Date: December 29, 2011

To: Oregon Health Authority

Subject: City of Portland Variance Request

The unfortunate 1993 drinking water event in Milwaukee, Wisconsin was a result of operator error and a catastrophic drinking water sewage exposure. However, those who were ill and those who died cannot lay blame on Cryptosporidium spp. as the sole etiological agent of disease in this sewage event. The primary assumption of *Cryptosporidium* spp. as the cause was erroneously based on identification from blocks of ice. EPA directs: frozen samples of Cryptosporidium spp. are to be rejected based on morphological irregularities and therefore inconclusive. The 403,000 person estimate of illness was later dismissed because of poor statistical methodology. Only several hundred showed alleged positive stools, confirming the numbers remain exaggerated. Commercial labs analyzing Cryptosporidium spp. samples in 1994 were determined to be inconsistent and therefore unreliable. Hundreds of millions of dollars have been wastefully spent trying to prove a Cryptosporidium spp. drinking water public health problem exists in municipally treated surface water utilities and open reservoir facilities. Yet not one of the EPA proposed benefits of this scientifically flawed regulation have come true. Since 1993 Milwaukee;

- No municipally treated surface water Cryptosporidium spp. outbreaks
- No deaths from municipally treated surface water systems
 (1994 Las Vegas deaths from Cryptosporidium spp. and drinking water were later redacted)
- No data demonstrating municipally treated drinking water endemic occurrence

All of the source water sampling, genotyping, cell culturing, scat analysis, etc., cannot bring to a logical conclusion the need for the EPA LT2 regulation. Individually and collectively these data variables are nothing more than assumptions based on estimates that are inconsistent, unreliable, and therefore scientifically unsupported. They are unable to demonstrate *Cryptosporidium* spp. as an inherent, let alone an emerging microbial public health problem from municipally treated surface drinking water.

There is a decades long-standing disconnect between; surface drinking water *Cryptosporidium* spp. public health evidence, and the continued waste of money to find a drinking water public health problem that does not exist. This was confirmed even a decade ago by the Bull Run Treatment Panel that added water treatment would provide "no measurable benefit".

Ultimately the Variance process has provided little useful information with no expectation of a successful outcome because of continued use of flawed and scientifically unsupportable methodologies. As the next step we must acknowledge the unnecessary and wasteful spending needs to stop and request a complete Waiver from LT2 added drinking water treatment and covering open reservoirs. It is now time to repeal the historically onerous and scientifically unsubstantiated EPA Long Term 2 Enhanced Surface Drinking Water Rule.

Sincerely,

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