



RICHARD O. BRAJER  
*Secretary*

DANIEL STALEY  
*Director, Division of Public Health*

August 10, 2016

Dear Secretary Brajer,

Today I resign from my position as Epidemiology Section Chief and State Epidemiologist in the Division of Public Health (DPH), North Carolina Department of Health and Human Services (NCDHHS). It has been an honor to serve in this role for the past seven years.

I am resigning because the open editorial issued by this Department on August 9, 2016, misrepresents the process used by NC DHHS to set health screening levels and provide public health recommendations to well owners whose wells were tested under the Coal Ash Management Act. The editorial signed by Randall Williams and Tom Reeder presents a false narrative of a lone scientist in NCDHHS acting independently to set health screening levels and make water use recommendations to well owners. In fact, and as I briefed you in August 2015, NCDHHS followed a process that engaged DPH and DHHS leadership in all decisions.

The health screening levels used by NCDHHS in evaluating constituent values from well water tested under the Coal Ash Management Act (CAMA) were all established with reference to North Carolina Administrative Code 15A NCAC 02L. This rule was specified in CAMA. NCDHHS used published 15A NCAC 02L standards where those existed. For constituents with no published standard in the rule, NCDHHS used the Interim Maximal Allowable Concentration (IMAC) where available. A screening level calculated per directions in 15A NCAC 02L was used for constituents, such as hexavalent chromium, that did not have a published standard or IMAC.

The health screening level for hexavalent chromium was calculated by two toxicologists in the North Carolina Department of Environmental Quality (NCDEQ, then called NCDENR) using their standard operating procedure. Two toxicologists in DPH (including Dr. Rudo) reviewed the calculations and agreed with them. My staff presented the levels and the rationale for them to me and we briefed Division and Department leadership extensively, including the Department counsel. The course of action followed was fully vetted and approved through to the Secretary of Health and Human Services at that time, Dr. Wos.

When Dr. Randall Williams started working at NCDHHS in July 2015, after this process was complete and the Department had begun providing Health Risk Evaluations to NCDEQ to send to well owners, I fully briefed him with some of my staff and Division leadership on the above described process. We provided extensive information on the discussions and decisions made. On August 19, 2015, we briefed you with Dr Williams present on all of this, and provided you with a summary document of the basis in law and usual practice for the approach the Department was taking.

Upon reading the open editorial yesterday evening, I can only conclude that the Department's leadership is fully aware that this document misinforms the public. I cannot work for a Department and an Administration that deliberately misleads the public.

Nothing Compares<sup>SM</sup>

Resigning from this job that I love is a terrible loss to me professionally and personally. Working in the public health system in North Carolina and nationally brings meaning to my life. It has been a privilege to work with the superb public health professionals in the Division of Public Health and all our colleagues across this state. It has been a joy to work with the extraordinary public servants in the Epidemiology Section.

In resigning this position, I must also take on the additional sadness of giving up the opportunity to serve on the Executive Board of the Counsel of State and Territorial Epidemiologists (CSTE), including this year as President of CSTE, a professional honor equaled only by that of serving as State Epidemiologist of North Carolina.

My resignation is effective immediately.

Sincerely,

A handwritten signature in blue ink that reads "Megan Davies, MD". The signature is written in a cursive style.

Megan Davies, MD