

ing the water and shellfish consumers from communicable diseases or illness, we know that health aspects associated with pollution of water in relation to the various users are numerous, complex, and certainly to date have not been adequately studied. Technological process continually creates new contaminants that must be evaluated. Restrictive limits for many of the new materials or for the existing low-level contaminants found in drinking water supplies are, however, difficult to establish because of the gap in knowledge regarding acute and chronic physiological effects on humans. In some cases, the analytical procedures and treatment technology need improvement.

Of equal concern is the need to determine whether or not the barriers guiding against biological contamination of drinking water supplies are being strained to the breaking point. To what degree time-tested supply safeguards and safety factors have been reduced to dangerous levels poses a vital question. Little is actually known of quantitative procedures for isolating pathogens from water, and from the infectious dose of many pathogens that reach our water intakes. Current extensive experimentation with, and the eventual need for, waste water reuse with resultant increase of biological hazards as well as buildup of chemical contaminants, imposes on the Public Health Service an inescapable responsibility for determining the health hazard potential. The Service is equally responsible for assuring that meaningful indicator indices are developed and used in assessing the impact of water renovation on human health. The urgent need for such research has been supported both by the Committee on Water Resources Research of the Federal Council for Science and Technology and the Federal Water Pollution Control Administration.

Our future program will involve additional research and development resources pertaining to water quality on health, including refinement of meaningful potable water standards. Investigations will include: (1) Development for improved methods for the identification and measurement of organic materials and trace elements occurring in drinking water supplies; (2) epidemiological and toxicological studies to determine the significance of organic material and trace elements in relation to human health; (3) development of suitable methods for the removal of harmful trace contaminants, determination of human health effects of water that has been renovated from polluted sources; and (4) initiation of development of rapid determinable tests to assure public drinking water supplies of good quality.

Mr. DADDARIO. Now, shouldn't that be the responsibility of the Federal Water Pollution Control Administration? If it is not, and you should do it, should they be doing it, too? How do you coordinate your activities?

Mr. EVERTS. Under the terms of the interdepartmental agreement, we have been assigned these responsibilities. The Public Health Service has a long history of dealing with matters relating to human health, and we have the resources to do it.

Mr. DADDARIO. I do not disagree with that. It is just that since the Federal Water Pollution Control Administration does have certain responsibilities, we are concerned with how the governmental agencies are set up and who is doing what and why, especially regarding No. 3,