

THE STATE OF SOUTH CAROLINA

In The Court of Appeals

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SC Court of Appeals

APPEAL FROM ORANGEBURG COUNTY in the Court of Common Pleas

Judge Maite Murphy

Case No.: 2023-CP-38-00331

Serge R. Wandji, Plaintiff/Appellant

v.

The Regional Medical Center, Defendant/Respondent

RECORD ON APPEAL

Volume II (Pages 291-580)

Appellate Case No.2025-000108

s/Serge Wandji

Pro se Appellant

WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 Q. Okay. And when you -- did you talk to him
2 about the fact that he had been in the previous week
3 and told you that he had had an exposure outside of
4 work?

5 A. Yes, sir, and at the time on the 27th at --
6 whenever I mentioned -- we have a Covid questionnaire
7 that we go through with the employee, and that is when
8 I was going through the questions, and one of the
9 questions is where were you exposed, so I had mentioned
10 that you were potentially exposed at work and outside
11 of work, and he -- that's when he told me, no, he was
12 not exposed outside of work. And I said, Well, you
13 came in last week and got a test. And he said, That
14 was for school.

15 Q. Was that the first time he told you anything
16 about --

17 A. Yes, sir.

18 Q. -- being tested for school?

19 A. Yes, sir.

20 Q. Did he ever provide you any documentation
21 that he needed to test for school?

22 A. No, sir.

23 Q. And the -- when he -- and I'm just trying to
24 understand the sequence of events. When you originally
25 talked to him and he gave you the 23rd, did you all end

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1 your conversation, and then he called back later with a
2 new date?

3 A. So we continued the conversation. I believe
4 he gave the date of the 23rd to Kellie when he called
5 and let us know that he needed to be tested. Whenever
6 I spoke to him right after we had determined that he
7 was positive, that's when we said -- he told me that it
8 was the 25th instead.

9 We continued the conversation. I asked him
10 if he had been vaccinated against Covid, because that
11 is one of the questions that we ask, and he stated to
12 me that that was personal, and I didn't really
13 understand what he was trying to say at that time, so I
14 proceeded, and I asked him again the same question.
15 He, again, stated that that was personal. He told me
16 that he was driving, and he needed to pull over to
17 speak with me, and then he hung up the phone, and then
18 a few hours later, he did call back.

19 Q. Okay. Why was the information important
20 including the accurate information about the onset of
21 symptoms?

22 A. Again, whenever we were trying to determine
23 how there was patients in the behavioral health unit
24 that were positive, we were trying to determine where
25 it could have came from and if they could have been

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1 potentially exposed to Serge.

2 MR. HOWELL: Thank you, ma'am. That's all I
3 have.

4 THE COURT: Mr. Wandji, any questions of
5 Ms. Caruso?

6 CROSS-EXAMINATION

7 BY MR. WANDJI:

8 Q. Ms. Caruso, you just said the patient on
9 the behavior unit could have been exposed to me. Why
10 would you say that?

11 A. Because the patients were testing positive
12 for Covid around the same time that you were, and with
13 the date that you originally gave, the onset of the
14 21st, it meant that you could have possibly been
15 contagious up to two days before that.

16 Q. I could have been?

17 A. Correct.

18 Q. How do you know that?

19 A. Because that's the CDC guidelines. That was
20 what the CDC has put out.

21 Q. Where is that CDC guideline that said I could
22 have been infected? What is it? What is the CDC
23 guideline?

24 A. I don't have it with me, but it was --

25 Q. Oh --

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1 A. -- on the CDC website.

2 Q. You don't have it with you?

3 A. No, sir.

4 Q. Oh, so how are we going to -- how are you
5 going to convince the Commissioner that that's what the
6 CDC says? You just out of your head like how do we
7 know? What is the CDC guideline?

8 A. I mean, the CDC guidelines were published on
9 several websites, news sources, social media sources,
10 but that is what we use to determine onset of symptoms.

11 Q. Where is it? I mean, your lawyer sent all
12 kinds of documentation. He didn't --

13 A. Yes, sir. I understand. I do not have it
14 with me. No, sir.

15 Q. You -- are you a nurse, you said?

16 A. Yes, sir.

17 Q. And when all that happened, you had like, as
18 I said, degree nurse. Is that right?

19 A. I'm sorry? Yes. Yes.

20 Q. And that's a nursing degree nurse?

21 A. Yes, sir. Uh-huh.

22 Q. So now you decide when I was infected like
23 you know exactly when somebody is infected, when they
24 get symptoms with a nursing degree in nursing? What
25 is --

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1 A. No, sir. That's what the CDC says.

2 Q. Again, where is that CDC note, madam?

3 A. Again, I do not have the -- I do not have the

4 CDC. I have answered that question.

5 Q. You don't have it?

6 A. No, sir.

7 Q. So you are just making that up, because we

8 have no evidence?

9 A. No, sir.

10 Q. Okay. So under -- on August the 16 --

11 A. Uh-huh.

12 Q. -- when I came to get a test --

13 A. Uh-huh.

14 Q. -- for my school, did you ask me when I was

15 exposed?

16 A. No, sir, we did not ask when you were --

17 Q. Okay.

18 A. -- exposed.

19 Q. You did not ask me when I was exposed. Why

20 not?

21 A. We -- we didn't need to know specifically

22 when you were exposed. You indicated that you were

23 exposed, and that's why you needed a test when we asked

24 what you needed a test for.

25 Q. Did I tell you where I was exposed?

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1 A. No, sir.

2 Q. Okay. I didn't tell you where I was exposed;
3 is that correct?

4 A. I don't recall you telling me where you were
5 exposed.

6 Q. Oh, okay. You are the head of the Employee
7 Health, right?

8 A. Yes, sir.

9 Q. On that day, 16th, we already had a lot of
10 Covid-positive employee at the hospital; is that
11 correct?

12 A. We had several. Yes, sir.

13 Q. We already had patients with Covid positive
14 in the hospital; is that correct?

15 A. Correct.

16 Q. It's amazing. During your testimony here
17 exchanged with your lawyer, you said, Oh, if somebody
18 has their personal protective gears, he cannot get
19 Covid. Where did you --

20 A. I did not --

21 Q. -- get that?

22 A. I did not say he could not get Covid.

23 Q. Oh, what did you say?

24 A. I said that the risk was low if you wore the
25 proper protective equipment.

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1 Q. So with that, you can still get Covid; is
2 that correct?

3 A. If you wear the proper corrected -- proper
4 PPE, your risk for Covid is low.

5 Q. But you can still get it; is that correct?

6 A. There is a possibility.

7 Q. Thank you.

8 THE COURT: Anything else?

9 MR. WANDJI: Huh?

10 THE COURT: Anything else?

11 MR. WANDJI: Yes, sir. Yes, sir. I'm not
12 finished.

13 THE COURT: All right.

14 MR. WANDJI: Thank you. This is on my
15 exhibit 47. That will be page 84.

16 THE COURT: Hang on. Hang on. Before you
17 approach the witness, what page are you on?

18 MR. WANDJI: I am on page 84.

19 BY MR. WANDJI:

20 Q. Did you post this? Did you put this list
21 together?

22 A. Yes, sir.

23 Q. You put that?

24 A. Yes, sir.

25 Q. Where did you get those names and your test

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1 and everything? How did you get that?

2 A. It is from the employees that we tested or
3 the employees that reported to us that they were
4 positive.

5 Q. Is that the same list that you send to the
6 CDC for employees work who tested positive?

7 A. That was not my responsibility.

8 Q. Whose responsibility is it?

9 A. I'm not sure. I believe it was the lab at
10 the hospital. It was their responsibility to send that
11 information to DHEC once you're tested.

12 Q. Okay. So you are the one who put this
13 together?

14 A. Yes. That was our list that we kept up with
15 on who was out with Covid at the time.

16 Q. And this is the list of all those who tested
17 positive at the hospital in the month of August 2021?

18 A. I believe so, yes.

19 Q. Okay.

20 A. All that were reported to us or that we
21 tested.

22 MR. WANDJI: I have no other question for
23 her, your Honor.

24 THE COURT: Thank you, sir.

25 Mr. Howell, any on --

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1 MR. WANDJI: Thank you --

2 THE COURT: -- redirect?

3 MR. WANDJI: -- madam.

4 REDIRECT EXAMINATION

5 BY MR. HOWELL:

6 Q. Any employee that -- that reported a positive
7 test -- well, number one, that list only lists
8 employees who reported a positive test or tested
9 positive. It doesn't indicate where the exposure came
10 from, correct?

11 A. That list does not, no, sir.

12 Q. Okay. Number -- number two, any employee
13 that did have a positive test was quarantined, correct?

14 A. Correct.

15 Q. All right. Until they were safe to come back
16 to work, correct?

17 A. Correct.

18 MR. HOWELL: All right. Thanks. That's all
19 I have.

20 THE COURT: Anything further?

21 MR. WANDJI: No. I am done with her. Thank
22 you, madam.

23 THE COURT: You may step down. Thank you.

24 THE WITNESS: Thank you.

25 THE COURT: Mr. Howell?

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1 MR. HOWELL: Kellie Evans.

2 THE COURT: Your name, ma'am?

3 MS. EVANS: Kellie Evans.

4 THE COURT: K-E-L-L-?

5 MS. EVANS: -I-E.

6 THE COURT: Glad I asked. E-V-A-N-S?

7 MS. EVANS: Yes, sir.

8 THE COURT: I got that right. Would you
9 raise your right hand, please?

10 KELLIE EVANS, being duly sworn and cautioned
11 to speak the truth, the whole truth and nothing but the
12 truth, testified as follows:

13 THE COURT: Again, please state your name for
14 the record.

15 THE WITNESS: Kellie Evans.

16 THE COURT: Okay. Ms. Evans, you may be
17 seated.

18 Mr. Howell?

19 DIRECT EXAMINATION

20 BY MR. HOWELL:

21 Q. By whom are you employed, Ms. Evans?

22 A. The Regional Medical Center of Orangeburg.

23 Q. And what is your job?

24 A. I am the administrative assistant in the
25 Employee Health services office.

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1 Q. Was that your job in August of 2021?

2 A. Yes, sir.

3 Q. Were you in the office on August 16, 2021?

4 A. Yes, sir.

5 Q. And describe what happened.

6 A. Mr. Wandji came in the office stating that he
7 needed to be tested for Covid. Kelci had just come
8 inside from testing several other employees at 11:00,
9 so she came in shortly after. I asked Kelci if she
10 could get him tested.

11 She -- once she processed her lab specimens
12 and took them over, she went out and tested Mr. Wandji.
13 While he was in our office, he did sit in one of our
14 chairs, stated he would wait there until we could get
15 him tested after we asked him to go to same-day.

16 Q. Did Mr. Wandji indicate that he had been
17 exposed outside of the hospital?

18 A. Yes, sir.

19 Q. Did Mr. -- on that day, did Mr. Wandji ever
20 tell you or Kelci that he needed to test for school?

21 A. No, sir.

22 Q. Were you in the office on August 27, 2021?

23 A. Yes, sir.

24 Q. And do you recall when Mr. Wandji called
25 or --

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1 A. Yes, sir. He came -- or he called, and I got
2 some information from him to get him registered. We
3 got him registered. He came in for a test. Once we
4 got the results -- it takes about an hour-and-a-half,
5 two hours. We got results. We called Mr. Wandji with
6 results and started to go through that questionnaire.

7 Q. And what was the date that he gave you for
8 symptom onset?

9 A. On the first original date was August 23rd of
10 '21.

11 Q. And did he give any other dates of a later
12 time?

13 A. Yes, sir. As Ms. Caruso stated, he did call
14 back a little later. He gave us a date of August the
15 25th, and then in an email that he sent me on September
16 the 9th, I believe, he -- he stated that he started
17 feeling bad on August 26th.

18 Q. Okay. So he's given three different dates
19 for date of onset; is that correct?

20 A. Yes, sir.

21 MR. HOWELL: That's all I have. Thank you.

22 THE COURT: Mr. Wandji, any questions of this
23 witness, sir?

24 CROSS-EXAMINATION

25 BY MR. WANDJI:

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1 Q. Excuse me, madam. What's your name again?

2 A. Kellie Evans.

3 Q. Ms. Evans, you just said that I told you that
4 was -- I was exposed to Covid-19 outside of the
5 hospital. Did I tell you that?

6 A. I stated that you said you were exposed. I
7 did not say that you stated you were exposed outside of
8 the hospital.

9 Q. Oh, maybe I didn't hear very well. I -- I
10 hope it is on the transcript. My bad, because what I
11 heard is you said that I told you that I was exposed
12 out of the hospital, so I didn't tell you that, did I?

13 A. You said you were exposed.

14 Q. Okay. And that was on August the 16th?

15 A. Yes, sir.

16 Q. And you work at Employee Health?

17 A. Yes, sir.

18 Q. And you know we have patients with Covid in
19 the hospital like I --

20 THE COURT: All right. Let -- let me stop
21 right now, because I want to get a clarification.

22 Ms. Evans, my notes indicated that you testified that
23 he said he had been exposed outside of the hospital on
24 your direct examination. I just need clarity on what
25 he actually said to you.

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1 THE WITNESS: Okay. All it states is that he
2 was exposed but was not having symptoms.

3 THE COURT: All right. Thank you.

4 THE WITNESS: Yes, sir.

5 MR. WANDJI: Thank you, Commissioner, because
6 that's exactly what I heard. I just thought maybe,
7 because I have Long Covid, I -- I was -- my memory --

8 THE COURT: All right. Let's proceed.

9 BY MR. WANDJI:

10 Q. So -- so -- so the testimony you gave him is
11 wrong. I did not tell you that I was exposed out of
12 the hospital.

13 THE COURT: We -- we've already made that --

14 Q. Is that correct?

15 THE COURT: Mr. Wandji, we've already made
16 the point clear. Let's move on.

17 MR. WANDJI: Okay. Good.

18 BY MR. WANDJI:

19 Q. Who is your supervisor?

20 A. At the time, Kelci was my direct supervisor,
21 and over Kelci was Tina Norris.

22 Q. Was who?

23 A. Tina Norris.

24 Q. Oh, okay. My exhibit, sir, is exhibit -- APA
25 number 60, page number 148.

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1 THE COURT: 148?

2 MR. WANDJI: Yes, sir.

3 THE COURT: All right.

4 BY MR. WANDJI:

5 Q. I got this from your lawyer, Mr. Howell. It
6 says it's the final report on all my Covid testing,
7 whatever. Did you put this together or is it
8 something -- did you put that together?

9 A. Ms. Caruso actually put that part together --

10 Q. Oh.

11 A. -- because she was still employed with us at
12 that time.

13 Q. Who's Ms. Caruso?

14 A. Kelci.

15 Q. Oh, okay. She's not an employee at The
16 Medical Center no more?

17 A. Not right now.

18 Q. Okay. On this report, APA 60, this is like
19 a -- it's not like a report that somebody wrote. It's
20 like a cut and paste of different email; is that
21 correct?

22 A. Correct, and I do have the emails that were
23 sent.

24 Q. Why didn't you submit the original email?
25 Why did you have to --

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1 A. I did.

2 Q. -- cut and paste?

3 A. I did. We placed that on your Covid
4 questionnaire where we follow up with you.

5 Q. No. I mean this email that you cut and paste
6 on this report --

7 A. Uh-huh.

8 Q. -- this is like my --

9 THE COURT: All right. Stop. What -- I want
10 to make sure that -- that, Ms. Evans, you're testifying
11 based on personal knowledge, because I think you just
12 testified that Ms. Caruso put this together.

13 THE WITNESS: The -- the first portion of
14 that, yes, sir.

15 THE COURT: All right. So you had a role in
16 putting together this document?

17 THE WITNESS: Yes, sir, I did --

18 THE COURT: Okay. All right.

19 THE WITNESS: -- and...

20 THE COURT: Go ahead and proceed.

21 BY MR. WANDJI:

22 Q. All right. So you had a role in putting this
23 together?

24 A. Yeah, in here.

25 Q. Okay.

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1 A. End...

2 Q. Now, this is a report that's so much -- why
3 did you guys just cut and paste stuff? Cut and paste,
4 why did you decide to do the report like from --

5 A. Documentation purposes.

6 Q. Oh.

7 A. Just so we have running documentation of what
8 was said.

9 Q. So you sent emails to people, and to put my
10 Covid-19 employee report together, you cut and paste
11 just different email and made it my report. Is that
12 correct?

13 A. No, sir.

14 Q. Because I have one email --

15 A. Uh-huh.

16 Q. -- two -- the first one was on
17 8/27/2001(sic). The second was 8/31/2001(sic). The
18 third one 8/31/2- -- so these are three different email
19 cut and paste. One person did the first part, you did
20 the second part, and I don't know who did the third
21 part, so three different people cut and paste different
22 email, and that's how you constituted my report. Is
23 that correct?

24 A. That is just stating documentation from
25 emails. That way we have a running report of what was

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1 said to you.

2 Q. I'm going to ask it again. I want it in an
3 answer; yes or no. Three different people cut and
4 paste different emails sent to different people, and
5 then they put that together, and that's what made what
6 you what guys call -- the Defendant call my Covid
7 report. Is that --

8 THE COURT: I think that --

9 Q. -- correct?

10 THE COURT: I think that's been asked and
11 answered. The answer was yes.

12 BY MR. WANDJI:

13 Q. Okay. Now, who wrote this email, the first
14 part of it, the 8/27/2021?

15 A. That would have been Ms. Caruso.

16 Q. Who did that email send to?

17 A. That went to our supervisor, which would have
18 been Ms. Tina Norris.

19 Q. Who else was copied on that email?

20 A. One moment, and I will get it for you.

21 MR. HOWELL: Commissioner, is there a point
22 to this?

23 THE COURT: Mr. Wandji, are we getting to a
24 point?

25 MR. WANDJI: Oh, yeah.

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1 THE COURT: Okay.

2 MR. WANDJI: Absolutely. Absolutely.

3 THE WITNESS: That would have been the email
4 that was sent on Friday, August 27, 2021, that would
5 have went to Teresa Noe, Catherine Stuart, Tina Norris,
6 and myself from Ms. Caruso.

7 BY MR. WANDJI:

8 Q. This one that you wrote on 8/31/2001(sic),
9 who did you send that to and who else were copied?

10 A. That looks like it was Ms. Caruso's email.

11 Q. Ms. Caruso's email?

12 A. Uh-huh. That would have been an email from
13 Ms. Caruso, and I believe that would have went to
14 Ms. Tina Norris.

15 Q. And in the last one from that report, who
16 sent this email and to whom?

17 A. Which one was that?

18 Q. The 8/31/2021.

19 A. 8/31?

20 Q. Yes, ma'am.

21 A. Is -- may I look at yours?

22 Q. Yeah.

23 A. Thank you. The one for, Sorry for the
24 inconvenience. Please send us a detailed email? That
25 would have been from me to you.

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1 Q. That email that you requested, you wanted an
2 incident report?

3 A. Yes, sir.

4 Q. Okay. And then I sent you that email. That
5 would be my exhibit number 13, page 14. I sent you
6 that email, right?

7 A. Yes, sir, on September 2nd.

8 Q. On September the 2nd?

9 A. Yes, sir.

10 Q. And that's where I wrote where I started
11 getting Covid-19 symptoms?

12 A. Correct. You --

13 Q. And what did I write? What --

14 A. You stated it wasn't until Thursday, the 26th,
15 that you started feeling really bad.

16 Q. Okay. So that's what I wrote. You didn't --

17 THE COURT: I'm sorry. What page are you all
18 reading from?

19 MR. WANDJI: I -- I am -- I am -- she's
20 reading from my exhibit, sir. APA -- APA --

21 THE COURT: What page?

22 MR. WANDJI: 12. The page is 13.

23 THE COURT: 13.

24 MR. WANDJI: Yes, sir. That's an incident
25 report that I was requested by --

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1 THE COURT: I understand. I just didn't have
2 the right page.

3 MR. WANDJI: Okay.

4 THE COURT: Go ahead.

5 BY MR. WANDJI:

6 Q. And that was right after I -- I took the
7 test, so that was on September the 2nd, and in that
8 incident report I wrote exactly where I started getting
9 the Covid-19.

10 A. Yes, sir. You stated it wasn't until
11 Thursday, the 26th, you started feeling really bad.

12 Q. Okay. You didn't send me any email to say,
13 Oh, you -- you told me something different, a different
14 date. There was nothing, right?

15 A. No, sir.

16 Q. Did you --

17 A. I requested the email so I could submit it as
18 the incident report since --

19 Q. Okay.

20 A. -- you were unable to successfully submit
21 from home.

22 Q. Okay. Good. So you accepted that, and
23 that's what you put on my -- used my incident report to
24 submit my claim, right?

25 A. I believe so.

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1 Q. Okay. In your testimony, I don't know
2 whether it was from you or from the other lady from the
3 Employee Health, you said something like you don't
4 test -- oh, it is on this report.

5 A. Okay.

6 Q. You said on this report that at The Regional
7 Medical Center -- that's my exhibit 60, page 148. You
8 said, We don't -- we do not test for school, trips,
9 just because reasons. Was I aware that The Regional
10 Medical Center don't do that? Was I aware?

11 A. All employees were aware at the time.

12 Q. How was I aware?

13 A. There were communications.

14 Q. Like how?

15 A. The -- all users' emails.

16 Q. Oh, emails.

17 A. Uh-huh. That go out to all employees, all
18 users.

19 Q. Oh. When did you send that email?

20 A. I do not send those emails. Those come on
21 behalf of administration, and that would have been the
22 email from August 6, 2021.

23 Q. August 6, 2021?

24 A. Correct.

25 Q. August 26, 2021, you sent an email to all

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1 employees in which you -- there it was written, We do
2 not test for school, for trip, just because reason. It
3 was written on that email just like that.

4 A. It states, Employees who are experiencing
5 Covid-like symptoms need to call Employee Health, and
6 what times we collect swabs.

7 Q. I -- I am still waiting to hear. We do not
8 test for school. We do not test for trip. It wasn't
9 on that email, was it? Yes or no?

10 A. No, sir, but it states that if you're
11 experiencing symptoms.

12 Q. Thank you. So all the testimony I've been
13 hearing is a lie, that we do not test for --

14 THE COURT: Mr. Wandji, you can't sit here
15 and testify. You can ask a question --

16 MR. WANDJI: Okay.

17 THE COURT: -- but you can't pontificate and
18 testify.

19 MR. WANDJI: Okay.

20 BY MR. WANDJI:

21 Q. So there is no -- I -- my apologies, sir. So
22 there is no memo whatsoever that was sent to all
23 employees that says, We do not test for school, we do
24 not test for trip, we do not test for -- because reason.
25 There is no such an email that was sent --

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 A. Not an email.

2 Q. -- to employees. Thank you, madam.

3 THE COURT: Mr. Howell, anything on redirect?

4 REDIRECT EXAMINATION

5 BY MR. HOWELL:

6 Q. Had Mr. Wandji told you he was getting the
7 test for school or travel or anything else, would he
8 had been given a free test?

9 A. No, sir.

10 MR. HOWELL: Thank you. That's all I have.

11 THE COURT: Anything further?

12 MR. WANDJI: Yeah.

13 RECROSS-EXAMINATION

14 BY MR. WANDJI:

15 Q. In this -- in this Exhibit 60, I --

16 THE COURT: It has to be related to the
17 redirect.

18 MR. WANDJI: Yes, to the redirect.

19 BY MR. WANDJI:

20 Q. 60:148, it says here -- do you have a copy
21 of this, madam?

22 A. Uh-huh. I do.

23 Q. Okay. Right here in the middle of mine where
24 I highlighted, it says, He stated he was only testing
25 because he needed to be tested for school. Is that on

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 that report?

2 A. Correct.

3 Q. Thank you.

4 A. That came from all these --

5 MR. WANDJI: I have no other question, your
6 Honor.

7 THE COURT: You may step down, ma'am. Thank
8 you very much.

9 Mr. Howell?

10 MR. HOWELL: Teresa Noe.

11 THE COURT: And your name, ma'am?

12 MS. NOE: Teresa Noe.

13 THE COURT: T-E- or T-H?

14 MS. NOE: T-E-R-E-S-A, N-O-E.

15 THE COURT: I would have got the both of
16 those wrong.

17 MS. NOE: Oh, okay.

18 THE COURT: All right. Raise your right hand,
19 please.

20 TERESA NOE, being duly sworn and cautioned to
21 speak the truth, the whole truth and nothing but the
22 truth, testified as follows:

23 THE COURT: Again, please state your name for
24 the record.

25 THE WITNESS: Teresa Noe.

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 THE COURT: All right. You may be seated.

2 Mr. Howell?

3 DIRECT EXAMINATION

4 BY MR. HOWELL:

5 Q. Are you employed with The Regional Medical
6 Center?

7 A. I am.

8 Q. In what capacity?

9 A. I'm a nurse manager on the behavior health
10 unit.

11 Q. Were you Mr. Wandji's supervisor during the
12 time that he was employed there?

13 A. The nurse manager.

14 Q. Nurse manager. Let's talk about the
15 behavioral health unit as a unit. What types of
16 patients were treated in the -- in the behavioral
17 health unit?

18 A. We take geriatric behavioral health patients;
19 dementia, schizophrenia, bipolar, any type of mental
20 illness.

21 Q. And is the unit a locked unit?

22 A. It is.

23 Q. And what did when -- by locked unit, you mean
24 what?

25 A. Not just anybody can come in and out. It has

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1 to be somebody with a badge that can badge in and out.

2 Q. And the patients that are in that unit, do
3 they have to have a negative Covid test prior to
4 admission?

5 A. They do.

6 Q. And in August of 2021, were all the patients
7 that were in the unit at that time, had they all been
8 tested negative for Covid?

9 A. Yes, sir.

10 Q. As far as visitors, when did you accept
11 visitors?

12 A. Saturdays and Sundays from 2:00 to 4:00.

13 Q. Okay. And were visitors screened prior to
14 coming in the unit?

15 A. Yes, sir.

16 Q. What were the staff protocols in terms of use
17 of PPEs?

18 A. The staff on the unit had to wear N95 masks.

19 Q. And if they were in contact, direct contact,
20 with any patients, did they have to wear N95 masks as
21 well as --

22 A. Yes, sir.

23 Q. -- other protective equipment?

24 A. Yes, sir.

25 Q. Mr. Wandji's duties, did Mr. Wandji provide

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 direct patient care for any Covid patients?

2 A. No, sir.

3 Q. Did Mr. Wandji -- would Mr. Wandji have been
4 allowed on the unit without an N95 mask?

5 A. No, sir.

6 Q. Did Mr. Wandji to your knowledge ever treat
7 Covid patients in the ER, CCU, or ICU?

8 A. No, sir.

9 Q. Considering the protocols in place, were the
10 employees of the BHU, behavioral health unit, at any
11 greater risk of exposure to Covid than anyone else in
12 the general public?

13 A. You would have had a less chance of catching
14 Covid on the unit versus in the public.

15 MR. HOWELL: Thank you, ma'am. That's all I
16 have.

17 THE COURT: Hang on.

18 CROSS-EXAMINATION

19 BY MR. WANDJI:

20 Q. Ms. Teresa --

21 THE COURT: Hang on.

22 MR. WANDJI: Oh.

23 THE COURT: I'll let you know when I'm ready.

24 MR. WANDJI: I'm sorry.

25 THE COURT: All right. Mr. Wandji?

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 Mr. Wandji?

2 MR. WANDJI: Yes, sir.

3 BY MR. WANDJI:

4 Q. Ms. Teresa, you said you have a lesser chance
5 to get Covid on the behavioral health unit than to the
6 public. How do you know that?

7 A. We had protective equipment that we were
8 wearing.

9 Q. Because we have protective equipment that we
10 were wearing, is staff in the hospital on your unit has
11 less chances than outside; is that correct?

12 A. Yes.

13 Q. How do you know that?

14 A. We had protective equipment.

15 Q. What kind of protective equipment are you
16 talking here?

17 A. N95 masks, gowns, gloves, face shields.

18 Q. And with N95, all the thing you just cited,
19 it is impossible to get Covid?

20 A. I didn't say that it was impossible. I said
21 you have a less chance than the public.

22 Q. So you can still get Covid with everything
23 you cited?

24 A. Sure.

25 Q. In the month of August, do you testify here

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 that everybody on our unit has a mask shield? Every
2 employee on behavioral health had the -- the shield and
3 the gown on working on that unit?

4 A. No. That was not protocol. Protocol for the
5 hospital was that every employee wearing N95 masks.

6 Q. So on that unit, the only protocol was having
7 the N95?

8 A. And gloves.

9 Q. And gloves?

10 A. But N95.

11 Q. No shield, no gown.

12 A. The patients were not positive. They were
13 negative.

14 Q. Ms. Noe, do you know how you contact
15 Covid-19? Can you --

16 A. I'm not a doctor.

17 Q. Okay. So you don't know how?

18 A. Studies show through respiratory, touch,
19 something into your orifices enter your body.

20 Q. That's the only way you get Covid?

21 A. I don't know, Serge. I'm not a doctor.

22 Q. I understand that, madam, but you said we
23 have less chances on our unit than outside, and you
24 don't even know how you get Covid. How do you make
25 that kind of --

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 A. We have protective equipment that we wear
2 that protects your orifices.

3 Q. Your Honor, exhibit -- APA 49. That will be
4 page 89. Ms. Noe, this is -- this is a -- an education
5 material. I -- I got this, because I was hospitalized
6 at the hospital. When I got out, it's education on
7 Covid. This was put together by expert at The Regional
8 Medical Center for the use of Covid patient who were
9 discharged.

10 Now, this education material says that it is
11 possible, that's The Regional Medical saying, that the
12 spread of Covid, all this says it is possible to get
13 infected if you touch a surface with a virus on it and
14 then touch your face. Do you dispute what they wrote
15 on the hospital education material?

16 A. I do not know what they put on the hospital
17 education material.

18 Q. That's what I just read for you. That's what
19 they put. Do you dispute that? I mean, you can read
20 by yourself.

21 A. I'm not in a position to dispute anything
22 that --

23 Q. Oh.

24 A. -- is placed by the hospital for discharge
25 instructions.

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1 Q. Okay. This education material also said, In
2 the space where air can be blown around, virus in
3 the particle might be able to spread to other people
4 who are far away. This is from The Regional Medical
5 Center. Do you dispute this aspect put together from
6 your own hospital? Do you dispute this?

7 A. I just answered that question.

8 Q. No. This new sentence. Do you dispute this
9 new one?

10 A. I am not in a position to dispute the
11 education material displayed by The Regional Medical
12 Center.

13 Q. Okay. So you said on the unit because we
14 wear N95, we have less exposure, and the hospital says,
15 Actually, you can get contaminated through the system
16 of air condition in an in-space just like at our
17 hospital area. So there are different ways you can get
18 Covid. Not just contact. Is that correct?

19 A. Serge, I -- again, I -- I'm not the doctor.

20 MR. WANDJI: Ms. Teresa, I have no more
21 question for you.

22 THE COURT: Mr. Howell, anything further?

23 REDIRECT EXAMINATION

24 BY MR. HOWELL:

25 Q. The document that he just showed you, these

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1 are discharge instructions, education materials given
2 to all patients; is that correct? Do you know?

3 A. I do not know.

4 MR. HOWELL: Okay. I don't have anything
5 else, Commissioner.

6 THE COURT: Anything further?

7 MR. HOWELL: No, your Honor.

8 MR. WANDJI: I just want to add that this
9 education is specifically given to patient who had
10 Covid. I was a nurse there. When you get discharged,
11 you get --

12 THE COURT: You're testifying again.

13 MR. HOWELL: He's testifying, Commissioner.

14 MR. WANDJI: Okay. I just want to add to
15 what he says.

16 THE COURT: No. You can ask a question on
17 recross. You can't testify.

18 MR. WANDJI: Then I don't have any question,
19 your Honor.

20 THE COURT: Thank you.

21 You may step down, ma'am. Thank you very
22 much. Any other witnesses on behalf of Defendants?

23 MR. HOWELL: No, your Honor.

24 THE COURT: All right. That will conclude
25 this proceeding.

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 (WHEREUPON, the taking of this sworn hearing
2 was concluded at approximately 5:37 p.m.)

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 CERTIFICATE OF REPORTER

2
3
4 I, Megan R. Brown, Court Reporter and Notary
5 Public in and for the State of South of South Carolina,
6 do hereby certify that I reported the hearing on the
7 16th day of February, 2023; and that the foregoing 136
8 pages constitute a true and correct transcription of
9 the said hearing.

10 I further certify that I am neither attorney
11 nor counsel for, nor related to or employed by, any of
12 the parties connected with this action, nor am I
13 financially interested in said cause.

14 I further certify that the original of said
15 transcript shall be hereafter sealed and delivered to
16 Commissioner T. Scott Beck, 1333 Main Street, Columbia,
17 South Carolina.

