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DR. RUDO RESPONDS TO PUBLIC ACCUSATIONS MADE BY ASSISTANT  
SECRETARY TOM REEDER AND DEPUTY SECRETARY RANDALL WILLIAMS

Raleigh, NC-- Earlier today, Assistant Secretary Tom Reeder and Deputy Secretary Randall Williams released a press statement that asserted Dr. Kenneth Rudo mischaracterized the standards pertaining to safe drinking water for North Carolina and that he was inconsistent in his deposition testimony pertaining to the same. With these allegations by Assistant Secretary Reeder and Deputy Secretary Williams, Dr. Rudo respectfully takes exception.

As for the particulars, Dr. Rudo responds as follows:

- In the first paragraph, Reeder and Williams assert that Dr. Rudo's scientific conclusions are "questionable" and "inconsistent." This assertion is demonstrably inaccurate. The referenced conclusions are not merely Dr. Rudo's scientific conclusions (e.g. regarding hexavalent chromium (Cr6)), but are also the conclusions of North Carolina Department of Health ("DHHS") and Human Services and Department of Environmental Quality ("DEQ"). The CAMA protective value of 0.07 ppb is not merely Dr. Rudo's subjective standard. It is the drinking water value of both DHHS and DEQ. In 2015, scientists and supervisory personnel reached this value as a consensus within the department. DEQ under Tom Reeder likewise reached this value as a consensus. The value was utilized to protect public health of the residents adjacent to the coal ash ponds, as stated in the CAMA rule of 2014. The 0.07 ppb Cr6 health protective value was reached in strict accordance with the CAMA rules, and vetted in detail by legal personnel within DHHS. It was calculated not by Dr. Rudo, but by risk assessors in DEQ, according to strict protocols set by the CAMA rule, the 2L Groundwater standards, and California and EPA cancer slope factors used to calculate the 0.07 ppb health protective value. The 0.07 ppb health protective value was vetted by health risk assessors in DHHS and DEQ. It is not Dr. Rudo's standard as stated in previous releases and in this editorial. The science utilized to calculate this health protective Cr6 value is fully supported by peer-reviewed published science, as well as California EPA and

USEPA scientific evaluation. These are not merely Dr. Rudo's scientific conclusions, but California EPA's, USEPA's, and from the peer-reviewed published science, which Dr. Rudo and his colleagues in DHHS reviewed in great detail.

- Reeder and Williams further contend that Dr. Rudo has created "unnecessary fear" and "confusion" among NC citizens. The citizens of North Carolina are free to judge the accuracy of this assertion. Dr. Rudo has communicated potential health risks from chemicals in well water to NC citizens in a manner that was thoroughly vetted and approved by DHHS. Dr. Rudo was instructed to continue with the health risk evaluations after consensus was finally reached between DEQ and DHHS in 2015. The fear and confusion appear to stem from actions by a management official in choosing to send out a letter to various residents to advise that their well water was "safe to drink," notwithstanding the objections by staff management below the official, as well as his DHHS technical staff workers, some of whom were not consulted with even though these technical staff workers were involved in deriving the "Do Not Drink" warnings and the protective value for Cr6. This department official singularly overruled a consensus-based decision reached in 2015 by DHHS and DEQ. This Department official overruled the two departments that came to consensus regarding Cr6 posing an increased health risk over time. He overruled a consensus in DHHS and DEQ in 2015, that made a joint decision to tell NC residents not to drink their well water if it exceeded the Cr6 health protective value of 0.07 ppb. Any "fear" or "confusion" is not because of Dr. Rudo's actions, but of officials within the respective departments.

