These uncertainties, with their corresponding health and economic impacts, dictate immediate action if the risks are to be reduced. As a minimum, steps should be taken to assure that current atmospheric lead levels are not exceeded.

How did you determine what lead levels we ought to have? Not having the health situation nailed down and considering the economic impact, how do you make a determination as to what ought to be done?

Dr. MORSE. Let me tell how we approached that problem.

We had a subpanel concerned with the environment under Professor Eliassen, who is professor of environmental engineering at Stanford. He has been in the general field of environment for his entire professional life. He had associated with him a number of medical people, technical people and management people. They held meetings with people from the Rockefeller Institute, Harvard School of Public Health, the State of California, New York City Department of Air Pollution Control, etc.

It was the recommendation of that subpanel that the potential risks associated with lead in the atmosphere were potentially high, on the basis of a number of considerations. As I mentioned previously, we had this question of the backlog of 60 million autos and 80 million vehicles. You can't do much about that; they are here. You can't change the engine; it is impractical.

Therefore, in view of the potential risk, the continuing increase in autos, and the increasing amount of lead, as the larger sizes and numbers of engines are built, they felt we should begin to reduce the total lead content in the atmosphere. These experts recommended a 10 percent per year lead reduction and this was submitted to the main panel as a whole. After great deliberation we felt on the basis of a judgment factor that it would be inappropriate to take such action. Bear in mind the decision was in the absence of specific quantitative information that people are dying because of lead. There is no data to substantiate this viewpoint. The risks of increasing lead content in the air may be very high and other reasons dictate a serious consideration of its reduction.

Members of the subpanel on air pollution included Professor Eliassen of Stanford University as chairman; John R. Goldsmith, chief, environmental hazards evaluation unit, California State Department of Public Health; Eric P. Grant, executive officer, Los Angeles Motor Vehicle Pollution Control Board, Calif.; Austin N. Neller, Commissioner of the New York City Department of Air Pollution Control, N.Y.; Alan G. Loofbourrow, vice president-quality and reliability, Chrysler Corp.; Robert W. Schiessler, vice president-research, Mobil Research and Development Corp.; James L. Whittenberger, of Harvard School of Public Health; Arthur C. Stern, of the Department of Health, Education and Welfare.

In addition this group talked to a number of other technical people and medical people in the field and had the benefit of our other panel experts who were concerned with a reduction in lead for other nonhealth reasons.

After a lengthy deliberation on this lead subject by our panel as a whole—and it was the main panel which of course prepared the recommendations, we felt that we needed more information in the health field. Because of the recommendation of the subpanel from a