18 In witness whereof I set my hand and seal
19 this 16th day of April, 2023.
20
21
22

23 _____
24 Megan R. Brown, Court Reporter,
25 Notary Public
State of South Carolina at Large
My Commission expires:
10/18/2028

ABC REPORTING SERVICE (803) 730-3015

WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

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WANDJI SERGE V. REGIONAL MEDICAL CENTER 2/16/2023

1 * * * * *

2 E X H I B I T S

3 DEFENDANTS' : PAGE

4 MARKED FOR IDENTIFICATION:

5 1 Serge R. Wandji vs. Robert Wilkie,
6 Secretary of Veterans Affairs 42

7 ADMITTED INTO EVIDENCE:

8 1 Serge R. Wandji vs. Robert Wilkie,
9 Secretary of Veterans Affairs 95

10

11 REPORTER'S NOTE:

12 All exhibits were retained by the Court.

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ABC REPORTING SERVICE (803) 730-3015

Carolina Workers' Compensation Commission
3 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739



PRE-HEARING BRIEF
WCC FILE NO: 2118696

Ref # 10 P. 204

Serge Wandji		The Regional Medical Center	
Claimant's Name		Employer's Name	
P.O. Box 523		3000 St. Matthews Road	
Address		Address	
Columbia, SC 29115		Orangeburg, SC 29115	
City	State	City	State
678-612-9649		Palmetto Hospital Trust via Antum Risk	Zip
Home Phone	Work Phone	Carrier	
Roy A. Howell, III		(843) 881-4228	
Preparer's Name		Phone #	

A claim for workers' compensation benefits is made based on the following grounds:

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$903.40 2. AWW: \$1,735.47 Date of Injury: August 27, 2021
3. Type of injury and body part(s): Claimant is alleging an infection of the whole body. Claim is denied.
4. Facts in controversy: See attachment.
5. Legal issues involved: See attachment.
6. Unusual aspects: See attachment.
7. Witnesses (designate if expert*): Kelci Caruso, Teresa Noe, Kellie Evan, Wanda Summers, Dr. John Samies, and Jonathan Vallentine
8. Exhibits: See attached Notice of Submissions
9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) See attached Notice of Submissions
10. Name, address, and specialty, if any, of the treating physician: Roper St. Francis Primary Care, 615 Wesley Drive, Suite 200, Charleston, SC 29407; Roots Psychological Associates, 1531 Laurel Street, Columbia, SC 29201; Orangeburg County EMS; Regional Medical Center, 3000 St. Matthews Road, Orangeburg, SC 29118
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/S1 in the following manner:

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
- ☐ b. Mediation is required pursuant to Reg. 67-1802
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Serge Wandji, P.O. Box 523, Columbia, SC 29115; sergewandji@gmail.com

on the 12th day of January 2023

by ☒ first class postage ☒ certified mail ☐ personal service ☒ OneDrive.

Signature: [Signature]

Email: rhowell@trask-howell.com

Date of hearing: 1/25/2023

Time needed for hearing: 1 hour

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

WCC FORM # 58

Rev. 9/07

58
AMENDED

PRE-HEARING BRIEF

(4) Facts in Controversy:

The Claimant worked in the Behavioral Health Unit (BHU) at the Regional Medical Center (RMC). The records reflect that every patient in BHU tested negative for Covid-19 prior to being allowed admission into the unit. In addition, all staff were required to wear N-95 masks when interacting with patients in BHU. It is reasonable to believe that someone other than a patient brought the virus into the unit, given the testing protocols. The Defendants believe that the Claimant was likely the individual who exposed others in BHU considering the timing of events.

On August 16, 2022, the Claimant presented to Employee Health Services and demanded to be tested for Covid-19. Witnesses will testify that he reported a possible Covid-19 exposure outside the hospital. While the Claimant tested negative at the time, he was still presumably in the window of time in which it was too early to test positive.

The Claimant worked in BHU on August 22, 2022. The first report of Covid-19 symptoms by a patient in BHU was on August 24, 2022. The first positive test was also on August 24, 2022. When the Claimant first reported his symptoms to RMC, he said his symptoms began on August 23, 2022, which is just 7 days after he first requested a Covid test. The Claimant tested positive for Covid-19 on August 27, 2022.

The Claimant filed a Form 50 alleging an "injury" or "illness" under the Workers' Compensation Act because he tested positive for Covid-19. Covid-19, like any other Coronavirus disease (e.g., swine flu), is unfortunately one of the ordinary diseases of life for which more than 1.74 million South Carolinians (more than 32% of the population) have tested positive. However, to be entitled to benefits under the Act, the Claimant must not only prove that his work in the BHU, with its stringent testing protocols, placed him at an increased risk of exposure to Covid-19, but also that he sustained a compensable "injury by accident arising out of and in the course of his employment." When that alleged injury is "a disease in any form," the Claimant has a heightened burden of proving that the disease either "results naturally and unavoidably from the accident" under S.C. Code Ann. § 42-1-160(A), or that it otherwise meets the requirements of S.C. Code Ann. § 42-11-10. The Claimant has not alleged that he suffered an occupational disease under §42-11-10.

Regardless, the Claimant must prove to a reasonable degree of medical certainty that his exposure to Covid-19 actually occurred "naturally and unavoidably from [an] accident at work." Only by resorting to pure, impermissible, speculation could the Commission make such an affirmative finding. Based upon all the above, the Defendants deny that the Claimant is entitled to any benefits under the Act.

(5) Legal Issues Involved:

The Defendants deny the Claimant's Covid-19 disease resulted naturally and unavoidably from an accident arising out of or in the course of his employment and therefore, deny he is entitled to workers' compensation benefits pursuant to S.C. Code Ann. § 42-1-160(A).

exposure ... to hazards peculiar to" his employment in the BHU and because Covid-19 "is a contagious disease," which even if it resulted "from exposure to fellow employees," it was "a hazard to which [the Claimant] would have been equally exposed outside of his employment." In addition, Covid-19 is plainly "is one of the ordinary diseases of life to which the general public is equally exposed." The Commission should take judicial notice of the fact that more than 1.74 million South Carolinians (32+% of the population) have tested positive for Covid-19 since January 2020.

Pursuant to S.C. Code Ann. § 42-9-10, § 42-9-20, § 42-9-30, and § 42-9-260, the Defendants deny the Claimant has (or ever had) any loss of wage earning capacity as a result of any alleged accident or injury or illness arising out of or in the course of his employment.

Pursuant to S.C. Code Ann. § 42-15-60, the Defendants deny the Claimant is entitled to any unauthorized medical treatment and deny that the Claimant has met his burden of proving that he currently requires any additional medical care or treatment to lessen any alleged period of disability causally related to any alleged accident, injury, or illness arising out of or in the course of his employment.

The Defendants deny the Claimant has any permanent loss of use of any scheduled body member under S.C. Code Ann. § 42-9-30 and the Defendants further deny that the Claimant's current condition is even causally related to his prior Covid-19 diagnosis.

(6) Unusual Aspects:

The Defendants have scheduled two independent medical evaluations for the Claimant to evaluate his alleged ongoing symptoms due to Covid-19. The Claimant recently advised that he was unable to travel to the Charleston area for these evaluations. The Defendants are in the process of scheduling evaluation with different doctors in the Columbia area where the Claimant resides and requests the record be left open for these evaluations.

**TRASK
HOWELL**
WORKERS' COMPENSATION DEFENSE

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

November 23, 2022

UPLOAD ONLY

Commissioner T. Scott Beck
S.C. Workers' Compensation
133 Main Street, Suite 500
Columbia, SC 29202-1715

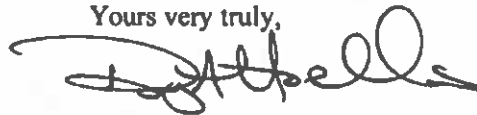
Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Commissioner Beck:

Enclosed please find a Pre-Hearing Brief with regard to the above-named matter, which is scheduled for a hearing on December 6, 2022.

By Proof of Service to the Claimant, I am notifying him that I have submitted the Brief, and I am providing him with copies of the medicals and documents that will be submitted at the time of the hearing to be made a part of the record in the case under the Administrative Procedures Act.

Yours very truly,



Roy A. Howell, III

RAHIII/mbm/lth

Enc.

cc: Sandra Axson, Antum Risk (w/enc.) (via upload only)
Jonathan Vallentine (w/ enc.) (via email only)
Serge Wandji (w/enc.) (via certified mail and via email)

763 JOHNNIE DODDS BLVD. | P.O. BOX 2167
P 843.881.4228 | F 843.881.8784



MT. PLEASANT, SOUTH CAROLINA 29465
www.TRASK-HOWELL.com

3842/418U-P11B

South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739



PRE-HEARING BRIEF
WCC FILE NO: 2118696

Serge Wandji			The Regional Medical Center		
Claimant's Name			Employer's Name		
P.O. Box 523			3000 St. Matthews Road		
Address			Address		
Columbia, SC 29115			Orangeburg, SC 29115		
City	State	Zip	City	State	Zip
678-612-9649			Palmetto Hospital Trust via Antum Risk		
Home Phone	Work Phone		Carrier		
Roy A. Howell, III			(843) 881-4228		
Preparer's Name			Phone #		

A claim for workers' compensation benefits is made based on the following grounds:

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$903.40 2. AWW: \$1,735.47 Date of Injury: August 27, 2021

3. Type of injury and body part(s): Claimant is alleging an infection of the whole body. Claim is denied.

4. Facts in controversy: See attachment.

5. Legal issues involved: See attachment.

6. Unusual aspects: See attachment.

7. Witnesses (designate if expert*): Kelci Caruso, Teresa Noe, Kellie Evan, Wanda Summers and Dr. John Samies

8. Exhibits: See attached Notice of Submissions

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) See attached Notice of Submissions

10. Name, address, and specialty, if any, of the treating physician: Roper St. Francis Primary Care, 615 Wesley Drive, Suite 200, Charleston, SC 29407; Roots Psychological Associates, 1531 Laurel Street, Columbia, SC 29201; Orangeburg County EMS; Regional Medical Center, 3000 St. Matthews Road, Orangeburg, SC 29118

11. Impairment rating(s); body part(s); physician and date of opinion:

12. I am amending my Form 50/51 in the following manner:

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B

☐ b. Mediation is required pursuant to Reg. 67-1802

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Serge Wandji, P.O. Box 523, Columbia, SC 29115; sergewandji@gmail.com

on the 23rd day of November 2022

by ☐ first class postage ☒ certified mail ☐ personal service ☒ email.

Signature: [Signature]

Email: rhowell@trask-howell.com

Date of hearing: 12/06/2022

Time needed for hearing: 1 hour

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

(4) Facts in Controversy:

The Claimant worked in the Behavioral Health Unit (BHU) at the Regional Medical Center (RMC). The records reflect that every patient in BHU tested negative for Covid-19 prior to being allowed admission into the unit. In addition, all staff were required to wear N-95 masks when interacting with patients in BHU. It is reasonable to believe that someone other than a patient brought the virus into the unit, given the testing protocols. The Defendants believe that the Claimant was likely the individual who exposed others in BHU considering the timing of events.

On August 16, 2022, the Claimant presented to Employee Health Services and demanded to be tested for Covid-19. Witnesses will testify that he reported a possible Covid-19 exposure outside the hospital. While the Claimant tested negative at the time, he was still presumably in the window of time in which it was too early to test positive.

The Claimant worked in BHU on August 22, 2022. The first report of Covid-19 symptoms by a patient in BHU was on August 24, 2022. The first positive test was also on August 24, 2022. When the Claimant first reported his symptoms to RMC, he said his symptoms began on August 23, 2022, which is just 7 days after he first requested a Covid test. The Claimant tested positive for Covid-19 on August 27, 2022.

The Claimant filed a Form 50 alleging an “injury” or “illness” under the Workers’ Compensation Act because he tested positive for Covid-19. Covid-19, like any other Coronavirus disease (e.g., swine flu), is unfortunately one of the ordinary diseases of life for which more than 1.74 million South Carolinians (more than 32% of the population) have tested positive. However, to be entitled to benefits under the Act, the Claimant must not only prove that his work in the BHU, with its stringent testing protocols, placed him at an increased risk of exposure to Covid-19, but also that he sustained a compensable “injury by accident arising out of and in the course of his employment.” When that alleged injury is “a disease in any form,” the Claimant has a heightened burden of proving that the disease either “results naturally and unavoidably from the accident” under S.C. Code Ann. § 42-1-160(A), or that it otherwise meets the requirements of S.C. Code Ann. § 42-11-10.

Regardless, the Claimant must prove to a reasonable degree of medical certainty that his exposure to Covid-19 actually occurred “naturally and unavoidably from [an] accident at work.” Only by resorting to pure, impermissible, speculation could the Commission make such an affirmative finding. Based upon all the above, the Defendants deny that the Claimant is entitled to any benefits under the Act.

(5) Legal Issues Involved:

The Defendants deny the Claimant’s Covid-19 disease resulted naturally and unavoidably from an accident arising out of or in the course of his employment and therefore, deny he is entitled to workers’ compensation benefits pursuant to S.C. Code Ann. § 42-1-160(A).

The Defendants deny the Claimant’s Covid-19 disease qualifies as an “occupational disease” under S.C. Code Ann. §42-11-10 because it did “not result directly and naturally from

exposure ... to hazards peculiar to" his employment in the BHU and because Covid-19 "is a contagious disease," which even if it resulted "from exposure to fellow employees," it was "a hazard to which [the Claimant] would have been equally exposed outside of his employment." In addition, Covid-19 is plainly "is one of the ordinary diseases of life to which the general public is equally exposed." The Commission should take judicial notice of the fact that more than 1.74 million South Carolinians (32+% of the population) have tested positive for Covid-19 since January 2020.

Pursuant to S.C. Code Ann. § 42-9-10, § 42-9-20, § 42-9-30, and § 42-9-260, the Defendants deny the Claimant has (or ever had) any loss of wage earning capacity as a result of any alleged accident or injury or illness arising out of or in the course of his employment.

Pursuant to S.C. Code Ann. § 42-15-60, the Defendants deny the Claimant is entitled to any unauthorized medical treatment and deny that the Claimant has met his burden of proving that he currently requires any additional medical care or treatment to lessen any alleged period of disability causally related to any alleged accident, injury, or illness arising out of or in the course of his employment.

The Defendants deny the Claimant has any permanent loss of use of any scheduled body member under S.C. Code Ann. § 42-9-30 and the Defendants further deny that the Claimant's current condition is even causally related to his prior Covid-19 diagnosis.

(6) Unusual Aspects:

The Defendants have scheduled two independent medical evaluations for the Claimant to evaluate his alleged ongoing symptoms due to Covid-19. The Claimant recently advised that he was unable to travel to the Charleston area for these evaluations. The Defendants are in the process of scheduling evaluation with different doctors in the Columbia area where the Claimant resides and requests the record be left open for these evaluations.

**TRASK
HOWELL**
MUSC'S COMPENSATION EXPERTS

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

August 29, 2023

Via Upload Only

Ms. Amy Bracy
Judicial Director
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

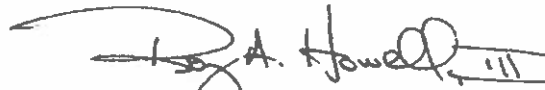
Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Ms. Bracy:

Enclosed herewith for filing please find our Respondent's Brief, with accompanying Proof of Service, in regard to the above-referenced workers' compensation claim.

By copy of this letter, I am serving the Claimant with a copy of our Brief.

Yours very truly,


Roy A. Howell, III

RAHIII/mbm/lth

Enc.

cc: Sandra Axson, Antum Risk (w/ enc.) (via upload only)
Jonathan Vallentine, MUSC Health (w/ enc.) (via email only)
Serge Wandji (w/ enc.) (via email/certified/regular mail)

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MT. PLEASANT, SOUTH CAROLINA 29465
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3842/418N-wcc Respondents Brief

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL**

Serge R. Wandji,	)	W.C.C. FILE NO. 2118696
Claimant/Appellant,	)	
	)	
v.	)	BRIEF OF THE RESPONDENTS
	)	
The Regional Medical Center of	)	
Orangeburg,	)	
Employer, and	)	
Palmetto Hospital Trust,	)	
Carrier,	)	
Respondents	)	
	)	

Statement of the Case

This matter is before the Commission's Appellate Panel pursuant to the *pro se* Claimant's Form 30, seeking review of Hearing Commissioner T. Scott Beck's Decision and Order dated May 31, 2023. Following a hearing on February 16, 2023, Commissioner Beck concluded that the Claimant's alleged injuries (a COVID-19 infection and related symptoms) were not caused naturally or unavoidably by any accident on or about August 27, 2022, and his alleged injuries did not otherwise arise out of or in the course of his employment as required by S.C. Code Ann. § 42-1-160. Commissioner Beck further concluded that, pursuant to S.C. Code Ann. § 42-11-10, the Claimant's employment did not subject him to hazards in excess to those ordinarily incident to employment, that COVID-19 was not peculiar to the Claimant's occupation, and that the disease was neither directly caused by, nor especially incident to, nor the natural consequence of the Claimant's work. Accordingly, the claim for medical and compensation benefits was denied. The Respondent, The Regional Medical Center of Orangeburg and Palmetto Hospital Trust, respectfully contend that Commissioner Beck's findings and conclusions are supported by the

greater weight of the evidence in the record and the applicable law and therefore, the Respondents seek a full affirmation by the Appellate Panel.¹

Procedural History

The Claimant filed a Form 50 on September 9, 2022, alleging an “infection of whole body” due to both an injury and an illness on August 27, 2021, in Orangeburg, South Carolina.² He alleges that on that date, he “went to the hospital (TRMC/my employer) to get tested at the Employee Health, and the results came out to be positive for COVID-19.” The Claimant seeks additional medical examination and treatment for COVID-19, as well as “Long COVID-19 complications and PTSD,” which he described at the hearing to also include chronic pain, loss of smell, and inflammation. In addition, the Claimant seeks temporary total disability compensation from August 28, 2021, and continuing and benefits for permanent, specific disability.

The Respondents filed a Form 51 on October 7, 2022, denying the claim and raising affirmative defenses under S.C. Code Ann. § 42-11-10, *et seq.* The Respondents deny the Claimant suffered any injury or illness as alleged and deny he is entitled to any medical or

¹ The Claimant’s Form 59 Informal Brief dated August 14, 2023, makes unfounded allegations and personal attacks on the undersigned in connection with a Motion to Compel that was denied by Commissioner Beck by Order dated January 9, 2023. These issues are not properly before the Appellate Panel because the Claimant did not raise any issue with regard to the denial of his Motion to Compel in his multiple pre-hearing briefs, at the Hearing on February 16, 2023, or in his Form 30 Notice of Appeal. See Ham v. Mullins Lumber Co., 193 S.C. 66, 7 S.E.2d 712 (1940) (holding “that all findings of fact and law by the hearing commissioner ... are the law of this case, except only those within the scope of the exception of defendant and the notice given to the parties by the commission”).

² The Claimant’s Form 50 does not allege an occupational disease. However, at the close of his direct testimony at the hearing, the Claimant stated “[t]his is an occupation disease case...” (T. p.35, l.19).

compensation benefits based on the Claimant's failure to meet his burden of proof. The Respondents respectfully contend that COVID-19 is one of the ordinary diseases of life for which more than 32% of the population of South Carolina has tested positive; therefore, the Claimant bears the burden of proving that he was infected with COVID-19 naturally and unavoidably from an accident arising out of and in the course of his employment and that his employment, which required him to wear an N-95 mask while working with a population subject to stringent testing protocols, placed him at an increased risk of such infection. The Respondents further deny the Claimant properly raised an occupational disease claim and deny that any occupational disease claim meets any of the requirements of S.C. Code Ann. § 42-11-10. In addition, the Respondents specifically contend that the Claimant has failed to meet his burden of proving his entitlement to medical benefits with expert medical evidence stated to a reasonable degree of medical certainty as required by S.C. Code Ann. § 42-15-60, and failed to meet his burden of proving any loss of wage earnings capacity after reaching maximum medical improvement by January 14, 2022 (or at the latest May 14, 2022, when the Claimant began working for a new employer).

Evidence Summary

The Claimant testified on his own behalf before Commissioner Beck. The Claimant began working for the Regional Medical Center in Orangeburg as a staff nurse in March 2021, at which time he was also registered as a student in the College of Nursing at the University of South Carolina. According to the Claimant, he went to the Regional Medical Center on August 16, 2021, to take a "COVID test for school purposes.," and the result of that test was negative. (T. p.17, ll.17---19). The Claimant denies that he was symptomatic on August 16, 2021 (T. p.53,

11.9—13), though he was forced to concede that the report of his August 16, 2021, COVID test states:

“Symptomatic as defined by CDC? Yes

Date of onset (Lab)? 8/16/2021”

(APA pp.2--3; T. p.54, 11.1—6).³ The August 16, 2021, report further states that “[n]egative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.” (APA p.3).

On August 25, 2022, the Claimant received a text message from the hospital stating that all patients in the Behavioral Health Unit were required to wear masks and stay in their rooms and to that all staff were required to wear N-95 masks and face shields. (APA pp.4-5). The Claimant alleges that on August 26, 2022, he “started experiencing symptoms; my throat, temperature.” (T. p.21, 11.16—17). On August 27, 2022, he tested positive for COVID-19. (T. p.22). The Claimant sent an email to Kellie Evans at the Regional Medical Center on September 2, 2021, stating that “[i]t wasn’t until Thursday 26, that I started feeling really bad.” (APA p.13).

On September 6, 2021, the Claimant was hospitalized with pneumonia for two days. (T. p.23, APA pp.19—20; Def. APA p.130). After the Claimant was discharged from the hospital, his primary care physician, Dr. Fayssoux, continued to give him work excuses until January 17,

³ There is no evidence to support the Claimant’s allegation that this document was “falsified.” Moreover, the Claimant, himself, submitted this document into evidence at the hearing as APA #2 and cannot be heard to complain now that it was admitted into evidence and considered by the Hearing Commissioner.

2022, which he provided to his employer. (T. pp.24—25). According to Dr. Fayssoux's report dated January 14, 2022, the Claimant reported

"[d]oing well and continuing to improve related to his severe COVID-19 infection. Smell has still not completely returned to normal. Taste is still improving. His stamina is still improving. BP has been under good control. Plans to start working for FEMA in March." (APA p.36, Def. APA pp.19--22).

With regard to what Dr. Fayssoux assessed as "[r]eactive depression (situational)," he stated that the Claimant's "symptoms are improving and are not as severe as they were several months ago" but he "would probably benefit from counseling/psychotherapy." (Def. APA p.20). Dr. Fayssoux further noted that the Claimant had "[r]ecovered" from COVID-19 but was [s]till having PTSD symptoms related to his illness ... He cannot to work [sic] yet in his previous capacity 12 hours a day but has been cleared to return for administrative work on an 8 hour a day schedule." (Def. APA p.20). The Claimant testified that this was only "some slight restriction" and he reached out to the Regional Medical Center about returning to work. (T. p.25).

On March 15, 2022, the Regional Medical Center informed the Claimant that the organization did not have a part-time administrative position available and that because his leave was exhausted, the employment would end effective March 15, 2022. (T. p.26, APA p.46). The Claimant's maximum period of leave was actually exhausted on December 21, 2021. (Def. APA p.50). He admits that he started a new job at the Tri-County Commission of Alcohol and Drug Abuse as a staff nurse on May 12, 2022. (T. pp.27—28; Def. APA p.111). On his application for employment with the Tri-County Commission on Alcohol and Drug Abuse, he listed his

“Current or Most Recent Employer” as “Graduate Research Assistant at the University of South Carolina in Columbia.” (Def. APA p.108).

The Claimant was asked whether he completed a medical questionnaire when he applied for employment with the Tri-County Commission on Alcohol and Drug Abuse. The Claimant testified, “I don’t remember.” (T. p.89, ll.18—20). However, the record clearly reveals that when the Claimant applied for work at the Tri-County Commission on Alcohol and Drug Abuse, he denied having any medical problems or “Chronic Ailment.” (Def. APA p.126). He specifically denied having any chest pain or shortness of breath, chronic cough, depression or excessive worry, fatigue, frequent trouble sleeping, nervous trouble of any sort, rheumatism or arthritis, swollen or painful joints, or any other conditions. (Def. APA p.129). At his required health examination on April 21, 2022, the Claimant was found to have “Ø significant illnesses or injuries” and a “normal PE.” (Def. APA pp.130—131). The Claimant claims that he does not “remember” this physical exam or medical questionnaire. (T. p.91).

The Claimant admits that he worked 12-hour shifts for the Tri-County Commission on Alcohol and Drug Abuse (T. p.92, l.10—12) but he denies remembering what his hourly wage was there (T. p.92, ll.13—16). He claims that when he started working and “getting exposed to ambulance coming in with substance abuse patient, and that’s what was triggering my -- my acute stress disorder ... I also started realizing how it was impossible for me to work as a nurse with all the Long COVID-related diseases symptoms I had.” (T. p.28, ll. 19—25). He claims that he “was confusing giving the wrong medication to the patient” and that he could not do his job as a nurse with loss of smell and “brain fatigue.” (T. p.29). At that point, he returned to Dr. Fayssoux.

However, according to Dr. Fayssoux’s report dated June 3, 2022,

“Patient comes back in today for routine follow-up. He has been doing well since his last visit. He is still living in Columbia, South Carolina. He currently has an administrative job in an inpatient psychiatric treatment facility for teenagers with drug and alcohol problems. Currently working at night. He has some mild unpredictable episodes of palpitations but has not had any symptoms that limit his busy schedule or exercise routine. He’s had some right hamstring and left calf discomfort which he responded to changing his exercise regimen. He is also used [sic] a topical anti-inflammatory medication successfully. His sense of taste is largely returned since recovering from COVID 19. He has also had some mild though gradual improvement in his anosmia. He is no longer short of breath with his usual exercise regimen. He is still talking to a counselor on a regular basis primarily related issues that occurred after he recovered from COVID 19.” (Def. APA p.22).

Dr. Fayssoux further stated that the Claimant’s COVID-19 “long term recovery is actually gone [sic] quite well ... He still has some symptoms that are suggestive of mild PTSD” but that “these symptoms are improving and are not as severe as they were several months ago.” Dr. Fayssoux did not issue any work restrictions for the Claimant at the June 3, 2022, visit, nor did he recommend any future medical treatment to a reasonable degree of medical certainty.

On June 16, 2022, the Claimant resigned his position at the Tri-County Commission on Alcohol and Drug Abuse. (Def. APA pp.105—106). At an appointment with Dr. Fayssoux two days earlier, July 14, 2022, the Claimant reported that he was “in the process of changing jobs so

that he can work during the day. He felt like some of his mild cognitive issues have been more problematic while working at night. He still feels that he is unable to work 12 hour shifts effectively.” (Def. APA p.26). Again, Dr. Fayssoux did not issue any work restrictions or recommend any specific treatment.

According to the Claimant, he currently suffers from generalized fatigue, problems remembering and recalling information, forgetfulness, loss of smell, PTSD, acute stress disorder, inflammation, lower and upper body pain, anxiety, and depression. (T. pp.31-32). On November 18, 2022, Dr. Fayssoux ordered MRI scans of the Claimant’s lumbar and cervical spine (APA p.76) after the Claimant complained of a “3-week history of worsening lumbar back pain ...that radiates down into his left buttock and is associated with numbness along the left posterolateral thigh, left lateral leg, and to a certain degree on the left lateral foot” and “discomfort in his right neck, right trapezius, and pain down into the right lateral and posterior arm.” (Def. APA p.51). Dr. Fayssoux stated that it was “[u]nclear why he would have coincident neck and low back pain.” (Def. APA p.54). Dr. Fayssoux did not relate the Claimant’s back or neck pain to his prior COVID-19 infection⁴, did not address work restrictions, and did not recommend any medical treatment to a reasonable degree of medical certainty on November 18, 2022. Instead, Dr. Fayssoux stated that the Claimant had “[l]argely recovered” from COVID-19 “with the exception of a persistent problem with anosmia” and that the Claimant’s “[r]eactive depression (situational)” was “[n]ot currently problematic.” (Def. APA p.54). When asked at the February

⁴ The Claimant’s Form 50 dated September 9, 2022, does not claim any injury to his neck or back. He did not subsequently amend his Form 50 to allege an injury to his neck or back. In addition, Dr. Fayssoux’s records reveal the Claimant has a pre-existing history of back problems with radicular pain (Def. APA 14) and there is no competent evidence of any work-related aggravation of these pre-existing problems.

15, 2023, hearing if he was honest with Dr. Fayssoux on November 18, 2022, the Claimant testified, “I don’t remember.” (T. p.87, ll.9—14).

Neither the results of the MRI scans, nor records of his neurosurgical evaluation were submitted into evidence; however, the record does contain the report of a Dr. Matthew Drakely dated January 14, 2023. Dr. Drakely’s assessment was cervical and lumbar radiculopathy with acute lumbar radiculitis, though he acknowledged that he had not reviewed the Claimant’s MRI scans. Dr. Drakely recommended an L5-S1 epidural steroid injection but did not address either causation or work restrictions and gave no opinion regarding medical treatment or otherwise to a reasonable degree of medical certainty.

The record also contains the report of the Claimant’s annual physical examination with Dr. Fayssoux dated January 5, 2023. Reportedly, the Claimant’s chief complaint at that time was “numbness in L leg.” (APA p.77). Dr. Fayssoux’s assessments on that date included “[l]umbar back pain with radiculopathy affecting left lower extremity,” “[c]ervical pain (neck),” “[e]ssential hypertension,” “[v]itamin B12 deficiency,” “[v]itamin D deficiency,” “[r]eactive depression (situational),” “[p]rediabetes,” and “[l]ong COVID.” With respect to the Claimant’s depression, Dr. Fayssoux noted that his “depression objectively does not seem any worse than previously noted” and that the Claimant was not taking any antidepressant medications, though he was in active counseling. Dr. Fayssoux did not issue any work restrictions for depression (or any other condition) and did not recommend any treatment for depression to a reasonable degree of medical certainty. Likewise, Dr. Fayssoux did not issue any work restrictions or recommend any treatment for “[l]ong COVID” to a reasonable degree of medical certainty. Dr. Fayssoux did not relate the Claimant’s lumbar pain, radiculopathy, cervical pain, hypertension, vitamin deficiencies, or prediabetes to the Claimant’s prior COVID-19 infection. (APA pp.77—81).

On cross-examination at the February 16, 2023, hearing, the Claimant was asked about his February 8, 2021, application for employment with the Regional Medical Center. (Def. APA #5). On that application, the Claimant was asked “[h]ave you been terminated from a job for cause or forced resignation?” (Def. APA p.31). The Claimant answered, “[n]o.” When asked at the hearing whether this answer was truthful, the Claimant testified, “I don’t remember. Objection ... I don’t remember. That’s my answer.” (T. p.40, ll. 15–20).

The Claimant was then asked if he had ever worked for the Department of Veterans Affairs. The Claimant testified, “I don’t remember ... If it’s in my resume, then it is true because I wrote it — but I don’t -- I don’t recall.” (T. p.41, ll.1–9). When asked if he was terminated for cause by the Department of Veterans Affairs, the Claimant testified, “... you have no evidence for that. I don’t know.” (T. p.41, ll. 15--16). The Respondents then marked as Exhibit 1 the Order of United States Magistrate Judge Mary Gordon Baker in the case of Serge R. Wandji v. Robert Wilkie, Secretary of Veterans Affairs, dated November 9, 2020, which was later affirmed by the Fourth Circuit Court of Appeals on June 24, 2021.⁵ According to that Order, the Claimant’s employment with the Department of Veterans Affairs was terminated on March 14, 2018, because of the Claimant’s “inappropriate conduct and lack of candor,” as well as “multiple no-call, no-show incidents” and “aggressive behavior.” The Claimant was asked again whether he was truthful on his application for employment with the Regional Medical

⁵ The Claimant now alleges that Judge Baker’s opinion in Serge R. Wandji v. Robert Wilkie, Secretary of Veterans Affairs is merely a “document ‘found on the internet’” and should not have been admitted into evidence or considered by Commissioner Beck. Respectfully, the published opinions of the federal judiciary are official public records, of which the Commission may take judicial notice. Here, the Magistrate’s opinion was properly submitted for the purpose of impeachment.

Center when he denied having been terminated from a job with cause” – the Claimant claimed that “[t]hey didn’t ask me anything about a job at the VA.”

The Claimant admits that he was employed by the Regional Medical Center as a nurse in the Behavioral Health Unit. (T. p.46, ll.22-24). He admits that he did not provide direct patient care to COVID patients in the ICU or the emergency room. (T. p.47, l.24—p.48, l.1; p.48, ll.2—4).

The Claimant denied having any knowledge of the visitation policy for the Behavioral Health Unit. (T. p.51, l.22; p.52, ll.5—10). The Claimant denied having any knowledge of the Regional Medical Center’s policies for testing patients prior to admission to the Behavioral Health Unit and denied having any knowledge of the requirement that he wear protective equipment, including a N-95 mask, at work. (T.p.49, ll.14—25). However, the record contains documentation of the Regional Medical Center’s policies in this regard, including a memorandum dated August 6, 2021, addressed to “All Employees” stating that N-95 masks were required to be worn by anyone with contact with patients. (Def. APA 6).

The Claimant claims that he does not remember what classes he was taking at the University of South Carolina in August 2021. (T. p.57). Likewise, he claims does not remember what dates he worked in August 2021. (T. p.58). He also claims to not remember that COVID-19 infections were rising in Orangeburg County and throughout South Carolina in August 2021. (T. p.60). However, he claims that he *does* remember that he did not leave his house at any time between August 17, 2021, and August 22, 2021. (T. p.58—62).

The Claimant admits that he did not work at the Regional Medical Center on August 27, 2021. (T. p.61, ll.1—9). In addition, he admits that he did not sustain any accident or injury on

August 27, 2021. (T. p.64, l.25—p.65, l.4). The Claimant was previously asked at his deposition when he claims to have been infected with COVID-19 and the Claimant responded,

“[n]obody except God can tell exactly what day a person was infected. Do you understand? No doctor, no nurse, no lawyer, no human being can tell exactly what date, what time somebody was infected with COVID. Do you understand?”
(APA p.82).

At the hearing, the Claimant again admitted that he has no evidence as to the date or time of his exposure to COVID-19:

“Nobody can answer that question ... You are asking a question, with all due respect, that’s very stupid.” (T. p.66, l.15—p.67, l.14).

