Q: Did you ever tell [Morris] that it crossed your mind that he might not have been turning in proper data?

SHELEKOV: I don't think so. . . .

q: Did you inform Dr. Murray that Dr. Morris might be not turning [out] honest data?

SHELEKOV: Only as a vague possibility. I don't think I ever told Dr. Murray.

Q: You didn't think this was of sufficient importance to call to the attention of the director?

SHELEKOV: Yes, but I don't think I had sufficient evidence . . . to insist that such action be taken.

Asked his opinion about the worth of influenza vaccine, Shelekov replied, "I have never been impressed with it particularly the efficacy of influenza

Drug Abuse Council Formed

The Ford, Carnegie, Commonwealth, and Kaiser foundations are jointly backing a Drug Abuse Council designed to be an independent source of information and policy advice and to provide limited funds for research on a range of problems related to drug abuse.

Headquartered in Washington, the council will have a 15-member board recruited nationally from among prominent persons, most of whom have expertise or experience relevant to the council's concerns. The private agency will have a small staff headed by the council's fulltime president Thomas E. Bryant who holds degrees in law and medicine and was former director of the office of health affairs of the Office of Economic Opportunity. Chairman of the council board is Bethuel M. Webster, an attorney and former president of the New York Bar Association, who served on that city's Health Research Council.

The idea for the council was germinated within the Ford Foundation, and, as a result of discussions over the last year, the Carnegie Corporation, the Commonwealth Fund, and the Henry J. Kaiser Family Foundation joined Ford as cosponsors. The council's first year budget is set at \$2.5 million and funding is projected at \$10 million to \$15 million over 5 years. Financing, as one foundation officer put it, will be rather "a horse and rabbit stew," with Ford providing more than double the money put in by the other foundations combined.

The major aim of the council seems to be to gather and make available reliable information on drug abuse problems and to cooperate with federal, state, and local planning and operating agencies in the drug abuse field. The council will foster studies by its own staff and outside consultants and will sponsor meetings. It does not plan to fund major drug treatment or rehabilitation pilot programs and will limit research support to promising projects that otherwise would be likely to be ignored.

Planning for the council has been strongly influenced by a year-long study for the Ford Foundation headed by Washington attorneys Patricia M. Wald and Peter Barton Hutt. The report on the study will be published in March by Praeger under the title *Dealing With Drug Abuse*.

A salient finding of the study is that on the drug scene there are "few areas in which there is not widespread disagreement." Disputes over theories and practices in drug treatment and rehabilitation programs have if anything grown more widespread and acrimonious as the number of programs and vested interests have increased.

In a statement accompanying the announcement of its formation, Webster said the council would "seek to bring a calm voice to the confused national discussion on behalf of a frightened and baffled public."

The council has apparently concluded that it can be most effective if it preserves a reputation as a neutral and, obviously, a good deal of care has been taken to recruit board members who are knowledgeable but not closely identified with particular biases on drug abuse questions. When the council does get into the useful business of evaluating programs or of taking positions on controversial policy issues, however, it is difficult to see how it can keep out of the crossfire.—J.W. vaccine. For many years I have not taken influenza vaccine myself or given it to my family; I have not been impressed with its potency."

Q: Is it your belief that vaccines having 10 to 20 percent of their required potency were released [onto] the market while Dr. Morris was the person who was doing the initial potency testing?

SHELEKOV: I don't know. I have to see the data.

Q: Do you think it is possible? SHELEKOV: It is possible.

Act Four: Tauraso's Story

The ambiguities left by Shelekov's declaration were swiftly dispelled by the forthright testimony of Tauraso, chief of the LVR since January 1969 and influenza control officer since he relieved Morris in January 1967. The charges which Tauraso had read out to Morris early in 1970 were later drawn up in a formal document presented to Murray, known as the 8 May 1970 memorandum. (Murray at first refused to let the grievance committee see the 8 May memo but was overruled after protests from Morris's attorney to the general counsel of the NIH.

In the 8 May memo Tauraso states that, on going through Morris's laboratory notebooks for 1965 and 1966. he found that 8 of the 22 vaccine lots certified as potent during the period had in fact failed Morris's potency tests. From his own experience during 1967. Tauraso believed that the manufacturers "were submitting vaccine which contained less than 40 percent of the required antigen content. . . . In my opinion, manufacturers, over the years, had been submitting vaccines containing less and less antigen because they realized they could get away with it." Morris's dishonesty and "betrayal of a public trust" was reason enough to terminate his employment, the memo concluded.

Tauraso opened his testimony by describing the "horrible problem" he had inherited on assuming his vaccine control duties from Morris. The required test at the time was the mouse potency test (an intricate biological test which is imprecise but reproducible; the CCA test, a physical measure of vaccine antigenicity, is moderately precise but hard to reproduce). Tauraso's problem was that, although all the vaccine lots passed according to the manufacturers' tests, he could not