal of Empirical Research on Human Ethics*, which she edits, there are still large gaps in our empirical knowledge of how the system works for social and behavioral scientists.

Rubin was followed by Jerry Menikoff, new head of the U.S. government’s Office of Human Research Protections (OHRP). Menikoff announced that he was all for “flexibility” in the system and that “changes can be made.” He also endorsed conducting more research. He rejected the arguments of the American Association of University Professors and Philip Hamburger of Northwestern University Law School that IRBs violate researchers’ first amendment rights. He acknowledged the importance of expedited review, but stated quite clearly that “removing minimal risk research from the system is not going to happen.”

Mark Weiss and Kelli Craig Henderson discussed NSF’s view of Human Subjects Research Protection. Weiss, the current director of the Behavioral and Cognitive Sciences division, suggested most of NSF-supported social, behavioral, and economic sciences research either receives expedited review or is simply exempt from the regulations and IRBs. NSF places the responsibility for the reviews on the institutions from which the principal investigators come.

There are some difficult questions that a FAQ (frequently asked questions) page helps answer. These include protecting privacy and confidentiality; the possibility of developing biomarkers from respondents in the major surveys NSF supports; and the ethical issues raised by research with indigenous populations. Another issue raised by

evaluations of NSF's education and human resources programs is whether such evaluations fit the definition of human subjects' research?

Henderson noted how her job as Human Subjects officer for the Social, Behavioral and Economic Sciences directorate includes organizing training sessions for program officers and trying to help investigators from multiple sites navigate the IRB process.

Jeffrey Rodamar of the U.S. Department of Education reviewed the report of the Social and Behavioral Research Working Group of the aforementioned HSRC, *Expedited Review of Social and Behavioral Research Activities*. The report, published in May 2008, is available at http://www.ostp.gov/cs/nstc/documents_reports.

He suggested that 50 percent of all studies do not undergo full IRB review. So the use of the expedited process is occurring. The process often involves, according to Rodamar, a single person reviewing the proposed research. One advantage is that under expedited review the study cannot be disapproved. If it is not approved, a full IRB review must happen. Like the other speakers he also called for further empirical research on expedited review.

Finally, Bob Hauser of the University of Wisconsin discussed human subjects' issues in biosocial surveys. He continues to have concerns that the biomedical model that dominates enforcement of these protections makes life difficult for social and behavioral science researchers. He also criticized training programs that also use the biomedical model, claiming that this makes no sense in the social and behavioral research context. He admitted that the University of Wisconsin IRB has been "flexible and sensible."

Hauser has been one of the principal investigators of the Wisconsin Longitudinal Study (WLS) www.ssc.wisc.edu/wlsresearch. This survey is a long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957. WLS has followed 1957 high school graduates for almost fifty years now, with data collected once every 18 years. The study provides an opportunity to examine the life course of respondents, intergenerational transfers and relationships, family functioning, physical and mental health and well-being, and morbidity and mortality from late adolescence through middle age. WLS data also cover social background, youthful aspirations, schooling, military service, labor market experiences, family characteristics and events, social participation, psychological characteristics, and retirement.

Following a number of longitudinal surveys supported by NIH including the Health and Retirement Survey and the ADD Health Survey, the WLS is collecting DNA samples from its respondents. The question Hauser raised is whether there is adequate informed consent in these surveys? The WLS, he related, builds the consent process into the questionnaire and this has worked well.

The Board of Behavioral, Cognitive, and Sensory Sciences under the direction of Rubin and its Executive Director Barbara Wanchisen hope to study the human subjects' issue further and sometime down-the-road offer its views.

DIFFICULTIES IN BEHAVIORAL SCIENCE SUPPORT FOR U.S. INTELLIGENCE EFFORTS

At the recent regular meeting of the National Academies' Board on Behavioral, Cognitive and Sensory Sciences' meeting, on April 3, Susan Brandon spoke about the efforts to infuse behavioral science into the nation's human intelligence and counterintelligence efforts.

Brandon is currently the Chief, Behavioral/Social Sciences Research at the Defense Counterintelligence and HUMINT [human intelligence] Center of the Defense Intelligence Agency (DIA). At one time, she was the Assistant Director for the Social and Behavioral Sciences and Education at the White House Office of Science and Technology and a staff member at the American Psychological Association.

The goal of Brandon's effort is to help with the effective collection and validation of information from humans that might help the nation's national security. She and a small staff focus on getting social and behavioral science principles, data, and methods to those who are out in the field, where much of the information gets collected. Brandon also tries to help social and behavioral scientists get access to critical government data that will help researchers.