Kelci Caruso testified on behalf of the Respondents. Ms. Caruso has an RN and BSN degree and was employed as the Employee Health nurse at the Regional Medical Center in August 2021. (T. p.96). Her office was responsible for testing employees for COVID during that time. (T. p.96). Ms. Caruso testified that in August 2021, the Regional Medical Center offered employees COVID testing if they were symptomatic or had an exposure, but free tests were not offered for personal reasons (such as travel or school). (T. p.97). In addition, Ms. Caruso testified that in August 2021, employees in clinical areas were required to wear an N-95 mask and were required to wear a surgical mask in other areas of the hospital. (T. p.97, ll.11—14). She confirmed that a memorandum was sent to all employees reminding them of these protocols

on August 6, 2021. (T. p.97, ll.18—21). Therefore, Ms. Caruso testified that an employee's risk of exposure to COVID at the hospital was "low" as long as everyone was wearing their protective equipment. (T. p.97, l.25—p.98, l.1).

Ms. Caruso testified that the Claimant presented to Employee Health on August 16, 2021. (T. p.98, ll.23—25). For more than a year prior, the Regional Medical Center's policy was that employees who were symptomatic or needed testing, pre-registration was required. (T. p.98). However, the Claimant did not schedule an appointment or register for testing on August 16, 2021 – he "just showed up." (T. p.97, ll.1-3). Ms. Caruso explained that,

"...shortly after 11:00, I came back to my office after testing other employees outside of the same-day surgery entrance that had an appointment ... he was sitting in Kellie's portion of the office ... She informed me that he needed to be tested for COVID due to an exposure, and I let him know that our next testing was at 2:00, and he said that he could not come back at 2:00, because he was getting an admission, and he was going to stay in the office until we tested him. So I told him that it was going to be a few minutes, because like I said, I had to process those specimens, and we had asked him to step outside ... He should have waited outside for us. We actually have a note on our door that stated if you needed to be tested, that we ask that you not come in our office." (T. p.99, l.12—p.100, l.14).

Ms. Caruso testified that the Claimant was "[v]ery demanding. He wasn't going to leave until we, you know, did his COVID test." (T. p.100, ll. 15—23). In particular, Ms. Caruso testified that the Claimant did not tell her he needed a COVID test for school and if he had told her that

he needed a COVID test for school, she would have recommended other areas that he could go to be tested” because she “did not test for any school purposes, travel purposes, surgery purposes, or anything like that. It was only for exposure or symptoms.” (T. p.100, l.24—p.101, l.5).

Ms. Caruso testified that her next interaction with the Claimant was on August 27, 2021, when she tested him for COVID a second time. (T. p.101). His results were positive on that date. Ms. Caruso testified that the Claimant told her on that day that his symptoms had begun for to five days before -- Monday, August 23, 2021. (T. p.101). According to Ms. Caruso, if the Claimant’s symptoms began on August 23, 2021, as the Claimant stated, then he could have contagious up to two days prior, including on Sunday, August 22nd when the Claimant was working, and she was concerned that the Claimant “possibly could have brought COVID into the hospital,” based on guidelines published by the CDC. (T. p.102, ll.23—25; p.105).

Kellie Evans also testified on behalf of the Respondents. She is the administrative assistant in the Employee Health Services office at the Regional Medical Center. (T. p.112). Ms. Evans testified that on August 16, 2021, the Claimant came into her office to request a COVID test because “he had been exposed.” (T. p.113, ll.16—16). He did not claim to need a COVID test “for school.” (T. p.113, l.20). According to Ms. Evans, if the Claimant had informed her that he needed a COVID test “for school,” he would not have been given a free test at the Regional Medical Center. (T. p.126).

In addition, Ms. Evans testified that when she spoke to the Claimant on August 27, 2021, to schedule his second COVID test, the Claimant told her that his symptoms began on August 23, 2021. (T. p.114, ll.9—10). The Claimant later called back and stated he started feeling bad on August 25, 2021. The Claimant changed his history yet again in an email on September 9th, at which time he claimed his symptoms started on August 26, 2021. (T. p.114). Ms. Evans and Ms.

Caruso documented their conversations with the Claimant contemporaneously. (Def. APA 15, pp.76—78).

Teresa Noe also testified on behalf of the Respondents. She is a nurse manager on the Behavioral Health Unit at the Regional Medical Center and was the Claimant's supervisor when he was employed there. (T. p.128). Ms. Noe explained that the Behavioral Health Unit was a "locked" unit (meaning that you must have a badge to go in or out) that treats geriatric behavioral health patients. (T. p.128). In 2021, patients in the Behavioral Health Unit were required to have a negative COVID test prior to admission. (T. p.129). All staff on the unit were required to wear N-95 masks and the Claimant would not have been allowed on the unit without one. (T. pp.129--130). In his position, the Claimant did not provide care to any COVID patients. (T. p.130). According to Ms. Noe, the Claimant "would have had a less chance of catching COVID on the unit versus in the public." (T. p.130, ll.13—14).⁶

Dr. John H. Samies, an infectious disease specialist at Palmetto Infectious Disease Physicians, reviewed the Claimant's records, including his COVID-19 Questionnaire and the testing log for Behavioral Health Unit employees. (Def. APA p.57). According to Dr. Samies, while hospital policy required the use of protective equipment,

⁶ The Claimant now argues that Ms. Noe was "unqualified" to give this testimony. However, the record reveals that the Claimant made no contemporaneous objection Ms. Noe's testimony and the issues he now raises in this regard are not preserved for appeal. See Turner v. Med. Univ. of S.C., 430 S.C. 569, 590, 846 S.E.2d 1, 12 (Ct. App. 2020) (holding that a "contemporaneous objection is required to preserve issues for appellate review" and citing Webb v. CSX Transp., Inc., 364 S.C. 639, 657, 615 S.E.2d 440, 450 (2005); see also Scott v. Porter, 340 S.C. 158, 167, 530 S.E.2d 389, 393 (Ct. App. 2000) (holding that "[o]rdinarily, if an appellant fails to object the first time a statement is made, he or she waives the right to raise the issue on appeal").

“[o]f more importance to this case is [the Claimant’s] self reported exposure and request for testing on 8/16/2001. This was negative. The details of this exposure are unclear. Certainly a positive test on 8/27 and symptoms beginning on 8/23 as he initially reported or on 8/25 or 8/26 (which he subsequently stated) would be consistent with exposure on or near the 8/16 date. Generally COVID incubation is 2 – 14 days with onset for most being about 5 – 10 days from exposure. It is highly unlikely that 8/22 was the date of exposure if his symptoms began on 8/23 and not possible that 8/24 was the date of exposure for onset 8/23. The exposure of 8/22 with onset on 8/25 is unlikely being at the shortest end of incubation period and the exposure of 8/24 with onset of 8/25 is highly unlikely being shorter than the incubation period of the virus.

The recanting of the 8/16 exposure by the claimant and the confusion about date of onset of symptoms puts doubt on all claimant statements in this case. Since the reporting by Employee Health of RMC appears to be a real time event, it would seem that the timing of onset of symptoms should have been quite clear to the claimant.

It is my opinion that a link to employment exposure here is unlikely based on the information presented to me.” (Def. APA p.57).

No other infectious disease experts gave an opinion in this claim.

The report of psychologist Dr. Nicholas Lind of Post Trauma Resources, LLC, dated January 12, 2023, is also contained in the record. (Def. APA 13). The Claimant was referred by the Respondents to Dr. Lind for evaluation of potential emotional impairment he claims to have

suffered as a result of his prior COVID infection. The Claimant reportedly “invalidated the measures pertaining to potential posttraumatic stress symptoms because of overreporting and endorsement of unlikely symptoms.” In addition, the Claimant was administered the MMPI-3 but the result was “invalid” and “uninterpretable” because he only “completed 97 of the 335 items.” (Def. APA p.63). The Claimant was also administered the Detailed Assessment of Posttraumatic Stress, “a measure of the impact of potentially traumatic events” and was “determined to have endorsements inconsistent with a legitimate posttraumatic stress reaction.” (Def. APA p.63). According to Dr. Lind, the Claimant has reached maximum medical improvement “for any psychological distress he experienced secondary to his COVID diagnosis.” (Def. APA p.64). In addition, Dr. Lind opined that “[t]here is no credible evidence of any ongoing psychological distress directly associated with his COVID diagnosis ... there was no evidence of memory or attention dysfunction ...” (Def. APA p.64).

Arguments

- I. **Hearing Commissioner Beck’s conclusions that the Claimant’s alleged injuries were not caused naturally or unavoidably by any accident on or about August 27, 2022, and that his alleged injuries did not otherwise arise out of or in the course of his employment pursuant to S.C. Code Ann. § 42-1-160 are supported by the greater weight of the evidence in the record and the applicable law.**

The Claimant filed a Form 50 claiming an “injury” or “illness” and alleging that on August 27, 2021, his “whole body” was infected with COVID-19; however, there is no competent evidence in the record to support a finding that the Claimant’s employment placed him at an increased risk of exposure to COVID-19. In addition, based on the greater weight of

the evidence presented, the Claimant's COVID-19 infection did not result "naturally or unavoidably" from an accident arising out of or in the course of his employment on August 27, 2021, as alleged. Accordingly, the Respondents seek a full affirmation of Hearing Commissioner Beck's Decision and Order.

The Claimant admits that he did not work at the Regional Medical Center on August 27, 2021, and that there was "no injury" on August 27, 2021. (T. p.61, ll.1–9; T. p.64, l.25—p.65, l.4). The Claimant did not present any evidence that he worked with, or provided care for, any COVID positive individuals at the Regional Medical Center at any time. Instead, the greater weight of the evidence, including the testimony of his supervisor, Ms. Teresa Noc, reveals that the Claimant and all staff on the "locked" unit where the Claimant worked were required to wear N-95 masks (T. pp.129--130); all patients in the unit were required to test negative prior to admission (T. p.129); the Claimant did not provide care to any COVID patients at any time (T. p.130); and the Claimant "would have had a less chance of catching COVID on the unit versus in the public." (T. p.130, ll.13--14). Even the Claimant testified that "[n]obody except God" knows when or how he was exposed to, or infected with, COVI-19. (APA p.82).

The greater weight of the evidence further reveals that the Claimant gave inconsistent accounts of when he believes he was first exposed to COVID-19 (August 16, 2021, later recounted) and when his symptoms began (August 23rd or August 24th or August 25th) according to the testimony of Ms. Kelci Caruso and Ms. Kellie Evans, who Hearing Commissioner Beck found to be "persuasive." (T. pp.99-101; T. pp. 113--114; APA p.148; Def. APA pp.7, 57). Dr. John H. Samies, the only infectious disease expert to address this claim, stated that

“[t]he recanting of the 8/16 exposure by the claimant and the confusion about the date of onset of symptoms puts doubt on all claimant statements in this case ... the timing of the onset of symptoms should have been quite clear to the claimant.”

Dr. Samies ultimately opined “that a link to employment exposure here is unlikely,” negating the probability of a causal connection between that the Claimant’s COVID-19 infection and his employment. (Def. APA p.57).⁷

While the Claimant’s personal physician, Dr. Fayssoux (an internal medicine doctor), stated that the Claimant “contracted Covid-19 at his place of employment” (APA pp.35, 37), Dr. Fayssoux (unlike Dr. Samies) gave no basis for this opinion, nor does explain when he believes

⁷ The Claimant’s allegations with respect to Dr. Samies are improper, unfounded, and irrelevant. The Respondents made no misrepresentation regarding the qualifications of Dr. Samies at any time. The Claimant, himself, submitted Dr. Samies’s report into evidence as APA #58. The Claimant did not object to the admission of this report at the hearing, nor did he seek to exercise his right to cross-examine Dr. Samies on any issue. Therefore, the Claimant cannot be heard to complain about the admissibility or credibility of Dr. Samies’s report on appeal. See Turner v. Med. Univ. of S.C., 430 S.C. 569, 590, 846 S.E.2d 1, 12 (Ct. App. 2020) (holding that a “contemporaneous objection is required to preserve issues for appellate review” and citing Webb v. CSX Transp., Inc., 364 S.C. 639, 657, 615 S.E.2d 440, 450 (2005); see also Scott v. Porter, 340 S.C. 158, 167, 530 S.E.2d 389, 393 (Ct. App. 2000) (holding that “[o]rdinarily, if an appellant fails to object the first time a statement is made, he or she waives the right to raise the issue on appeal”). In addition, the Respondents respectfully contend that there is no competent evidence that Dr. Samies’s report was based upon anything other than the facts and his own expert opinion and therefore, the Claimant’s baseless allegations of bias should not affect the weight accorded to his opinion. Perhaps more importantly, the Claimant’s allegations regarding Dr. Samies in no way change the fact that the Claimant failed to prove any accident at work, any injurious exposure at work, or any increased risk of exposure to a worldwide pandemic at work, especially given the stringent personal protective equipment and testing protocols required in his workplace.

the Claimant was exposed or the nature of any such exposure, does not explain how he excluded the possibility of exposure outside of work during a pandemic, and he does not reconcile the inconsistencies in the Claimant's timeline. Therefore, Hearing Commissioner Beck properly gave the reports of Dr. Fayssoux little weight in finding that the Claimant did not meet his burden of proving by a preponderance of the evidence that his COVID-19 infection was the natural or unavoidable result of any alleged accident arising out of or in the course of his employment on or about August 27, 2022.

Respectfully, the Claimant's argument that he is entitled to a workers' compensation benefits because *the Respondents* did not prove that the Claimant was exposed to COVID-19 outside of work is wholly without merit. Not only must workers' compensation awards not be based on surmise, conjecture, or speculation, but the "the difficulty in proving a fact in a compensation case does not relieve the party on whom the burden rests of proving it, and does not shift the burden to the other party." Herndon v. Morgan Mills, Inc., 246 S.C. 201, 209, 143 S.E.2d 376, 380–81 (1965) (internal citations omitted). Accordingly, the Respondents seek full affirmation of Hearing Commissioner Beck's findings of fact and conclusions of law, because even the Claimant, when asked if he has any evidence of his alleged exposure to COVID-19, testified,

"Nobody can answer that question ... You are asking a question, with all due respect, that's very stupid." (T. p.66, l.15—p.67, l.14).

II. Hearing Commissioner Beck's conclusions that the greater weight of the evidence indicates the Claimant's employment did not subject him to hazards in excess to those ordinarily incident to employment, that COVID-19 was no peculiar to the Claimant's occupation, and that the disease was neither directly caused by, nor especially incident to, nor the natural consequence of the Claimant's work pursuant to S.C. Code Ann. § 42-11-10 are supported by the greater weight of the evidence in the record and the applicable law.

While the Claimant did not file a claim alleging an occupational disease, and his pleadings limit him to a claim under S.C. Code Ann. § 42-1-160, Hearing Commissioner Beck also analyzed the claim under S.C. Code Ann. § 42-11-10 "out of an abundance of caution" and concluded that the claim must also fail under this analysis. To satisfy his burden of proving an occupational disease under § 42-11-10 by a preponderance of the evidence, the Claimant must not only prove that his COVID infection was "a direct result of continuous exposure to the normal working conditions" of his employment, but the Claimant must also prove that he contracted COVID due to "hazards in excess to those ordinarily incident to employment" and "peculiar to the occupation in which he was engaged." The Claimant has presented no competent evidence to support such findings.

The record contains no opinion of any person -- lay or expert -- that the Claimant's employment subjected him to hazards in excess to those ordinarily incident to employment, nor any opinion that COVID-19 was peculiar to the Claimant's occupation. Instead, the record reveals that COVID-19 was contracted at least 123,842 South Carolinians during the period from August 1, 2021, through August 31, 2021, alone -- including at least 1,869 persons during this period in Orangeburg County. (Def. APA pp.147—148). The Claimant's supervisor, nurse manager Teresa

Noe, testified that the Claimant “would have had a less chance of catching COVID on the unit versus in the public” because of the stringent testing protocols and requirements for personal protective equipment, including N-95 masks, in the Claimant’s place of employment. (T. p.130, ll.13—14). In addition, Dr. Samies, an infectious disease specialist, opined “that a link to employment exposure here is unlikely,” which is clearly contrary to the requirement that the Claimant’s COVID-19 infection be “a direct result of continuous exposure to the normal working conditions” of the Claimant’s employment. (Def. APA p.57).

Furthermore, the claim fails consistent with the exceptions listed in S.C. Code Ann. § 42-11-10(B)(3) & (4). Clearly, COVID-19 is a contagious disease. However, the Claimant presented no competent evidence that his employment placed him at an increased risk of exposure over and above his risk of exposure outside of his employment, especially considering the fact that the Claimant was a student at the University of South Carolina at the time in question and his employment required him to wear an N-95 mask at all times. Instead, the only witness to assess the Claimant’s relative risk, Ms. Noe, testified that the Claimant “would have had a less chance of catching COVID on the unit versus in the public.” (T. p.130, ll.13—14). Moreover, it would be specious to suggest that COVID-19 was “peculiar” to the Claimant’s occupation or that the disease was either directly caused by, especially incident to, or the natural consequence of his work and there is no persuasive or competent evidence in the record to support any such suggestion. Therefore, the Respondents respectfully contend that Hearing Commissioner Beck’s findings and conclusions under S.C. Code Ann. § 42-11-10 should be affirmed by the Appellate Panel, as they are supported by the greater weight of the evidence and the applicable law.

Conclusion

Based upon the arguments set forth herein above, the Respondents respectfully request that the Decision and Order of Hearing Commissioner Beck dated May 31, 2023, be affirmed in its entirety.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Roy A. Howell III", is written over a horizontal line.

Roy A. Howell III
Trask & Howell, LLC
Attorneys for the Respondents

August 29, 2023
Mount Pleasant, SC

**BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL**

Serge Wandji,	)	W.C.C. FILE NO. 2118696
	)	
Claimant/Appellant	)	
	)	
-vs-	)	CLAIMANT/APPELLANT'S REPLY TO THE
	)	"RESPONDENTS' BRIEF"
	)	
	)	
The Regional Medical Center,	)	
	)	
Self-Insured Employer,	)	
Through	)	
	)	
Antum Risk,	)	
	)	
Defendants/Respondents.	)	
	)	

INTRODUCTION

In Response to Claimant's Appellate Brief of August 14, 2023, the Defendants in their "BRIEF OF THE RESPONDENTS" of August 29, 2023, failed to address any of the **four (4) questions presented in this case**, which were clearly elaborated on by the Claimant. Instead, the Mr. Roy A. Howell, III Attorney for the Defendants and his clients produced 23 pages of fabrication consisting of false and/or irrelevant allegations, in a continuous misleading series of 'cutting' and 'pasting' various incoherent statements. The desperation displayed by Mr. Howell and the Defendants in their "Response", to deny the Claimant's legitimate workers' compensation claims is consistent with their defense strategy since the beginning of this case: To distract this Honorable Commission's Appellate Panel from the real issues and questions in this case.

First question presented in this case:

Following an outbreak and hospital wide spread of the COVID-19 virus in both the employees from all departments (See APA pp. 84-86) and in the patient population (See APA p. 91; APA p.7-8) throughout the month of August 2021, Claimant who worked as a staff nurse at The Regional Medical Center (TRMC) in Orangeburg at the time, was exposed to and contracted the COVID-19 virus at his workplace as a result, as attested by a Medical Doctor (See APA p. 37). This medically confirmed exposure and occupational infection is supported by the Claimant's official Job description which states that throughout the hospital the Claimant will be "**regularly exposed to infection, contagious diseases, contact with patients under a wide variety of circumstances; exposed to injuries and illnesses**" (See APA p. 38). Furthermore, the COVID-19 'EDUCATION MATERIAL' prepared by TRMC clearly stated that: "**The COVID-19 virus passes through tiny particles from the infected person's lungs and airway. These particles can easily travel through the air to other people who are nearby. In some cases, like in indoor spaces where the same air keeps being blown around, virus in the particles might be able to spread to other people who are farther away**" (See APA p. 89). Also, still according to the COVID-19 'EDUCATION MATERIAL' prepared by the Defendants, "**It is possible to get infected if you touch a surface that has the virus on it and then touch your mouth, nose, or eyes**" (See APA, p. 90). Meaning that a person can get the COVID virus anywhere in the hospital such as on any elevator, in the cafeteria and in any bathroom at the hospital. Thus, the Claimant was exposed to and infected with the COVID-19 virus at his place of work (TRMC) while working there as a Registered Nurse (RN) as a direct result of his occupation. Accordingly, the Claimant is entitled to his workers' compensation benefits as a matter of Law.

Second question presented in this case:

The Defendants in their multiple Pre-hearing briefs (Form 58) stated that they will call on their behalf witnesses who "**will testify that Claimant reported a possible COVID-19**

exposure outside the hospital" (See APA p. 88). This was the cornerstone of the Defendants' entire defense strategy.

But at the hearing, the Defendants shamefully failed to get any of their own witnesses (Mrs. Evans and Caruso) to testify that Claimant reported a possible COVID-19 exposure outside the hospital (T. p.107 I. 25; T. p. 108 II. 1-5; & T. p. 115 II. 6-8). Even Commissioner Beck certified by stating "***We have already made the point clear that the Claimant did not self-report any exposure to COVID-19 out of his place of employment"***" (T. p. 116 II. 1-17).

Thus, the Defendants are left with NO defense against the Claimant's Claims in this case.

Accordingly, Claimant's workers' compensation claims should be granted as a matter of Law.

Third question presented in this case:

What the Claimant calls the "***Dr. Samies Question/Issue***" in this case is a masterpiece of unethical, illegal and/or unlawful maneuver put in place by Mr. Roy A. Howell III, with the hope that he will get away with it. Knowing well in advance that Dr. John H. Samies does not qualify to testify as an expert witness in this case because of his overwhelming professional, business and financial ties with TRMC (See Def. APA pp. 58-60), Mr. Roy A. Howell III found a shameful way around it. Mr. Howell requested and had Dr. Samies to write him an infectious disease 'expert letter' in which he will state that "***Claimant had concern about non-employment exposure"*** of the COVID-19 virus (See APA p. 144). The claimant has already extensively demonstrated in his Appellant brief of August 14, 2023 that this statement made by Dr. Samies in his 'expert letter' is a fabrication and a lie. Even Commissioner Beck at the hearing of February 16, 2023 attested the following: "***We have already made the point clear that the Claimant did not self-report any exposure to COVID-19 out of his place of employment"***" (T. p. 116 II. 1-17). Thus, Dr. Samies used his false statement in his 'expert letter' to support his misleading 'expert opinion', to align it with Mr. Howell's Pre-Briefing cornerstone's defense

Not only did Dr. Samies made a false statement in his letter about the Claimant 'self-reported non-employment exposure to COVID-19', but more importantly he used that false premise to support his bias infectious disease 'expert opinion' when he stated "*It is my opinion that a link to employment exposure here is unlikely Given that he (Claimant) had concern about non-employment exposure which prompted testing only a short time prior to his illness, I must wonder how much other potential non-employment exposure he had*" (APA p. 144; Def. APA p. 57).

Erroneously, Commissioner Beck used Mr. Howell's misrepresentation of Dr. Samies as well as Dr. Samies's false statements in his 'expert' letter, as "***The greater weight of the evidence***" to draw his findings in this case. Throughout the Defendants' 'Response' to Claimant's Brief, Mr. Roy A. Howell III repeatedly used the false statements made by Dr. Samies in his 'expert' letter to justified why the Claimant should not be granted workers' compensation benefits. In the footnotes of the Defendant's 'Response Brief' on page 19, Mr. Roy A. Howell, III stated " *Dr. Samies's report was based upon anything other than the facts and his own expert opinion.*" Yet Mr. Howell has not provided any piece of evidence/facts on which Dr. Samies based his statement on, when he (Dr. Samies) stated "***Given that he (Claimant) had concern about non-employment exposure which prompted testing only a short time prior to his illness***".

Honorable members of this Full Commission's Appellate Panel, Courts in the Country have held that falsity of evidence and explanation give rise to an inference that the employer is dissembling to cover up ulterior purpose. *Reeves v. Sanderson Plumbing Product, Inc.*, 530 U.S. 133, 147 (2000). More importantly, all these false and misleading statements intentionally made by the Defendants and Mr. Roy A. Howell, III was a clear attempt to cover up their unlawful actions against the Claimant. See *St. Mary's Honor Ctr. V. Hicks*, 509 U.S. 502, 511 (1993) which found that "The factfinder's disbelief of the reasons put forward by the defendants, particularly if disbelief is accompanied by a suspicious mendacity, fraud, deception, may suffice for the Claimant to prevail in the case".

Accordingly, Claimant's workers' compensation claims should be granted as a matter of Law.

Fourth question presented in this case:

On page 4 of the Defendant's 'Response', Mr. Howell is shamelessly bringing back the falsified COVID-19 test 'Report' of August 16, 2021, prepared by TRMC in which it states that the Claimant was symptomatic. As shown in his Appellant's Brief, the Claimant was not symptomatic and was only taking that COVID test on August 16, 2021 for school reasons (Def. APA pp. 144-146; APA p. 148). At the hearing and under oath, Mrs. Evans a witness called by the Defendants, who was also the only TRMC's staff who 'assessed' the Claimant before that test of 8/16/2021, stated that the Claimant "***was not having symptoms***" (T. p. 116, ll. 1-2). Mr. Howell also conveniently failed to mention in his Response Brief that the Claimant is referred to on that document prepared by TRMC (Def. APA pp.1-2) as '***NOT employed in Healthcare***', although the Claimant was a full time staff nurse at TRMC at the time he took that COVID test (See APA p.48), and it wasn't until March 15, 2022 that the Claimant was unlawfully terminated as a healthcare worker at TRMC (See APA p. 46). Mr. Howell's and the Defendants' false and misleading representation/statements suffice to show intentional unlawful behavior/action. See *Mary's Honor Ctr. V. Hicks*, 509 U.S. 502, 511 (1993) (if Defendant's action/behavior is accompanied by a suspicion of mendacity).

Still on page 4 of his 'Response Brief' Mr. Howell wrote " ***On August 25, 2022, the Claimant received a text message from the hospital stating that all patients in the Behavioral Health Unit were required to wear masks and stay in their rooms and that all staff were required to wear N-95 masks and shields***". This statement is just one of many misleading and distractive fabrications of Mr. Howell. On August 25, 2022, the Claimant was no longer an employee of TRMC hospital, since he was unlawfully terminated on **March 15, 2022** (See APA p. 46). So why would TRMC hospital send the Claimant a work related text message more than five months after his job termination? This does not make sense at all. Mr. Howell's distractive

fabulations continues when he writes in page 4 of his 'Response Brief' "**On August 27, 2022 Claimant tested positive for COVID-19.**" Where did Mr. Roy A. Howell III get that positive COVID-19 test of the Claimant in August of 2022?

On page 12 and throughout the entire 'Response Brief', Mr. Howell keeps making the following statement in an effort to imply that the Claimant could not have been infected at the Hospital : "**Employees in clinical areas were required to wear an N-95 masks and were required to wear a surgical mask in other areas of the hospital**". Mr. Roy A. Howell III failed to understand what his client's (TRMC) COVID-19 Education Material stated, "**The COVID-19 virus passes through tiny particles from the infected person's lungs and airway. These particles can easily travel through the air to other people who are nearby. In some cases, like in indoor spaces where the same air keeps being blown around, virus in the particles might be able to spread to other people who are farther away**" (See APA p. 89). Also, "**It is possible to get infected if you touch a surface that has the virus on it and then touch your mouth, nose, or eyes**" (See APA, p. 90). Thus, wearing a N-95 masks or surgical mask cannot guaranty a hundred percent protection in an infected indoor space like TRMC is, because of the multiple infection mechanisms of the COVID-19 virus (See APA pp. 89-90).

Even Mrs. Teresa Noe, the 'star witness' of the defendant at the hearing, couldn't confirm the effectiveness of the N95 mask, let alone the surgical mask. When asked about the effectiveness of the N95 mask protection, Mrs. Noe answered "**Serge (Claimant) I again, I am NOT a Doctor**" (T. p 134 II 13-19). Also, in a location like the cafeteria which is located on the ground floor inside the hospital, and where everyone including outsiders visitors from the community were allowed to come in and eat, NO one worn their mask while eating obviously. Furthermore, in the month of August 2021 when the Claimant was exposed and infected at TRMC, many other employees from almost all the departments at the hospital, including on the Behavioral Health Unit (BHU) where the Claimant was mainly assigned, were infected by the COVID-19 virus (See APA pp. 84-86). Finally, it is very important to remind the Defendants and their attorney, Roy A.

Howell, III that the **South Carolina Workers' Compensation Is A No-Fault System**, meaning that the employee does NOT have to be at fault to be able to receive workers' compensation benefits. Also, the employer does NOT have to be negligent for the employee to receive workers' compensation benefits.

In regard to Dr. Lind's 'Report' as a detailed response was admitted into the records of this case (See APA p.141-143). For instance, Dr. Lind acknowledges in his report that ***"a formal assessment of the presence/absence of cognitive impairment of the Claimant was not done in his evaluation"*** (See APA p.128). Therefore, any comments or 'opinion' of Dr. Lind related to Claimant's cognitive impairment would be simply pure speculation. Also, this acknowledgement means that any comments or 'opinion' of Dr. Lind related to whether the Claimant could be trusted with the nursing care of innocent patients as a registered nurse, which by the way involves the safe administration of all types of medications, would simply be a **very dangerous speculation on his part, with unthinkable consequences.**

On page 10 of the Defendants "Response Brief" Mr. Roy A. Howell III, writes again about the unauthenticated and irrelevant document which he introduced on the very day of the hearing as a piece of evidence in this case. Commissioner Beck erroneously admitted that document apparently pulled from the internet, into the record in violation of the ***"minimum 15 days prior to the hearing day as required by Law (SC Regulation 67-611)"***. Furthermore, Commissioner Beck erroneously used that unauthenticated and irrelevant document in support of his findings in this case (See p. 16-17). In anyway, there is **no causal connection** between that unauthenticated 'exhibit', and the Claimant's COVID-19 exposure and infection at TRMC. Especially giving the fact that the Claimant was submitted to a full and extensive background check to the full satisfaction of TRMC before he was even allowed to started working there as a staff nurse. See *McLead vs. Piggy Wiggly Carolina Co.*, 280 S.C. 466, 313 S.E. 2d 38 (1984). Also see *Ferguson v. Moore Construction Co.* 298 S.C. 457, 381 S.E. 2d 496 (1989). Thus, the Claimant is entitled to his workers' compensation benefits as a matter of Law.

Presenting an unauthenticated and irrelevant document as a piece of 'evidence' the very day of the Hearing was nothing but part of a **"fishing expedition"** strategy from a desperate lawyer (Mr. Roy A. Howell III) with no legitime defense against the Claimant's legitime claims in this case. This **pattern of "fishing expedition", falsity, and even vicious personal attacks** has been demonstrated by Mr. Roy A. Howell, III and the Defendants throughout this case. Here are just a few examples among many others:

1- False statement in an official document submitted to Commissioner Beck

In the footnotes on page 2 of the Defendant's 'Response Brief', Mr. Roy A. Howell III stated that the issues in connection with the Claimant's Motion to Compel that was denied by Commissioner Beck are *"not properly before the Appellate Panel"*. The Claimant disagrees with Mr. Howell's statement/claim. Commissioner Beck erroneously denied the Claimant's Motion because he (Mr. Beck) was misled by Mr. Howell unlawful action when he **"certified"** in his 'Response to the Motion' that he (Mr. Howell) had properly served a copy of his 'Response' to the Claimant, which was NOT true. In fact, after he was caught, Mr. Howell still persisted that he had sent a copy of his 'Response' to the Claimant, but was eventually forced to admit that it was a lie, and actually apologized for his unlawful actions. But by then, Commissioner Beck had already ordered to deny the Claimant's Motion. It is well documented in the records of this case that Commissioner Beck was made aware via emails exchanges of Mr. Howell false statement in an official document in connection to that Motion. Commissioner Beck/Shawnee DeBruhl was also copied in Mr. Howell's 'apology' email. Thus, the fact that Mr. Howell failed to properly serve the Claimant with a copy of his Response to the Claimant's Motion to Compel, robbed the Claimant from his legal right of having the timely opportunity to Reply to the Defendant's Response. Therefore, Commissioner Beck made a decision to deny the Claimant's Motion based solely on the Defendants' Response to the Motion.

2- Intentional and repetitive breach of Claimant's PHI

Mr. Roy A. Howell, III and the Defendants breached their duty to the Claimant by recklessly, willfully, and repeatedly exposing Plaintiff's **Protected Health Information (PHI)** in the open internet via multiples unencrypted emails they sent out which included Plaintiff's PHI, in direct violation of the **Federal HIPAA law**. Just one example: on November 23, 2022 at 4:05 pm, Mr. Roy A. Howell, III sent an unencrypted email to the Claimant with an attachment document which contained Claimant's full name, date of birth, address, medical records number, insurance information, age, sex, current health history, past medical history, social history, family health history, lab and radiology, medical tests results, doctor's medical notes.....Other persons unknown to the Claimant were copied to these emails.

Mr. Howell's willful and reckless neglect was not corrected promptly despite Plaintiff's repeated denunciation of Defendant's unlawful behavior. It is well documented in the records of this case that on November 28, 2022, an official communication was sent by the Claimant to Commissioner Beck via email about all these unlawful violations and nothing was done about it.

