

symbolic sevens. In one recent appeal to his flock, he revealed that God told him to make an imprint of his right hand on swatches of cloth, which he would send free to partners. Roberts promised "special miracles" to partners who touched the cloth, but he also asked for something special in return. Specifically, he urged partners to enter into a "Blessing-Pact Covenant" with God by purchasing a portion of the City of Faith—at \$38 a square foot.

*I asked, "When do I start construction, Lord?"*

*He said, "I told you there would be a breakthrough from heaven in '77. Therefore, you are to start in the fall of 1977."*

Despite God's wishes, things got off to a slow start and the groundbreaking had to be delayed until 24 January 1978—Oral's 60th birthday. In any case, 1977 was a bad year. Roberts' oldest daughter, Rebecca, and her husband died that February in a plane crash. The tragedy shook Roberts, who had been looking for a "breakthrough from heaven in '77." It was in response to "the devil trying to mock" him with the deaths that he went to the desert and had his vision.

*I asked the Lord, "How much of the City of Faith, consisting of the clinic and diagnostic center, the research center, and the 777-bed medical center, shall I start constructing now?"*

*He said, "Starting now you are to build all of it at the same time, the whole of it, leaving nothing out that I have told you."*

This divine order has also been cut to fit, and the hospital is now slated for 294 beds. The reason is quite down-to-earth. Under the 1974 National Health Planning and Resource Development Act, an effort by Congress to cut down on expensive and redundant medical facilities, state and regional planners must certify that new health-care centers are needed. The certifier in Oklahoma is the three-member Oklahoma Health Planning Commission (OHPC), with the 30-member Oklahoma Health Systems Agency serving as an advisory panel.

In early 1978, the agency advised against certification on the grounds that Tulsa already had too many unused hospital beds. "After all the devil has done to stop us," said Roberts at the time, "we are still on the firing line and we will never quit."

Picking up the beat, the Roberts forces asked the OHPC to certify only a 294-bed first-phase of the hospital. The university would still build the whole 30-story building, but equip less than half the shell. Thereafter it would add about 80

*(Continued on page 270)*

## Another Major Delay for Strategic Oil Reserve

The Strategic Petroleum Reserve Program (*Science*, 10 August 1979) continues to occupy a paradoxical position on the national agenda. On the one hand, Carter Administration officials still speak of establishing a large oil reserve in Gulf Coast salt domes as being "critical" to national security. On the other hand, filling the reserve continues to be deferred from one year to the next.

On 3 April, Ruth M. Davis, the assistant secretary of energy for resource applications, explained to a Senate appropriations subcommittee that the Administration has now decided, as part of President Carter's budget-balancing and anti-inflation strategy, to defer putting more oil into the reserve until June 1981. But at the same time Davis told the subcommittee that if past appropriations for the purchase of oil—appropriations now totaling \$4.1 billion—were allowed to expire, the Administration's oil-acquisition strategy would be "severely constrained." She noted that "changes of policy have not been infrequent," and observed that "it's extremely important" to have on hand the necessary storage facilities and funds for resuming filling operations.

Senator Ted Stevens (R-Alaska), who was chairing the hearing, had nothing good to say about the Administration's position. "Sometimes I feel constrained by the subcommittee's policy against political rhetoric," he observed at one point. "I think it's been demonstrated that there is not a national commitment to the Strategic Petroleum Reserve."

Stevens said he will recommend that money previously appropriated for oil purchases be reappropriated for other purposes. But he wants development of oil storage capacity in the Louisiana and east Texas salt domes to continue against the chance that filling the reserve eventually will be resumed.

The goal is to have at least 750 million barrels in the reserve, enough for delivery of 4 to 5 million barrels a day to refineries (via pipelines and coastal tankers) for a period of a half-year or longer. At the moment, only 91.7 million barrels are in storage, and no oil

has been purchased for the reserve since late 1978. The capacity of the reserve is now about 248 million barrels, and, with leaching of the domes continuing, it should increase to 550 million barrels by the end of 1986.

Unconfirmed news reports last year indicated that Saudi Arabia, not wanting to see its influence over world oil prices diminished by a large U.S. oil reserve, had exacted a commitment from Secretary of Energy Charles Duncan that filling of the reserve would not be resumed. In reply to questions from Senator Stevens, Davis said that Duncan had made no commitments to the Saudis and had been asked for none. But she said producing as well as consuming nations would have to be consulted before the United States again began buying oil for the reserve.

## Ethics and Drug Ads— A Slip Up in Bangladesh

Any pharmaceutical company with scores of subsidiaries operating around the world will necessarily have to take special pains if all of the people acting in its name are to observe proper ethical standards in marketing company products. Bristol-Myers, Inc., of New York now knows, from an embarrassing episode in Bangladesh, that its past efforts in this regard have not gone far enough.

The company's subsidiary in Dacca published in the 31 January issue of the *Bangladesh Times* an advertisement which refers to "our life-saving anti-cancer drug 'CeeNu Capsules.' . . ." Nowhere does the ad acknowledge that, like other cancer drugs, this one is useful only for treatment of a few specific cancers (brain tumors and Hodgkin's disease) and does not offer an unfailing cure.

Jerry Parrott, director of public relations for Bristol-Myers, told *Science* that, beside the fact the ad was misleading, "it is strictly against company policy to advertise pharmaceutical products in public media in any country, even when permitted by law." He said that Flavio Tomassini, president of the company's international division, has recently dispatched to all of Bristol-Myers' overseas subsidiaries a message to that effect.