One example she noted involved the development of evidence-based methods that improve the diagnostic value of information from interrogations. She cited the work of Christian Meissner from the University of Texas at El Paso who

has studied using behavioral science to move people from the law enforcement model of accusatorial interrogations to a more inquisitorial model that includes establishing rapport with the suspect.

Another example Brandon discussed was providing evidence-based analysis of “insider threats.” This sometimes requires content analysis of data that are problematic because they are collected from an intelligence operation and may not have any veracity. She also mentioned the Army Field Manual, which is the bible of U.S. interrogation methods (and which was neglected at Abu Ghraib). Brandon noted that the techniques recommended in the manual have never been scientifically validated.

Brandon also discussed the PIQUE technique of obtaining compliance. This involves making an unusual request that leads people to wonder why you are making that particular request and hence make them pay attention to you. She cited work by Santos, Leve and Pratkanis (1994) who got a ‘panhandler’ beggar to ask passersby for money. In the control conditions, when they asked “Can you spare any change?” 44 percent of passersby complied. When they asked “Can you spare a quarter?” the compliance rate increased to 64 percent. When they asked “Can you spare 17 cents?” or “Can you spare 37 cents?” about 75 percent of people made a contribution.

In moving behavioral science research into the field context of interrogations, Brandon suggested the differences from a controlled laboratory setting. The respondents in laboratory settings are mostly aware that they are participating in an experiment. In the field, the situation is more real including the enhanced jeopardy of the respondent. Sometimes even getting access to the field to find study participants is hard, Brandon admitted.

Finally, she decried the “snake oil” that is sold to and sometime used by the defense intelligence activity including microexpressions technique, the polygraph, “no lie fMRI,” brain fingerprinting, and neurolinguistic programming. From the DIA point of view these are “better than nothing” and part of a “toolbox” that helps them do their jobs. Brandon noted that there is still a great belief that technology can solve the problem without appreciating the risks associated with some of these techniques.

Yet, behavioral science research in this area also faces obstacles, Brandon acknowledged, such as confidentiality and privacy considerations, obtaining security clearances for investigators, and the unwillingness of a part of the science community to conduct research for the U.S. government, particularly its national security apparatus.

CNSF HOLDS 15TH ANNUAL EXHIBITION; SPEAKER PELOSI THANKS THE SCIENCE COMMUNITY

The Coalition for National Science Funding (CNSF) held its 15th annual exhibition showcasing research and education projects funded by the National Science Foundation (NSF). Thirty-four exhibitors representing all the sciences supported by NSF displayed the results of their research.

The session attracted over 250 people, including NSF Director Arden Bement, House Science and Technology Committee Chairman Bart Gordon (D-TN) and Ranking Member Vern Ehlers (R-MI) as well as Reps. Rush Holt (D-NJ), Robert Filner (D-CA), and Bill Foster (D-IL).

The highlight of the evening was the appearance of Speaker Nancy Pelosi (D-CA) who came by to thank the science community for helping her ensure that science and innovation received significant funding in the American Recovery and Reinvestment Act. The Speaker assured the community that she remains committed to making science and innovation a priority for her tenure as leader of the House. She also commented on the exhibit sponsored by the Society for Research in Child Development (SRCD) on *How and Why Does Parenting Change when Children Turn into Teenagers* presented by Robert Laird of the University of New Orleans. She quipped that she could have used such information as a parent of teenage children years ago.

Other COSSA members who brought scientists to display and discuss their research included: the American Educational Research Association with William Schmidt of Michigan State University presenting *Changing the Game: Curriculum Teachers and Parents Working Together*; the American Psychological Association with Brian Knutson of Stanford University displaying *The Psychology of Financial Risk-Taking: Results from fMRI Studies*; the American Sociological Association with Jonathan Mote and Jerry Hage of the University of Maryland showcasing *Developing the Science of Science and Innovation Policy*; and the Population Association of America and Association of Population Centers with Naryan Sastry of the University of Michigan exhibiting *The Panel Study of Income Dynamics: Study Overview and Research Topics*.

COSSA was a co-sponsor of the exhibition and Howard Silver, its executive director, chaired CNSF from 1994-2000.

CNSF is an alliance of over 120 organizations united by a concern for the future vitality of the national science, mathematics, and engineering enterprise. CNSF supports the goal of increasing the nation's investment in the National Science Foundation's research and education programs in response to the unprecedented scientific, technological, and economic opportunities facing the United States.