3- Vicious racist stereotyping attacks

The Claimant was verbally attacked by a **racist stereotyping questioning** during his first deposition by the Defendant's attorney, Mr. Roy A. Howell, III. During that deposition, Mr. Howell a White man asked the Claimant a Black man the following question: "***Have you ever been arrested or convicted of any crimes?***" The Claimant asked: "***No sir***". But Mr. Howell refused to accept the Claimant's answer, and repeatedly, **five times in a row**, one attack right after the other, aggressively harassed the Claimant in a demeaning manner, stating: 1- "***You remember that aye?***"; 2- "***Yeah, you remember that you haven't been arrested?***"; 3- "***Okay. Are you sure?***"; 4- "***And you are sure about that?***"; 5- "***Is that correct?***" (See APA p. 83). This racist stereotyping questioning tactic was hurtful, unnecessary, inappropriate and unacceptable. It simply shows that according to Mr. Roy A. Howell III, a Black man in America around the Claimant's age **MUST 'have been arrested or convicted of some crimes'**. Furthermore, this is a clear demonstration that the Defendants is on a '**fishing expedition**',

desperately looking for anything they might use to discredit the Claimant and tarnish his good reputation. In that 'fishing expedition' process Mr. Roy A. Howell, III and the Defendants are using all means necessary, including vicious racist tactics, since they have no defense to show for against the facts that Claimant was exposed to the COVID-19 virus at his workplace (TRMC), was infected as a direct result of that exposure, and is still suffering presently from Long-Covid.

Retaliation:

In the last paragraph of the Defendant's 'Response Brief' on page 5, Mr. Roy A. Howell, III described a distorted version of how the Claimant was terminated from his job at TRMC. Unlike what Mr. Howell described, the Claimant's termination was the result of a series of pure retaliatory actions of the Defendants. Unlike what Mr. Howell is indicating on page 5 of his 'Response Brief' the Claimant was not terminated on December 21, 2021 because '*his leave was exhausted*' but was terminated on March 15, 2022 (**See APA p. 46**), in retaliation for submitting in good faith a workers' compensation claim on November 29, 2021(See APA p. 26).

Below is how it happened sequentially:

- a). Following a hospital wide outbreak, the Claimant was exposed to, infected with, and tested positive for COVID-19 on August 27, 2021 and was immediately '*medically removed*' from work by his employer (TRMC) and requested to see his PCP.
- b). Following Claimant's filing of his workers' compensation claim with ANTUM RISK on September 21, 2021, the Defendant retaliated immediately by requiring the Claimant to pay TRMC \$154 dollars every month to keep his employee's health insurance active (**See APA p. 49-53**).
- c). Plaintiff officially filed a Form 50- Employee's Notice of Claim and request for Hearing with the South Carolina Workers' Compensation Commission on November 29, 2021 (See APA p. 26), due to the fact that TRMC has stop responding to Plaintiff's multiple workers' compensation related emails (See APA pp 23-25).

d). On January 17, 2022, Claimant was evaluated by his PCP, and released him back to work with some temporary work restrictions (**See APA p. 37**). This medical update was forwarded to TRMC via certified mail. Prior to this time, Claimant was written out of work by his PCP, and updates on his medical condition was timely communicated to his employer TRMC (**See APA pp. 30-36**) . But the Defendant refused to allow Claimant to resume work.

e). The Claimant also had his former lawyer to send an email the Defendants via their lawyer Mr. Howell on January 25, 2022, clearly indicating that Claimant is "*ready and willing and able to work under his PCP restriction*" and specifically '*requesting when Claimant can return to work*' (**See APA p. 40**). No response was received from the Defendant.

f). Having heard nothing from the Defendant about his return to work, Claimant drove to TRMC on January 26, 2022, to meet with Nicole Brown Human Resources (HR) manager, to inquire when he can return to work. Mrs. Brown indicated she would talk to leadership and get back to him. The Claimant never heard back from Mrs. Brown.

g). Having heard nothing back from anyone at TRMC about his return to work, Claimant sent an email to the entire leadership team (CEO, CNO, HR Director) on February 25, 2022 requesting to return to work with the limitations set by his PCP (**See APA p. 44**). The Claimant was still not allowed to return to work.

h). Even the Psychology Clinic where Claimant was receiving PTSD therapy wrote a medical note on March 11, 2022, returning Claimant back to work with some few temporary restrictions (**See APA p. 45**), but the Defendant won't allow the Claimant to return to work as ordered by his treating physicians.

e). On March 15, 2022, Mrs. Norris, Human Resources (HR) Director at TRMC, sent Claimant an email terminating his employment effective March 15, 2022 (**See APA p. 46**), in direct violation of the **2013 South Carolina Code of Laws Title 41 - Labor and Employment CHAPTER 1 - GENERAL PROVISIONS SECTION 41-1-80**.

On page 18 of the Defendants' 'Response Brief', Mr. Roy A. Howell, III is having Mrs. Teresa Noe to indicate that the Claimant *"would have had a less chance of catching COVID at the hospital versus in the public"*. Off course, that false statement was not supported by any evidence or any peer-review scientific article or any documentation from the CDC or any Educational Material from the hospital (TRMC). That was simply a free statement made up by Mrs. Noe, worth NOTHING, for the following reasons:

1. Mrs. Teresa Noe is an employee of the Defendants (TRMC) who was called in by her employer to testify against the Claimant at the Hearing. Mrs. Noe is also a bachelor's degree prepared Registered Nurse (RN) with ZERO training or experience in COVID-19 infection mechanisms and/or research, therefore NOT qualified to give any credible and acceptable opinion about *"where, when and how"* the Claimant contracted the COVID-19 virus in the month of August 2021.
2. Mr. Noe statement is contrarily to her own employer's COVID-19 'EDUCATION MATERIAL' which stated that: *"The COVID-19 virus passes through tiny particles from the infected person's lungs and airway. These particles can easily travel through the air to other people who are nearby. In some cases, like in indoor spaces where the same air keeps being blown around, virus in the particles might be able to spread to other people who are farther away"* (See APA p. 89). Also, still according to the COVID-19 'EDUCATION MATERIAL' prepared by the Defendants, *"It is possible to get infected if you touch a surface that has the virus on it and then touch your mouth, nose, or eyes"* (See APA, p. 90). Meaning that a person can get the COVID virus anywhere in the hospital such as on any elevator, in the cafeteria and in any bathroom at the hospital.

On cross examination Mr. Noe could NOT explain how in an infected and closed "indoor spaces" like at TRMC, a person *"would have less changes of catching COVID versus in the public"*. In fact, Mrs. Noe did not even know what was written in the COVID-19 infection mechanism and processes describe in her employer's COVID-19 Education manual, when she

stated " *I am NOT in any position to dispute the 'EDUCATION MATERIAL' displayed by TRMC*" (T. p134 II 10-12). Or when Mrs. Noe stated, "*I don't know what they wrote on the Hospital Education Material*" (T p.133 II 16-17); Or even "*I do not know*" (T. p. 135 II 3). That is how ignorant she is about how the COVID-19 virus is contracted. More importantly, there is no evidence that the Claimant who at time lived alone in his house in Orangeburg, and who was taking all his school courses online from home, had any "**public**" interactions in the month of August 2021. In fact, It well documented in the records in this case that the claimant on August 27, 2021 told 'Employee Health' staff that "**He was NOT exposed outside of work and was only exposed at work**" (TRMC) (See APA p.148).

3. Mrs. Noe further confirmed her ignorance in the area of infectious disease when she repeatedly stated "*I am not a Doctor*" adding "*I don't know Serge (Claimant), I am not a Doctor*" (T. p. 134 II 21-25).

Yet the "**The greater weight of the evidence**" upon which Commissioner Beck erroneously made his findings was based on the ill-informed, incompetent and unsubstantiated free statements of *Mrs. Teresa Noe*", as cited on page 18 of the Defendants" Response Brief.

CONCLUSION

Based upon the arguments set forth herein above, as may be made during the hearing, the Claimant respectfully request that this Honorable Full Appellate Panel REVERSE the order of Hearing Commissioner Beck in its entirety, and that Claimant be GRANTED his Full Workers' Compensation Benefits.

Respectfully submitted,

s/Serge Wandji
Serge Wandji
P.O. Box 523
Columbia, SC 29202
678-612-9649

September 7, 2023



WCC File #: 2118696
Carrier File #: WC20210986
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Serge WANDJI SSN: 401-55-3574 Employer's Name: The Regional Medical Center
Address: P.O. Box 523 Address: 3000 St. Matthews Road
City: Columbia State: SC Zip: 29202 City: Orangeburg State: SC Zip: 29115
Home Phone: (618) 612-9649 Work Phone: () - Insurance Carrier: Self-Insured Through Antum
Preparer's Name: Serge WANDJI Law Firm: _____ Preparer's Phone #: () -

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: on 08/27/2021 *Tested Positive for COVID*

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

- 1- Claimant demonstrated with solid evidence that he was exposed to COVID-19 at the Regional Medical Center before and during the time of his confirmed infection
- 2- The Defendants was not able to produce or demonstrate evidence to support their defense strategies as outlined in their Pre-hearing brief of 01/12/2023
- 3- The Defendant engaged in forgery and fabrication of document which they introduced as Evidence as part of their APA in this case
- 4- Defendant also resulted into fraudulent representation, racist attacks and unlawful actions.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

- ☐ a. Mediation is requested by consent of the Parties pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

SCWCC

JUN 26 2023

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Roy Howard *JUDICIAL*
address P.O. Box 2167, Mt Pleasant SC 29465 on the 16 day of June 2023

by ☒ first class postage ☐ certified mail ☐ personal service ☐ electronic service

Preparer's Signature: [Signature] Title: Claimant Email: SergeWandji@gmail.com Date: 06/16/2023

Check this box if you are not represented by an attorney ☒

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



WCC File #: 2118596
Carrier File #: WC2021098080
Carrier Code #: S-867
Employer FEIN #: 57-6008010

Claimant's Name: Serge WANDJI SSN: - - Employer's Name: The Regional Medical Center
Address: P.O. Box 523 Address: 3000 St. Matthews Road
City: Columbia State: SC Zip: 29202 City: Orangeburg State: SC Zip: 29115
Home Phone: (678) 612 - 9649 Work Phone: () - Insurance Carrier: Self-Insured through Antum Risk
Preparer's Name: Serge Wandji Law Firm: _____ Preparer's Phone #: () -

DIRECTIONS: Please print or type. Answer the following questions about your claim to the best of your ability. If you cannot answer a question, leave it blank. Use additional sheets of paper, if necessary. Please use short statements.

Questions

Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons? YES
The records show that Claimant was exposed to the COVID-19 virus at his workplace the Regional Medical Center (TRMC).
Prior to contracting the COVID-19 virus Claimant was never exposed to the virus out of his workplace (TRMC)
As a staff nurse Claimant was exposed to the virus through the entire hospital from multiple sources, not just on a specific unit.
The Defendant could NOT produce a single witness at the hearing to "testify that Claimant reported a possible COVID-19 exposure outside the hospital (TRMC)", which is by the way, what the Defendant promised in writing in his pre-hearing brief (Form 58), as his main defense strategy.

Did the Commissioner incorrectly decide the facts? If so, what facts? YES
Commissioner Beck incorrectly allowed a doubtful and contested document which was not part of the Defendant's APA submitted documents, into the record in this case, on that very day of the hearing against claimant's opposition and objection.
Also, the Commissioner used a document presented by the Defendant, which have been shown to be a result of falsity/forgery, in his "Decision and Order" despite Claimant's objection.

Do you think the Commissioner applied the wrong law? If so, what law? YES
Commissioner Beck allowed and used a written testimony of a Senior Executive and Board of Trustee member of TRMC (Dr. John Samies), who refused to showed up at the hearing to be crossed examined by the Claimant. Dr. Samies' was unlawfully presented by the Defendant as an Independent infectious disease expert witness, therefore with no financial ties to the Defendant. This intentionally dishonest behavior by the Defendant could well be qualify as Fraud.

Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what? YES
The commissioner did not even write that "DECISION and ORDER", the Defendant in this case did, and the commissioner simply signed it, despite Claimant's multiples objections made on the veracity of the statement made in that "DECISION and ORDER".
What action do you want the Commission to take in this case?
To reverse the "ORDER" of the hearing Commissioner (Mr. Beck) and to GRANT Claimant the workers compensation benefits which he is entitled to according to the Law, including temporary total disability from August 28, 2021, continuing and benefits for permanent specific disability, continuing treatment for "Long COVID-19 complication and PTSD"

s/Serge Wandji
Signature

08/14/2023
Date (m/d/yyyy)

IMPORTANT: The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department at 803.737.5675 or judicial@wcc.sc.gov.

I- STATEMENT OF THE CASE

This matter is before the South Carolina Workers' Compensation Commission for a Full Commission Panel Review pursuant to South Carolina Regulation 67-701.

Following an outbreak and hospital wide spread of the COVID-19 virus at the Regional Medical Center throughout the month of August 2021, Claimant was exposed and contracted the COVID-19 virus at his workplace (See APA p. 37). Claimant was later diagnosed with Long-COVID-19 as a result of that workplace COVID-19 infection (See APA p. 77-82), and is still receiving Long-COVID related symptoms treatments (See APA pp. 150-156).

Claimant initially filed for a Form 50 on November 29, 2021 for occupational disease, injury and illness following his COVID-19 infection at this workplace (See APA p.26). The Defendants responded by filing a Form 51 on January 7, 2022 (See APA p.27). This same COVID-19 workplace exposure and infection was later refiled on September 9, 2022.

The only hearing in this case was held on February 16, 2023 in Columbia South Carolina, before The Honorable Commissioner T. Scott Beck. The purpose of the hearing was to determine whether the Claimant exposure to and infection of COVID-19 was caused by the natural or unavoidable result in the course of his employment throughout the entire month of August 2021.

In their Pre-hearing brief (Form 58) filed on January 25, 2023 the Defendants set forth their entire defense around one main strategy: To call on their behalf witnesses who *"will testify that Claimant reported a possible COVID-19 exposure outside the hospital"*, therefore is not entitled to workers' compensation benefits. At the hearing, the Defendants were not able to produce a single witness to testify that *Claimant reported a COVID-19 exposure outside the hospital and workplace*.

Nevertheless, the hearing Commissioner determined Claimant was not entitled to workers' compensation benefits.

Thereafter, Claimant sought a Full Commission Review on the following grounds:

- (1) The Hearing Commissioner erred in failing to find that the Claimant was exposed and infected by the COVID-19 virus at his workplace in the month of August 2021, and is entitled to workers' compensation benefits.
- (2) The Hearing Commissioner erred in NOT recognizing that the Defendants were not able to produce a single witness to testify "that Claimant reported a possible COVID-19 exposure outside the hospital and workplace" as stated in their Pre-Hearing Brief (Def. Form 58). Leaving the Defendants with NO legitimate defense in this case.
- (3) The Hearing Commissioner erred in basing his findings on an 'expert's letter' that was unethical/illegally introduced by Mr. Roy Howell III (Attorney of the Defendants). Dr. Samies was falsely represented as an independent and unbiased "infectious disease expert witness". Furthermore, he failed to disclose in his 'expert letter' the overwhelming conflict of interest he has in this case.
- (4) The Hearing Commissioner made numerous errors in both procedural and statutory, including his heavily reliance on the COVID-19 infection mechanisms testimony of a bias and unqualified witness in Mrs. Teresa Noe.

II- QUESTIONS PRESENTED

- 1- Was the Claimant exposed to the COVID-19 virus at his workplace, the Regional Medical Center prior to his infection at his workplace in August 2021?
- 2- Was the Defendants able to produce a single witness to **testify that Claimant reported a possible COVID-19 exposure outside the hospital**, as stated in their pre-hearing brief?
- 3- Was the Defendants' factfinders' and their 'expert' witness written testimony (Dr. Samies) accompanied by a suspicious, mendacity, fraud and falsity/forgery?
- 4- Were there noticeable failure in the procedure and violation of statutory provision?

III- ARGUMENT

1. Was the Claimant exposed to the COVID-19 virus at his workplace, The Regional Medical Center (TRMC) prior to his infection at his workplace in August 2021?

The Claimant stated working as a full-time staff nurse at TRMC in Orangeburg South Carolina on March 8, 2021. Under the Claimant's work environment in his official Job description, it is explicitly stated that throughout the hospital, Claimant will be **"regularly exposed to infection, contagious diseases, contact with patients under a wide variety of circumstances; exposed to injuries and illnesses"** (See APA p. 38). The defendants do not dispute this fact.

Based on a document provided to the Claimant by the Defendant entitled **"employees at TRMC testing positive for COVID-19 during the month of August 2021"** (See APA pp.84-86), TRMC had already recorded employees who tested positive for COVID-19 since at least August 1st, 2021. Also, an official Memo of TRMC dated August 6, 2021, clearly states that: **"As of August 6, 2021, we have twelve (12) COVID-19 patients in our hospital"** (See Defendant's supplemental APA p. 38 or Claimant's APA p. 91). Thus, COVID-19 virus was already spread throughout the hospital in both patients and employees, many weeks before August 27, 2021 which is the date on which the Claimant tested positive for the COVID-19 virus.

Furthermore, the COVID-19 'EDUCATION MATERIAL' prepared by TRMC clearly stated that: **"The COVID-19 virus passes through tiny particles from the infected person's lungs and airway. These particles can easily travel through the air to other people who are nearby. In some cases, like in indoor spaces where the same air keeps being blown around, virus in the particles might be able to spread to other people who are farther away"** (See APA p. 89). Also, still according to the COVID-19 'EDUCATION MATERIAL' prepared by the Defendants, **"it is possible to get infected if you touch a surface that has the virus on it and then touch your mouth, nose, or eyes"** (See APA, p. 90). Meaning that a person can get the COVID virus anywhere in the hospital such as on any elevator, in the cafeteria and in any bathroom at the hospital.

It is very important here to indicate that the Behavioral Health Unit (BHU) were Claimant was assigned to work most of the time, is not a stand along building. In fact, the BHU is a small unit located on the second floor with an operational capacity of just 12 patients during the entire tenure of the Claimant at TRMC. The hospital in the other hand, is a stand along building with four floors, all indoor space, and all patients (including COVID-19 patients) are admitted on their respective floor (unit) through the Emergency Department (ED) which is located on the ground floor (See APA pp. 145-147). The Claimant was required to perform tasks that required him to go to many other locations in the hospital. For instance, Claimant was required at times to take a BHU patient to other hospital departments for medical and tests procedures; Claimant

was required to take BHU patients' specimen samples to the lab down stairs; Claimant was required to collect BHU patients' medication either from the 'Tube' located out of the BHU or from the pharmacy which is located on a different floor; Claimant was required to wheel out of the building BHU patients at discharge from the hospital; Claimant was required to transport BHU patients to another floor (unit) in case of intra-hospital transfers (See APA pp. 145-147). As demonstrated above, the COVID-19 was already spread throughout the hospital, in both patients and employees at the beginning of August 2021. Also, as demonstrated above, according to the Defendant 'Education Material', COVID-19 could be transmitted through the air blowing around in an indoor space like TRMC. Because the Coronavirus can spread easily through the air, an indoor space hospital like TRMC is an ideal environment for the virus to spread. Also, transmission is possible by simply touching a contaminated object or surface and touching your face (See APA pp. 145-147).

Finally, the BHU had a high traffic of other hospital employees from various departments coming to the unit, to 'work' with the patients and/or interact with BHU staff. Examples of other hospital staff coming regularly to the BHU include but not limited to: Security staff, Occupational therapists, physical therapists, respiratory therapists, infectious disease specialists, Nurse practitioners, Case managers, Leadership personnel, hospitalists, housekeeping staff, maintenance staff, dietary staff, pharmacy staff, Police, Emergency Room staff transporting a new admit on the unit, Phlebotomists, Physicians, House supervisors, ... just to name a few (See APA pp. 145-147). In addition to that, we have to add the fact that before August 25, 2021, when the unit's COVID outbreak was discovered, BHU patients were allowed to receive outsiders visitors (friends and family members) on the unit (See APA pp. 4 & 5). It is also important to mention that all those people coming in and out of the BHU did that every day and multiple times per day. Keeping in mind that COVID-19 virus was already widely spread throughout the hospital in both patients and employees. The Defendant himself describes the Claimant's Work Environment at TRMC as: **"Regularly exposed to infection, contagious and blood diseases. Contact with patients under a wide variety of circumstances. Exposed to unpleasant elements including accidents, injuries and illnesses"** (See APA p. 38). Even the Claimant could not have given a more accurate description.

Thus, due to his exposure to the COVID-19 virus every day that Claimant showed up at the Hospital throughout the entire month of August 2021, he could have contracted the virus anywhere in the hospital, from any staff member, any patients, or any visitors throughout the entire hospital. Furthermore, the only place where the Claimant, who lived alone in his home in Orangeburg at the time, was exposed to the COVID-19 virus was at his workplace (TRMC). It well documented in the records in this case that the claimant on August 27, 2021 told 'Employee Health' staff that **"He was not exposed outside of work and was only exposed at work"** (TRMC) (See APA p.148).

Thus, following an outbreak and hospital wide spread of the COVID-19 virus at the Regional Medical Center throughout the month of August 2021, Claimant was exposed and contracted the COVID-19 virus at his workplace (See APA p. 37). The Claimant tested positive for COVID-19 on August 27, 2021 and was immediately 'medically removed' from work by his employer. On September 6, 2021, the Claimant was rushed from his home to the hospital (the Defendant-TRMC) via EMS ambulance where he was hospitalized for several days. At the hospital, the Claimant was diagnosed with **Pneumonia due to COVID with acute hypoxemic respiratory failure** (See APA p. 19). The Claimant received treatment including oxygen treatment, anti-viral, anti-inflammatory, pain medications. He was also diagnosed with **Acute Stress Disorder related to COVID-19** complication (See APA p. 19). Because of the nightmare and flashbacks the Claimant was experiencing while hospitalized which was due to the fact that he almost died at his home from COVID-19 related shortness of breath, he was referred to the hospital psychiatrist (APA p.20), who diagnosed him for **Anxiety and Depression** (APA p.21). The Acute Stress Disorder the Claimant was diagnosed with while at the hospital progressed a

few months later into a full-blown Post Traumatic Stress Disorder (PTSD) and he was referred by his Primary care provider to a psychology clinic for therapy to address his COVID-19 related PTSD condition (APA pp.41-43). The Claimant was later diagnosed with Long-COVID-19 as a result of that workplace infection and have been struggling with Life limitations of living due to Long-COVID, including symptoms such as: Loss of smell, PTSD, Heart palpitations, Cognitive issues and forgetfulness, Generalized fatigue, Prediabetes, Body inflammations and chronic pain, Anxiety and Depression (See APA p. 74-82). All these Long-COVID-19 symptoms have kept the Claimant from returning to his employment as a staff nurse for PATIENT SAFETY reasons (loss of smell, PTSD, Cognitive issues) and physical Incapacities (Generalized fatigue, Body inflammations, and chronic pain).

To address his Long-COVID related Inflammations and chronic body pain, the Claimant was referred by his Primary care physician to a neurosurgeon, who in turn referred him to a pain specialist, where Claimant have been taking steroids injections (APA pp. 150-156).

Thus, the Claimant is entitled to his workers' compensation benefits.

2. Was the Defendants able to produce a single witness to testify that Claimant reported a possible COVID-19 exposure outside the hospital, as stated in their pre-hearing brief?

Faced with the overwhelming evidence supporting the fact that Claimant was exposed to the COVID-19 virus at his workplace (TRMC) during the entire month of August 2021 which resulted in his infection, the Defendants in their Pre-hearing brief (Form 58) set forth their defense strategy by stating that they will call on their behalf witnesses who *"will testify that Claimant reported a possible COVID-19 exposure outside the hospital"*.

At the hearing, the Defendants could not get any of their own witnesses to testify that Claimant reported a possible COVID-19 exposure outside the hospital. More importantly, the only staff members from TRMC with whom the Claimant discussed his COVID-19 exposure were Mrs. Kelci Caruso and Kellie Evans. At the hearing and under oath, Mrs. Caruso stated *"No sir, you (Claimant) didn't tell me where you were exposed"* (T. p.107 I. 25). Mrs. Caruso added *"I don't recall you (Claimant) telling me where you were exposed"* (T. p. 108 II. 1-5). Also, Mrs. Evans, under oath at the hearing stated *"I (Evans) did not say that you (Claimant) stated that you were exposed outside of the hospital"* (T. p. 115 II. 6-8). Even Commissioner Beck certified by stating *"We have already made the point clear that the Claimant did not self-report any exposure to COVID-19 out of his place of employment"* (T. p. 116 II. 1-17).

Thus, the Defendant cannot any longer deny the Claimant's Claims in this case.

Accordingly, Claimant's workers' compensation claims should be granted as a matter of Law.

3. Was the Defendants' factfinders and their 'expert' witness written testimony accompanied by a suspicious, mendacity, fraud, and falsity/forgery?

A little background information: On August 16, 2021 the Claimant who was also a graduate student at the University of South Carolina (USC), when to the Employee Health Office at this workplace (TRMC) and to take a COVID-19 test to meet the COVID-19 students' requirement prior to the upcoming Fall 2021 semester. The Claimant had no symptoms and the results of that test came out negative. Again, the only reason the Claimant took that test on August 16, 2021 was for school purposes. The Defendants initially disputed that reason and filed a Motion to Produce the Claimant's School transcript from USC, to verify his enrollment for the Fall 2021 semester. That Motion was granted and the Defendants received the document (transcript) they needed to confirm that the Claimant took that COVID-19 test on 8/16/2021 for school purpose (Def. APA pp.144-146). Also, in the *"Final COVID-19 Report"* which was prepared by the Defendants on the Claimant, it is written that the Claimant told the 'Employee Health' staff that

'He (Claimant) only tested (on 8/16/2021) because he needed to be tested for school' (See APA p. 148).

In a desperate move to push forward their false claim that the Claimant was symptomatic on 8/16/2021, the Defendants presented a falsified COVID-19 test report of Claimant's 8/16/2021 test. That report which was generated by the Defendants (TRMC) on the Claimant's 8/16/2021 COVID test states:

Employed in healthcare? No
Symptomatic as defined by CDC? Yes

(APA pp.2-3; Def. APA pp. 1-2).

The first falsity of this TRMC generated report is that the Claimant was working as a fulltime staff nurse for the Defendants (TRMC) when he took that COVID-19 test on 8/16/2021 , therefore, **was employed in healthcare.**

The second falsity of this report is that the Claimant had no symptom when he took that COVID-19 test on 8/16/2021. At the hearing and under oath, Mrs. Evans a witness called by the Defendants, who was also the only TRMC's staff who 'assessed' the Claimant before that test of 8/16/2021, stated that the Claimant **"was not having symptoms"** (T. p. 116, ll. 1-2). Why all these false and misleading statements on the Claimant's report which was generated by the Defendants? Thus, Commissioner Beck erred in using this falsified document produced by the Defendants, to support his findings in this case.

The Defendants' false and misleading representation/statements suffice to show intentional unlawful behavior/action. See *Mary's Honor Ctr. V. Hicks*, 509 U.S. 502, 511 (1993) (if Defendant's action/behavior is accompanied by a suspicion of mendacity).

Commissioner Beck also erred in relying and supporting his findings on a letter written by Dr. John H. Samies which was inappropriately/illegally presented by the Defendants as an 'expert witness' letter. Dr. Samies is represented as *"an infectious disease specialist at Palmetto Infections Disease Physicians"* to make it appear as if he was a neutral and independent outsider with no financial ties and professional incentive relationships with the Defendants. Here are the facts: Dr. John H. Samies is a Board of Trustee member in good standing with the Regional Medical Center. Dr. Samies is also a Financial Committee Board of Trustee member, and a Management Oversight Committee Board of Trustee member among many other roles and titles at TRMC. Dr. Samies was also the Chief of Medical Staff during Claimant's tenure at TRMC, in 2021 (APA Def. p.58-60). Thus, as a matter of Law, Dr. Samies' overwhelming financial ties and financial incentives with TRMC disqualifies him from being considered as a credible and unbiased *"Expert witness"*.

Furthermore, Dr. Samies did not even have the ethical decency or any concern of the lawful obligation to explicitly disclose in his so-called "expert letter" his overwhelming **'Conflict of Interest'** in this case, clearly demonstrating his dishonesty and lack of candor (APA p.144).

Also, Dr. Samies who was certified by Mr. Howell in his pre-hearing Brief (Form 58) to appear at the hearing as a 'witness', was a NO-SHOW with no justifications. Dr. Samies failed to appear at the hearing to avoid being exposed on cross-examination by the Claimant.

More importantly, in addition of being a bias expert witness unworthy of credence, who failed to disclose in his 'letter' his overwhelming conflict of interest in this case, Dr. Samies actually made several false and misleading statements in his so-called "expert letter" with the intend to deceive. Here are just two examples of many of Dr. Samies' lies in his letter: 1- *"Of more importance in this case is his (Claimant) self-reported exposure and request for testing on 8/16/2021"*. 2- Then Dr. Samies concluded by stating: *"It is my opinion that a link to employment exposure here is unlikely Given that he (Claimant) had concern about non-*

employment exposure which prompted testing only a short time prior to his illness, I must wonder how much other potential non-employment exposure he had (APA p. 144; Def. APA p. 57). The Defendants' false and misleading representation/statements suffice to show intentional unlawful behavior/action. See *Mary's Honor Ctr. V. Hicks*, 509 U.S. 502, 511 (1993) (if Defendant's action/behavior is accompanied by a suspicion of mendacity).

The only Regional Medical Center's Staff with whom the Claimant discussed his COVID-19 exposure before the 8/16/2021 testing were 'Employee Health Staff' members, Mrs. Kelci Caruso and Mrs. Kellie Evans. This is the exchange the Claimant had with Mrs. Caruso when she was cross-examined under oath at the hearing on February 16, 2023, in regard to the Claimant's 8/16/2021 COVID-19 testing encounter: "Did I tell you WHERE I was exposed?" Mrs. Caruso answered, "NO sir". The Claimant then insisted "I didn't tell you WHERE I was exposed is that correct?" And Mrs. Caruso answered, "I don't recall you telling me where you were exposed" (T. p.107 l. 25 and p.108 ll. 1-5).

The following is what Mrs. Kellie Evans testified under oath, in regard to the Claimant's COVID-19 exposure before the 8/16/2021 testing: "I (Evans) did NOT say that you (Claimant) stated you were exposed outside of the hospital". (T. p. 115 ll. 6-8). Even Commissioner Beck certified that: "We have already made the point clear" that the Claimant did not self-report any exposure to COVID-19 out of his employment place/TRMC hospital (T. p. 116 ll. 1-17). Thus, Dr. Samies lied in his "expert letter".

Honorable members of this Full Commission Review Panel, Courts in the Country have held that falsity of evidence and explanation give rise to an inference that the employer is dissembling to cover up ulterior purpose. *Reeves v. Sanderson Plumbing Product, Inc.*, 530 U.S. 133, 147 (2000). Also, the Claimant has demonstrated that the Defendants displayed unlawful behavior/actions, by showing evidence that the asserted justification for Dr. Samies' 'expert' letter is a lie and unworthy of credence. See *Reeves v. Sanderson Plumbing Prods., Inc.*, 530 U.S. 133, 148 (2000); *Texas Dep't of Cmty. Affairs v. Burdine*, 450 U.S. 248, 256 (1981). Accordingly, Claimant's workers' compensation claims should be granted as a matter of Law.

Finally, Mr. Roy A. Howell III, attorney of the Defendants, had Dr. Samies to write an 'expert letter' which will align with his defense strategy, knowing well that he (Dr. Samies) was not qualified to be presented as an **unbiased expert witness** in this case, because of his overwhelming conflict of interest. Mr. Howell worked his way around that by falsely representing Dr. Samies as an unbiased/independent **infectious disease specialist at Palmetto Infectious Disease Physicians** (p. 21 DECISION AND ORDER), and by failing to explicitly disclose all the professional and financial ties of Dr. Samies with the Defendants. This misleading behavior on the part of Mr. Howell goes against all basic ethical standards of the American Bar Association on "Expert witnesses" to say the least. Courts have held that: Misleading representation/statements suffice to show intentional unlawful behavior/action. See *Mary's Honor Ctr. V. Hicks*, 509 U.S. 502, 511 (1993) (if Defendant's action/behavior is accompanied by a suspicion of mendacity).

Accordingly, Claimant's workers' compensation claims should be granted as a matter of Law.

4. Were there noticeable failure in the procedure and violation of statutory provision?

It is a well-documented part of the records in this case that on December 14, 2022, the Claimant filed a 'Motion to Compel the Defendant for Production of document' he needed to present his case at the upcoming hearing. Mr. Roy A. Howell III, the attorney of the Defendants, 'Responded' to Claimant's Motion and sent it to Commissioner Beck in which he (Mr. Howell) 'certified' to have sent to the Claimant a copy of his "Response to Claimant's Motion to Compel Production". It wasn't until after Commissioner Beck had made the decision to deny Claimant's Motion, that the Claimant found out after an intense investigation that Mr. Howell lied

about sending a copy of his 'Response' to the Claimant address. At first, Mr. Howell persisted that he had sent a copy of his Response to the Claimant, but was eventually forced to admit that it was a lie, and actually apologized for his unlawful actions. Thus, the Claimant never had the chance to reply to the Defendants' Response.

Despite this unlawful action of Mr. Howell, Commissioner Beck maintained his decision to denied Claimant's 'Motion to Compel Production of document' preventing him from preparing a strong case at the hearing.

