



**California Association of
Environmental Health
Administrators**

February 3, 2014

Matt Rodriguez, Secretary
California Environmental Protection Agency
1001 I Street
Sacramento, CA 95814

Diana Dooley, Secretary
California Health and Human Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814

SUBJECT: Drinking Water Program

Dear Secretaries Rodriguez and Dooley:

On behalf of the Health Officers' Association of California (HOAC) and the California Association of Environmental Health Administrators (CAEHA) we wish to share our comments regarding the Administration's proposal to transfer the Drinking Water Program (DWP) from the State Department of Public Health (CDPH) to the State Water Resources Control Board (SWRCB).

While there may be some differences in perspectives between our two organizations and between members within each organization regarding the need and ramifications of this proposed transfer, HOAC and CAEHA wish to share a number of their concerns and recommendations with you. As you are aware, we have had representatives that have attended every meeting of the DW Reorganization Taskforce (Taskforce) and offer these comments as a summary of our input over the past two months in the spirit of constructive engagement and a key partner with the State in the regulation of the DWP.

First, as we have repeatedly stated, HOAC and CAEHA remain unconvinced that this transfer is justified solely – or even primarily – on the grounds of moving the DWP from one agency to another within the same Administration because of past implementation challenges. As most participants in the transition meeting have acknowledged, the difficulties that CDPH experienced in meeting federal EPA program expectations were caused in a large part by systemic statutory and fiscal limitations. To expect SWRCB to do significantly better at the task without resolving these underlying challenges is disingenuous.

Second, as Public Health and Environmental Health professionals we believe that the DWP MUST retain its public health focus. We have repeatedly been given the assurance from the Administration representatives facilitating the taskforce meetings that the day to day management of the regulatory functions of DWP will retain essentially the same and most if not all of the current CDPH staff will simply be transferred to the SWRCB and housed in a new unit there. We need the Administration to hold to this promise.

Third, while we understand the Administration's interest in keeping this move "budget neutral," we must continue to warn all involved that unless funding for the non-compliant systems is increased, we may simply be fooling ourselves that this reorganization will fix the most urgent problem – almost 200 disadvantaged communities without drinking water that meets public health standards. Furthermore, having witnessed the impact a "budget neutral" creation of the Department of Public Health has had on the program capacity of CDPH, we are very concerned that the transfer of the DWP out of the Environmental Health Center of CDPH will diminish the Center's overall capacity to perform its other critical functions.

We continue to believe the Drinking Water Program best serves the citizens of California administered from CDPH. If, however, a transfer to the Water Board occurs, the following would be our recommendations:

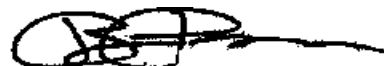
- The primary objective of this transfer should be to provide quality drinking water to the citizens of the disadvantaged communities, which have suffered for years with sub-standard water. Provided the essential public health public protections associated with drinking water are maintained, this reorganization does offer an opportunity for better regulation and funding of source water protection (S.W.A.M.P), more efficient water use and reuse, and more energy and cost-effective waste water management.
- The Director of the new Division within SWRCB must have the necessary public health qualifications to ensure that public health protection remains the primary focus of the new regulatory structure. Specifically, we believe the minimum requirement should be an experienced Registered Environmental Health Specialist with at least 5 years' experience in supervision of Drinking Water, Public Health, AND have a Master's degree in Public Health or equivalent OR 12 years of work in a field with direct Public Health experience.
- After – and even during - the initial administrative reorganization, the Administration and Legislature must continue to focus on addressing the core statutory and fiscal obstacles to ensuring safe and affordable water to all Californians. These have all been identified and discussed in the Taskforce meetings.
- To further advance the stated goals in the Administration's *California Water Action Plan* and *Groundwater Workplan Concept* and move the State closer to regional resilience, we will need to better utilize the extensive local government capacities. In particular we urge a thorough examination of what additional roles local EH agencies may play to assist these smaller systems and private wells in providing safe and affordable to all communities.
- Securing funding for the regionalization of failing small systems, Operations and Maintenance (O&M) and Technical, Management and Financial (TMF) support as well as the augmentation of LPAs must be the first order of business for the new unit.
- The outdated and ineffective data management systems need to be replaced with an integrated web-based approach to data collection, storage, reporting and analysis.
- An examination of the optimal approach to assessing drinking water quality of the private and shared systems such as basin-wide monitoring without mandated across-the-board monitoring for all of them.
- Continuation of the current Taskforce beyond July 1, 2014 to ensure active stakeholder engagement in the implementation of the program at SWRCB.

Please do not hesitate to contact either Bruce Pomer of HOAC at (916) 441-7405 or Steve Van Stockum at (951) 358-5316 if you or your staff have any questions regarding this letter or our role in and commitment to providing excellent public environmental health services to our communities.

Sincerely,



Steve Van Stockum
CAEHA President



Bruce Pomer
Executive Director HOAC

cc: Ms. Liz Haven, SWRCB