WOMEN'S POLICY RESEARCH GROUP HOLDS CONFERENCE TO PRESENT POLICY ALTERNATIVES TO THE NEW ADMINISTRATION

The Institute for Women's Policy Research (IWPR) sponsored a conference on April 2 on "Achieving Equity for Women: Policy Alternatives for the New Administration." The conference began with a rousing keynote by Rep. Rosa DeLauro (D-CT) (and a former COSSA Annual Meeting speaker), in which she called for more rigorous research on the plight of women, praised the enactment of the Lilly Ledbetter Act on equal pay for women, and noted that health care was the only major field not losing employment. The rest of the day included sessions on: women in the economic recovery; retirement, social security, and aging; expanding quality early care and education; women and health care reform; and a luncheon address by newly confirmed Secretary of Labor Hilda Solis.

Jared Bernstein, the Chief Economist in Vice President Joe Biden's office, relayed the Administration's perspective of the problems with the economy. Bernstein discussed the regulatory failures, the price signal failure, upheavals in sectors of the economy, e.g. the auto industry, and the problem of unshared prosperity in the past 30 years. He stressed the importance of Biden's Middle Class Task Force to address these issues. The Task Force expects to examine college affordability issues in the near future.

On the same panel, Rebecca Blank of the Brookings Institution (and another former COSSA Annual Meeting speaker), sounded a pessimistic note stating that the "economy won't look good for a long time to come" because the problem of un- and underemployment will lag the recovery. She did think, however, that the stimulus package will have some impact, but not for a few months.

One of the interesting aspects of the current recession, Blank pointed out, is that women are not doing as badly as men. This occurs mainly because of DeLauro's observation that the health care sector, where women workers considerably outnumber men, still has job increases. Blank noted that the recession has social implications for families where men are out of a job and women continue to work. Rearrangements in time use and bargaining power and increases in domestic abuse are part of the situation in these circumstances, she indicated. Another significant problem is that many women, because of the jobs they have, are outside the unemployment insurance system.

Despite the recession, Blank noted that long-term trends in labor-force participation have not been highly affected. Labor force participation for women of all skill levels continues to climb, with an anomaly for Hispanic women. The labor force participation for men continues to decline.

The problem of economic support for retirement creates further problems for women. The three legged model of social security, pensions, and savings to provide security for retirement has been battered in recent times. Heidi Hartman, IWPR's President, addressed the social security situation. Praising the system for its redistributive and protective aspects, nonetheless, Hartman suggested, there are growing difficulties because of the increase in non-married women, particularly African Americans. These women do not receive spousal benefits which greatly help with old age, especially since most women will live longer lives than their husbands. For Theresa Ghilarducci of the New School University the time has come to create a Guaranteed Retirement Account that would be universal and portable. Maya Rockey Moore of Global Policy Solutions also endorsed a universal savings vehicle separate from social security.

The new Secretary of Labor Hilda Solis stressed the importance of green jobs as a major part of the new Administration's employment policy. Solis also touched on youth unemployment, high school graduation rates, teenage pregnancy, apprenticeship programs, and the need to have an infusion of money for youth programs. She mentioned the importance of women's networks to help women connect, particularly those in public service. She also pledged to reinvigorate the Department of Labor's Women's Bureau.

For more on the conference go to: <http://www.iwpr.org/Conferences/symposiumspeakers.html#presentations>.

NSF SEEKS PROPOSALS FOR URBAN LONG-TERM RESEARCH AREA EXPLORATORY AWARDS

The National Science Foundation (NSF) and the U.S. Forest Service invite proposals for urban long-term research area exploratory awards (ULTRA-Ex). These awards will enable interdisciplinary teams of scientists and practitioners to conduct research on the dynamic interactions between people and natural ecosystems in urban settings in ways that will advance both fundamental and applied knowledge. Because of the highly integrated character of the coupled human and natural ecosystems that will be studied, these teams will require the involvement of researchers from the social and behavioral, ecological, and technical sciences.

According to NSF, each ULTRA-Ex project should contribute to the broader base of scientific knowledge regarding human-ecosystem interactions and to benefit user communities. Teams of social and behavioral scientists, ecological scientists, and technical scientists as well as members of local communities should focus on one or a few targeted research activities that will enable the team to work together more effectively and conduct research that will yield both basic and practical knowledge. Primary products of ULTRA-Ex projects are expected to be publications and presentations for scholarly and practitioner audiences that disseminate research results, especially publications in peer-reviewed journals. ULTRA-Ex projects should enable research teams to develop more cohesiveness in anticipation of future competitions to establish large-scale Urban Long-Term Research Areas (ULTRA), but such competitions will be open to all interested research teams, regardless of whether they have received an ULTRA-Ex project award. **The proposals are due on July 7, 2009.**

NSF expects to make a total of 16 awards, with each receiving \$150,000 per year for two years.

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The full solicitation can be found at http://www.nsf.gov/pubs/2009/nsf09551/nsf09551.htm?govDel=USNSF_25

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