Also, the very day of the hearing on February 16, 2021, Mr. Howell presented a document he claimed was taken from the Internet. That document was erroneously admitted into the records of this case by Commissioner Beck, despite the strong objection of the Claimant. Why didn't Mr. Howell submit that document 'found on the internet' at least 15 days prior to the hearing day as required by Law (SC Regulation 67-611)? Introducing that unauthenticated and irrelevant document was nothing but a "fishing expedition" from a desperate lawyer with no legitimate defense against the Claimant's legitimate claims in this case. Thus, Commissioner Beck erroneously used that document in support of his findings in this case (See p. 16-17). Also, it is important to mention here that the Claimant was submitted to an intensive background check by his employer (TRMC). That background check came out clean to the full satisfaction of the Defendants (TRMC) before the Claimant was even allowed to start working there as a staff nurse. Thus, the reference made from Def. APA p.31 about Claimant's answer on past job termination is false, and fall within the demonstrated pattern of falsity in all 'Reports' generated and provided by the Defendants in this case. An example is when the Defendants' falsely stated in the COVID test report that Claimant was "not employed in healthcare" at the time he took the test on August 16, 2021 (Def APA pp.1-2). More importantly, there is no causal connection between that unauthenticated 'exhibit', the false accusation made by Mr. Howell AND the Claimant's COVID-19 exposure and infection at TRMC. See *McLead vs. Piggy Wiggly Carolina Co.*, 280 S.C. 466, 313 S.E. 2d 38 (1984). Also see *Ferguson v. Moore Construction Co.* 298 S.C. 457, 381 S.E. 2d 496 (1989). Thus, the Claimant is still entitled to his workers' compensation benefits as a matter of Law.

More importantly in the case, Commissioner Beck erred in basing his entire findings heavily on the testimony of Mrs. Teresa Noe, an employee of the Defendants (TRMC) who was called in by her employer to testify against the Claimant. On page 24 of the DECISION and ORDER document, it reads: ***"The greater weight of the evidence including the testimony of his supervisor Mrs. Teresa Noe"***. Commissioner Beck erred for the following reasons:

- 1- Mrs. Noe is a Bachelor Degree prepared Registered Nurse (RN) with ZERO training or experience in COVID-19 infection mechanisms and/or research, therefore NOT qualified to give any credible and acceptable opinion in "where, when and how" the Claimant contracted the COVID-19 virus in the month of August 2021.
- 2- On cross-examination under oath, when asked about her own employer accepted COVID-19 infection mechanisms, Mrs. Noe stated " I am NOT in any position to dispute the 'EDUCATION MATERIAL' displayed by TRMC" (T. p134 ll 10-12). Or when Mrs. Noe stated, "I don't know what they wrote on the Hospital Education Material" (T p.133 ll 16-17); Or even "I do not know" (T. p. 135 ll 3). By the way, the EDUCATION MATERIAL' (APA, pp. 89-90) is a document prepared by the upper medical leadership of the Defendant (TRMC) setting forth some of the most common COVID-19 infection mechanism and processes.
- 3- On cross-examination under oath, Mrs. Noe was forced to admit in her own words that she is incompetent and unqualified to make any credible and acceptable opinion on the Claimant's COVID-19 infection because of her ignorance in this area of medical knowledge. When asked about COVID-19 infection mechanisms, Mrs. Noe repeatedly

stated "I am not a Doctor" adding " I don't know Serge (Claimant), I am not a Doctor" (T. p. 134 II 21-25).

- 4- When asked about the effectiveness of the N95 mask protection, Mrs. Noe answered "Serge (Claimant) I again, I am NOT a Doctor" (T. p 134 II 13-19). More importantly in regard to the N95 masks wearing, it was not implemented and enforced on the Behavioral Health Unit (BHU) until after a unit wide outbreak of the COVID-19 virus was discovered on August 25, 2021 (See APA, p. 5). Meaning that before August 25, 2021, both the patients and the staff on the BHU were not wearing the N95 masks. In fact, many them were not even wearing any masks at all (APA pp. 4-5). By the time when the wearing of N95 mask was made compulsory via a text message for staff and surgical masks for the patients on August 25, 2021, the Claimant had already been infected with the COVID-19 virus at his workplace TRMC, which was confirm via a test on August 27, 2021 (APA p. 9).

Finally, it is important to mention here that it is well-documented in the records of this case that the entire "DECISION AND ORDER" document was NOT prepared and written by Commissioner Beck. Mr. Roy A. Howell III, the attorney of the Defendants wrote it and Commissioner Beck simply signed it, despite multiples emails sent by the Claimant objecting to the veracity and credence of its content. Thus, the language, the tone, the narrative, the analysis, the structure and the statements in that entire 27 pages long "DECISION and ORDER" were totally under the Defendant's full control.

As the Claimant has demonstrated in this Appellant's Brief, the findings described in that DECISION and ORDER document which was prepared by Mr. Howell and signed by Commissioner Beck, was supported by 1-falsified documents (COVID-19 test report on Claimant's 8/16/2021 test), 2-unauthenticated and irrelevant document (Exhibit 1), 3-misleading representation of a bias expert witness (Dr. Samies), 4-False and defamatory statement included in a witness letter (Dr. Samies 'expert' letter), and 5-unqualified and unworthy of credence testimony evidence (Mrs. Teresa Noe's testimony). Quasi no mention was made in the ORDER about Claimant's exposure to and infection of the COVID-19 virus at his workplace (TRMC) despite the overwhelming evidence in the records.

IV- CONCLUSION

For the reasons discussed above, and as may be made during the hearing, the Claimant respectfully requests that this Honorable Full Commission Review Panel reverse the ORDER of Commissioner Beck and ORDER that Claimant be Granted his Workers' Compensation Benefits.

Respectfully submitted,

s/Serge Wandji
Serge Wandji
P.O. Box 523
Columbia, SC 29202
678-612-9649

August 14, 2023

APA # 22

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #:

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: SERGE WANDJI SSN: 401 553574 Employer's Name: The Regional Medical Center
Address: P.O. BOX 523 Address: 3000 St. Matthews Road
City: Columbia State: SC Zip: 29202 City: Orangeburg State: SC Zip: 29112
Home Phone: 678 612-9649 Work Phone: () Insurance Carrier: ANTUM RISK
Preparer's Name: SERGE WANDJI Law Firm: Claimant Preparer's Phone #: 678 612-9649

A claim for workers' compensation benefits is made based on the following grounds:

- ☒ Injury ☒ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
- The claimant sustained an injury to (Part(s) of Body Injured) on 8/27/21 (Month/Day/Year) in Orangeburg county, state of SC.
Body part(s) affected are: Lungs + whole body
Briefly describe how the accident occurred: See attached document
 - Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
 - The relationship of employer and employee existed at the time of injury. YES
 - At the time of the injury the claimant was performing services arising out of and in the course of employment.
 - Notice of the accidental injury was given to the Employer on 8/28/21 (Month/Day/Year) in the following manner: Text message to the unit supervisor and nurse manager Mrs. Teresa Nae
 - ☒ Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: COVID-19
☐ (b) additional medical examination and treatment for: Long COVID-19
 - ☒ Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
August 28/2021 to January 2022 and ongoing
 - ☐ Due to the injury, the claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
9a. Claimant at MMI: ☐ Yes ☐ No
 - ☐ Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
N/A
 - 10a. At the time of the injury, the Claimant was paid weekly wages of \$____, and demands accounting of days worked and wages earned as provided by law.
 - 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
 11. Further grounds or unusual aspects of claim:
See attached document
 - 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See attached document
 - 11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: _____
 12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

- ☐ 13. I am filing a claim. I am not requesting a hearing at this time. Estimated time needed for hearing: Three weeks
- ☒ 14. I am requesting a hearing. A \$50 fee is required.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____
address/_____ on the _____ day of _____ 20____ by ☐ first class postage ☐ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Serge Wandji Title: Claimant Email: sergewandji@gmail.com Date: 11/29/2021

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50

Employee's Notice of Claim and/or
Request for Hearing

Page 26

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: 2118696
Carrier File #: WC2021098080
Carrier Code #: 57-6008010
Employer FEIN #: 57-6008010

Claimant's Name: SERGE WANDJI SSN: 401553514 Employer's Name: The Regional Medical Center
Address: P.O. Box 523 Address: 3000 St. Matthews Road
City: Columbia State: SC Zip: 29202 City: Orangeburg State: SC Zip: 29115
Home Phone: 678-612-9649 Work Phone: () Insurance Carrier: ANTUM RISK
Preparer's Name: Serge WANDJI Law Firm: Claimant Preparer's Phone #: 678-612-9649

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
Injury to infection of whole body (Part(s) of Body Injured) on 8/21/21 (Month/Day/Year) in Orangeburg County, State of South Carolina

1. The claimant sustained an injury to infection of whole body (Part(s) of Body Injured) on 8/21/21 (Month/Day/Year) in Orangeburg County, State of South Carolina
2. Briefly describe how the accident occurred. See attached Addendum
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. YES
4. The relationship of employer and employee existed at the time of injury. YES
5. At the time of the injury the claimant was performing services arising out of and in the course of employment. YES
6. Notice of the accidental injury was given to the Employer on 8/20/21 (Month/Day/Year) in the following manner: Text message to unit manager Mrs. Theresa DOE

☒ 7. Due to injury, the claimant is in need of (check one):

- ☐ (a) medical examination and treatment for: COVID-19
☐ (b) additional medical examination and treatment for: Long Covid-19 complication and PTSD

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: From August 28, 2021 and on going

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

- ☐ (1) General Disability: ☐ Total ☐ Partial ☒ (2) Specific Disability: ☐ Total ☒ Partial ☐ (3) Wage Loss
See attached Addendum

9a. Claimant at MMI: ☐ Yes ☐ No

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A See attached Addendum

10a. At the time of the injury, the Claimant was paid weekly wages of \$ 1 and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: See Attached Addendum

11. Further grounds or unusual aspects of claim: See Attached Addendum

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: See Attached Addendum

11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13. I am filing a claim. I am not requesting a hearing at this time.

Estimated time needed for hearing: _____

☒ 14. I am requesting a hearing. A \$50 fee is required.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Roy A. Howell III, attorney for the Defendant
address P.O. Box 2167 Mt. Pleasant on the 09 day of 09 2022 by ☐ first class postage ☒ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Serge Wandji

Title: Claimant

Email: SergeWandji@gmail.com

Date: 09/09/2022

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50

Employee's Notice of Claim and/or
Request for Hearing

SEP 13 2022

JUDICIAL

1013-22

ADDENDUM TO NOTICE OF CLAIM AND REQUEST FOR HEARING

Question # 2: Briefly describe how the accident occurred.

I am a registered nurse (RN) and worked as a full time staff nurse on the geriatric behavioral health unit (BHU) at The Regional Medical Center (TRMC) in Orangeburg, South Carolina. On August 22, 2021, I worked a 12 hours shift from 6:45 A.M. until 7:15 P.M. on the BHU, providing direct nursing care to my assigned patients.

On August 24, 2021, I also worked a 12 hours shift on my unit, the BHU as a staff nurse. During those two dates (08/22 and 08/24/2021) a widely spread COVID-19 outbreak occurred on the unit (BHU), as evidenced by many patients on the units testing positive for COVID-19 on August 25, 2021. All the staff of the unit were informed of the outbreak by the nurse manager Teresa and the Program Director Mrs. Catherine via group text-message. Mrs. Catherine also gave instructions on what to do in regards to COVID-19 outbreak and exposure to BHU staff, on August 25, 2021, which included contacting Employee Health to get tested. Following that outbreak and staff exposure to COVID-19 on the BHU, the unit manager Mrs. Terasa Noe immediately started on August 25, 2021 via our staff text message group, to implement a BHU staff 'Safety Protocol', which was not in place before the outbreak and exposure.

On August 26, 2021 at night time, I started presenting with COVID-19 symptoms including: muscle aches, coughing, chills, sore throat, at home where I lived alone, by myself.

On August 27, 2021, I went to the hospital (TRMC/my employer) to get tested at the Employee Health, and the results came out to be positive for COVID-19. My nurse manager was informed and I was immediately 'Medically removed' from work by my employer (TRMC).

My COVID-19 infection got so bad that on September 6, 2021, I was transported to the hospital (TRMC/my employer) via EMS ambulance, where I was hospitalized for "Pneumonia due to COVID-19 with associated hypoxemic respiratory failure, and required supportive treatment including supplemental oxygen. I was also diagnosed with 'Acute Stress Disorder', Anxiety, Depression, and Atypical chest pain.

Following my discharge from the hospital, I have been suffering from Long COVID-19 complications/symptoms including generalized fatigue, shortness of breath, cognitive issues/brain fog, Severe anxiety, depression, anosmia, palpitation, myalgias, and Post-Traumatic Stress Disorder (PTSD). I have been followed by my primary care physician, and have also been referred to a Clinical Psychologist clinic for PTSD treatment.

Question # 9: Due to the injury, the claimant has permanent disability of the following nature and extent:

(2) Specific Disability: 1- Anosmia/Dysosmia or lost/reduce sense of smell; 2- Post-Traumatic Stress Disorder

Question # 10a: At the time of injury, The claimant was paid weekly wages of \$...., and demands accounting of days worked and wages earned as provided by law.

At the time of injury, Claimant was paid \$40.64 hourly. Claimant was paid an average of \$4,154 per paid period (two weeks), thus weekly gross wages averaged \$2,077

Question # 10b: Give names and addresses of all employers for whom the Claiming has worked since the date of the accident:

I worked for a little than a month, between May and June 2022 at:
Tri-County Commission on Alcohol and Drug Abuse
William J McCord Adolescent Treatment Facility
910 Cook Road
Orangeburg, SC 29118

Question # 11: Further grounds or unusual aspects of claim

Shortly after I tested positive for COVID-19 on August 27, 2021, as a direct result of my exposure to an outbreak on the BHU, I was 'Medically Removed' from work by my employer (TRMC) effective immediately. I was actually scheduled to work another 12 hours shift on August 28, 2021.

On August 31, 2021, I filled out my initial worker's compensation claim via my employer online eSERO, followed by an incident report that I submitted to Employee Health.

On September 21, 2021, I filled out another workers' compensation claim: The Supervisor's Report of Report Employee Occurrence (SREO) form which I received from ANTUM RISK (Insurance Carrier), and I mailed it back to Autum Risk.

More than a month after I filled my initial workers' compensation claim, I drove to the Employee Health Office and Human Resources (HR) Office to find out what was happening with my claim, since I had not heard from anyone about it.

Following that visit about my claim, my Employer (TRMC) sent me on October 1st, 2021 an email reassuring me that someone *"should be in contact with me soon"*. But one month after the 'reassuring' email from TRMC, and more than two months after my initial workers' compensation claim, I still did not heard anything from anyone; so, I sent another email to my employer (TRMC) on November 7, 2021, pleading for information regarding my claim.

On November 8, 2021 in the afternoon, I received (finally) a phone call from Mrs. Sandra Axson who introduced herself as a 'senior claim officer at Antum Risk'. During that phone call Mrs. Sandra stated that she 'had received a Report from my employer (TRMC) indicating that weeks before the COVID-19 outbreak and exposure on my Unit (BHU), I *"had requested to be tested for COVID-19 'FOR NO REASON' for that, my claim would be denied"*.

On November 15, 2021, I sent an email to Mrs. Norris, Director of Human Resources to share my phone call content with Mrs. Axson, in regards to my workers' compensation claim.

On November 22, 2021, I sent another to Mrs. Norris, copied other leaders at TRMC including the CEO, and the Chief Nurse Officer, in regards to my Workers' Compensation claim and my phone conversation with Mrs. Axson from Antum Risk. I never heard back from anyone. I was then left with no choice but to file a 'WCC Form 50' Employee's Notice of Claim and Request for Hearing with the South Carolina Workers' Compensation Commission, on November 29, 2021.

In the meantime, and following my discharge from the hospital, I have been followed by my primary care provider. Regular medical updates on my health condition were provided to my Employer (TRMC).

On January 17, 2022, I was evaluated by my primary care provider (PCP), at which time he made the medical decision to return me back to work with some temporary work restrictions appropriate at the 'junction'. That medical update was forward to TRMC via certified mail. Also, in addition to returning me back to work with some restrictions, and as part of my treatment plan, my primary care physician also referred me to a Clinical Psychologist Clinic to receive therapy to address my Post-Traumatic Stress Disorders (PTSD) symptoms. That is why and how I started therapy at the "Roots Psychological Associates in February 2022.

Since I had not heard anything back from my Employer (TRMC) in regards to my Medical Notice returning me back to work, I made the decision to drive to TRMC where I met with Mrs. Nicole Brown on January 26, 2022 to request a date when I can start working again, as prescribed by my PCP. Mrs. Brown just told me that she will *"discuss the matter with leadership and get back with me"*.

One month after my meeting at TRMC with Mrs. Brown, I sent another email on February 25, 2022 to the entire leadership of TRMC in regards to my Medical Notice to return me back to work, as prescribed by my PCP.

On March 15, 2022, Mrs. Norris, HR Director at TRMC sent me an email terminating my employment with the Regional Medical Center of Orangeburg, in pure retaliation to my Workers' Compensation claim filing.

Question # 11a: List names and addresses of all physicians or other medical specialists who have seen or treated Claimant as a result of the accident:

- 1- I was hospitalized at The Regional Medical Center (my employer) from September 6, 2021 til September 9, 2021.
The Regional Medical Center
3000 St. Matthews Road, Orangeburg SC 29118
- 2- After I was discharged from the hospital, I was followed by my primary care provider, Dr. Fayssoux MD.
Dr. James Fayssoux, MD
615 Wesley Drive, Suite 200
Charleston, SC 29407
- 3- I was also referred to and received Post-Traumatic Stress Disorder (PTSD) therapies from Roots Psychological Associates
Roots Psychological Associates
1531 Laurel St
Columbia, SC 29201

**TRASK
HOWELL**
WORKERS' COMPENSATION DEFENSE

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

October 7, 2022

CERTIFIED

Ms. Amy Bracy
Judicial Director
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

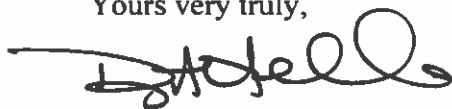
Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Ms. Bracy:

Enclosed is a duly executed Form 51, constituting the Answer of the self-insured employer in connection with the above-referenced workers' compensation claim. I request that the same be filed with the other papers in this action.

By Proof of Service to the Claimant, I am serving a copy of our Answer on him as required by the Rules of the Commission.

Yours very truly,



Roy A. Howell, III

RAHIII/mbm/lth
Enc.

cc: Sandra Axson, Antum Risk (w/enc.) (via upload only)
Jonathan Vallentine, The Regional Medical Center (w/ enc.) (via email only)
Serge Wandji (w/enc.)

SCWCC
OCT 11 2022
JUDICIAL



South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739



WCC File # 2118696
Carrier File # WC2021098080
Carrier Code #
Employer FEIN 57-6008010

Serge Wandji 401-55-3574
Claimant's Name SSN
P.O. Box 523 Columbia, SC 29115
Address City State Zip
678-612-9649
Home Phone Work Phone
Date of Injury: August 27, 2021

The Regional Medical Center
Employer's Name
3000 St. Matthews Road Orangeburg, SC 29115
Address City State Zip
Self insured through Antum Risk
Insurance Carrier:

Preparer's Name: Roy A. Howell, III Law Firm: Trask & Howell, LLC Preparer's Phone #: (843) 881-4228

Date of Injury or Illness: August 27, 2021 Estimated time for hearing 1 hour
Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer / carrier in answer the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendant denies Claimant suffered an injury or illness to lungs and whole body as alleged.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are: See #1 above.
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☒ Is Entitled to Additional medical care as a result of injury. The reason for denial are:
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of:
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
9. It is ☐ Admitted ☒ Denied the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ TBD applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Reserve the right to amend. Defendants assert any and all affirmative defenses under the Act including but not limited to all defenses set forth in Section 42-9-10 et seq. and Section 42-11-10 et seq. Defendants deny timely notice of mental injury.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
- ☐ b. Mediation is required pursuant to Reg. 67-1802
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Ms. Amy Bracy, SCWCC,
P. O. Box 1715, Columbia, SC 29202-1715 and Serge Wandji, P.O. Box 523, Columbia, SC 29202

on the 7th day of October, 2022 by ☒ first class mail; ☐ personal service; ☒ certified mail.

I verify the contents of this form are accurate and true to the best of my knowledge.

 Attorney for Defendant(s). rhowell@trask-howell.com October 7, 2022
Preparer's Signature Title Email Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



Claimant's Name: Serge Wandji Employer's Name: The Regional Medical Center
Address: 951 Edisto Avenue Address: 3000 St. Matthews Road
City: Orangeburg State: SC Zip: 29115 City: Orangeburg State: SC Zip: 29118
Home Phone: (678) 612-9649 Work Phone: (803) 395-2830 Insurance Carrier: Palmetto Hospital Trust
Preparer's Name: Sandra Axson Law Firm: Preparer's Phone #: (803) 461-8430

Date of Injury: 08/22/2021

A. Total Wages Paid

1. Check Applicable Method:

- ☐ Report of earnings of injured employee based on four completed quarters.
☒ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: 03/08/2021
☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	09/30/2020	\$0.00
2nd	12/30/2020	\$0.00
3rd	03/30/2021	\$2,179.60
4th	06/30/2021	\$22,117.04

Total Paid 2. \$24,296.64

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3.

Total Wages Paid: 4. \$24,296.64

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 14

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. \$1,735.47

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. \$1,157.04

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
☒ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$903.40

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1803 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYERS REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

5.2.03 PM



Gmail - Request for Deposition day availability for Mrs. Tina Norris

Serge Wandji <sergewandji@gmail.co

Request for Deposition day availability for Mrs. Tina Norris

10 messages

Tue, Oct 11, 2022 at 3:09 PM

Serge Wandji <sergewandji@gmail.com>
To: rhowell@trask-howell.com
Cc: VDeller@wcc.sc.gov, abracy@wcc.sc.gov

Ref: W.C.C. FILE NO. 2118696

Dear Mr. Howell,

I am writing to kindly request from you to provide me with the days when Mrs. Tina Norris, Human Resources Director (during my tenure at the Regional Medical Center) would be available for her Deposition in the above referenced case. Her deposition is being taken for the purpose of discovery. I would appreciate it if you would get those availability days for me as soon as possible so I can prepare and submit in a timely manner a "Form 27 subpoena for Witness" to Mrs. Amy Bracy at the Judicial Department of the South Carolina WORKERS' COMPENSATION COMMISSION, for her review and signature, since I am proceeding per se in this matter. I am available to take her Deposition any day after November 16, 2022.

Looking forward to hearing from you soon with available dates.

Yours very truly,

Serge Wandji

Serge Wandji <sergewandji@gmail.com>
To: rhowell@trask-howell.com
Cc: VDeller@wcc.sc.gov, abracy@wcc.sc.gov

Wed, Oct 19, 2022 at 10:36 AM

Dear Mr. Howell,
Its has been more than a week that I kindly requested from you the availability days of Mrs. Tina Norris of the Regional Medical Center for her deposition. I still have not heard anything back from you. I would really appreciate it if you would get those availability days to me as soon as possible, so I can prepare and submit in a timely manner a "Form 27 Subpoena for Witness" to Mrs. Amy Bracy at the Judicial Department of the SC Workers' Compensation Commission for her review and signature. Any day after November 16, 2022 would be fine for Mrs. Tina Norris deposition.
Looking forward to hearing from you soon with available dates

Yours very truly,

Serge Wandji
[Quoted text hidden]

Roy Howell <rhowell@trask-howell.com>
To: Serge Wandji <sergewandji@gmail.com>
Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

Wed, Oct 19, 2022 at 11:09 AM

My paralegal, Mallory can help you coordinate a deposition date. However, Ms. Norris no longer works for the Regional Medical Center.



Roy A. Howell, III
 Founding Partner
 Trask & Howell LLC
 P.O. Box 2167
 Mt. Pleasant, SC 29465
 Ph. 843-881-2236 Fax. 843-881-8784
 www.trask-howell.com

DISCLAIMER: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from any computer.

[Quoted text hidden]

Serge Wandji <sergewandji@gmail.com> Wed, Oct 19, 2022 at 11:31 AM
 To: Roy Howell <rhowell@trask-howell.com>
 Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

I appreciate your response very well sir,
 I still need to depose Mrs. Tina Norris. She was the Director of Human Resources during my tenure at the Regional Medical Center.
 I would really appreciate sending me her availability days for her deposition sir.

Thank you
 Serge Wandji
 [Quoted text hidden]

Roy Howell <rhowell@trask-howell.com> Wed, Oct 19, 2022 at 11:36 AM
 To: Serge Wandji <sergewandji@gmail.com>
 Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

She doesn't work for my client anymore and I have no control over her. I don't know her availability. I cannot direct her to attend a deposition nor can I accept service of a subpoena for her to attend a deposition. You will need to serve her directly. If there is someone else from the Regional Medical Center that you wish to depose, I will certainly make them available.

[Quoted text hidden]

Serge Wandji <sergewandji@gmail.com> Wed, Oct 19, 2022 at 12:22 PM
 To: Roy Howell <rhowell@trask-howell.com>
 Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

I will depose her direct supervisor Mr. David M. Southerland, CEO of the Regional Medical Center.
 Would you please provide me with his availability days after November 16, 2022?
 I thank you very much sir.
 Serge Wandji
 [Quoted text hidden]

Serge Wandji <sergewandji@gmail.com>

Wed, Oct 26, 2022 at 10:01 AM

To: Roy Howell <rhowell@trask-howell.com>

Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

Dear Mr. Howell,

it has been a week now that I have kindly requested available days for Mr. David M. Southerland, for his deposition. I still have not heard back from you.

I need to know his availability so I can prepare a Form 27, get it reviewed and signed by Mrs. Bracy before serving it.

Any day after November 16 for Mr. Southerland's deposition would be fine with me.

I would really appreciate it if you would provide me with his available days for a deposition in the next two days.

Thank you

Serge

[Quoted text hidden]

Roy Howell <rhowell@trask-howell.com>

Wed, Oct 26, 2022 at 10:03 AM

To: Serge Wandji <sergewandji@gmail.com>

Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

Good morning, Mr. Wandji,

Mallory is working with RMC to secure a date when Mr. Southerland is available after November 16.

Best regards,

[Quoted text hidden]

Serge Wandji <sergewandji@gmail.com>

Mon, Oct 31, 2022 at 10:44 AM

To: Roy Howell <rhowell@trask-howell.com>

Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

Good Morning Mr. Howell,

Just a kind reminder in regard to when Mr. David Southerland available for his deposition.

I still have not heard anything in this regard.

Thank you

Serge Wandji

[Quoted text hidden]

Roy Howell <rhowell@trask-howell.com>

Mon, Oct 31, 2022 at 10:47 AM

To: Serge Wandji <sergewandji@gmail.com>

Cc: "VDeller@wcc.sc.gov" <VDeller@wcc.sc.gov>, "abracy@wcc.sc.gov" <abracy@wcc.sc.gov>, Mallory Miles <mmorris@trask-howell.com>

Good morning, Mr. Wandji-

5/19/25, 2:03 PM

Gmail - Request for Deposition day availability for Mrs. Tina Norris

I am speaking to Mr. Southerland next week regarding his availability. Based upon your previous email, I don't believe you are available until after November 16.

[Quoted text hidden]



Claimant's Name: Serge Wandji SSN: 401 - 55 - 3574 Employer's Name: The Regional Medical Center
Address: P.O. Box 523 Address: 3000 St. Matthews Road
City: Columbia State: SC Zip: 29202 City: Orangeburg State: SC Zip: 29115
Home Phone: (678) 612 - 9649 Work Phone: () - Insurance Carrier: Self Insured through Antum Risk
Preparer's Name: Serge Wandji Law Firm: _____ Preparer's Phone #: () -

SUBPOENA

To: Mr. David Southerland CEO of the Regional Medical Center (TRMC), c/o of Roy A. Howell, III, Attorney for the Defendant (The Regional Medical Center)

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____
DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: TRMC- Administrative Office
3000 St. Matthews Road, Orangeburg
SC, 29115 DATE AND TIME: January 9, 2023 at
10:00 A.M.

☐ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: _____

PLACE: _____ DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Amy Bracy Judicial Director (803)737-5672 December 20, 2022
ISSUI TURE AND TITLE PHONE NUMBER DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.

11/24/22, 12:02 PM

APA# 1

Gmail - Fw:



Serge Wandji <sergewandji@gmail.com>

Fw:

Serge R. Wandji <srwandji@regmed.com>
To: "sergewandji@gmail.com" <sergewandji@gmail.com>

Mon, Aug 16, 2021 at 3:30 PM

From: Kellie D. Evans
Sent: Monday, August 16, 2021 3:28 PM
To: Serge R. Wandji
Subject:

P. 261

Good afternoon,

Attached are your COVID test results,
Thanks for your patience.

Kellie D Evans.
Administrative Assistant, Employee Health Services
kdevans@regmed.com

The Regional Medical Center
3000 St. Matthews Road
Orangeburg, SC 29118
Phone: 803-395-2251 Fax: 803-395-2438
Website: www.trmchealth.org

 **serge.pdf**
9K

Page 1

APA# 2

Flowsheet Print Request

Patient: WANDJI, SERGE RAQUL

MRN: [REDACTED]

Date Range: 8/14/2021 15:25 EDT - 8/17/2021 15:25 EDT

Printed by: Evans, Kellie D

Printed on: 8/16/2021 15:25 EDT

Quick View		8/16/2021 12:44 EDT
Infectious Disease		
SARS-CoV-2 (COVID-19) PCR (GenXpert)	Negative *	
Employed in healthcare?	No	
Symptomatic as defined by CDC?	Yes	
Date of onset (Lab)	8/16/2021	
Hospitalized due to COVID-19?	No	
In ICU?	No	
Group care resident?	No	
Pregnancy status?	Not Pregnant	

P 262

APA #3

Regional Medical Center
3000 St. Matthews Road, Orangeburg, SC 29118
Phone Number: (803) 395-2200 | Toll Free in SC: (800) 476-3377
Medical Director: John A. Fant, MD

#18 p. 263

Name: **WANDJI, SERGE RAQUL**
MRN: [REDACTED]
Encounter: 2000012089
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Admit Date: 8/16/2021
Discharge Date:
Ordering: Ostoja, Elizabeth NP
Copy to: Ostoja, Elizabeth NP

Immunology-Serology

Legend: @=Abnormal !=Critical L=Low H=High c=Corrected f=Comment O=Order Comment !=Interp Data *=-Performing Lab

Infectious Disease

Procedure	Collected Date	Collected Time	Units	Reference Range
SARS-CoV-2 (COVID-19) PCR (GeneXpert)	8/16/2021	12:44 EDT	Negative ^{***}	[Negative]
Employed in healthcare?			No	
Symptomatic as defined by CDC?			Yes	
Date of onset (Lab)	8/16/2021			
Hospitalized due to COVID-19?			No	
In ICU?			No	
Group care resident?			No	
Pregnancy status?			Not Pregnant	

Result Comments

f1: SARS-CoV-2 (COVID-19) PCR (GeneXpert)
Notes wandji, serge

Interpretive Data

#1: SARS-CoV-2 (COVID-19) PCR (GeneXpert)
Positive result--The 2019 novel coronavirus (SARS-CoV-2) target nucleic acids are detected. Positive results are indicative of active infection with SARS-CoV-2; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be a definite cause of disease

Presumptive Positive Result--Then 2019 novel coronavirus (SARS-CoV-2) nucleic acids may be present. Sample should be retested. For samples with a repeated Presumptive Positive result, a recollect of the sample will need to be requested. Confirmation testing may be required.

Negative Result--The 2019 novel coronavirus (SARS-CoV-2) target nucleic acids are not detected. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Invalid--SPC does not meet acceptance criteria. Presence or absence of the 2019 novel coronavirus (SARS-CoV-2) nucleic acids cannot be determined

Px 3

APA#4

●●○○ AT&T LTE

1:12 AM



12 People

#19 264



Wed, Aug 25, 8:18 AM

Teresa Noe

**Effective immediately
on bhu. All patients
stay in their room until
further notice and
wear simple mask if
able to keep on them,
unit (dayroom,rooms,
activity room, nurse
station, etc) to be
cleaned with Clorox
numerous times a day,
VS checks every 8
hours
(0600,1400,2200),
visitation stopped. ALL
staff must wear N95
mask.**



Wed, Aug 25, 11:02 AM



Page 4

**12 People**

Wed, Aug 25, 11:02 AM

Teresa Noe

ALL staff need to wear N95 and a face shield at all times on bhu currently. No one should be on unit without N95 mask and a faceshield. Linda going to get pack of face shields from nurse supervisor office. **When in contact with covid positive patient you also need yellow contact gown and gloves on.**



Wed, Aug 25, 4:01 PM

Stanley



APA#6

••••• AT&T LTE

1:14 AM



12 People



Wed, Aug 25, 4:01 PM

Stanley

This is Stanley. Has there been an exposure on the unit? I'm asking because I worked the entire weekend.



