



District of Columbia Council

Committee on Public Works and Transportation

Committee on Government Operations and the Environment

**Joint Public Oversight Hearing
Water Quality in the District of Columbia**

Tuesday, February 10, 2009

**Jerry N. Johnson, General Manager
District of Columbia Water and Sewer Authority**

Good morning Chairman Cheh, Chairman Graham, and other members of the Council. I am Jerry N. Johnson, General Manager of the District of Columbia Water and Sewer Authority. I am joined by Mr. Charles Kiely, the Authority's Assistant General Manager for Consumer Services.

Thank you for providing WASA with this opportunity to once again share information with our consumers and the general public, and to respond to your questions.

As you know, the media coverage of a recent article submitted for publication in the publication *Environmental Science & Technology (ES&T)* has once again heightened resident's concern about the quality of the drinking water in the District of Columbia.

Today, I recognize that many people are asking, is my water safe to drink?

The EPA, in referring generally to public water systems which are in compliance with all established standards, has stated in an abundance of caution that:

“Some people may be more vulnerable to contaminants in drinking water than the general population. People undergoing chemotherapy or living with HIV/AIDS, transplant patients, children and infants, the frail elderly and pregnant women and their fetuses can be particularly at risk for infections. If you have special health care needs, consider taking additional precautions with your drinking water, and seek advice from your health care provider.”

To put it as simply as I can, our regulators and health advisors tell us that some special populations should not necessarily drink tap water, regardless of the community in which they live, because even though tap water provided by a public utility must be clean, it is not sterile.

Our residents need to understand that, again, according to the EPA, “The Safe Drinking Water Act gives the Environmental Protection Agency (EPA) the responsibility for setting national drinking water standards that protect the health of the 250 million people who get their water from public water systems.”

An EPA consumer's guide states that, “A network of government agencies monitors tap water suppliers and enforce drinking water standards to ensure the safety of public water supplies. These agencies include the EPA, state departments of health and environment, and local public health departments.”

In the case of the District of Columbia, EPA has direct responsibility for the regulation, enforcement and oversight of the District's drinking water treatment process and delivery systems.

Throughout DCWASA's existence, in 2004 and since, we continue to rely upon the advice and direction of the US EPA, the Department of Health and the Department of the Environment, and other experts for health advice.

“Congress passed the Safe Drinking Water Act (SDWA) in 1974 to protect public health by regulating the nation's public drinking water supply and protecting sources of drinking water”. “...the Safe Drinking Water Act authorizes EPA to set enforceable health standards for contaminants in drinking water.”

In sum, Madame Chairman and Mr. Chairman, the District's drinking water complies with every regulation under the Act. According to the standards to which other municipal water systems around the United States are held accountable by the EPA and the states; because we comply with these national standards, the District's water is as safe to drink as the water that other utilities deliver to consumers all across the country.

With specific regard to the *ES&T* article, I continue to believe that the residents of this community, DCWASA and the nation benefit from sound, complete and dispassionate evaluation of information using the best data that is available to them.

For your information, I have written to US EPA Region 3, our regulator, to request immediate review of the article published by *ES&T*, and to request specific guidance with respect to any action DCWASA should undertake as a result of this review.

In the meantime, DCWASA continues to rely upon the guidance of the Technical Expert Working Group (TEWG) which has been comprised of nationally and internationally recognized experts in the field of water chemistry. We strongly advocate for research in areas related to drinking water as well as wastewater. I do not believe that the professional research and evaluation of data by scientists, like physicians Dana Best and Tee Guidotti both of whom are associated with the George Washington University, Lynette Stokes, formerly with the District Department of Health or Marc Edwards at Virginia Tech University, should be the subject of ridicule, misinterpretation and innuendo by the media, the Authority or others.

I have noted that the *ES&T* article references the “limitations” of previous studies, and that this study attempted to address certain limitations. I am not expert in the field of ecological or epidemiological research, but we are seeking the guidance of others who are expert in the field of research.

Under any circumstances, I openly acknowledge that our staff is not generally competent to undertake a comprehensive review of an individual study of this kind, or the substantial body of relevant literature. As in other areas of scientific research, especially in those areas where there is potential impact on human health, this community and others must rely upon the analyses of their peers.

Similarly, DCWASA, must still submit to the guidance and direction of the EPA.

As the General Manager of the Authority, and as the person who is ultimately responsible for the performance of the Authority in fulfilling its mission, these are obviously important issues that concern me, and which also demand the attention of my colleagues in other agencies. DCWASA has been in the forefront of our industry demanding better support for research from the EPA as well as other utilities. Frequent review and full discussion of complex regulations, like the Lead and Copper Rule, are critically important in helping consumers understand water quality issues.

Chairman Cheh, you asked me a few days ago directly what I thought of the study and I don't think you were pleased with my reluctance to provide a fuller response.

What I can say is this: in my experience, conclusions that are drawn from research studies are always limited by the questions that a researcher chose to ask, the assumptions they have made, the models they use and the availability and quality of the data, as well as by the analysis, itself.