- Contrary to the assertions by Reeder and Williams, Dr. Rudo has not contradicted himself or other scientists, other than one scientist who was a consultant for Duke Energy. The science had been vetted through CDC, ATSDR (part of CDC which performs health risk assessments) in addition to peer-reviewed published science and scientific conclusions reached by California EPA and USEPA. DHHS, including supervisory personnel thoroughly vetted these conclusions. The claim that Dr. Rudo contradicted himself in HRE letters in 2014 and 2015 is misleading. In 2014, DHHS did not have a specific standard for Cr6, even though the department was requested to confer with DEQ for permission to calculate a standard. This permission was denied to the scientists in DHHS. So the DHHS scientists had to use the 100ppb Maximum Contaminant Level (MCL) for total chromium, for public water supplies as required by state legislative action in 2008. This is a standard that is not

health protective, and is in the process of being updated by EPA, and represents a lifetime cancer risk of approximately 1 in 1428, which denotes a significant cancer risk, higher than the one in a million cancer risk in the CAMA rule, which in 2015 we were required to use. Because at the time, DHHS did not have a Cr6 specific standard, Dr. Rudo had to use the 100ppb standard as required by law. When DHHS scientists and managers finally reached consensus on the 0.07 ppb Cr6 health protective value between DHHS and DEQ in 2015, the DHHS scientists went back and corrected the HREs from 2014 via resampling, making a point to try to reach out to these residents to explain the health risks. So accordingly, Dr. Rudo is not contradicting himself, but merely following strict instructions from DHHS to use the 100ppb MCL for total chromium, even after Dr. Rudo and his colleagues requested from DHHS and DEQ to set a health protective value for Cr6 specifically.

- The reference to Dr. Rudo being "out of step" is not accurate. DHHS did the state survey, not Dr. Rudo personally. Most states have not performed an analysis of the scientific peer-reviewed published science for Cr 6 and vanadium, as DHHS in North Carolina did, and as California did. California, in fact calculated a public health goal for Cr6 in drinking water that was more stringent, and more health protective than calculated in NC under the CAMA rule. When these states get an opportunity to review the science with California and EPA, to actually set a health protective standard, (which once again, understanding that the 100ppb total chromium MCL is no longer a public health protective value for Cr6 in drinking water), Dr. Rudo would hope that NC would be ready to help our fellow state health departments in this endeavor.

- Reeder and Williams are correct that there was disagreement among staff in DHHS and DEQ in 2015 on how to proceed and how to protect the NC residents. After a vigorous debate over several months, and several starts and stops that were problematic at the time, and are discussed under oath in detail in Dr. Rudo's deposition of July 11, 2016, both DHHS and DEQ reached a consensus. This consensus, regarding what health protective values to use to protect the well water of the NC residents adjacent to the coal ash ponds, and how to communicate this to these folks, was what Dr. Rudo followed in sending out HREs in 2015, based on specific instructions from his superiors at DHHS. None of this was Dr. Rudo's decision. This was a decision made by DHHS as a department, which in 2015 Dr. Rudo followed professionally and according to directions from his superiors. Reeder and Williams' statement that "he [Dr. Rudo]

limited his threshold to only those well owners near the coal ash ponds", is simply not true. This was at the specific direction of DHHS leadership in 2015. Dr. Rudo wanted to apply this degree of health protection to all NC citizens' well water in 2015 and 2016, but the direction of the department (DHHS) was to abide by CAMA to apply this protection to wells only near coal ash ponds, and to abide by the 2008 new well rule for all other wells. Dr. Rudo's request to extend this protection to all well water was denied, and is still denied. In 2016, DHHS scientists requested guidance from the department for this issue, but to no avail.

- In Dr. Rudo's deposition, he did explain the issues that Reeder and Williams mistakenly label as "inconsistencies." To the contrary, Dr. Rudo was consistent during his deposition. Dr. Rudo used the scientific information as a toxicologist should do. He reviewed and vetted the science with his colleagues in DHHS and DEQ. The health protective value to protect NC residents were not merely Dr. Rudo's standards or conclusions, but those of DHHS as a department.

- Dr. Rudo believes he has been personally and wrongfully impugned by state officials for the past week for his having the temerity to merely speak the truth. Being attacked by powerful state officials is unnerving enough; but it is particularly distressing when these personal attacks go to the heart of Dr. Rudo's most prized earthly possession: his integrity and are utterly false. Dr. Rudo has been truthful at all times.

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