+1 (941) 201-8445



Hello Stanley

Stanley



Hello Catherine

+1 (941) 201-8445



**Call employee health,
803 395 2954**



They will let you know about exposure criteria and testing is available



Page 6

APR 1

Outbreak Line Listing Form

Staff List ☐ Patient/Resident List ☒

FACILITY		Regional Medical Center										Date: 8/25/21 - 9/6/21 (Hospital Onset = 14 days after admission)				Time:					
Name		Case Identification				Symptoms (new onset)						Specimens/ Diagnostics									
Name of Patient/Resident/Staff (Surname, Initial)	Sex: M / F	Room/Bed No.	Date of Birth DDMM/YYYY	Fever	Night sweats	Chills	Sore throat	Cough	Shortness of breath	Loss of smell/taste	Diarrhea	Vomiting	Headache	Muscle Aches	Other Symptoms	Symptom Onset DDMM	Initial Sub DDMM Result	Second Sub DDMM Result	R-Resolved H-Hospitalized D-Death	Date DDMM	
[REDACTED]	F	2308 2313 2315 3140	[REDACTED]	8/24							8/24	8/14 One episode, nausea for several days				8/24	08/12 prior to admit	Neg	08/24 Pos	Hosp.	Moved 8/28 to inpatient unit
[REDACTED]	M	2311 2314 3353	[REDACTED]					8/27							Dr. 88 called on 8/28. Pt moved to medical floor 8/27. No COVID symptom	8/16 prior to admit	Neg	8/25 Pos	Death 8/28		
[REDACTED]	F	2312 2316 2315	[REDACTED]					8/22			8/12 car pt 8/22 stomach ache	8/19 8/23			No symptoms present	8/12 prior to admit	Neg	8/25 Pos	R - Released to Bishopville Manor		
[REDACTED]	M	2315	[REDACTED]												No Symp			8/25 Pos.	Hosp. Onset	Admitted 8/12/21; dc 10/27/21	

Page 7

Name of Patient/Resident/Staff (Surname, Initial)	Sex M/F	Room/Bed No.	Date of birth DDMM/YYYY	Fever	Night sweats	Chills	Sore throat	Cough	Shortness of Breath	Loss of smell/taste	Diarrhea	Vomiting	Headache	Muscle Aches	Other Symptoms	Symptom Onset DDMM	Initial Swab DDMM	Initial Swab Result	Second Swab DDMM	Second Swab Result	R-Resolved H-Hospitalized O-Death	Date DDMM	
2316 3304 4103 2313	M															No Symp			8/25	Pos	Hosp Onset	Admitted in June	
2311	M		8/24													sz. convulsion	8/12	Prior to admit	Neg	8/25	Pos	R-resolved	Admitted 8/13
2313 3349	M								8/25										8/25	Pos	H - Hospitalized 8/31 due to hematuria		
2314 (CDU) 2308	F		8/28													8/29/21	Prior to admit Release 8/25	Neg	8/29	Pos	H - Hospitalized 8/4 for sepsis secondary to UTI	8/13	
2307 (CDU) 2316	F													No symp			Prior to admit Release at 8/25	Neg	8/30	Pos	H - Hospitalized 9/7 to inpatient unit		
2308	F													No Symptoma			Prior to admit Release at 8/25	Neg	8/29 8/31	Neg Neg		Dec 9/8	
2312	M													No Symp			Prior to admit 8/9	Neg	8/25	Pos	Hospital Onset	Pt dc'd 8/25	

APA#8

4

Regional Medical Center
3000 St. Matthews Road, Orangeburg, SC 29118
Phone Number: (803) 395-2200 | Toll Free in SC: (800) 476-3377
Medical Director: John A. Farr, MD

Name:	WANDJI, SERGE RAQUL	Admit Date:	8/27/2021
MRN:	[REDACTED]	Discharge Date:	
Encounter:	2000020686	Ordering:	Ostoja, Elizabeth NP
DOB/Age/Sex:	[REDACTED] Male	Copy to:	Ostoja, Elizabeth NP

Immunology-Serology

Legend: @=Abnormal !=Critical L=Low H=High c=Corrected !=Comment O=Order Comment !=Interp Data !=Performing Lab

Infectious Diseases

	Collected Date	8/27/2021
	Collected Time	10:35 EDT
Procedure		
SARS-CoV-2 (COVID-19) PCR (GeneXpert)	Positive *	Units Reference Range (Negative)
Employed in healthcare?	Yes	
Symptomatic as defined by CDC?	No	
Hospitalized due to COVID-19?	No	
In ICU?	No	
Group care resident?	No	
Pregnancy status?	Not Pregnant	

Interpretive Data

#1: SARS-CoV-2 (COVID-19) PCR (GeneXpert)

Positive result—The 2019 novel coronavirus (SARS-CoV-2) target nucleic acids are detected. Positive results are indicative of active infection with SARS-CoV-2; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be a definite cause of disease

Presumptive Positive Result—Then 2019 novel coronavirus (SARS-CoV-2) nucleic acids may be present. Sample should be retested. For samples with a repeated Presumptive Positive result, a recollect of the sample will need to be requested. Confirmation testing may be required.

Negative Result—The 2019 novel coronavirus (SARS-CoV-2) target nucleic acids are not detected. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Invalid—SPC does not meet acceptance criteria. Presence or absence of the 2019 novel coronavirus (SARS-CoV-2) nucleic acids cannot be determined

Page 9

APA# 9

●●●●● AT&T

5:59 PM



9



Teresa



Fri, Aug 27, 3:41 PM

Hi madam manager ,
I just tested positive
for Covid-19.
What should I do?
Should inform all the
staff that worked with
me on Tuesday ?
Thanks

**It's been taken care of
already. Just get well.**

→ Tuesday 08/24/2021
Confirmation that work on the

I thank you madam!

Sure

Thu, Sep 2, 1:02 PM

**Hope you are feeling
better**



Page 10

1/13/22, 5:17 PM

APA#11

Gmail - incident report

3



Serge Wandji <sergewandji@gmail.com>

Incident report

2 messages

Serge Wandji <sergewandji@gmail.com>
To: kdevans@regmed.com

Tue, Aug 31, 2021 at 9:57 AM

<https://sreodev.antumrisk.com/Employee.aspx?InviteID=DF0B71B3-1330-453E-814D-EB72C6014609>
Also, above is the link to the last page, after i submitted it.
Serge

Kellie D. Evans <kdevans@regmed.com>
To: Serge Wandji <sergewandji@gmail.com>
Cc: "Kelci T. Caruso" <ktcaruso@regmed.com>

Tue, Aug 31, 2021 at 10:01 AM

Good morning,

I am so sorry for the innocence.

Please send us a detailed email about the potential exposure to COVID. Please try to include all information that is asked on the ESREO, and we will attempt to submit it.

Thank you so much.

[Quoted text hidden]

→ my employer knew I was exposed to COVID at work.

Page 12

<https://mail.google.com/mail/u/0/?ik=91589322ef&view=pt&search=all&permthid=thread-a%3A5231766962389234149&simpl=msg-a%3A524002937847265478...> 1/



Serge Wandji <sergewandji@gmail.com>

Incident report

1 message

Serge Wandji <sergewandji@gmail.com>

Thu, Sep 2, 2021 at 2:00 PM

To: "Kellie D. Evans" <kdevans@regmed.com>

On Sunday 08/22/2021, when I showed up for work at 6:45 am, at BHU, I was fully healthy. I worked that day as the charge nurse for the entire 12 hours shift. I came back to work for another 12 hours shift on 08/24/2021. It wasn't until Thursday 26, that I started feeling really bad. The day before, on Wednesday 25, the unit leadership sent out a text indicating that many of the patients I care for on Sunday and Tuesday have been tested positive for Covid-19. I then made the decision to drive to the hospital on Friday 08/27/21 morning, to get tested, and it came out positive for Covid-19. Since then my health has been deteriorating : severe headache, extreme generalized fatigue, loss of taste, productive cough, fever, shortness of breath, sore throat.

Serge

+27 271

Page 13

1/13/21, 5:32 PM

APA # 13

Gmail - (no subject)



Gmail

Serge Wandji <sergewandji@gmail.com>

(no subject)

3 messages

Kellie D. Evans <kdevans@regmed.com>
To: "sergewandji@gmail.com" <sergewandji@gmail.com>
Cc: "Kelci T. Caruso" <ktcaruso@regmed.com>

Thu, Sep 2, 2021 at 2:45 PM

Good afternoon Serge,

Thanks so much for sending me the information for your ESREO, I will work on that today.

Also, I wanted to follow up with you to check in and see how you are feeling? Of course if there is anything we can do for you please feel free to reach out and we will do what we can.

Have a great afternoon.

Kellie D Evans.

Administrative Assistant, Employee Health Services

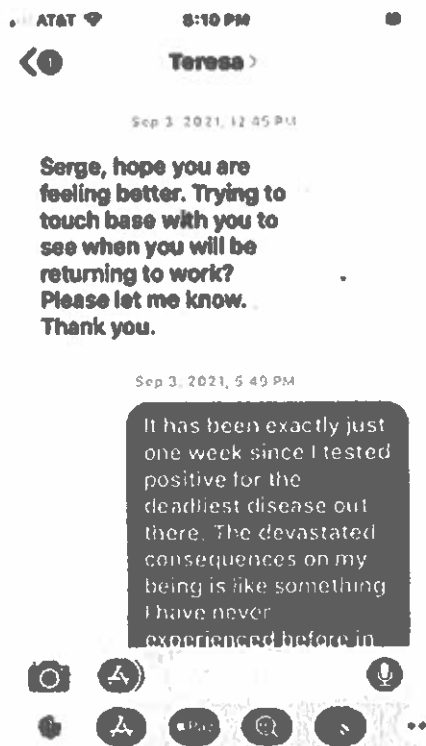
The Regional Medical Center

Phone: 803-395-2251 Fax: 803-395-2438

Website:

Page 14

APA# 14



Page 15

**Teresa >**

experienced before in
my entire life.

In fact my daily
struggle has been to
stay alive!

Staying alive is my only
concern , not returning
to work or any other
consideration for that
matter!

There used to be a
time where we had
some sense of
HUMANITY in nursing!
Where a nurse was
treated as a human
being, and not just a
physical body to fill up
shifts!

I understand how



iMessage



AT&T

8:11 PM



Teresa >

HOW MANY HOURS:

Where a nurse was treated as a human being, and not just a physical body to fill up shifts!

I understand how Covid has been very worrisome these are very difficult times. Are you still having symptoms? Please make sure you contact health employee nurse as your return is expected to be per CDC guidelines on Sunday September 5th. Thank you.



iMessage



Serge Wandji <sergewandji@gmail.com>
To: "Kellie D. Evans" <kdevans@regmed.com>
Cc: "Kelci T. Caruso" <ktcaruso@regmed.com>

Fri, Sep 3, 2021 at 9:19 PM

It has been exactly one week that I was positive for the deadliest disease out there, COVID-19. Since then I have been literally fighting for my life every single day. The devastating consequences of this disease on my entire being is like something I have never experienced before. In fact my daily struggle has been to stay alive.

As I pray and hold on any iota of vitality to stay alive, I received a demoralizing text message this morning from the leadership of BHU requesting from me when I will be returning to work???? According to that text message, the CDC requires me to resume work on Sunday September 5th .

What ever happened to HUMANITY in nursing??? Where nurses were treated as human beings (body, mind, spirit) and not just as a physical body to fill up shifts!

Here I am, struggling to just stay alive, and all TRMC is concerned about is to return me to work "because CDC said so"! How Compassionate? I guess the CDC should at least send a physician to my house to assess my health condition (physical, and mental), before making that kind of request. Unless TRMC considered people as human cattle where one " guideline/rule feeds it all, with no consideration whatsoever on individual situation.

I need to be seen by a physician to help me deal with symptoms management especially since I am feeling anemic.

I need to be seen by a mental health doctor. I have been experiencing severe anxiety, nightmares, and flashbacks as a result of this disease.

Respectfully,
Serge
(Quoted text hidden)

Kelci T. Caruso <ktcaruso@regmed.com>
To: Serge Wandji <sergewandji@gmail.com>
Cc: "Kellie D. Evans" <kdevans@regmed.com>

Fri, Sep 3, 2021 at 9:34 PM

Good Evening,

I am very sorry that you are not feeling well. Please follow up with your Primary Care Provider ASAP as we discussed on Sunday, if you have not already. Please let us know if there is anything we can do. Thank you and feel better soon.

Sent from my iPhone

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APA # 15

Regional Medical Center SC

Name: WANDJI, SERGE RAQUL
MRN: [REDACTED]
Encounter: 2000026648

Admit Date: 9/6/2021
Discharge Date:
Attending: Kaleka, Preetinder K MD

Progress Notes

CO2	28	(SEP 08)	27	(SEP 08)	27	(SEP 07)	H 31	(SEP 06)
Cr	1.0	(SEP 08)	0.9	(SEP 08)	0.9	(SEP 07)	1.0	(SEP 06)
BUN	18	(SEP 08)	16	(SEP 08)	19	(SEP 07)	16	(SEP 06)
Glucose Random		H 119	(SEP 08)	H 125	(SEP 08)	H 144	(SEP 07)	H 140 (SEP 06)
PT	H 15.5	(SEP 08)						
INR	1.35	(SEP 08)						
PTT	32.1	(SEP 08)						

Impression and Plan

is a life threatening infection that inflames our sacs in a patient's lung, which may fill with fluid or pus.

Pneumonia due to COVID-19 with associated acute hypoxemic respiratory failure; Continue O2 supplementation to keep SPO2 above 92%, continue remdesivir and dexamethasone

Chest pain R07.9 Atypical chest pain.-For outpatient work-up

HTN (hypertension) I10 chronic, stable--continue antihypertensives

Hypokalemia E87.6--repleted

Possible acute stress disorder--patient having flashbacks with nightmares, refusing SSRIs at this time, consult psych

DVT prophylaxis Z29.9 wt based lovenox

Full code status Z78.9 FULL CODE

For discharge pending 6-minute walk test

Electronically Signed on 09/09/21 10:25 AM

Mbey, Emmanuel A MD

Page 19

APA # 16

5

Regional Medical Center SC
3000 St Matthews Rd
Orangeburg, SC 29118-
(803) 395-2200

Name:	WANDJI, SERGE RAQUL	Admit Date:	9/6/2021
MRN:	[REDACTED]	Discharge Date:	
Encounter:	2000026648	Attending:	Kaleka, Preetinder K MD
DOB / Age:	[REDACTED]	Location:	RMSCS 2E; 2344; 1
Sex / Birth Sex:	Male Male	Copy to:	Myers, Courtney M

Progress Notes

Document Type:	Progress Note
Service Date/Time:	9/9/2021 10:24 EDT
Result Status:	Auth (Verified)
Document Subject:	Progress Note, Acute Care
Sign Information:	Mbey, Emmanuel A MD (9/9/2021 10:25 EDT)

Progress Note, Acute Care

Patient: WANDJI, SERGE RAQUL MRN: 617171 FIN: 2000026648
Age: 53 years Sex: Male DOB: 6/1/1968
Associated Diagnoses: None
Author: Mbey, Emmanuel A MD

Basic Information

Patient seen at bedside this morning
53-year-old man with history of hypertension admitted with acute hypoxic respiratory failure secondary to Covid pneumonia on chest pain. Myocardial ischemia ruled out.
Currently patient is still having nightmares, with flashbacks of almost dying at home prior to admission. Has been weaned off oxygen, currently saturating 95% on room air

Review of Systems

All other systems reviewed and negative except as documented above

Health Status

Allergies:

Allergic Reactions (All)

No Known Medication Allergies,

Allergies (1) Active

Severity

Reaction

No Known Medication Allergies

None Documented

Current medications: (Selected)

Inpatient Medications

Ordered

Lovenox: 90 mg = 0.9 mL, Subcutaneous, every 12 hr
MiraLax: 17 g = 1 packets, Oral, Daily, PRN: constipation
amlODIPine: 5 mg = 1 tab, Oral, Daily
dexamethasone: 6 mg = 1.5 tab, Oral, Daily
dextromethorphan 30 mg/5 mL oral suspension, extended release: 30 mg = 5 mL, Oral, BID
gabapentin: 100 mg = 1 cap, Oral, TID
nitroglycerin: 0.4 mg = 1 tab, SL, every 5 min, PRN: chest pain
remdesivir: 100 mg = 20 mL, 80 mL/hr, IV Piggyback, every 24 hr

Documented Medications

Documented

hydroCHLOROthiazide 25 mg oral tablet: 25 mg = 1 tab, Oral, Daily, 90 tab, 0 Refill(s)
losartan 100 mg oral tablet: 100 mg = 1 tab, Oral, Daily, 90 tab, 0 Refill(s),

Medications (8) Active

Scheduled: (6)

amlODIPine 5 mg Tab [RMCS] 5 mg 1 tab, Oral, Daily

Report ID: 54702720

Page 1 of 3

Print Date/Time: 9/9/2021 16:08 CDT

Page 20

APA# 17
395-2203

Regional Medical Center SC
3000 St Matthews Rd
Orangeburg, SC 29118-
(803) 395-2200

Name: WANDJI, SERGE RAQUL
MRN: [REDACTED]
Encounter: 2000026648
DOB / Age: [REDACTED]
Sex / Birth Sex: Male Male

Admit Date: 9/6/2021
Discharge Date:
Attending: Kaleka, Preetinder K MD
Location: RMCS 2E; 2344; 1
Copy to: Myers, Courtney M

Consultation Notes

Document Type:
Service Date/Time:
Result Status:
Document Subject:
Sign Information:

Consultation Note
9/9/2021 13:52 EDT
Auth (Verified)
Consult Note
West, Bryan A MD (9/9/2021 14:02 EDT)

WANDJI, SERGE RAQUL

DOB: [REDACTED]
Age: [REDACTED]
Sex: [REDACTED]
MRN: [REDACTED]
Registration Date: 09/06/2021

Chief Complaint "I am scared"

Reason for Consultation
being scared about COVID+

History of Present Illness

53 yo M COVID+ now off 2L NC and completed remdesivir course who reports that he is still anxious about how sick he felt before arrival. Says he has "PTSD" from "that feeling". The patient denies SI HI AVH. Is somewhat tearful. He reports that he is not interested in starting a new medication. I went over antidepressant options but he reported that he did not want those at this time. Said he "just wants to talk". We spoke about his recovery and how his anticipated DC this afternoon is a positive event. I encouraged the patient to reach out to friends and family for support over the coming days. I also encouraged him to not rush his recovery and have a low threshold for reaching out for further medical help.

Review of Systems

Constitutional: No fevers, Positive for chills, No sweats
Eye: No recent visual problems
ENT: No ear pain, No nasal congestion, No sore throat
Respiratory: Positive for shortness of breath, Positive for cough
Cardiovascular: No Chest pain, No palpitations, No syncope
Gastrointestinal: No nausea, No vomiting, No diarrhea
Genitourinary: No hematuria
Heme/Lymph: No bruising tendency, No swollen lymph glands
Endocrine: No excessive thirst, No excessive hunger
Musculoskeletal: No back pain, No neck pain, No joint pain, No muscle pain, No decreased range of motion
Integumentary: No rash, No pruritus, No abrasions
Neurologic: Alert & oriented X 4
Psychiatric: Positive for anxiety, Positive for depression

Problem List/Past Medical History Ongoing

Disease caused by 2019 novel coronavirus

Historical

No qualifying data

Medications

Inpatient

amLODIPine, 5 mg= 1 tab, Oral, Daily
dexamethasone, 6 mg= 1.5 tab, Oral, Daily
dextromethorphan 30 mg/5 mL oral suspension, extended release, 30 mg= 5 mL, Oral, BID
gabapentin, 100 mg= 1 cap, Oral, TID
Lovenox, 90 mg= 0.9 mL, Subcutaneous, every 12 hr
MiraLax, 17 g= 1 packets, Oral, Daily, PRN
nitroglycerin, 0.4 mg= 1 tab, SL, every 5 min, PRN
remdesivir

Home

dexamethasone 6 mg oral tablet, 6 mg= 1 tab, Oral, Daily
dextromethorphan 30 mg/5 mL oral suspension, extended release, 30 mg= 5 mL, Oral, BID
hydroCHLOROthiazide 25 mg oral tablet, 25 mg= 1 tab, Oral, Daily
losartan 100 mg oral tablet, 100 mg= 1 tab, Oral, Daily

APA # 18

Medication List

Patient : NANDJI, SERGE RAQUEL
Address : 951 EDISTO STREET
ORANGEBURG, SC 29115
Phone : (678) 612-9649

Med Rec # : 617171
DOB :
Sex :
Physician :

Medication Profile

Medications

dexamethasone (dexamethasone 6 mg oral tablet)

6 mg = 1 tab, Oral, Daily, # 7 tab, 0 Refill(s), Start Date: 09/10/21 10:26:00 EDT, Pharmacy: WALGREENS DRUG STORE #07506, 180.3, cm, 09/08/21 0:17:00 EDT, Height/Length Dosing, 94.8, kg, 09/08/21 0:17:00 EDT, Weight Dosing

dextromethorphan (dextromethorphan 30 mg/5 mL oral suspension, extended release)

30 mg = 5 mL, Oral, BID, # 300 mL, 0 Refill(s), Start Date: 09/09/21 10:26:00 EDT, Pharmacy: WALGREENS DRUG STORE #07506, 180.3, cm, 09/08/21 0:17:00 EDT, Height/Length Dosing, 94.8, kg, 09/08/21 0:17:00 EDT, Weight Dosing

polyethylene glycol 3350 (MiraLax)

17 g = 1 packets, Oral, Powder, Daily, PRN constipation, Start date 09/08/21 23:27:00 EDT, NOW, 09/08/21 23:27:00 EDT

remdesivir

100 mg = 20 mL, IV Piggyback, Powder-Inj, every 24 hr for 4 doses, Infuse over: 90 minutes, Start date 09/08/21 20:00:00 EDT, Stop Date: 09/12/21 19:59:00 EDT, Physician Stop, 80 mL/hr, 09/08/21 20:00:00 EDT

gabapentin

100 mg = 1 cap, Oral, Cap, TID for 2 days, Start date 09/08/21 6:00:00 EDT, Stop Date: 09/10/21 5:59:00 EDT, Physician Stop, 09/08/21 2:35:00 EDT

amlodipine

5 mg = 1 tab, Oral, Tab, Daily, Start date 09/07/21 10:00:00 EDT, 09/07/21 10:00:00 EDT

dexamethasone

6 mg = 1.5 tab, Oral, Tab, Daily, Start date 09/07/21 10:00:00 EDT, Physician Stop, 09/07/21 10:00:00 EDT

dextromethorphan (dextromethorphan 30 mg/5 mL oral suspension, extended release)

30 mg = 5 mL, Oral, Susp, BID, Start date 09/06/21 22:00:00 EDT

enoxaparin (Lovenox)

90 mg = 0.9 mL, Subcutaneous, Injection, every 12 hr, Start date 09/06/21 19:00:00 EDT, 09/06/21 18:31:00 EDT

hydrochlorothiazide (hydrochlorothiazide 25 mg oral tablet)

25 mg = 1 tab, Oral, Daily, # 90 tab, 0 Refill(s), Start Date: 09/06/21 13:55:00 EDT

losartan (losartan 100 mg oral tablet)

100 mg = 1 tab, Oral, Daily, # 90 tab, 0 Refill(s), Start Date: 09/06/21 13:55:00 EDT

nitroglycerin

0.4 mg = 1 tab, SL, Tab, every 5 min, PRN chest pain, Start date 09/06/21 7:12:00 EDT, 09/06/21 7:12:00 EDT

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Print by : Myers, Courtney M
Printed : 09/09/21 14:39

(end of report)

Page 1 of 1

10/20/21, 3:12 AM

APA #19

Gmail - eSERO Completion



Gmail

Serge Wandji <sergewandji@gmail.com>

7

eSERO Completion

2 messages

Kelci T. Caruso <ktcaruso@regmed.com>
To: "sergewandji@gmail.com" <sergewandji@gmail.com>

Fri, Oct 1, 2021 at 1:58 PM

Good Afternoon,

Thank you for stopping by today.

I have reached out to Antum Risk, they have received your eSERO via mail. They should be in contact with you soon, the Adjuster that handles all COVID claims is out of the office this week.

Kelci T. Caruso

Employee Health Nurse

ktcaruso@regmed.com

The Regional Medical Center

3000 St. Matthews Road

Orangeburg, SC 29118

Phone: 803-395-2954 Fax: 803-395-2438

Website: www.lmchealth.org

Serge Wandji <sergewandji@gmail.com>
To: "Kelci T. Caruso" <ktcaruso@regmed.com>

Fri, Oct 1, 2021 at 6:12 PM

Mrs. Caruso,
I thank you very much for the update madam. Truly appreciate it.
Serge
[Quoted text hidden]

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<https://mail.google.com/mail/u/0/?ik=91589322cf&view=pt&search=all&permthid=thread-f%3A1712444676233744352&simpl=msg-f%3A1712444676233744352...> 1/

1/15/22, 7:48 PM

Ginnit - Workers Compensation Claim!

APA-2D



Serge Wandji <sergewandji@gmail.com>

Workers Compensation Claim!

3 messages

Serge Wandji <sergewandji@gmail.com>

Sun, Nov 7, 2021 at 7:35 PM

To: "Tina L. Norris" <tlnorris@regmed.com>

Cc: "Joseph N. Dambra" <jndambra@regmed.com>, "Kellie D. Evans" <kdevans@regmed.com>

Mrs. Norris,

On October 31, 2021, I sent you and two other staff at The Regional Medical Center (TRMC) an email pleading for information and or status of my workers compensation claim which I initially submitted more than two months ago. It's been a week since I sent that email and all I have received in response to my plea is: Complete Silence from TRMC. Not even a courtesy reply acknowledging reception of my pleading email.

Since I was medically removed from work following a positive COVID-19 test on October 28, 2021, I have been and still continue to battle with that devastating disease through a hospitalization and a Recovery from Long-Covid, without any income. I am a simple nurse who was exposed, infected and injured at his workplace, while caring for his patients, and who now finds himself in a vulnerable and generalized distressful situation.

Mrs. Norris, I would really appreciate it if you would provide me with any information and/or update on my workers compensation claim, initially filed more than two months ago via the facility online SREO.

Looking forward to hearing back from you

Respectfully,
Serge Wandji, RN

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1/15/22, 9:19 PM

APA # 21

Gmail - Workers compensation claim



Serge Wandji <sergewandji@gmail.com>

Workers compensation claim

Serge Wandji <sergewandji@gmail.com>

Mon, Nov 22, 2021 at 2:10 PM

To: "Tina L. Norris" <tlnorris@regmed.com>

Cc: dmsoutherland@regmed.com, kspowell@regmed.com, "Ginger A. Swartz" <gaswartz@regmed.com>

Bcc: Serge Wandji <sergewandji@gmail.com>

Mrs. Norris,

This is the fifth email I am sending to The Regional Medical Center (TRMC), and the third one that I am sending to you personally as the leader of the Human Resources/Employee Relations department, with copies to both the hospital CEO and Chief Nurse Executive, pleading for information about the outcome of my workers compensation claim I initially made three months ago. The last email I sent you on this matter was on November 15, 2021. I have not received any reply from you, not even a professional courtesy acknowledgement to a distressed nurse who was exposed, infected and injured at his workplace while taking care of his patients, and who has been out of work without any pay for three months, as a direct consequence of that work exposure and injury.

Can anybody at TRMC tell me what has happened to my workers compensation claim that I initially filed three months ago? I will really appreciate it.

Respectfully,
Serge Wandji, RN

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<https://mail.google.com/mail/u/0/?ik=91589322ef&view=pt&search=all&permmsgid=msg-a&3A739d4446073101776787&siml=mon-a&3A739d4446073101776787>

APA # 22

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: SERGE WANDJI SSN: _____ Employer's Name: The Regional Medical Center
Address: P.O. BOX 523 Address: 3000 St Matthews Road
City: Columbia State: SC Zip: 29202 City: Orangeburg State: SC Zip: 29111
Home Phone: 678-612-9649 Work Phone: () Insurance Carrier: ANTUM RISK
Preparer's Name: SERGE WANDJI Law Firm: Claimant Preparer's Phone #: 678-612-9649

A claim for workers' compensation benefits is made based on the following grounds:

- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
- The claimant sustained an injury to _____ (Part(s) of Body Injured) on 9/27/21 (Month/Day/Year) in Orangeburg county, state of SC.
 - Body part(s) affected are: Lungs + whole body
Briefly describe how the accident occurred: See attached document
 - Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
 - The relationship of employer and employee existed at the time of injury. YES
 - At the time of the injury the claimant was performing services arising out of and in the course of employment.
 - Notice of the accidental injury was given to the Employer on 9/28/21 (Month/Day/Year) in the following manner: Text message to the unit supervisor and nurse manager Mar. Teresa Noel

- ☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: COVID-19
☐ (b) additional medical examination and treatment for: Long COVID-19
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
August 28/2021 to January 2022 and ongoing.
- ☐ 9. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- 9a. Claimant at MMI: ☐ Yes ☐ No
- ☐ 10. Due to the injury, the claimant has a serious bodily disfigurement consisting of:
N/A
- 10a. At the time of the injury, the claimant was paid weekly wages of \$_____, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:
11. Further grounds or unusual aspects of claim:
See attached document
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
See attached document
- 11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13. I am filing a claim. I am not requesting a hearing at this time. Estimated time needed for hearing: Three weeks
- ☒ 14. I am requesting a hearing. A \$50 fee is required.

- ☐ Mediation
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____
address _____ on the _____ day of _____, 20____, by ☐ first class postage ☐ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.
Serge Wandji Claimant sergewandji@gmail.com 11/29/2021
Preparer's Signature Title Email Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50

Employee's Notice of Claim and/or
Request for Hearing

Page 26

**TRASK
HOWELL**
WORKERS' COMPENSATION DEFENSE

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

January 7, 2022

CERTIFIED

Ms. Amy Bracy
Judicial Director
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

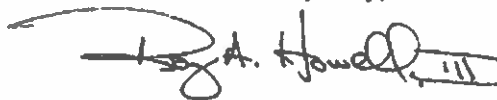
Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Ms. Bracy:

Enclosed is a duly executed Form 51, constituting the Answer of the self-insured employer in connection with the above-referenced workers' compensation claim. I request that the same be filed with the other papers in this action.

By Proof of Service to the Claimant, I am serving a copy of our Answer on him as required by the Rules of the Commission.

Yours very truly,



Roy A. Howell, III

RAHIII/ebw/lk

Enc.

cc: Sandra Axson, Antum Risk (via upload only w/enc.)
Kellie Evans, The Regional Medical Center (via email only w/enc.)
Tina Norris, The Regional Medical Center (via email only w/enc.)
Serge Wandji (w/enc.)

763 JOHNNIE DODDS BLVD. | P.O. BOX 2167
P 843.881.4228 | F 843.881.8784



MT. PLEASANT, SOUTH CAROLINA 29465
www.TRASK-HOWELL.com

384241BU-FS1

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APA# 23

South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739



WCC File # 2118696
Carrier File # WC2021098080
Carrier Code #
Employer FEIN 57-6008010

Serge Wandji		The Regional Medical Center	
Claimant's Name	SSN	Employer's Name	
P.O. Box 523	Columbia, SC 29115	3000 St. Matthews Road	Orangeburg, SC 29115
Address	City State Zip	Address	City State Zip
678-612-9649		Self insured through Antum Risk	
Home Phone	Work Phone	Insurance Carrier:	
Date of Injury: August 27, 2021			
Preparer's Name: Roy A. Howell, III		Law Firm: Trask & Howell, LLC	Preparer's Phone #: (843) 881-4228

Date of Injury or Illness: August 27, 2021 Estimated time for hearing 1 hour
Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer / carrier in answer the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendant denies Claimant suffered an injury or illness to lungs and whole body as alleged.
 2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
 3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
 4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
 5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are: See #1 above.
 6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☒ Is Entitled to Additional medical care as a result of injury. The reason for denial are:
 7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of:
 8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
 9. It is ☐ Admitted ☒ Denied the employee has a serious disfigurement.
 10. It is contended that an average weekly wage of \$ TBD applies, according to attached Form 20 as provided by law.
 11. Further contentions, grounds of defense, or unusual aspects are: Reserve the right to amend. Defendants assert any and all affirmative defenses under the Act including but not limited to all defenses set forth in Section 42-9-10 et seq. and Section 42-11-10 et seq.
- ☐ Mediation
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
 - ☐ b. Mediation is required pursuant to Reg. 67-1802
 - ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
 - ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse
- Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Ms. Amy Bracy, SCWCC,
P. O. Box 1715, Columbia, SC 29202-1715 and Serge Wandji, P.O. Box 523, Columbia, SC 29202

on the 7th day of January, 2022 by ☒ first class mail; ☐ personal service; ☒ certified mail.

I verify the contents of this form are accurate and true to the best of my knowledge.

	Attorney for Defendant(s). rhowell@trask-howell.com	January 7, 2022
Preparer's Signature	Title Email	Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

1. The Defendants deny that the Employee sustained an injury by accident, deny that he contracted an occupational disease and deny that the claim qualifies for benefits under the S. C. Workers' Compensation Act, including the occupational disease provision, Sections 42-11-10 through 42-11-200.
2. The Defendants deny that Notice was given within the period prescribed by Section 42-15-20; and, therefore, the claim is barred.
3. The Defendants deny that the claim was filed within the period prescribed by Section 42-15-40; and, therefore, the claim is barred.
4. The injury claimed does not meet the requirements of Section 42-11-10.
5. The claim does not meet the requirements of Section 42-11-20.
6. The injury claimed does not meet the requirements of Section 42-11-40.
7. The Defendants specifically claim Section 42-11-50 as a defense.
8. The Defendants specifically claim Section 42-11-60 as a defense.
9. The Defendants specifically claim Section 42-11-70 as a defense and bar to the claim.
10. The Defendants specifically request that, in the event an award by the Commissioner is issued, such award shall be apportioned in accordance with Section 42-11-90.
11. The Defendants specifically claim Section 42-11-100 as a defense.
12. The Defendants claim all affirmative defenses of Chapter 11 of the S. C. Workers' Compensation Act.
13. The Defendants reserve the right to request a referral to a medical panel under Section 42-11-120 or to a medical examiner, as is their right by statute.
14. The Defendants reserve the right to add additional parties, including insurance carriers, and/or defenses as more information becomes available.
15. All of the defenses under the Workers' Compensation Act.
16. Reserve the right to amend.

