(continued from page 965)

■ *Commerce Department:* Although both House and Senate resolutions call for the department's elimination, they acknowledge the need to preserve most of its research components, including the National Oceanic and Atmospheric Administration (NOAA) and the National Institute of Standards and Technology (NIST). Neither bill spells out where these agencies would end up, however. NOAA's $1.8 billion budget would be trimmed by more than 10% in 1996 and by lesser amounts in future years, while its fleet modernization and shipbuilding programs would be eliminated. At NIST, the extramural Advanced Technology Program and Manufacturing Extension Centers would be wiped out, although the in-house NIST labs would get small increases in their $260 million budget.

"We're standing behind all our technology programs because they've been successful in creating jobs and boosting economic growth and because they are what industry wants," says a NIST spokesperson. "And Mr. Walker says he wants to support good research."

■ *Energy Department:* Applied and basic research would be cut by $6.8 billion over 5 years in the House version, which would eliminate the department. That figure is more than twice the cut proposed by Energy Secretary Hazel O'Leary (see p. 965). General science funding, however, would remain between $900 million and $1 billion annually through 2000. The Senate version is more generous, and Domenici, who is also chair of the appropriations subcommittee with jurisdiction over energy and water programs, opposes the plan to abolish DOE and is a strong defender of the two DOE labs in his state.

■ *NASA:* Although a favorite of Republican leaders for its technological know-how, the space agency wouldn't be spared in the proposed House cuts. About $2.7 billion would come out of the $8 billion Earth Observing System, Walker said, through changes in the way the agency distributes the data. Another $1.5 billion in savings would come from privatizing the space shuttle. The space station, which has bipartisan support, remains intact under the House plan. But NASA's budget would fall as low as $11.6 billion in 2000—almost $3 billion below the 1995 level and below an already bare-bones plan put together by NASA Administrator Daniel Goldin. Walker said NASA should expect $13.7 billion in 1996—$700 million less than this year.

■ *Office of Technology Assessment:* The mood is grim at the $22 million agency, created in 1972 to give Congress the expertise to dissect scientific and technological proposals from the executive branch. Although Gibbons was its director for 13 years before joining the White House, observers say its reputation of producing too slowly reports that are too temperate to influence policy decisions is a mark against it. "We're still here and we're still open for business," says a spokesperson. "But people are starting to think about what to do with their lives, and it's getting weary going to all these farewell parties."

–Andrew Lawler

With reporting by Eliot Marshall and Jeffrey Mervis.

SOCIAL SCIENCE

Bill Threatens Child Survey Research

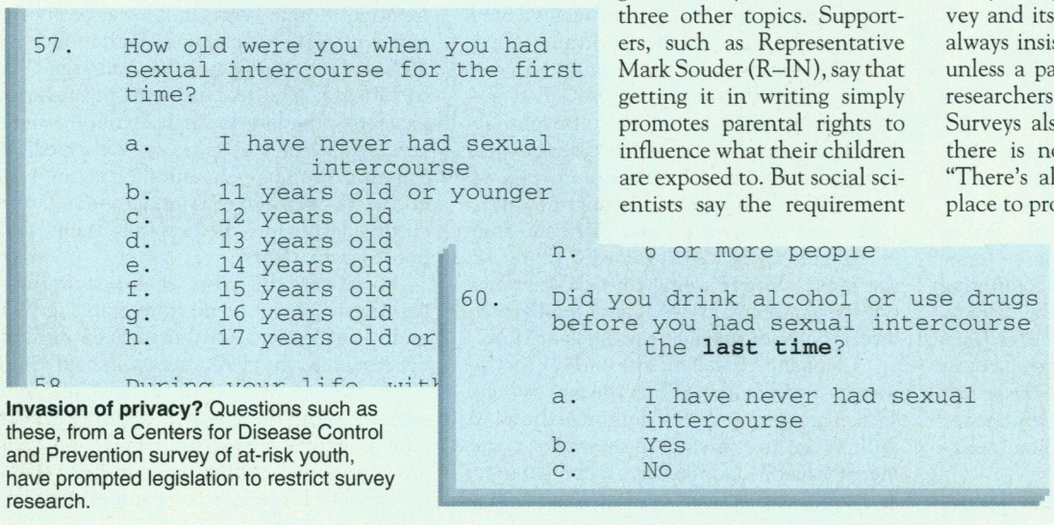
Understanding children—both for parents and social scientists—isn't easy. And researchers who use surveys to study everything from childhood drug use to AIDS prevention fear the task is about to become even harder. A bill aimed at protecting family privacy, which has already passed the U.S. House of Representatives and stands a good chance of becoming the law of the land, would impose new restrictions on federally sponsored surveys involving children. Social scientists say the restrictions would stifle research on sex, drug use, and other behaviors.