We, for example, have always taken pains with the public as well as researchers to try to explain the limitations of our data (lack of completely accurate data on specific locations of lead service lines in the District, the lack of precision in collecting second draw samples from a household, the difficulty in determining, how long water is allowed by a property owner to stagnate in their plumbing, and the actual timing and the amount of consumption of tap water by consumers are all examples.)

The article in *ES&T* demonstrates that this research is a continuing priority, and that it is ongoing. We strongly support all efforts at dispassionate and careful research. With the George Washington University team, we sponsored a national symposium on lead in drinking water that sought broad discussion among health and other professionals based on the facts as they were then understood. George Washington University also provided a series of risk communication training sessions to many of our employees. We strongly supported a series of "Grand Rounds" sponsored by the University intended to help provide health care providers with better information on water quality issues. We have hosted a large number of public meetings, again with the assistance of our health advisors.

I would like to provide some context for DCWASA's effort to encourage more research and discussion around water quality issues. DCWASA was criticized for doing an inadequate job of sharing information with the public in 2003. We understand that we could and should have done a better job.

Specifically with respect to health issues we had a particular challenge unparalleled in US history; we were collecting thousands of lead water samples with kits we provided to property owners. The results from these lead water test kits were mailed directly to the property owners by the laboratory as they were mailed to DCWASA.

These residents were contacting DCWASA to request guidance with respect to the actual health impact of their results. We recommended that these consumers contact DOH or

their private health care providers for answers to those questions, but it became apparent that in 2003 and early in 2004, the District Department of Health lacked adequate capacity to provide assistance to DCWASA in responding to questions from consumers.

At that time we all saw the need to respond to a massive number of inquiries from residents who were concerned about the lead levels in drinking water. In fact, although we routinely directed callers to consult with their personal health care providers, we found that many competent and committed community health care providers were not well informed about water quality issues.

Our mission is a vital one and critical to maintaining public health. It is critically important that we stay in the forefront of developing new data and new knowledge in the areas of drinking water and wastewater treatment. We sponsor and our professional staff members conduct research in partnership with national associations like the Water Environment Research Federation (WERF) and the National Association of Clean Water Agencies. We partner with the George Washington University, as you know, but we also work with the University of Cincinnati, the University of Washington, Virginia Tech, Howard University, Bucknell, the University of Delaware, the University of Maryland, and Columbia University.

But, DCWASA is not a public health authority or an academic research institution.

It was in 2004 that we developed a contract with the George Washington University to help fill an obvious gap in our community. Under that agreement our staff was provided access to risk communications training and guidance, and the Board of Directors and the public were better served in helping support the Department of Health with advice through George Washington's nationally known researchers and clinicians.

Ultimately, DCWASA developed a strong partnership with the Department of Health:

- we funded their information management system for collecting and managing blood lead level data
- we paid for the environmental assessments that DOH performed using contractors in properties where it determined there was a potential environmental exposure to lead
- we paid for personnel and supplies that allowed DOH to perform well over 7,000 blood draws for testing all across the District
- we funded mass mailings of information from DOH to District residents that included health related facts and precautions.

Then and now, DCWASA shares information provided by public health authorities and other experts.

The period around 2003 and 2004 taught us many lessons.

At that time, we were the subject of a minimum of ten separate investigations and reviews undertaken by both public and private entities as well as by the executive and legislative branches of both the local and federal governments:

- The EPA conducted an audit that extended back to 1998, and negotiated an Administrative Order on Consent, the provisions of which were fully met near the end of 2005
- A District of Columbia Interagency Task Force Co-Chaired by then Mayor Anthony Williams and Council Committee on the Environment and Public Works Chair Carol Schwartz issued a report
- The federal government's General Accountability Office issued a report
- A Special Investigation by the District Council (Committee on the Environment and Public Works) issued a report
- The District of Columbia Office of the Inspector General completed two investigations of the Authority related to lead in drinking water, including a final report that affirmed that Authority's lead water sample findings
- An Investigation reported to the DCWASA Board of Directors by Eric Holder, Jr. was submitted in July 2004
- Multiple hearings conducted by the US Senate Committee on the Environment and Public Works and the US House Committee on Government Reform and the Committee on Energy and Commerce
- A report issued by DCAppleseed in December 2004

Through 2008, we have participated in at least fifteen Council Committee hearings on lead in drinking water, as well as six Congressional hearings. These oversight hearings were comprehensive, detailed and ultimately very productive in helping us examine and improve our operations and relationships with other agencies and organizations, as well as the general public. As importantly, each investigation and review helped us continue our efforts to provide accurate and useful information to consumers, so we genuinely welcome the latest OIG investigation.

We also welcome what we hope will be a comprehensive and appropriately peer reviewed study of water quality in the District of Columbia under the leadership of Director Hawkins and the Department of the Environment which looks at the entire array of drinking water issues from source to tap. As always, we and pledge our full cooperation with both efforts, and we will be pleased to respond to any questions.