

to which they feel we are going to have to control air pollution and they differ. This obviously means that the control that you have to put in will differ in order to get a specific level.

Mr. DADDARIO. Are your objectives determined through these experts you are bringing together, or is one of your objectives to see if there can be a reconciliation between these various levels of criteria?

Dr. ECKARDT. Yes, sir.

Mr. DADDARIO. Are you suggesting because of the high concentration and the short period of time which brings about some of these dangerous episodes that it is a special kind of problem and has to be looked at in a different way than the long-term, low-concentration problems?

Dr. ECKARDT. I think this is true. To me the most pressing problem is the acute episode I think we have the ability to control it today. The long-term one we are not so sure about.

Mr. DADDARIO. That is encouraging. You believe that the episodes can be controlled. Is this because of advanced meteorological capabilities?

Dr. ECKARDT. Yes, sir.

Mr. DADDARIO. Will you go into that a bit as to why you are optimistic?

Dr. ECKARDT. Yes. I think the reason they can be controlled are two in nature: One, we have more advanced meteorological data and two, we have more advanced knowledge of what the levels are in various cities, which we have not had before. As an example, New York City up until the time that Austin Heller came there as air pollution commissioner basically was measuring its SO_2 levels at one station. Now they are measuring out of ten telemetered stations which print out the results in a central office where somebody can keep good track of them. They know much more rapidly what is going on in New York today than they ever did before. The same thing is going on in Chicago where they have eight telemetered stations, and the data can be looked at at 15-minute intervals, if you wish, because the sampling keeps repeating itself every 15 minutes.

Mr. DADDARIO. How does the medical man who is an expert on the effects of these pollutants in such concentrations come to a judgment how the weather conditions, in fact, change that situation, either for better or worse?

What capability does he have as a medical man to feed into this the judgments necessary so that we have some assurance that he is right, these disciplines being so different one from the other.

Dr. ECKARDT. Unfortunately at the present time this has not been developed to accompany concurrently the analytical data being telemetered into the stations. I happen to serve on the medical advisory committee in New York, and one of the things that we are considering now is a mechanism by which we can feed the medical data into the central station the same way we are now feeding in analytical data.

Mr. DADDARIO. Will you tell us a little bit about that? What does it involve?

Dr. ECKARDT. I cannot tell you this right now because the plans have not yet been worked out. I do not know what will ultimately develop. But presumably it will consist of a system whereby admissions to hospitals, admissions to emergency rooms in hospitals in the