Such surveys "provide the road maps for us in determining what problems we face in our communities," says Tom English, president of the Oregon Council on Crime and Delinquency in Portland. "Shutting off the data valve will just leave communities trying to guess what's going on, making it all the more difficult to know how best to help kids."

The bill, a provision of House Republicans' "Contract with America" known as the "Family Privacy Protection Act," seems innocuous at first: It simply requires federally funded researchers to get written parental permission before asking a child questions about sexual behavior, criminal activity, religion, family members, and three other topics. Supporters, such as Representative Mark Souder (R–IN), say that getting it in writing simply promotes parental rights to influence what their children are exposed to. But social scientists say the requirement could make such surveys inordinately expensive and distort any findings, as the families least likely to return consent forms are precisely those with children who engage in high-risk behaviors. Phyllis Ellickson, a behavioral scientist at RAND, a policy research organization based in Santa Monica, California, says: "This bill is a disaster for research on kids."

Hundreds of such surveys are conducted each year by institutions like RAND, the University of Michigan's Institute for Social Research (ISR), and many federal, state, and local agencies, including the U.S. Justice Department and the Centers for Disease Control and Prevention. Such surveys already notify parents in writing about the survey and its contents. They don't, however, always insist on a response—in some cases, unless a parent actively denies permission, researchers assume the child can participate. Surveys also go through reviews to ensure there is no potential to harm the child. "There's already a multilayered process in place to protect human subjects," says Lloyd Johnston, a program director at ISR. This includes institutional review boards at universities and peer review committees at granting agencies.

Proponents of the legislation argue, however, that a parent who doesn't see the survey notice may not know what their child is getting into. "We want express written consent


57. How old were you when you had sexual intercourse for the first time?

a. I have never had sexual intercourse
b. 11 years old or younger
c. 12 years old
d. 13 years old
e. 14 years old
f. 15 years old
g. 16 years old
h. 17 years old or

n. 6 or more people

60. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

a. I have never had sexual intercourse
b. Yes
c. No

Invasion of privacy? Questions such as these, from a Centers for Disease Control and Prevention survey of at-risk youth, have prompted legislation to restrict survey research.

for each survey so the parent must focus on it," says Souder. He and others also worry that sex and drug surveys actually promote the behaviors they are trying to study. "It starts to plant an idea of what is normal behavior," says Souder. So the new rule "shifts the balance between privacy protection and social science research toward the interest of protecting families," he says.

But written consent costs, says Steve Sussman, an associate professor of preventive medicine at the University of Southern California's Institute for Health Promotion and Disease Prevention Research in Los Angeles. Typically, he says, 50% of parents don't respond initially when their written permission is requested. "But they're not people who don't want their kids involved," he says, citing several studies on parental consent (studies carried out by Sussman and others). "They're just people who don't return mail or hand the form back to their kid." Only 1% to 2% of these parents, when finally contacted, refuse permission for their children to be in the survey—the same percentage as surveys with passive consent, he says: "You can get that consent. It just becomes more expensive." A 1989 study by Ellickson and Jennifer Hawes-Dawson at RAND showed that the phone calls, home visits, and extra time needed to get parents to return written consent forms increased the survey cost to $25 a student, compared to just $1 for passive-consent surveys.

Moreover, studies by Johnston and others indicate that children of parents who don't initially return signed forms are generally those at highest risk for behaviors such as dropping out of school and drug use. "In most at-risk families, the situation is so disordered that they're not in the habit of returning mail," says Johnston. As a result, "you're going to be missing out on precisely those students you hope to study," says Christine Bachrach, chief of demographics at the National Institute for Child Health and Human Development's Center for Population Research. That bias, Johnston says, will artificially lower prevalence rates for behaviors such as drug use, camouflaging their seriousness and casting doubt on the accuracy of the overall survey.

