Testimony of

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On Behalf of the

Copiah Water Association (Mississippi)
Mississippi Rural Water Association
National Rural Water Association

Before the

Subcommittee on Chemical Safety, Waste Management, Environmental Justice, and Regulatory Oversight
Committee on Environment and Public Works
United States Senate
June 9, 2022
S.4244 - Alan Reinstein Ban Asbestos Now Act of 2022

Good morning Chairman Merkley, Ranking Senator Wicker, and members of the subcommittee. It is an honor to testify before the subcommittee regarding one of the most significant public health concerns affecting every person in the country: the public's drinking water safety.

I am David Boone, the General Manager of the Copiah Water Association in rural Mississippi, a non-profit and locally governed organization that provides public drinking water to our 2,400 customers and an industrial park. I have 34 years of experience in the water industry and am here also representing the Mississippi Rural Water Association which has a membership of 1,050 communities with public drinking water systems, and the National Rural Water Association, which has a membership of approximately 31,000 communities with public drinking water systems across the country. Our member communities and drinking water utilities have the very important public responsibility of supplying the public with safe drinking water and sanitation at home, work, and public spaces - every second of every day – all the while complying with all applicable U.S. Environmental Protection Agency (EPA) regulations.

On behalf of every small and rural community in Mississippi, I want to take this opportunity to personally thank you, Senator Wicker, for all your help and support - from

passing a number of bills to provide us with technical assistance that helps us comply with all the federal water regulations, to helping secure funding for numerous water infrastructure projects throughout the state, and supporting the training and employment of new water operators entering the water workforce - thank you Senator Wicker.

I am here before you today because my public drinking water supply in Copiah County, Mississippi - like nearly all the other 49,680 community drinking water systems in the country - depends on chlorine-based disinfection to ensure that our drinking water is safe for the public to drink. The killing or deactivation of potentially deadly pathogens, viruses, bacteria, and other microbes by chlorine-based disinfection is the most fundamental and essential part of public drinking water treatment. There is no alternative disinfection treatment as effective, safe, and affordable as chlorine. The common use of chlorine-based disinfection in public drinking water supplies - beginning at the turn of the 20th century - is widely recognized as one of the greatest public health achievements in history. In fact, chlorine disinfection has been so successful that freedom from epidemics of waterborne diseases is now virtually taken for granted in our nation.

My three main points here today are to explain the following issues:

- One, any regulatory or legislative actions that increase the cost of chlorine or reduce the supply will have real-adverse public health consequences on many of our fellow citizens;
- Two, those adverse public health effects will fall disproportionately on low-income people, including people on fixed incomes, as well as vulnerable infants and the elderly; and
- Three, public drinking water suppliers are currently experiencing near-perilous shortages and steep cost increases of the essential chlorine to keep public drinking water safe.

My current experience in operating our public drinking water in Copiah County highlights examples of these three conceptual points.

To serve drinking water to our population and businesses, we treat approximately 1.6 million gallons of drinking water each day and distribute finished water through 900 miles of pipe. Gaseous chlorine is critical for us to maintain a chlorine residual throughout the system in compliance with the federal Safe Drinking Water Act. This service requires about 20 pounds of gaseous chlorine each day. To pay for all the treatment, storage, operators, distribution system, maintenance, replacement, repair and other features of the water system, we charge $24 for a minimum 2,000 gallons per month and $5 per 1,000 gallons for any additional usage. Our community is approximately 60 percent minority and 75 percent low-income.

We purchase approximately 10 - 150 pound canisters of chlorine gas each month to meet the demand. Unfortunately, when I put in the order two months ago, our local chlorine distributor informed us that they were out of chlorine and did not foresee any future supplies on the way. This problem caused a bit of local panic as many of my neighboring drinking water supplies were facing the same lack of supply, and we could not find another chlorine distributor in the state. If we did not find an alternative source of chlorine, we all would have been forced to issue “boil water orders” to the public, resulting in a public health crisis for our affected communities. After an aggressive search and some expanded networking with other water utilities, we found a chlorine supplier in Tennessee. However, this solution came at a high cost to our community. Our monthly supply of chlorine gas has almost tripled in price - it is now over $4,000 compared to less than $1,500 just two years ago.

We have been forced to pass on the increased cost of operating the utility to the local customers in the form of rate increases. Our board of directors continuously struggles to adopt operating plans to meet our financial obligations without raising the rate that will jeopardize our low and fixed-income neighbors' ability to afford their water service. However, in a rural community with such a high percentage of people living at or near the poverty rate, any rate increase is unaffordable for many residents. We managed to limit the most recent rate increase to only $3 a month - for now. However, even with this

relatively small rate increase, we are seeing adverse public health impacts. For the last two months, we witnessed approximately double the number of households that could no longer afford to pay their water bills. Our already financially strapped water utility has been forced to develop alternative payment plans for increasing numbers of distressed customers. We work with each customer in distress to allow the minimum payment to ensure water service and agree on a feasible long-term payment plan. We often hear about many low and fixed-income households choosing to pay their water bill using funds that would have previously been used for food, medicine, or other necessities.

The adverse consequences of rate increases on our low and fixed-income neighbors is the most pressing concern for our locally elected volunteer board of directors. These public servants have the very challenging responsibility of keeping a safe water supply operating, and at the same time keeping water service affordable for the most vulnerable households. Moreover, we are facing more unplanned expenditures and likely rate increases resulting from the current lack of a stable chlorine supply. These conditions are forcing us to consider increasing our ability to stockpile more chlorine by building additional storage capacity, if at all possible, at a cost of $15,000 per each of our five treatment locations. This expense would be very high and would also have to be absorbed by our already strained rate-payers.

Chlorine cost and supply are becoming a major factor in the sustainability of the Copiah Water Association and many thousands of drinking water utilities across the country. So you can understand our concern when we hear of circumstances that may have the potential to decrease supply and increase the price of chlorine disinfection products. According to the EPA, a proposed ban on asbestos diaphragms that are used to produce chlorine under new EPA regulation or through new legislation “could impact approximately 30% of domestic chlorine production capacity.” And you can also understand our concern over EPA’s warning “that the resulting conversion of existing chlorine manufacturing facilities that currently use asbestos diaphragms would be

expensive, and the cost of conversion could be passed on to customers, including drinking water and wastewater systems."

Therefore, I have significant concerns that drinking water systems like mine may be left on the hook to deal with the ensuing chlorine shortages and price increases at a time when our ratepayers can ill-afford additional costs.

Lastly, I would like to recognize the water industry for their loyal dedication during the darkest hours of the pandemic. When the pandemic was hitting hard, water and wastewater utility operators were designated as "essential emergency personnel" by the federal government.

In closing, Mr. Chairman, I would like to thank you again for allowing the voice of small and rural drinking water utilities to participate in this hearing. We make up about 90 percent of the country's just over 49,000 community drinking water systems. And we appreciate the opportunity to explain the potential adverse public health impacts of cost increases and shortages of chlorine supplies. We urge you to consider these adverse impacts on the public as you consider environmental regulatory policy and legislation that may impact the nation's chlorine supply and cost. I am happy to answer any questions.