Mr. GRISWOLD. Since Mr. Felton mentioned the abatement actions and I have been deeply involved in all of them because the staff assigned to me has developed the information on them and I am presiding officer at the conferences, I would say there hasn't been a conference yet held where the economics, economic studies, and the testimony didn't show that the cost of pollution was far greater than the cost of control, and this is in the magnitude of 10 times. And this did not even include any health benefits.

All this did was include material benefits, like dry cleaning costs, household costs, and this type of thing. And some of these studies weren't made by anyone that might be considered prejudicial, such as we were. This latest study was made by Ernst & Ernst, a firm entirely apart and under contract to us to bring the facts out.

Here again in the Washington, D.C. study——

Mr. FELTON. Would you supply some of this material for the record?

Mr. CARPENTER. I might say they supplied Michelson & Tourin's Washington, D.C. study, which I consider to have a number of internal inconsistencies.

Mr. GRISWOLD. Well, it depends. That was the first study that they made, and I would say in viewing that one and one they did for us in New York, where they considered both sulfur oxides and particulate control, that data, in conjunction with other economic studies we made based on studies of two cities in the Ohio River Valley, where there are identical ethnic backgrounds, identical market, identical everything except the degree of pollution in the area, where it came out I think to $245 per family of four; excessive cost, in the polluted city more than the other city, as against the cost of control which ran to a bare fraction of that.

Dr. MIDDLETON. If we could revert, Mr. Felton, to the other parts of the same question: Are there alternatives for this portion of the population? We don't have any practical alternatives at this time. We just don't know what to do. But we have a limited number of studies that bear on this issue.

Mr. CARPENTER. Such as the provision of hospitalization or the alerting of bronchitics?

Dr. MIDDLETON. Yes. And can you protect the hospital space that you are going to send them to is a very important part of this. What do you do?

Dr. LANDAU. This protection you are talking about relates only to an emergency situation. But we have to be concerned with the population during this exposure for 20 years or 30 years before people develop either bronchitis or emphysema. So we are very much concerned about the long-term chronic effects, not only about protecting the population during acute episodes—during acute disaster periods.

Dr. MIDDLETON. This is the value of the program, you can see, in having the preventive aspects. We are attempting to avoid having episodes. We are attempting to avoid having more emphysema patients. We are attempting to prevent these things from happening. So if we work at the episode level to just chop off the peaks we still have basically this chronic threat to the population.

You need to get the regular, routine levels of air pollution down so we begin to have relief, so we have fewer of this elite population, if