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11/24/22, 12:07 PM

APA # 24

Gmail - Medical Note!



Serge Wandji <sergewandji@gmail.com>

Medical Note!

Serge Wandji <sergewandji@gmail.com>
To: "Ginger A. Swartz" <gaswartz@regmed.com>

Wed, Oct 27, 2021 at 11:31 AM

Good Morning Mrs. Swartz,
I just want to make sure that you have received a fax from my primary care physician office in regards to my health status.
I received communication from my Doctor's office confirming that they sent another fax to your attention yesterday afternoon.
Please let me know if you still have not received it.
Serge

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<https://mail.google.com/mail/u/0/?ik=91589322ef&view=pt&search=all&permmsgid=msg-a%3Ar-718553114811884869&simpl=msg-a%3Ar-718553114811884869>

1



Serge Wandji <sergewandji@gmail.com>

Medical Note!

Ginger A. Swartz <gaswartz@regmed.com>
To: Serge Wandji <sergewandji@gmail.com>

Wed, Oct 27, 2021 at 2:17 PM

I did receive it this time. I will update your manager. Thank you!

Hope you feel better soon!

[Quoted text hidden]

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APA # 25

WANDJI, SERGE DOB: [REDACTED] M) Acc [REDACTED] DOS: 09/22/2021



WANDJI, SERGE

Guarantor: WANDJI, SERGE Insurance: SCBS STATE HEALTH PLAN
Appointment Facility: RSPPP Primary Care AIM

09/22/2021

James Fayssou MD

Reason for Appointment

1. Hosp Followup/ SCREENED

History of Present Illness

Serge comes in today for hospital follow-up. He continues to live and work in Orangeburg, South Carolina. Currently working full-time as a geriatric psychiatric nurse. He apparently had significant exposure on his psychiatric unit to the delta variant of Covid 19. There was apparently a significant outbreak here. Despite having received the Pfizer vaccination series he became abruptly ill primarily with severe or extreme fatigue and exertional dyspnea. He had a short hospital admission and required up to 4 L/min of oxygen. He was treated with remdesivir and dexamethasone and was able to discharge home off of supplemental oxygen. He did not require anticoagulation after discharge. He continues to improve symptomatically but still has prominent fatigue, malaise, and exercise intolerance. He has not had any documented desaturation with activity at home. He has had some significant reactive depression symptoms and symptoms also suggestive of mild PTSD. He actually was seen in consultation by one of the staff psychiatrist while hospitalized. It was elected to manage his psychiatric symptoms expectantly. We have discussed him staying out of work for at least the next 4 weeks because of his activity intolerance and prominent fatigue which should resolve. He has had some mild cognitive symptoms since recovering from Covid 19 as well. These also appear to be improving gradually.

Current Medications

Taking

- Hydrochlorothiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
- Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Hemorrhoids.

Surgical History

No Surgical History documented.

Family History

Father: deceased

Mother: deceased

Brother(s): alive

Sister(s): alive

Son(s): alive

1 brother(s), 1 sister(s) - healthy, 1 son(s) - healthy.

Social History

Tobacco Use:

Tobacco Use/Smoking

Are you a nonsmoker

Tobacco cessation

Patient counselled on the dangers of tobacco 09/22/2021

Cessation: Not applicable

Tobacco Use/Smokeless

Smokeless Tobacco/nicotine use: No

Drugs/Alcohol:

Drugs: Denies

Have you used drugs other than those for medical reasons in the past 12 months? No

Alcohol Screen: Denies

Did you have a drink containing alcohol in the past year? No

Points 0

Interpretation: Negative

He is single. No children. Lifelong nonsmoker. No alcohol use. Works in nursing administration at the Veterans Administration clinic.

Hospitalization/Major Diagnostic Procedure

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ASSOCIATES IN INTERNAL MEDICINE

ROPER ST. FRANCIS PHYSICIANS

11/22/2021

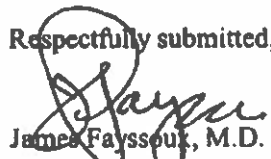
615 Wesley Drive, Suite 200
Charleston, SC 29407
(843) 571-6880p
www.associatesim.com

*Cary Stanley Hickman, M.D. William Huston Snyder III, M.D.
Charles Leon Smith, M.D. Christopher P. McLain, M.D.
Hugh Edward Thompson, M.D. Nicholas H. Noblet, M.D.
James E. Fayssoux, M.D. James Anoaia, M.D.*

To Whom It May Concern,

Serge Wandji [REDACTED] is a patient in this internal medicine practice. As you well know he contracted Covid-19 at his place of employment during an outbreak that occurred in one of your inpatient units. He was diagnosed with Covid-19 pneumonia and hypoxemic respiratory failure despite the fact that he was fully vaccinated. He was hospitalized briefly and required supportive treatment including supplemental oxygen. When he was first evaluated in the office he had extreme fatigue and exercise intolerance as well as persistent cognitive changes typical in this patient population. He was reevaluated today via a telehealth visit. He is apparently out on sick leave approved through 3 months. He is continuing to recover gradually as expected based on his diagnosis. He has had some improvement in his exercise tolerance and has been able to gradually increase his activity level at home. It is clear from talking with him today that he could not tolerate a return to work at a full-time capacity. We have recommended that he continue to convalesce at home from 10/22/2021 through 11/22/2021. At that time we will reevaluate his progress and hopefully he will be fit to return to work at that time. Thank you for your time and consideration in this matter.

Respectfully submitted,


James Fayssoux, M.D.

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WANDJI, SERGE DOB: [REDACTED]

DOB: 11/17/2021



WANDJI, SERGE

Address: 35 FOLLY RD BLVD, CHARLESTON, SC 29411

Phone: 878-612-6549

Guarantor: WANDJI, SERGE Insurance: BOBS STATE HEALTH PLAN

Appointment Facility: RSPPP Primary Care Allt

11/17/2021

Progress Note: James Fayssoux MD

Reason for Appointment

1. 3 week Followup
2. refill Diflucan

History of Present Illness

Serge comes back in today for interval follow-up related to his recent Covid 19 infection. He continues to recover gradually but clearly has persistent symptoms related to his recent infection which was complicated by pneumonia and respiratory failure. He did not require home treatment with oxygen. He has largely had return of his sensation of taste but still has significant diminishment in his ability to smell. He has also had cognitive complaints but he believes these are gradually improving. He hopes to return to work at the beginning of 2022. He has been able to increase his activity at home. Related to his current job description he is probably not able to stand for the required 12 hours per shift; he also is unable to lift the required minimum weight currently but expect this will improve over time. His cognitive issues will certainly need to improve before he can return to work at a fully functional capacity. He has been walking on a daily basis and has been able to gradually increase the distance which she can tolerate. He has not had any issues with cough or chest congestion recently. His FMLA paperwork and documentation has been updated today.

Current Medications

Taking

- Hydrochlorothiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
- Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day
- Not-Taking PRN
- Diflucan 200 MG Tablet 1 tablet Orally ONCE A WEEK
- Medication List reviewed and reconciled with the patient

Past Medical History

- Hemorrhoids.
- Covid 19.

Surgical History

Denies Past Surgical History

Family History

- Father: deceased
- Mother: deceased
- Brother(s): alive
- Sister(s): alive
- Son(s): alive
- 1 brother(s), 1 sister(s) - healthy, 1 son(s) - healthy.

Social History

Tobacco Use:

- Tobacco Use/Smoking
- Are you a *non-smoker*
- Tobacco cessation
- Patient counselled on the dangers of tobacco 09/23/2021
- Cessation: *Not applicable*
- Tobacco Use/Smokeless
- Smokeless Tobacco/cocaine use: *No*

Drugs/Alcohol:

Drugs: Denies

Have you used drugs other than those for medical reasons in the past 12 months? *No*

Alcohol Screen: Denies

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Interpretation: *Negative*



ASSOCIATES IN INTERNAL MEDICINE

ROPER ST. FRANCIS PHYSICIANS

11/22/2021

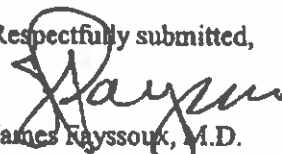
615 Wesley Drive, Suite 200
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*Cary Stanley Hickman, M.D. William Huston Snyder III, M.D.
Charles Leon Smith, M.D. Christopher P. McLain, M.D.
Hugh Edward Thompson, M.D. Nicholas H. Noblet, M.D.
James E. Fayssoux, M.D. James Anoa, M.D.*

To Whom It May Concern,

Serge Wandji [REDACTED] is a patient in this internal medicine practice. As you well know he contracted Covid-19 at his place of employment during an outbreak that occurred in one of your inpatient units. He was diagnosed with Covid-19 pneumonia and hypoxemic respiratory failure despite the fact that he was fully vaccinated. He was hospitalized briefly and required supportive treatment including supplemental oxygen. When he was first evaluated in the office he had extreme fatigue and exercise intolerance as well as persistent cognitive changes typical in this patient population. He was reevaluated today in person. He is apparently out on sick leave approved through 3 months. He is continuing to recover gradually as expected based on his diagnosis. He has had some improvement in his exercise tolerance and has been able to gradually increase his activity level at home. It is clear from talking with him today that he could not tolerate a return to work at a full-time capacity. We have recommended that he continue to convalesce at home from 11/18/2021 through 1/1/2022. At that time we will reevaluate his progress and hopefully he will be fit to return to work at that time. Thank you for your time and consideration in this matter.

Respectfully submitted,


James Fayssoux, M.D.

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WANDJI, SERGE DOB: [REDACTED]

1903 DOB: 01/14/2022



**ROPER
ST. FRANCIS**
PHYSICIAN PARTNERS

WANDJI, SERGE

Account Number: 00007891903
35 FOLLY RD BLVD, CHARLESTON, SC 29412

Home: 678-812-8849

Guarantor: WANDJI, SERGE Insurance: BOBS STATE HEALTH PLAN
Appointment Facility: RSTPP Primary Care A/R

01/14/2022

: James Faysoux MD

Reason for Appointment

1. 6 mos flu
2. Facetime 6788128849

History of Present Illness

This is a virtual face-to-face visit and verbal consent has been obtained from the patient.
Virtual Visit Video Component
Platform used for virtual face-to-face visit: Facetime
Patient contacted by phone today for virtual check in. Doing well and continuing to improve related to his severe Covid-19 infection. Smell has still not completely returned to normal. Taste is still improving. His stamina is still improving. BP has been under good control. Plans to start working for FEMA in March.

Current Medications

- Taking
- Hydrochlorothiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
 - Losartan/Potassium 100 MG Tablet 1 tablet Orally Once a day
- Not Taking/PRN
- Diflucan 200 MG Tablet 1 tablet Orally ONCE A WEEK, stop date 02/15/2022
- Medication List reviewed and reconciled with the patient

Past Medical History

Hemorrhoids.
Covid 19.
HTN.

Surgical History

Denies Past Surgical History

Family History

Father: deceased
Mother: deceased
Brother(s): alive
Sister(s): alive
Son(s): alive
1 brother(s), 1 sister(s) - healthy. 1 son(s) - healthy.

Social History

Tobacco Use:

Tobacco Use/Smoking
Are you a nonsmoker
Tobacco cessation
Patient counseled on the dangers of tobacco 09/22/2021
Cessation: Not applicable
Tobacco Use/Smokeless
Smokeless Tobacco/Nicotine use: No

Drugs/Alcohol:

Drugs: Denies
Have you used drugs other than those for medical reasons in the past 12 months? No
Alcohol Screen: Denies
Did you have a drink containing alcohol in the past year? No
Points 0
Interpretation Negative
He is single. No children. Lifelong nonsmoker. No alcohol use. Works in nursing administration at the Veterans Administration clinic.

Attended

APA# 26



ASSOCIATES IN INTERNAL MEDICINE

ROPER ST. FRANCIS PHYSICIANS

615 Wesley Drive, Suite 200
Charleston, SC 29407
(843) 571-6880p
www.associatesim.com

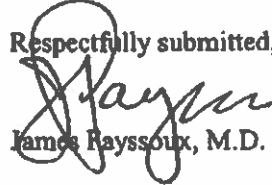
*Cary Stanley Hickman, M.D. William Huston Snyder III, M.D.
Charles Leon Smith, M.D. Christopher P. McLain, M.D.
Hugh Edward Thompson, M.D. Nicholas H. Noblet, M.D.
James E. Fayssoux, M.D. James Anoaia, M.D.*

Date: January 17, 2022

To Whom It May Concern,

Serge Wandji [REDACTED] is a patient in this internal medicine practice. As you well know he contracted Covid-19 at his place of employment during an outbreak that occurred in one of your inpatient units. He was diagnosed with Covid-19 pneumonia and hypoxemic respiratory failure despite the fact that he was fully vaccinated. He was hospitalized briefly and required supportive treatment including supplemental oxygen. When he was first evaluated in the office he had extreme fatigue and exercise intolerance as well as persistent cognitive changes typical in this patient population. He was reevaluated today via a telehealth visit. He is continuing to recover gradually as expected based on his diagnosis. He has had some improvement in his exercise tolerance and has been able to gradually increase his activity level at home. It is clear from talking with him today that he could not tolerate a return to work at a full-time capacity. I believe he could return to work on a schedule of eight hours a day but could not currently return to work full time floor nursing for numerous reasons. An administrative position would be most appropriate at this juncture. Thank you for your time and consideration in this matter.

Respectfully submitted,


James Fayssoux, M.D.

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APA # 27

**THE REGIONAL MEDICAL CENTER
3000 St. Matthews Road
Orangeburg, SC 29118**

JOB TITLE: Staff RN
DEPARTMENT: Nursing
Classification: 123
Reports to: Service Line Director

I. Job Summary

Provide professional nursing care within an assigned unit and coordinate care planning with other disciplines.

II. Minimum Qualifications

Current RN license in the state of South Carolina or compact state. CPR certification must be obtained within 6 months of hire. Some clinical or hospital experience is preferred but not required.

III. Work Environment

Regularly exposed to infectious, contagious and blood borne diseases. Contact with patients under a wide variety of circumstances. Exposed to unpleasant elements including accidents, injuries and illnesses. Subject to varying and unpredictable situations. Must be able to handle emergency or crisis situations. Must be able to handle emergency or crisis situations. Is occasionally subject to irregular hours. Occasional exposure to radiation.

IV. Supervisory Responsibilities

LPN, CNA, WS, Tech, MOA

V. Financial Responsibilities

Financial stewardship of supplies and resources.

VI. Essential Functions

1. Documents initial nursing histories, assesses patients' conditions per policy requirements and develops individual care plans for patients taking into consideration their physical, psychosocial, environmental, cultural, and spiritual needs.
2. Assists physicians with examinations, procedures and other processes related to direct patient care according to established policies and procedures.
3. Evaluates outcomes of patient care, consult with other specialists as required and revises nursing care processes as necessary to obtain optimal patient care.
4. Coordinates discharge planning.
5. Monitors and records patients' condition. Maintains confidentiality.
6. Using an interdisciplinary approach, formulates a teaching plan based on identified learning needs and evaluates effectiveness of learning [including family teaching] as appropriate.
7. Coordinates patients' ordered diagnostic and therapeutic services. Communicates patients'

Page 38

- condition during hand-offs.
8. Performs other miscellaneous and related duties as assigned by the director of nursing, charge nurse and/or medical staff.
 9. Performs charge duties as requested by director, after six (6) months nursing experience and appropriate training as required.
 10. Rounds on patients per policy to improve clinical outcome.
 11. Orients or mentors new staff members.
 12. Listens effectively to the patient to facilitate care requirements.
 13. Provides first line customer service response.
 14. Follows the RMC Standards of Behaviors.
 15. Other duties as assigned.

VII. Physical Requirements

Physical requirements are primarily related to the essential functions of any job. In order to perform the essential functions of this position, you must be able to stand up to twelve (12) hours, walk, sit, use hands, reach, stoop, kneel, talk, hear and smell. Must be able to lift or exert energy up to 35 pounds. The Regional Medical Center has purchased patient transfer/lift devices to reduce the physical lifting of patients. Safe patient handling equipment is to be utilized for the transfer and lifting of patients greater than 35 pounds.

Close vision (clear vision at 20 inches or less), distance vision (clear vision at 20 feet or more) color vision (ability to identify and distinguish colors), peripheral vision (ability to observe area that can be seen move up/down or left/right) and depth perception (three-dimensional vision, ability to judge distances).

VIII. Mental Requirements

Must possess the ability to read and interpret business or safety manuals, clinical or technical procedures or regulations. Ability to write reports, correspondence and/or manuals. Ability to effectively present information and respond to questions from groups, patients, families, other employees and medical staff. Ability to perform more complex math functions (add, subtract, multiply and divide) to include calculating percentages, averages, volume, ratio and interpreting graphs - using numbers and units of measure. Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to deal with concrete and abstract concepts and interpret verbal, nonverbal and written instructions. Ability to multitask and prioritize assigned and assumed responsibilities to complete patient care as necessary.

IX. Population Served

This position primarily interacts with all age groups and provides direct patient care. All staff members must be able to demonstrate the knowledge and skill necessary to meet the physical, psycho/social, educational, safety, and related needs of the persons in the assigned work area. Staff members must be able to understand and respond to the expectations and needs of patients, family members and visitors from diverse cultural backgrounds.

Employee's Signature

Date

Revised 05/2020

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APA # 28

Hank Burriss

From: Hank Burriss
Sent: Tuesday, January 25, 2022 1:35 PM
To: 'Roy Howell'; Crystal Lupton
Cc: Ginger Posey
Subject: RE: Serge Wandji v. Regional Medical Center of Orangeburg; WCC: 2118696
Attachments: Latest Doctor letter.pdf

TimeMattersID: M94DFAE43C5FE455
TM Contact: Wandji, Serge
TM Contact No: 4182
TM Matter No: 22-4599
TM Matter Reference: Wandji, Serge vs. The Regional Medical Center

Roy:

I hope this email finds you well. Attached hereto is the latest letter from the doctor. My client mailed it to the hospital by certified mail on January 22, 2022. He is ready, willing and able to go back to work under the doctor's restrictions. He has been waiting on the hospital to reach out to him, but has heard nothing. Out of an abundance of caution, I advised him today to go by the hospital to inquire. Can you please let me know what your client's intentions are regarding Mr. Wandji returning to work?

Thanks,

William H. Burriss, Esquire
820 Gracern Rd.
Columbia, South Carolina 29210
tel. (803) 451-4000
fax. (803) 227-0384
toll free: (866) 444-6330
www.burrisslaw.com



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APA # 29

Patient Note

Patient:

Wandji, Serge
P.O. Box 523
Columbia, SC 29202

Roots Psychological Associates, LLC
1531 Laurel Street
Columbia, SC 29201-2632

(678) 612-9649

DOB: 06/01/1968

Procedure: 9087 Psych therapy, 60 minutes

Diagnosis: F43.10 Adjustment disorder, unspecified

Visit Date: February 15, 2022

Note Title: SOAP Note

12:00 pm - 1:00 pm

F33.1, F41.1, F43.10
JEC

SUBJECTIVE: This would be best described as an individual and rapport building session. Mr. Wandji talked more about his experience with Covid-19 and the complications during the virus and his complications since having the virus. He experiences bad flashbacks and nightmares. Certain things like sirens will trigger him at times. He wants to go back to work but hasn't fully regained his sense of smell and he knows he will need that for bed-side nursing. He also feels as though he will need to ease into his normal nursing duties due to the trauma from almost dying and being in the hospital.

OBJECTIVE: Appearance: Neat, appropriate

Attitude: cooperative

Speech: within normal limits

Mood: calm

Affect: mood congruent

Perception: no auditory or visual hallucinations

Thought process: linear, logical, goal-directed

Thought content: no evidence of psychosis

Thoughts of harm: Denies any suicidal or homicidal ideations or plans

Judgment: good

Insight: good

Cognition: Alert awake and oriented x4

ASSESSMENT: Mr. Wandji struggles with some depressive symptoms, anxiety symptoms, and symptoms of PTSD.

Primary: F43.10, Major Depressive Disorder, Single Episode, Unspecified

Secondary: F41.1, Generalized Anxiety Disorder

Tertiary: F43.10, Post-traumatic stress disorder, unspecified

PLAN: CBT as needed

Courtney, James Stewart LPC-A

Electronic Signature

James Stewart Courtney LPC-A

Date Signed: 3/17/2022

Wandji, Serge

CONFIDENTIAL

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APA #30

Patient Note

Patient:

Wandji, Serge
P.O. Box 523
Columbia, SC 29202

Roots Psychological Associates, LLC
1531 Laurel Street
Columbia, SC 29201-2632

(678) 612-9649

DOB: [REDACTED]

Procedure: 9087 Psychotherapy, 60 minutes

Diagnosis: F43.20 Adjustment disorder, unspecified

Visit Date: February 22, 2022

Note Title: SOAP Note F41.1, F33.1, F43.10

12:00 pm - 1:00 pm

EC

SUBJECTIVE This would be best described as an individual and rapport building session. Mr. Wandji talked more about his experience with Covid-19 and the complications during the virus and his complications since having the virus. He experiences bad flashbacks and nightmares. Certain things like sirens will trigger him at times. He wants to go back to work but hasn't fully regained his sense of smell and he knows he will need that for bed-side nursing. He also feels as though he will need to ease into his normal nursing duties due to the trauma from almost dying and being in the hospital.

OBJECTIVE Appearance: Neat, appropriate

Attitude: cooperative

Speech: within normal limits

Mood: calm, open

Affect: mood congruent

Perception: No auditory or visual hallucinations

Thought process: linear, logical, goal-directed

Thought content: no evidence of psychosis

Thoughts of harm: Denies any suicidal or homicidal ideations or plans

Judgment: good

Insight: good

Cognition: Alert, awake and oriented x4

ASSESSMENT Mr. Wandji struggles with some depressive symptoms, anxiety symptoms, and symptoms of PTSD.

Primary: F43.20, Major Depressive Disorder, Single Episode, Unspecified

Secondary: F41.1 Generalized Anxiety Disorder

Tertiary: F43.10, Post-traumatic stress disorder, unspecified

PLAN: CBT, T as needed

Courtney, James Stewart LPC-A

Electronic Signature

James Stewart Courtney LPC-A

Date Signed: 3/27/2022

Wandji, Serge

CONFIDENTIAL

Page 42

Patient Note

Patient:

Wandji, Serge
P O. Box 523
Columbia, SC 29202

Roots Psychological Associates, LLC
1531 Laurel Street
Columbia, SC 29201-2632

(678) 612-9649

DOB: [REDACTED]

Procedure: 90837 Psychotherapy, 60 minutes

Diagnosis: F43.20 Adjustment disorder, unspecified

Visit Date: March 08, 2022

Note Title: Soap Note

F33.1, F41.1, F43.10

12:00 pm - 1:00 pm

JSC

SUBJECTIVE This would be best described as an individual session. Mr. Wandji talked more about his experience with Covid-19 and the complications during the virus and his complications since having the virus. He experiences bad flashbacks and nightmares. Certain things like sirens will trigger him at times. He wants to go back to work but hasn't fully regained his sense of smell and he knows he will need that for bed-side nursing. He also feels as though he will need to ease into his normal nursing duties due to the trauma from almost dying and being in the hospital.

OBJECTIVE Appearance: Neat, appropriate

Attitude: cooperative

Speech: within normal limits

Mood: calm, open

Affect: mood congruent

Perception: No auditory or visual hallucinations

Thought process: linear, logical, goal-directed

Thought content: no evidence of psychosis

Thoughts of harm: Denies any suicidal or homicidal ideations or plans

Judgment: good

Insight: good

Cognition: Alert/awake and oriented x4.

ASSESSMENT Mr. Wandji struggles with some depressive symptoms, anxiety symptoms, and symptoms of PTSD.

Primary: F32.9, Major Depressive Disorder, Single Episode, Unspecified

Secondary: F40.0, Generalized Anxiety Disorder

Tertiary: F43.10, Post-traumatic stress disorder, unspecified

PLAN. CBT as needed

Courtney, James Stewart LPC-A

Electronic Signature

James Stewart Courtney LPC-A

Date Signed: 3/27/2022

Wandji, Serge

CONFIDENTIAL

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3/15/22, 9:03 PM

APA # 31

Gmail - URGENT: LOA Exhausted

From: Serge Wandji <sergewandji@gmail.com>
Sent: Friday, February 25, 2022 10:00 PM
To: Tina L. Norris <tnorris@regmed.com>; Nicole B. Brown <nbbrown@regmed.com>; David M. Southerland <dmsoutherland@regmed.com>; Karrie S. Powell <kspowell@regmed.com>
Subject: Returning to Work!

Good Morning all,

Back in August 2021, I was exposed to and contracted COVID-19 at The Regional Medical Center (TRMC), following an outbreak that occurred in the inpatient unit where I worked as a staff nurse, providing direct nursing care to TRMC's patients. After I tested positive for Covid-19 on August 27, 2021, I was immediately medically removed from work by TRMC. I was officially diagnosed and treated for COVID-19 pneumonia and hypoxemic respiratory failure right here at TRMC. Following my discharge from the hospital (TRMC), I have been receiving follow-up medical treatment from my primary care physician, and periodic medical updates on my health conditions have been provided to TRMC.

On January 17, 2022, I was seen and evaluated by my Primary care Physician (PCP) and a detailed medical notice for my RETURN TO WORK was provided.

On January 22, 2022 I sent my "return to work" Notice by Certified Mail to TRMC.

On January 26, 2022, I drove to TRMC to report for work and was received by Mrs. Brown, Human Resources Manager. Mrs. Brown confirmed reception of my "Return to Work" medical Notice prepared by my PCP. Mrs. Brown also reassured me that TRMC nursing leadership will be updated on my situation and that I will be contacted as soon as possible. All of my contact information (mail, email, cell phone) was provided to Mrs. Brown.

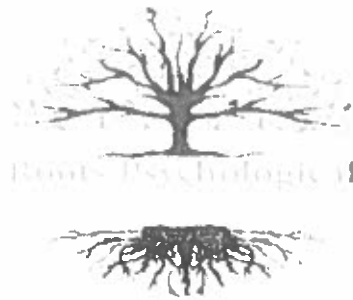
It has been more than a month now since I met and discussed with Mrs. Brown, HR Manager, about my return to work, and yet I have still not heard anything from TRMC about my return to work as prescribed by my PCP. Thus, I am sending this email as a reminder and follow-up to my meeting of January 26, 2022 with Mrs. Brown about my Return to work.

Respectfully,

Serge Wandji, MSN, MBA, RN-BC, NEA-BC, CNL

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APA+32



Roots Psychological Associates
1531 Laurel St. Columbia, SC 29201
Phone (803) 764-1010

Re Serge Wandji, [REDACTED]
Date 03/11/2022

To Whom It May Concern,

Mr. Wandji has been a client at our practice since 02/10/2022. During that time, we have been working through his complications since contracting COVID-19 in the fall of 2021 and being admitted to the hospital. He has made some progress, but there are still concerns that could mildly limit his functionality at bedside nursing (physical- still waiting to gain back his smell, mental/emotional- acute stress due to COVID-19 experience and hospitalization)

It is my clinical recommendation that he be cleared to start back at the hospital but at part-time hours and starting out in an administrative role. The goal will be to ease him back into his previous role, but in small increments at a time.

Sincerely,

A handwritten signature in black ink, appearing to read "James Stewart Courtney".

Date: 03/11/2022

James Stewart Courtney, MA, LPC-A
Licensed Therapist
803-764-1010 (Phone)
803-764-0193 (Fax)
Jscourtney.therapy@gmail.com

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APA # 33

3/15/22, 9:09 PM

Gmail - URGENT: LOA Exhausted



Serge Wandji <sergewandji@gmail.com>

URGENT: LOA Exhausted

Tina L. Norris <tnorris@regmed.com>

Tue, Mar 15, 2022 at 7:14 PM

To: Serge Wandji <sergewandji@gmail.com>

Cc: "Nicole B. Brown" <nbbrown@regmed.com>, "Tina L. Norris" <tnorris@regmed.com>

Mr. Wandji,

I received your email dated Saturday, March 12, 2022 (see attached) providing another medical update from a different physician than the original treating physician when your leave of absence began in August 28, 2021.

Unfortunately, the organization doesn't have a part-time administrative position available at this time per your request

At this time we have no choice but to end your employment effective 3/15/2022 due to leave exhaustion. (see term letter attached) Please understand that a separation under these circumstances is in no way punitive and you are eligible for rehire. Please continue to review RMC career postings, and if you see a job that meets your qualifications and experience we welcome you to apply. Your benefits will be active through March 31, 2022 as long as you have continued to pay your benefit premiums. If you have Medical Flexible Spending or Dependent Flexible Spending those benefits will terminate at mid-night

We wish you all the best.

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440

APA#35

The Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118

Pay Group: H40-RMC Hourly Non-exempt
Pay Begin Date: 08/22/2021
Pay End Date: 09/04/2021

Business Unit: 10001
Advice #: 000000004102415
Advice Date: 09/10/2021

Serge R. Wood
2838 Lake Marry Blvd #11-307
Columbia, SC 29212

Employee ID: 0012279
Department: 6300-Behavioral Health Center
Location: RMC Behavioral Services
Job Title: Staff Registered Nurse
Pay Rate: \$40.640000 Hourly

TAX DATA: Federal SC B
Tax Status: Single
Allowances: N/A
Addl. Percent: N/A
Addl. Amount:

HOURS AND EARNINGS				TAXES			
Description	Current	Earnings	YTD	Description	Current	YTD	
Extended Illness	29.00	1,178.36	29.00	Fed Withholding	393.31	6,225	
Paid Time Off Leave	19.00	772.16	43.00	Fed MED/EE	43.23	658	
Regular Earnings	25.75	1,046.48	198.00	Fed OASD/EE	193.39	2,817	
In Charge Pay	24.00	96.00	552.00	SC Withholding	193.87	2,857	
Shift Diff 2	10.25	25.63	135.75				
Weekend Premium	12.00	60.00	218.25				
Critical Staffing Incentive		0.00	2.00				
Holiday Premium		0.00	12.00				
Overtime Premium		0.00	70.00				
Overtime Straight		0.00	70.00				
Retention Bonus		0.00	1.00				
Shift Diff 3		0.00	24.00				
Sign On Bonus		0.00	2,400.00				
TOTAL:	120.00	3,178.83	2,255.00	TOTAL:	828.00	12,359	

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical	43.08	540.96	Voluntary Life	8.95	107.40	Medical	183.86	2,230
Dental	11.98	143.76	Supplemental LTD	8.32	99.84	Dental	6.22	74
Vision	2.68	32.16	Garnish-Child	129.54	3,295.40	Defined Contribution Pension	31.79	436
Savings Plan 403(b)	93.36	1,310.87	Cafeteria	0.00	0.88			
TOTAL:	154.10	2,027.75	TOTAL:	346.81	3,503.52	TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET P.
Current	3,178.83	3,023.73	\$28.00	501.91	1,848
YTD	46,159.41	44,131.66	12,559.37	5,331.27	28,068

YEAR-TO-DATE	PAID TIME OFF	EXT ILLNESS	ALLOWED TIME-OFF
Start Balance	0.0	0.0	
+ Earned	84.11	32.11	
+ Bought	0.0	0.0	
- Taken	43.00	29.00	
- Sold	0.0	0.0	
+ Adjustments	0.0	0.0	
End Balance	41.11	3.11	

NET PAY DISTRIBUTION			
Advice #000000004102415	Account Type Checking	Account Number XXXXXXX0345	Deposit Amount 1,848.92
TOTAL:			1,848.92

MESSAGE:

- I worked on Sunday 08/22/2021 for 12 hours, and received a 12 hour weekend Premium as reflected on my pay stub for the period beginning 08/22/2021 to 09/04/2021
- I also worked on Tuesday 08/24/2021 for 13.75 hours (12 hours + 1.75 hours overtime)
- During this entire pay period beginning 08/22/2021 ending 09/04/2021 I only worked two days 12 hrs on Sunday 08/22/2021 and 13.75 hrs on Tuesday 08/24/2021 for a total Regular Earnings of 25.75 hrs as reflected on my pay stub
- It is important to remember that I tested positive for COVID on 08/22 and was medically removed from work and was never able to return
- I was off for work on Monday 08/23/2021, Wednesday 08/25/2021, Thursday 08/26/2021 and Friday 08/27/2021

Paul L. L.

Site	Paid Date	Serial	Routine	Account	PC	Amount	Sequence #	Capture Source
VIEWPONTE	20211231	270			000060	154.00	8521883478	00007174

BERGE WANDJI
2038 LAKE MURRAY BLVD APT 11307
CHICAGO, IL 60628-2921

270
64-22/610 9098

12/13/2021

Date

Pay to the
Order of

TRMC

\$154⁰⁰/₁₀₀

One hundred fifty four and ⁰⁰/₁₀₀

Dollars

(00)



Wells Fargo Bank, N.A.
Chicago
wellsfargo.com

For

Benefits payments

[Signature]

PAY TO THE ORDER OF
BEST BRANCH BANKING & TRUST
63201607
FOR DEPOSIT ONLY
RESIDUAL MEDICAL CENTER
OF OMAHA, NE
OPERATING ACCOUNT PLU-11

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Site	Paid Date	Serial	Routing	Account	PC	Amount	Sequence #	Capture Sour
VIEWPOINTE	20211123	263			000080	154.00	8629536796	00007174

SERGE WANDJI
2039 LAKE MURRAY BLVD APT 11307
COLUMBIA, SC 29212-0851

263
64-32/610 8096

10/26/2021

Date

Pay to the
Order of

TRMC

\$ 154.⁰⁰/₁₀₀

One hundred fifty four and ⁰⁰/₁₀₀

Dollars

6



Wells Fargo Bank, N.A.
Georgia
wellsfargo.com

For

Benefits for November 2021

[Signature]

0

10/26/2021

154.00

FOR DEPOSIT ONLY

REGIONS MEDICAL CENTER

OF ORANGEBURG

OPERATING ACCOUNT

10/26/2021

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Site	Paid Date	Serial	Routing	Account	PC	Amount	Sequence #	Capture Sou
VIEWPOINTE	20211012	261			000060	154.02	8123716827	00007174

SERGE WANDJI
2028 LAKE MURRAY BLVD APT 11307
COLUMBIA, SC 29212-0857

261

64-227610 8098

10/01/2021

Date

Pay to the
Order of

TRMC

One hundred fifty four and 02/100

\$ 154^{02/100}

Dollars

0

Please
Sign on back

WELLS
FARGO

Wells Fargo Bank, N.A.
Georgia
wellsfargo.com

For Benefit for October

[Signature]

☐

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Page 5.



