

I appreciate the opportunity to come here and address you. I welcome it very much. It is probably appropriate that this meeting is being held in New Jersey because I think many problems that have beset industry with respect to regulations are founded in some of the misconceived problems that have been painted in New Jersey.

When I came here in 1979, on a leave of absence, the Federal government had just released the National Cancer Institute (N.C.I.) mortality study by county that was conducted by looking at death certificates from 1950 to 1969; several N.C.I. epidemiologists, as well as members of the New Jersey Department of Environmental Protection, and Department of Health, concluded that after adding up the age-corrected, race- and sex-corrected death data, that New Jersey led all the other states in cancer deaths for white males, expressed per 100,000. Now, that was, indeed, a true statement. That was not a lie. The cancer rates in New Jersey were 205 white male cancer deaths per 100,000 versus the U.S. national average of 174 per 100,000. That created a big hullabaloo. It gave this state the label of "Cancer Alley". Some of the people who were in the New Jersey Department of Environmental Protection at that time have subsequently moved to Washington and have continued to amplify this attitude.

I must admit when I came to New Jersey, I shared the view that most New York City dwellers have, that New Jersey is a terrible place, it's horribly polluted. As a matter of fact, on February 16th of this year the New York Times published a map which was sort of the ultimate view that New York City dwellers have. It showed lung cancer rates in various parts of New York City, Staten Island, on the west side of Manhattan, and parts of Brooklyn. The New York City Department of Health blamed polluted air wafting over the river into the city as the cause of these high cancer rates. The report ignored the fact, easily seen on the map, that there (were) vast "skip" areas, and other cancer "hot spots" that were not in the path of such air flows. The New York City Department of Health report ignored rudimentary epidemiologic methods such as correcting all the data for sex and race. Further, no attempt was made to study cigarette consumption patterns.

Ignored in all of these pronouncements and maps at the federal, state and city levels was the old scientific dictum of controls. This is what differentiates science from politics. When you look back at the cancer rates that were published and resulted in New Jersey being labelled "Cancer Alley", nobody mentioned the fact that Rhode Island was number two, with 203 cancer deaths per 100,000. No one mentioned that other heavily industrialized states did not have high cancer rates.

When industry was being blamed in New Jersey, nobody looked at the cancer rates in Pennsylvania and Ohio which are remarkably similar to New Jersey, in terms of the proportion of workers who work in "dangerous" occupations and the number of people who live in communities that are in proximity to major industrial plants that can be viewed by some as polluting. Pennsylvania, Ohio and New Jersey have several things in common. About 40 percent of the workforce is engaged in what you would call heavy, "dirty" industry. Forty percent of the population in those states lives in proximity to so-called "dirty" plants. When you look at the cancer rates, however, Pennsylvania and Ohio have cancer rates that are like the U.S. national average. Yet, only New Jersey had higher cancer rates.

The answer as to what is different about New Jersey is found very simply in the U.S. census. New Jersey has the most urbanized population; 90 percent of the population is urbanized and it also has the most dense urbanization. Only 70 percent of Ohio and Pennsylvania are urbanized. That 20 percent differ-

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