this in the future? Should we not be looking way down the road so that we can learn more about the health problems?

Dr. MORSE. We started out with our first recommendation to the effect that "the national goal for air quality should be the achievement of an atmosphere with no significant detectable adverse effects from air pollution on health, welfare, and quality of life."

We thought it was important to set this goal for America because it can be achieved.

We had a number of people, both witnesses and one or two people, as a matter of fact on our committee, who felt that we should place a dollar sign upon the quality of air. I don't happen to subscribe to that although we must be practical. The statement "no significant detectable adverse effects was set as a goal. Obviously, if you have a goal you are going to do your best to get there. If you have technical problems, or economic problems, or funding problems, you obviously aren't going to get there.

It seemed to us that somebody ought to make that statement. We have enough science and technology in this country if we can marshal our resources to achieve such a goal. Time is running out and we should have started long ago.

You won't do it in every part of the country. You won't do it in the Lincoln Tunnel or obviously a few other places for some time to come. You probably won't do it in Los Angeles, Boston, or New York for awhile.

We have some 80 million vehicles in this country, and we are generating let's say some 10 million new autos a year, and taking 2 or 3 million off the road. With this massive flywheel underway, no matter what you do today, to new cars there isn't much effect, because of our backlog and number of vehicles. The same large national problems apply to the numbers of plastic bottles we are throwing all over our beaches which are going to be there for years to come because they do not rust and decay. The noise problem of our industrial life is also getting out of hand. You have to move in earlier on these things or you will never really make an impact on the solution to the problem because of its massive size and increasing importance. Our European cities and Tokyo are now finding it too bad they didn't start earlier in their war against pollution. Their rate of increase of vehicles is substantially greater than in the United States; they already have their vehicles in production, without controls and did not benefit from our mistakes.

We found a dearth of quantitative data in the health area. As you know, when you get in the medical field, it is a little difficult to get people to be precise. But we certainly had an abundance of information—not by specific pollutant in many cases—but good data to show that in areas of urban living, health of our people does deteriorate. This is not as simple a problem as the cigarette-cancer matter. You have different pollutants in the air, different meteorologial conditions. The general case is pretty well supported to show that pollution is bad for you. There is no question about that. But we can't say x number of people died from nitric oxide, or x number of people died from carbon monoxide; we don't have reliable information in that specific sense.

Mr. DADDARIO. How difficult is the problem that faces us? Do you find it to be an unmanageable one? Should we be developing the ways and means through which this information can in fact be obtained so that we can establish the criteria with greater confidence?