Serge Wandji
35 FOLLY RD BLVD
CHARLESTON, SC 29412

1/5/23

Dear Serge Wandji:

Thank you for your payment. Please keep a copy of this receipt for your records.

Payment Information:

Guarantor Account #:	104646337
Patient Name:	Serge Wandji /
Receipt #:	49711402
Date Posted:	1/5/23
Total Amount:	\$120.52
Payment Source:	Visa 8419



Previous Balance

Past Hospital Services	
910223221677 - Office Visit on 11/18/22	\$120.52

The total amount displayed on this receipt may be split up and applied to more than one outstanding balance on your account. In the event you have questions or need further assistance, please contact our customer service department at 888-472-0043.

Customer Service

Roper St. Francis Physician Partners
888-472-0043

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Serge Wandji
35 FOLLY RD BLVD
CHARLESTON, SC 29412

11/18/22

Dear Serge Wandji:

Thank you for your payment. Please keep a copy of this receipt for your records.

Payment Information:

Guarantor Account #.	104646337
Patient Name:	Serge Wandji
Receipt #:	49453867
Date Posted:	11/18/22
Total Amount:	\$20.00
Payment Source:	Visa 7172

NOV Office Visit at Primary Care - Wesley Dr. - Suite 200
18 Seen by James E Fayssoux, MD

CO-PAYMENT

The total amount displayed on this receipt may be split up and applied to more than one outstanding balance on your account. In the event you have questions or need further assistance, please contact our customer service department at 888-472-0043.

Customer Service

Roper St. Francis Physician Partners
888-472-0043

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Your Receipt
November 17, 2021

SERGE WANDJI

00007091903

Roper St. Francis Physicians - eCW

Method: Visa ****0861

Location: 138 RSFPP Primary Care AllM

Status: Processed

Balance payment
Transaction ID: 6748860194

Nov 17, 2021 2:21 PM ET **\$114.2**

Amount Paid **\$114.2**



Need more information about your account?

Create a PatientWallet® account by visiting www.gopatientco.com

Disclaimer:

I understand that today's visit is an estimate of services I received and that additional charges may apply such as special procedures, laboratory/ radiology services, medications and or vaccinations. I understand that the amount I paid today is not necessarily payment in full if other services apply.

INVOICE



Roots Psychological Associates
1531 Laurel Street
Columbia, SC 29201

3/8/2022

Dr. Patrick Steele, Psy D, License #1412
EIN: 81-5421704
NPI: 112-457-4850

Dr. Jennifer Steele, PsyD

Dr. Marissa Guarino, PsyD

Norah Grimbatt, MS, LPC, LAC, CAC

Stewart Courtney, MS, LPC-A

Jenni Buker, Med, LPC, NCC

Rachel Riggs, MS, MFT, LPC-A

Ph: 803-764-1010

BILL TO/Patient

Serge Wandji

DESCRIPTION	QTY	UNIT PRICE	Total
Psychotherapy session (90837) DOS: 2/22/2022		\$86	
Psychotherapy session (90837) DOS: 3/8/2022		\$86	
Paid, thank you			

Paid, thank you!

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INVOICE



Roots Psychological Associates
1531 Laurel Street
Columbia, SC 29201

02/15/2022

Dr. Patrick Steele, Psy D, License #1412
EIN: 81-5421704
NPI 112-457-4850

Dr. Jennifer Steele, PsyD

Dr. Marissa Guarino, PsyD

Norah Grimbali, MS, LPC, LAC, CAC

Stewart Courtney, MS, LPC-A

Jenni Baker, Med, LPC, NCC

Rachel Riggs, MS, MFT, LPC-A

Ph: 803-764-1010

BILL TO/Patient

Serge Wandji

DESCRIPTION	QTY	UNIT PRICE	Total
Psychotherapy initial session (90791) DOS: 02/10/2022		\$107	
Psychotherapy session (90837) DOS: 02/15/2022		\$66	

Paid, thank you

Paid, thank you!

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Exhibit 3

REGIONAL MEDICAL CENTER
1000 CORPORATE CENTRE DRIVE, STE 100
FRANKLIN, TN 37067

SERGE WANDJI
951 EDISTO AVE
ORANGEBURG, SC 29115-5318



Statement Information

Statement Date: 2021-12-21
Amount Due: \$2774.01
Due Date: 2022-01-20 00:00:00

Visit Information

Regional Medical Center
Date of Service: 2021-09-06 00:00:00
Type of Service: INPATIENT

+rmc Regional Medical Center

Provider Message

Thank you for receiving your healthcare services at Regional Medical Center. Healthcare Financing of America provides payment and financing options for your bill.

Amount Due: \$2774.01
As of 2021-12-21

Quick and Easy Payment & Support Options

Online at <http://rmc.hfaloan.com>

On the go with your mobile browser

By phone with 24/7 access by calling 803-809-3883

QUESTIONS? Call 803-809-3883 or go to <http://rmc.hfaloan.com>

Paying by check? Use this easy payment slip!

Please use this return slip when paying by check.
Credit card payments may be made securely online.
Checks should be payable to Healthcare Financing of America.

Account Number:	2000026648
Minimum Payment Due:	\$2774.01
Payment Due Date:	2022-01-20 00:00:00
Amount Enclosed:	\$ _____

Regional Medical Center
c/o Healthcare Financing of America
1000 Corporate Centre Drive, Ste 100
Franklin, TN 37067

SERGE WANDJI
951 EDISTO STREET
ORANGEBURG, South Carolina 29115

010150000007155



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HEALTHCARE FINANCING OF AMERICA
1000 CORPORATE CENTRE DRIVE, STE 100
FRANKLIN, TN 37087

rmc
Regional Medical Center

000000982 1 AB 0.458
*****AUTO**ALL FOR AADC 290
SERGE WANDJI
2038 LAKE MURRAY BLVD
COLUMBIA, SC 29212-0972



Statement Information

Statement Date: 2021-10-10
Amount Due: \$538.34
Due Date: 2021-11-09 00:00:00

Visit Information

Regional Medical Center
Date of Service: 2021-07-12 00:00:00
Type of Service: OUTPATIENT

Provider Message

Thank you for receiving your healthcare services at Regional Medical Center. Healthcare Financing of America provides payment and financing options for your bill.

Quick and Easy Payment & Support Options

Online at <http://rmc.hfaloan.com>

On the go with your mobile browser

By phone with 24/7 access by calling 803-809-3883

Call 803-809-3883 or go to <http://rmc.hfaloan.com>

Paying by check? Use this easy payment slip.

Please use this return slip when paying by check.
Credit card payments may be made securely online.
Checks should be payable to Healthcare Financing of America.

Account Number:
Minimum Payment Due:
Payment Due Date:
Amount Enclosed:

Healthcare Financing of America
1000 Corporate Centre Drive, Ste 100
Franklin, TN 37067

SERGE WANDJI
2038 LAKE MURRAY BLVD APT,
COLUMBIA, South Carolina 29212

910258-000982



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SOUND PHYSICIANS EMERGENCY
MED OF S CAROLINA LLC
PO Box 1259 Dept. #165956
Oaks, PA 19456



EZ Ways To Pay...

SERGE R WANDJI
PO BOX 523
COLUMBIA SC 29202-0523

@ Online
www.mydocbill.com/SPESC

Automated Attendant
1.866.535.5215 (24 hours a d)

For Payments Please Call: 1.866.535.5223 For Billing Questions Please Call: 1.866.535.

Account Number	Amount Due	Statement Date	Date Due
1295386-QSNED-03	\$1,892.00	01/17/22	Upon Receipt

STATEMENT

Account Summary

Account Number	1295386-QSNED-03
Patient Payments in Last 30 Days	0.00
Current Statement Balance	1892.00
Charges Pending w/ Insurance	0.00
Total Account Balance	1892.00

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.mydocbill.com/SPESC

PRIMARY

Insurance	BCBS OF SOUTH CAROLINA
Group/Plan	SC State Empl TRMC
ID Number	ZCS23420030

SECONDARY

Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	

New & Improved Online Experience

Go Green

www.mydocbill.com/SPESC

Pay Online | Update Info | Live Agent Chat

Gain the power to pay your bill or update your information at your convenience 24 hours a day. Chat with a representative using our Live / Chat feature during normal business hours. This not only benefits the environment, it benefits you and your time!

About Your Statement

Have a billing question or concern about your statement
E-MAIL us at snedbilling@mydocbill.com.

See Statement Details on Back

144609-107

SOUND PHYSICIANS EMERGENCY MED OF S
CAROLINA LLC
PO Box 1259 Dept. #165956
Oaks, PA 19456

Patient Name: SERGE WANDJI
Invoice Number: 1243170
Billing Questions: 1.866.535.5215

144609-107
SERGE R WANDJI
PO BOX 523
COLUMBIA SC 29202-0523

0124317000189200000001295386SNED0

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
01/17/22	\$1,892.00	1295386-QSNED-

CHARGES AND CREDITS MADE AFTER
STATEMENT DATE WILL APPEAR ON
NEXT STATEMENT.

SHOW AMOUNT
PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

SOUND PHYSICIANS EMERGENCY MED OF S
CAROLINA LLC
PO BOX 748996
LOS ANGELES, CA 90074-8996

Pay Online: www.mydocbill.com/SPESC

Page 6

ORANGEBURG COUNTY EMS
PO BOX 5897
FLORENCE, SC 29502

For all billing questions, call: (800)741-6920
Fax: (843) 689-6662 Email: billing@cabems.com
Office Hours: Mon-Thurs 8:30am-4:30pm
Fri. 8:30am-11:30am
Call Number: 2021-13404

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO
05/25/2022	\$710.00	19297

CHARGES AND CREDITS MADE AFTER STATEMENT
DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT
PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO: ORANGEBURG COUNTY EMS



138490-175



0026 002867

Serge Wandji
PO BOX 523
COLUMBIA SC 29202-0523

ORANGEBURG COUNTY EMS
PO BOX 5897
FLORENCE, SC 29502



☐ Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
YOUR PAYMENT IN ENCLOSED ENVELOPE

CALL NUMBER CALL DATE	DESCRIPTION	CHARGES	CREDITS	PAYMENT DATE	BALANCE
2021-13404 09/08/2021	From 951 Edisto St To REGIONAL MEDICAL CENTER	710.00			\$710.00

PAYMENT DUE
\$710.00

This account is 60 DAYS PAST DUE ! Your payment must be sent
IMMEDIATELY. If there are problems or questions please call our office so that
we can help to resolve this matter Thank You.

For all billing questions, call: (800)741-6920
Fax: (843) 689-6662 Email: billing@cabems.com
Office Hours: Mon-Thurs: 8:30am-4:30pm
Fri: 8:30am-11:30am
Call Number: 2021-13404



STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Page 62
138490 175

PALMETTO INFECTIOUS DISEASE
PO BOX 1232

Orangeburg SC 29116-1232

ANY QUESTIONS PLEASE CALL: (301)519-9200

SEND TO:

SERGE R WANDJI
951 EDISTO AVENUE

ORANGEBURG SC 291155318

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW			
☐ VISA	☐ MASTERCARD	☐ DISCOVER	☐ AMERICAN EXPRESS
CARD NUMBER		SIGNATURE CODE	
EXPIRATION DATE		EXP DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT #	
01/24/22	167.25	HF34792562	
SHOW AMOUNT \$ PAID HERE			

PALMETTO INFECTIOUS DISEASE
PO BOX 1232

Orangeburg SC 29116-1232

☐ PLEASE CHECK THE BOX IF YOUR ADDRESS IS
INCORRECT OR INSURANCE INFO HAS CHANGED

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME		SERGE WANDJI	PATIENT ACCT NUMBER		HF347925620		BALANCE DUE	16
DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	ADJUSTMENT	INS PYMT	PAT RESP	PAT PYMT	BALANCE
09/09/21		JOHN SAMIES, MD SOUTH CAROLINA BLUE CROSS BLUE SHIELD STATE EMPLO	796.00	524.77	103.98	167.25	0.00	16
09/07/21	99222	INITIAL HOSPITAL CARE	404.00	274.95	0.00			
		DEDUCTIBLE				129.05		
09/08/21	99232	SUBSEQUENT HOSPITAL CARE	196.00	124.91	47.10			
		CO-INS				11.78		
		DEDUCTIBLE				12.21		
09/09/21	99232	SUBSEQUENT HOSPITAL CARE	196.00	124.91	56.88			
		CO-INS				14.21		
					103.98		0.00	1
		CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE	
INSURANCE								
PATIENT					167.25		167.25	

THANK YOU FOR YOUR PAYMENT.

PLEASE PAY \$
THIS AMOUNT

Pay 63

PO Box 54028
Los Angeles, CA 90054-0028

APA # 37a

Toll Free: 866-206-1336
Mon-Fri 7 am to 5:30 pm PST
www.cmrefsi.com

Reference: 0067979053

VLR ▲ 004239
Wandji, Serge R
PO Box 523
Columbia SC 29202-0523

CMRE Financial Services, Inc. is a debt collector. We are trying to collect a debt that you owe to SOUND PHYSICIANS EMERGENCY MED OF S CAROLINA LLC. We will use any information you give us to help collect the debt.

Our information shows:

You had a medical debt owed to the client listed above with account number 1295386-SNED-7112846.

As of 09/06/21 you owed: \$1,761.00

Between 09/06/21 and today:

You were charged this amount in interests: + \$0.00

You were charged this amount in fees: + \$0.00

You paid or were credited this amount - toward the debt \$0.00

Total amount of the debt now: \$1,761.00

How can you dispute the debt?

- Call or write to us by 08/04/22, to dispute all or part of the debt. If you do not, we will assume that our information is correct.
- If you write us by 08/04/22, we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write us without the form. You may also include supporting documents.

What else can you do?

- Write to ask for the name and address of the original creditor, if different from the current creditor. If you write by 08/04/22 we must stop collection until we send you that information. You may use the form below or write to us without the form.
- Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law. For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options.

How do you want to respond?

Check all that apply:

- ☐ I want to dispute the debt because I think:
- ☐ This is not my debt.
 - ☐ The amount is wrong.
 - ☐ Other (please describe on the reverse or attach additional information.)
- ☐ I want you to send me the name and address of the original creditor.
- ☐ I enclosed this amount:

Wandji, Serge R
PO Box 523
Columbia, SC 29202-0523

CMRE Financial Services, Inc.
PO Box 54028
Los Angeles, CA 90054-0028

Make your check payable to CMRE Financial Services, Inc.
Include the reference number 0067979053.

000067979053000000001761001

Paar. 64

PO Box 54028
Los Angeles, CA 90054-0028

Toll Free: 866-206-1336
Mon-Fri 7 am to 5:30 pm PST
www.cmrefsi.com

Reference: 0067979054

VLR ▲ 004239
Wandji, Serge R
PO Box 523
Columbia SC 29202-0523

CMRE Financial Services, Inc. is a debt collector. We are trying to collect a debt that you owe to SOUND PHYSICIANS EMERGENCY MED OF S CAROLINA LLC. We will use any information you give us to help collect the debt.

Our information shows:

You had a medical debt owed to the client listed above with account number 1295388-SNED-7114966.

As of 09/06/21 you owed: \$87.00

Between 09/06/21 and today:

You were charged this amount in interests: + \$0.00

You were charged this amount in fees: + \$0.00

You paid or were credited this amount - toward the debt \$0.00

Total amount of the debt now: \$87.00

How can you dispute the debt?

- Call or write to us by 08/04/22, to dispute all or part of the debt. If you do not, we will assume that our information is correct.
- If you write us by 08/04/22, we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write us without the form. You may also include supporting documents.

What else can you do?

- Write to ask for the name and address of the original creditor, if different from the current creditor. If you write by 08/04/22 we must stop collection until we send you that information. You may use the form below or write to us without the form.
- Go to www.ftb.gov/debt-collection to learn more about your rights under federal law. For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options.

How do you want to respond?

Check all that apply:

- ☐ I want to dispute the debt because I think:
 - ☐ This is not my debt.
 - ☐ The amount is wrong
 - ☐ Other (please describe on the reverse or attach additional information.)
- ☐ I want you to send me the name and address of the original creditor.
- ☐ I enclosed this amount:

Wandji, Serge R
PO Box 523
Columbia, SC 29202-0523

CMRE Financial Services, Inc.
PO Box 54028
Los Angeles, CA 90054-0028

Make your check payable to CMRE Financial Services, Inc.
Include the reference number 0067979054.

0000679790540000000000087000

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APA # 38

SUMMARY OF ENROLLMENT

BIN: 23420030
Group Id: 7703800
Salary: 54912
Full Name: SERGE R WANDJI

Effective Date: Jun 01, 2022
Approval Date: May 12, 2022
Birth Date: Jun 01, 1968

Transaction Id: 732530937
Change Reason: ENROLL
Date of Hire: May 14, 2022

SUPPORTING DOCUMENTS

Supporting documents are required for this transaction. The transaction cannot be processed until all required supporting documentation has been received.

1. Signature Page signed by the subscriber and employer.

CONTACT INFORMATION

NEW VALUE

Name	SERGE R WANDJI
Employee Type	FULL TIME PERM
Street 1	POST OFFICE BOX 523
Street 2	
City	COLUMBIA
State	SOUTH CAROLINA
Zip	29202
Zip extension	
County	RICHLAND
Country	UNITED STATES
Home Number	678-612-9649
Work Number	
Email Address	SERGEWANDJI@GMAIL.COM

Isolved = Payroll

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***Do not mail Summary of Enrollment to PEBA. Upload or mail barcode and signature sheet along with any necessary supporting documents.**

1/5

APA # 39

isolated People Cloud

AddressP.O. Box 523
Columbia, SC 29202**TRICOUNTY COMMISSION OF ALCOHOL & DRUG ABUSE**

Check Type:	Regular Check	Voucher #:	V35760716
Check Date:	05/27/2022	Gross Pay:	1212.75
Period Begin:	05/08/2022	Gross Wage:	1212.75
Period End:	05/21/2022	Net Pay:	841.98
Payroll Run #:	112	Check Amt:	0.00

Federal

Single or Married Filing Separately

State (Residence)

SOUTH CAROLINA

Exemptions

1

Earnings & Memos*

	Curr Hrs/Units	Curr \$	YTD Hrs/Units	YTD \$
Regular	36.75	1212.75	36.75	1212.75
*35 ER RET		200.83		200.83

Deductions

	Curr \$	YTD \$
3N Vision	2.97	2.97
L8-LifePre	9.70	9.70
3C Medical	48.84	48.84
2X Dental	13.30	13.30
SLTD	7.85	7.85
EERETIRE	109.15	109.15

Current Period Leave Accruals

	Curr. Accrued	Used	Balance
Vacation	3.69	0.00	3.69
Sick	3.69	0.00	3.69

Direct Deposit

	Account	Deposit Amount
Checking	###0345	841.98

Employee Taxes

	Curr \$	Curr Wages	YTD \$	YTD Wages
SOC SEC EE	70.07	1130.09	70.07	1130.09
MED EE	16.39	1130.09	16.39	1130.09
FEDERAL WH	54.84	1020.94	54.84	1020.94
SOUTH CAROLINA WH	37.66	1020.94	37.66	1020.94

Employer Taxes

	Curr \$	Curr Wages	YTD \$	YTD Wages
SOC SEC ER	70.07	1130.09	70.07	1130.09
MED ER	16.39	1130.09	16.39	1130.09
FUTA ER				

WANDJI, SERGE DOB: [REDACTED] Acc No. 00007091903



Summary of Today's Visit

WANDJI, SERGE DOB: [REDACTED]

Account No 00007091903 MRN

HNE1428912252

Sex: Male

Race: Other Race

Ethnicity: Refused to Report

Preferred Language: English

06/03/2022 visit with James Fayssoux MD

Vitals

- Ht 71 (in)
- Wt 224 (lbs)
- Wt Change -5.8 lb
- BMI 31.24 (Index)
- BP 137/79 (mm Hg)
- RR 18 (/min)
- Pulse Sitting 70
- Oxygen saturation 98 (%)

Allergies

- N.K.D.A.

Medication List

- Continue hydroCHLORothiazide : 25 MG 1 tablet in the morning Orally once a day, 90 DAYS , 90 Tablet , Refills: 3
- Continue Losartan Potassium : 100 MG 1 tablet Orally once a day, 90 DAYS , 90 Tablet , Refills: 3

Notes:

Recovered. Still having PTSD symptoms related to his illness particularly as relates to his severe respiratory failure and rapid onset of illness. He cannot to work yet in his previous capacity 12 hours a day but has been cleared to return for administrative work on an 8 hour a day schedule.

See above. Walking daily without limitations other than expected slow recovery of his stamina.

See above.

Blood pressure appears to be under good control on a combination of ARB and thiazide diuretic.

Stable.

Updated B12 ordered.

Updated vitamin D levels ordered.

We'll plan to follow expectantly. He would probably benefit from counseling/psychotherapy related to his PTSD although these symptoms are improving and are not as severe as they were several months ago. Referral

Summary of Today's Visit for - WANDJI, SERGE DOB: 06/01/1968 Account No: 00007091903 MRN: HNE1428912252
RSFPP Primary Care A11M 615 WESLEY DR SUITE 200 CHARLESTON, SC 29407-7251 843-571-6880
Summary generated by eClinicalWorks (www.eclinicalworks.com)

This document contains confidential information about your health. To maintain your privacy, do not throw this document in the trash. If you do not wish to keep this document for your records, please shred or otherwise securely dispose of your copy. If you are not the intended recipient, please destroy this document and report it to the physician's office named above.

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<http://rsfhapp.ecw.carealliance.com/mobiledoc/jsp/catalog/xml/printVisitSummary.jsp?enco...> 6/3/2022

WANDJI, SERGE DOB: [REDACTED] Acc No. 00007091903

to Dr. Patrick Steel at Roots Psychological Associates in Columbia, SC; fax (803)764-0193.

Smoking Status

- nonsmoker

Your Next Appointment(s)

- Thu, 14 Jul 2022 at 11:00 AM with James Fayssoux MD at RSFPP Primary Care AIIM 615 WESLEY DR SUITE 200 CHARLESTON, SC 29407-7251 Phone: 843-571-6880 (Reason: 6 WEEK FOLLOW UP)

Summary of Today's Visit for - WANDJI, SERGE [REDACTED] Account No: 00007091903 MRN: HNE1428912252
RSFPP Primary Care AIIM 615 WESLEY DR SUITE 200 CHARLESTON, SC 29407-7251 843-571-6880
Summary generated by eClinicalWorks (www.eclinicalworks.com)
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<http://rsfhapp.ecw.carealliance.com/mobiledoc/jsp/catalog/xml/printVisitSummary.jsp?enco...> 6/3/2022



APA # 41

Serge Wandji <sergewandji@gmail.com>

Resignation Letter!

1 message

Serge Wandji <sergewandji@gmail.com>
To: kjenkins@tccada.state.sc.us

Thu, Jun 16, 2022 at 1:27 AM

To : Mrs. Kayla Jenkins
Director of Nursing

+ 56 - p 300

Date: June 16, 2022

Dear Mrs. Jenkins,

Please accept this as my formal resignation from my position as a registered nurse (RN) at the Tri-County Commission on Alcohol and Drug Abuse (TCCADA), William J. McCord Adolescent Treatment Facility in Orangeburg South Carolina. For personal health and personal safety reasons, I have made the decision to resign in order to take better care of myself and my health situation.

Should you have a need for coverage this weekend, then I am willing to put in extra effort despite my condition, to help out until Monday morning June 20, 2022 at 7:00 A.M. If you do not need my help, then I will either mail in my keys, or drive to the office in Orangeburg, on Friday 17, 2022 to return my keys in person.

I would like to thank you for the opportunity to provide nursing care to your vulnerable patients population, and I truly wish your treatment center continued growth and success in the future.

Sincerely,

Serge Wandji, RN

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APA # 42

Serge Wandji <sergewandji@gmail.com>

Acceptance Letter of Resignation

1 message

Kayla Jenkins <kjenkins@tccada.state.sc.us>

Thu, Jun 16, 2022 at 10:23 AM

To: "sergewandji@gmail.com" <sergewandji@gmail.com>

Confidentiality Notice: This email and any attached files may contain confidential health information that is legally privileged in accordance with the Health Insurance Portability and Accountability Act of 1996 and 42 CFR Part 2. The information contained in this message and any attached document(s) is intended only for the personal and confidential use of the designated recipient(s). The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to secure the received document(s). The recipient is also required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient (or an agent responsible for delivering these documents to the intended recipient), you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this email (including attachments) or the information contained therein is strictly prohibited. If you have received this communication in error, please notify the sender immediately by replying to this message and delete this email and any attachments from your computer.

 **Acceptance Resignation Letter- S. Wandji.docx**
14K

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June 16, 2022

William J. McCord Adolescent Treatment Facility

910 Cook Road

Orangeburg, SC 29118

(803) 536-4900

Kayla Jenkins, RN

Director of Nursing

Administrative Dept.

Dear Mr. Serge Wandji,

This letter is to acknowledge and confirm the receipt and acceptance of your letter of resignation, received on Thursday, June 16, 2022 for the Weekend PM Registered Nurse position at TCCADA, effective immediately.

Please be sure to return all company-owned property by Monday, June 20, 2022, including keys and company ID badge. These items can be returned to the Human Resource office during normal business hours.

It has been a pleasure working with you. I am truly sad to see you leave but I respect and understand your decision. Tri-County Commission on Alcohol and Drug Abuse (TCCADA) wishes you the best. Thank you for all you've done.

Sincerely,

Kayla Jenkins, RN

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WANDJI, SERGE DOB: [REDACTED]

07/14/2022

No. 00007091903 DOS:

**WANDJI, SERGE**Account Number: 00007091903
35 FOLLY RD BLVD, CHARLESTON, SC 29412

Home: 678-612-9649

Guarantor: WANDJI, SERGE Insurance: BCBS STATE
HEALTH PLAN

Appointment Facility: RSFP Primary Care APTM

07/14/2022

Progress Notes: James Fayssoux MD

Reason for Appointment

1. 6 WEEK FOLLOW UP
2. DEP: COLO

History of Present Illness

Serge comes back in today for routine follow-up. His home cardiac monitor results were completely unremarkable. He did have very infrequent PVCs and PSVCs. He is in the process of changing jobs so that he can work during the day. He felt like some of his mild cognitive issues have been more problematic while working at night. He still feels that he is unable to work 12 hour shifts effectively. He is trying to find a nursing related teaching role. He has been starting back on some aerobic exercise and light resistance training really without any limitations. He has not had any exertional chest discomfort or dyspnea. His home blood pressure readings have been under excellent control. We reviewed his labs today in detail. He does have a prediabetes range A1c and we talked about managing this with regular exercise, weight control, and dietary discretion.

Current Medications**Taking**

- HydroCHLORothiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
- Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Hemorrhoids
Covid 19
HTN.

Surgical History

No Surgical History documented.

Family History

Father: deceased
Mother: deceased
Brother(s): alive
Sister(s): alive
Son(s): alive
1 brother(s), 1 sister(s) - healthy. 1 son(s) healthy.

Social History**Tobacco Use:**

Tobacco Use/Smoking
Are you a nonsmoker
Tobacco cessation

Progress Note: James Fayssoux MD 07/14/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

http://rsfhapp.ecw.caralliance.com/mobiledoc/jsp/catalog/xml/printMultipleChartOptions 10/7/2022

Patient: Serge Wandji **Event Monitoring**

Patient Summary

Date of Birth [REDACTED] Sex Male
Patient ID b008bf046fa6 Pacemaker No

Primary Indication
R00.2 Palpitations

Clinician Summary

Analysis by L. Hagler, CCT Institution Healthcare Associates in Internal Medicine

Interpreted by -- Ordered by Dr. James Fayssoux

Report Summary

Recording Length 13d 22h 23min Analysis Length 13d 21h 51min
From 06/09/2022 To 06/17/2022

Date of Analysis 06/21/2022 Noise Burden 0.16%

Heart Rate

Max	Min	Average
172bpm	47bpm	71bpm
06/15/2022	06/11/2022	
06:13:04 pm	04:27:54 pm	

Ectopics

Premature Supraventricular Complexes

PSVC Count	Isolated Count	Couplets
193 (0.01%)	193 (0.01%)	--

Premature Ventricular Complexes

PVC Count	Isolated Count	Morphologies
1,927 (0.13%)	1,927 (0.13%)	1
Couplets	Bigeminy	Trigeminy
--	--	--

Patient Events Paced Beats

Count	Count
5	--

VitalConnect
224 Airport Parkway
Suite 300
San Jose, CA 95110
TEL: 1-800-219-3000



Afib / Flutter

Burden	Longest Episode	Max HR
--	--	--

Representative Strip: None

Other SVT

Count	Longest Episode	Max HR
--	--	--

Representative Strip: None

Pause

Count	Longest RR
--	--

Representative Strip: None

AV Block

Type
--

Representative Strip: None

VT

Count	Longest Episode	Max HR
--	--	--

Representative Strip: None

Technician Findings

The patient was monitored for a total of 13d 22h, underlying rhythm is Sinus. The minimum heart rate was 47 bpm; the maximum 172 bpm; the average 71 bpm. 0 % of Atrial fibrillation/Atrial flutter with longest episode of 0 ms.

-- AV block with 0 %

There were 0 pauses, the longest pause was 0 ms at --.

0 episodes of VT were found with Longest VT at 0 s.

0 supraventricular episodes were found. Longest SVT Episode 0 s

There were a total of 1927 PVCs with 1 morphologies and 0 couplets. Overall PVC Burden at 0.13 %

There were a total of 193 PSVCs with 1 morphologies and 0 couplets. Overall PSVC Burden at 0.01 %

There is a total of 5 patient events.

Physician Findings

Signature

ed112e28Q

© 2022 CardDiags Technologies

CardDiags
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Page 1 of 17

WANDJI, SERGE DOB: [REDACTED] Acc No. 00007091903

**Summary of Today's Visit**

WANDJI, SERGE DOB: [REDACTED]

Account No 00007091903 MRN

HNE1428912252

Sex: Male

Race: Other Race

Ethnicity: Refused to Report

Preferred Language: English

07/14/2022 visit with James Fayssoux MD

Vitals

- Ht 71 (in)
- Wt 228 (lbs)
- Wt Change 4 lb
- BMI 31.80 (Index)
- BP 145/94 (mm Hg)
- RR 18 (/min)
- Pulse Sitting 57
- Oxygen saturation 98 (%)

Allergies

- N.K.D.A.

Medication List

- Refill hydroCHLORothiazide : 25 MG 1 tablet in the morning Orally once a day, 90 DAYS ,90 Tablet , Refills: 3
- Refill Losartan Potassium : 100 MG 1 tablet Orally once a day, 90 DAYS ,90 Tablet , Refills: 3

Notes:

His long-term recovery is actually gone quite well. He has been unable to find a new job and seems to be doing well. He still has some symptoms that are suggestive of mild PTSD after suffering respiratory failure in the setting of severe Covid 19. Still talking to his counselor on a fairly regular basis.

See above.

See above.

He does admit to being nervous today and this is been an issue for him in the past. He uses a manual cuff to check his blood pressure at home and his readings have all been acceptable so do not feel that any change in intervention needs to be made today.

Stable.

Recent B12 levels within normal limits.

Recent vitamin D levels within normal limits.

Summary of Today's Visit for - WANDJI, SERGE [REDACTED] Account No: 00007091903 MRN: HNE1428912252
RSFPP Primary Care AILM 615 WESLEY DR SUITE 200 CHARLESTON, SC 29407-7251 843-571-6880
Summary generated by eClinicalWorks (www.eclinicalworks.com)

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<http://rsfhapp.ecw.carealliance.com/mobiledoc/jsp/catalog/xml/printVisitSummary.jsp?enc=71147022>

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APA # 44

AFTER VISIT SUMMARY

Serge Wandji DoB [REDACTED]



11/18/2022 12:00 PM Primary Care - Wesley Dr. Suite 200 843 571 6880

Instructions from Dr. James E Fayssoux, MD



Referrals made today

MRI Lumbar Spine Without Contrast
MRI Cervical Spine Without Contrast



Return in about 4 weeks

(around 12/16/2022) for Office Visit

What's Next

DEC
16
2022

Office Visit with Dr. James E Fayssoux, MD
Friday December 16 11:15 AM

Primary Care - Wesley Dr. Suite 200
615 WESLEY DRIVE
SUITE 200
CHARLESTON SC
29407-7251
843-571-6880

JAN
5
2023

Physical with Dr. James E Fayssoux, MD
Thursday January 5 12:30 PM

If this is a sports or school physical please bring the physical form with you

Primary Care - Wesley Dr. