

Mr. DADDARIO. If we might proceed just a bit longer. Could we have Dr. Blomquist run as quickly as possible through the criteria. It may give us an idea as to whether or not you could come back again.

Dr. MIDDLETON. Perhaps you would like to be responsive by asking questions or whatever fits within your time schedule.

Mr. DADDARIO. Why don't you just begin and see where we go from there. I think this whole criteria from the medical standpoint is vital.

Dr. BLUMQUIST. I should like to say we are working on a series of criteria documents, as has already been indicated. We have published the ones on oxides of sulfur and will shortly have that reevaluated, as Dr. Middleton said. On the drawing board we have other pollutions under consideration. They are carbon monoxide, the photochemical oxidants, particulates, the oxides of nitrogen, and hydrocarbons. Those are the ones on which we are working currently.

We have approached the problem as one trying to determine as best we can from the available literature and new research what are the effects associated with these various pollutants in terms of their concentration and time; that is, the dose.

As we look at the effects, we are primarily concerned with the health effects but we are likewise concerned with the effects of these pollutants on vegetation and visibility, and materials damage. The criteria will include the relationship of concentration with health and the kinds of effects as expressed in various parameters.

The documents that we have on the drawing boards are divided pretty well into four areas. There will be a discussion as well as documentation on these effects in these four areas. Then we try to answer from the experimental data the critical question; namely, how accurately can we predict at what level these effects begin?

I think the most important question that most people are asking is to how low a low do we have to endeavor to get these pollutants before effects occur? We will have other important determinations. I think we were talking about emergency episodes. I think the criteria can be very helpful in saying that at this predicted level these are the kinds of effects that could be expected to occur. We will not confine our interests to just trying to determine how low or at what point do effects begin. It would be a scale where we will attempt to show on the best information we can get that these kinds of effects occur at these dose levels.

Mr. DADDARIO. You can not conclude from that, can you, that the problem might be solved by just having a capability to handle episodic effects and forgetting about these lower levels?

Dr. BLUMQUIST. No, indeed. I hope that I didn't imply that. No. Indeed not.

I am not sure that I understand your question. We are attempting to determine the effects so that we can say the effects are noticed at as low concentration as this. Above that, we find another kind of effect.

Mr. DADDARIO. I wanted to be sure of what you said.

What do you expect this will take so that you can be able to say to us that there is an effect on health at such and such a level?

Dr. BLUMQUIST. I am hoping that we can publish criteria within this calendar year on the ones that I have mentioned on our drawing board. I hope that we can get those out in the year 1968.

Am I answering your question?

Mr. DADDARIO. Yes.