which I had the right to convince somebody else that he had to be concerned. I think the situation is such that I would be glad to try to persuade him that he should be concerned.

Now, I'm trying to make a distinction here between the attitudes we all have to take when we make judgments and decisions, and the attitudes that some of us have to take when we are trying to stand on scientific evidence.

Mr. DADDARIO. Well, is this because we are not doing enough? Is this one area where we have not reached the point where the public can get excited about supporting a program because they do not know its value?

Dr. TUKEY. I think that the real difficulty here is that it is extremely hard to do this sort of study, that when you deal with problems of chronic human health you have to deal with a serious interrelation of possible causes. There are many things that can influence it. About most of them we don't know nearly enough, and it is not clear how one could at the moment make a conclusive study of this problem. I think it should be a matter of concern that we do not know better how to do this and it is a reason for being concerned with the improvement of epidemiological techniques, getting to understand how to do such things better.

The actual problem of getting hold of this specific information was not one that we felt was ripe enough that we should make a specific recommendation, though we considered this. There has been quite a lot of work done in many places, particularly in California. California State Health people have done and sponsored a fair amount of work to try to see what evidence there is about the effects of smog. It has been very hard to tie these effects down. I'm sure the people concerned really join those a little further on the outside in believing there are some very real effects, but that's a very different thing from being able to get solid evidence.

Mr. DADDARIO. But, it would certainly be a worthwhile goal even though it may be difficult.

Dr. TUKEY. Yes, and probably the appropriate steps at this time—let's see if I can find the relevant recommendation. Yes. I would say that in terms of our thinking about this problem that our recommendations G–5 and G–8 on pages 35 and 36 are the relevant ones. Under G–5 the text reads: "In particular, a variety of training grants should be provided to schools of medicine and schools of public health to support expanded programs in teaching of preventive medicine and its constituent disciplines." That is one more immediately on tooling up people.

G–8 concerns long-term support of between 5 and 10 universities to establish interdepartmental research centers for environmental studies. I think at the moment we would feel that the place where we can do the most good with this problem is to try to strengthen the tools and the people who might later take hold of it.

We did not have the feeling that the problem of health effects from urban air pollution was ripe for being seized in a large way and gone after. Good people have worked with the present techniques and we know it would be extremely difficult to get conclusive results without better ones.