While Souder calls such concerns "credible," he maintains that "they have to be balanced with the liberty of the subjects," which he says is only ensured with written consent. Survey advocates trying to lobby against the legislation are encountering much the same sentiment in the Senate, which is expected to take up the bill in June. "It's a hard sell," says Howard Silver, director of the Washington, D.C.–based Consortium of Social Science Associations. "It's hard to convince members that information collection is as important as privacy."

–Robert F. Service

ACADEMIC MEDICAL CENTERS

Can Risky Mergers Save Hospital-Based Research?

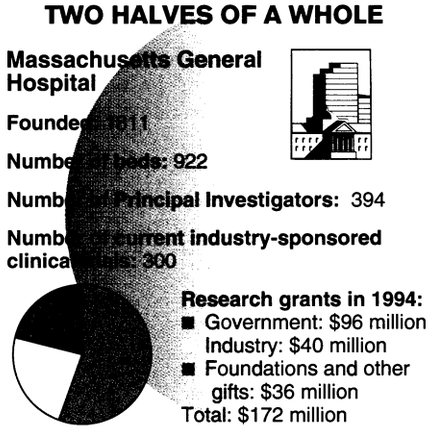
BOSTON—In New England, they say that if you don't like the weather, wait a minute. But officials trying to forecast the funding climate at Massachusetts General Hospital (MGH) a few years ago saw nothing but a long-term drought. Rivers of revenue that traditionally kept the 1200 basic and clinical researchers at the hospital afloat were beginning to run low. A dozen pharmaceutical companies, for instance, had shifted clinical trials of their experimental drugs—which help the hospital pay for labs, computers, and support staff, in addition to helping patients—to less costly venues such as HMOs. "That revenue stream had the potential to dry up very, very rapidly," says Greg Koski, MGH director of clinical research support and development.

And that was only one of the threatened tributaries in the hospital's financial flow. Even $161 million in grants from the National Institutes of Health (NIH) and other sources in 1992—making MGH the largest nonuniversity-based research hospital in the country—was not enough to offset the rising cost of doing that research. Revenues from patient care, monies the hospital used to subsidize the shortfall, were falling below expected levels as well, again drained off by HMOs. One option was to cut back on research activities. But, says Koski, "we wanted to preserve the General as a research-based academic medical center." So the hospital elected in 1993 to throw in its lot with a longtime rival in similar straits, Boston's Brigham and Women's Hospital (BWH).

Mergers often eliminate jobs, not preserve them. But the two hospitals—both loosely affiliated with Harvard Medical School but fierce competitors for grants, faculty, and prestige—hoped that merging into a new mega-institution, with the ungainly name of Partners Healthcare System Inc., had another prognosis. It would, they thought, allow them to form a vast health-care network, capturing a patient base large enough to shore up clinical revenues, attract new drug trials, and underwrite basic research. Staff researchers knew there was a lot riding on the move. "We're trying to make one and one equal more than two," says John Parrish, director of photomedicine research at MGH.

A year and a half later, the outlook for the merger is still murky. While the patient network is growing, only $50 million of the $240 million in cost savings projected for the merger's first 24 months have so far materialized. Still, administrators at the nation's 120 other academic medical centers are keeping a close eye on Partners' progress, for the pressures that prompted the Boston merger are pinching research hospitals everywhere. Although there are few opportunities for mergers of research powerhouses like MGH and BWH, many academic medical centers are trying to consolidate operations by forging links with local hospitals and physicians' groups. "I am watching very closely what happens in Boston, as I always have when I'm in need of guidance," says Layton McCurdy, a physician and dean of the College of Medicine at the Medical University of South Carolina in Charleston.

TWO HALVES OF A WHOLE



For the Boston hospitals, the problems started with their patients. Both hospitals were seeing too few patients who were paying too little money. Improvements in medical technology and pressure from health insurers to reduce per-patient costs had led to shorter inpatient hospital stays and lower bed occupancy rates. (Occupancy at MGH fell from 88% in 1988 to 76% in 1994, and from 89% to 73% at BWH.) Adjustments in Medicare payments, the largest single form of patient revenue, weren't keeping up with medical inflation. And HMOs, enrolling about 40% of the population in Massachusetts, were cutting deeply into the hospitals' traditional pool of outpatients.

Moreover, the costs of doing research had outstripped income from grants. BWH and MGH spent a combined $281 million on research in 1992, but collected only $253 million from their various research sponsors. And there was little prospect that federal grants would help make up that growing difference anytime soon. Lean times at the NIH mean that competition for