who are not in facilities that are kept alive on medications that enable them to live their lives as productive citizens without them even knowing that they have a condition. We don't want to interfere with that.

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Please continue the protection of not only banning hydraulic fracking for natural gas within the Delaware River basin, but also banning any support of that industry elsewhere. Ban withdrawal of the water from the Delaware River basin to these areas and then processing and storage of waste that is generated elsewhere in the DRB. Thank you.

HEARING OFFICER:

Okay. Thanks, Ms.

Little. Is there anybody else that would like to address the Commission who has not spoken yet? Yeah, I think I covered all of the list. You don't have to be on the list. Okay. Would you like to address the Commission?

MS. MICKLEY:

116 1 Yes. 2 HEARING OFFICER: 3 Okay. If you would, 4 please. 5 MS. MICKLEY: 6 Thank you. 7 HEARING OFFICER: 8 I say that because of the 9 recording of it. All right? 10 MS. MICKLEY: 11 Sure. 12 HEARING OFFICER: 1.3 And if you'd start by 14 stating and spelling your last name. 15 MS. MICKLEY: 16 My name is Sue Mickley, 17 M-I-C-K-L-E-Y. I'd like to address the 18 quotes of 1,100 research papers. This 19 is an excerpt from a petition from Fast 2.0 Paced Regulation authored by Steve 2.1 Malloy. It was put together February 2.2 20th and I'm presenting excerpts of it. 2.3 It's addressing the lack 2.4 of epidemiological standards that 25 threaten efforts to reduce

overregulation. It is a safe bet that virtually all epidemiological based federally regulated efforts for the past 25 years or so may be considered as safe science or junk science. This is because federal agencies, especially the EPA --- and I add here the DRBC's current regulatory efforts --- of taking action to issue regulations based on the statistical noise that is weak associated --- association epidemiology.

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The state's science should be held up to new robust federal epidemiological standards, and then validated or discarded based on its actual merits. The data used in these studies are often of such poor quality that epidemiologists refuse to share their data with independent researchers for the purpose of peer review. This is a tradition to confirm scientific method.

The first efforts to issue standards for interpreting

epidemiological studies was articulated by famed British epidemiologist, Sir Austin Bradford Hill, in 1965. Hill almost uncannily foresaw the most common abuse of epidemiological problems we see today, i.e., inappropriate reliance on weak, statistical correlations, also called weak associations, that likely reflect only poor data quality or chance versus meaningful results.

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The adage correlation is not causation should come to mind. Not only is the adage true, but also weak correlations or weak associations never portend causations. Weak associations are just meaningless statistical noise. There's not a single example in the scientific literature of a weak association epidemiological study whose reported association turned out to be scientifically valid, not one.

I would like to summarize the processing in going through using these studies to argue the dangers of

fracking. This process could easily be compared to the Salem witch trials, with the oil and gas industry and its workers --- responsible citizens being convicted by mass hysteria. I conclude real world results from fake science today.

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You have real world proof in the Susquehanna River basin right next door. They've proven reliability and a safety of this industry. It's not a new industry. It's been out there. Thank you.

HEARING OFFICER:

Okay. Thank you, ma'am.

Okay. Let's see. Ms. Zerbe? I got the right name? Ms. Zerbe; is that correct? Is your brother here?

MS. ZERBE:

He's in traffic.

HEARING OFFICER:

Okay. Is there anybody else here that would like to address the Commissioners?

Okay. Ma'am, I think