

DR. PERRY KENDALL'S  
REMARKS FOR BOARD OF HEALTH, SEPTEMBER 13, 1990

Mr. Chairman and Members of the Board:

It's with some pleasure that I am at last able to present you with our review of the water that Torontonians drink -- whether from the tap, from a bottle or delivered through some sort of treatment device. I know you've been looking forward to this report, and I know you will be relieved to hear that the results are in general reassuring.

At the same time, our research suggests that this is not the time for complacency.

There is perhaps nothing that causes as much anxiety as the state of our drinking water. We all know of the scarcity of pure water in many third world countries and even as close to home as Southern California. Lately our television screens have shown us gut-wrenching pictures of refugees in Jordan desperately clutching for bottles of precious water.

We on the Great Lakes are extremely fortunate in having access to one fifth of the world's fresh water supply. But, as the report clearly shows, that supply is under stress. We can no longer treat our lake as a giant sump pump, expecting it to flush away all the chemicals and organic materials we dump into it. We must view it for what it is, an irreplaceable resource.

While the report clearly calls for strong measures by government, I would also like to point out the individual citizen's responsibility. Everything that goes down the drain has the potential for ending up in our drinking water. We must personally move to dispose safely of toxic substances, and reduce our use of such substances.

While you all want us to give our water a clean bill of health, I must stress that it is less than perfect. Of course, the only perfect water source is one from a pristine spring, bubbling from deep within the earth, far from any human or animal contamination. Those days are past. But I can stress that I and my family drink the water and our pregnant researchers drank the water during this study.

We have confidence in municipal water.

We also have confidence that other levels of government can be persuaded to do even more to treat the water, and to ensure that legally enforceable standards are in place, so that all water available to Canadians is of the highest possible quality. I must stress that this is not the definitive study. Others are called for and will, I hope, follow. Nor should you over-estimate its importance to public health.

We believe that only about a fifth of our chemical intake comes from water. By far the largest amount is estimated to come from food, the rest from air and soil. We are addressing those issues in studies either underway or in process of design.

What this report offers is a look at key contaminants in water sampled during a specific period in 1988. It reveals a serious gap in labelling laws and in standards. It also shows that our municipal water at the tap is too high in lead and, we suggest, in aluminum, that bottled waters may contain bacteria and excess salt and fluoride, and that filtered waters are extremely uneven in quality, perhaps because manufacturers and distributors don't instruct consumers properly in the use of these devices.

With that said, I would like to thank the various levels of government who have been receptive to our findings in briefings earlier today, the Metro Works Commissioner, Robert Ferguson, and the City's Commissioner of Public Works, Nick Vardin, who I know are regarding the recommendations with great seriousness, and the Environmental Protection Office staff who have worked hard to make a complex subject understandable to the consuming public.

And now I would like to introduce Professor Isobel Heathcote, who is our consultant in water management policy, and who will take you through the report's highlights.

