Significant Points in Deposition of Dr. Davies, State Epidemiologist and Epidemiology Section Chief, North Carolina Department of Health and Human Services

The health screening level for hexavalent chromium is 0.07 and it has not changed, despite the “Do Drink” letter sent by Dr. Williams and Mr. Reeder. – p. 18

She did not agree with the decision to send the Do Drink letter because water in the public water systems is safer than the well water. – p. 22-23.

Dr. Williams wanted to send the Do Drink letter because of concerns that the legislature would restrict the authority of the Division of Public Health over people’s wells. – pp. 23-24.

She would not have issued a letter telling residents that it was safe to drink well water with hexavalent chromium above the 0.07 health screening level. – pp. 29.

Duke Energy met with DHHS about the health screening levels for the wells. – p. 34-37.

The new Secretary of DHHS, Secretary Brajer, met with Duke Energy about the well water. – p. 41-42.

The Do Not Drink letter told the well owners that their water satisfied the standards of the federal Safe Drinking Water Act. Dr. Davies thought that the well owners should also be told in the letter that there are no federal Safe Drinking Water Standards for hexavalent chromium or vanadium, but DEQ objected. – pp. 45-48.

DEQ did the initial calculations that led to the 0.07 ppb hexavalent chromium health screening level, and DHHS reviewed it and agreed with it. – p. 55.

She is not aware of anyone at DHHS (including Dr. Williams) who reviewed the levels of hexavalent chromium in public drinking water supplies across the state to support the first sentence of the Do Drink letter: “We have reviewed the do not drink usage recommendation because we have determined your water is as safe to drink as water in most cities and towns across the state and country.” -- pp. 56-57.

Dr. Davies objected to Dr. Williams about the first sentence because of the low level of contaminants in the drinking water supplies of Charlotte and Raleigh. Dr. Williams relied on the fact that Mr. Reeder had made the statement that public water supplies have levels as high or higher than those in the drinking wells. – pp. 57-59.

The Do Drink letters should have informed well owners about the levels of contaminants in the neighboring public drinking water supplies, which were much lower. – pp. 60-61.

She would not have told the well owners it was appropriate to return to drinking their well water. – pp. 61-62.
The 0.07 ppb health screening level for hexavalent chromium is for an adult, not for pregnant women or young children who should have a more protective level. Before sending the Do Drink letters, Dr. Williams did not determine whether any of the households included pregnant women or young children. – pp. 66-67.

She does not believe that the Do Drink letter supported or was consistent with the mission of DHHS: to protect the health and safety of all North Carolinians. – p. 68-69.

The Do Drink letter promised an updated usage recommendation. No changed usage recommendation was issued because Dr. Davies and her colleagues recommended strongly against it and were not willing to issue a revised usage recommendation. – pp. 69-70.

She is not aware of any evidence that bottled water contains any levels of hexavalent chromium and vanadium contamination. – p. 73.

She has heard Mr. Reeder say that the water in Raleigh has as much hexavalent chromium as the wells. She checked the Raleigh water system and determined that the hexavalent chromium level for Raleigh’s water was for the most part below the health screening level, and that what Mr. Reeder said was not true. She told Dr. Williams. – pp. 76-77.

The U.S. Center for Disease Control reviewed the cancer slope factor used by DEQ and DHHS to determine the 0.07 ppb health screening level for hexavalent chromium and confirmed that it was correct. – p. 83.

The Secretary of DHHS asked her to conduct a cancer review of counties that have coal ash sites. She told the Secretary that a valid study could not be done, but he asked her to do a review anyway. – pp. 148-160, 161-62.

DEQ’s Frequently Asked Questions listed levels of hexavalent chromium for the cities in the US with the highest levels of hexavalent chromium (such as Norman, Oklahoma, and Riverside, California) – and did not include major US cities that have levels under DHHS’s health screening level (New York, Boston, Miami, Cincinnati, Indianapolis). – pp. 166-170.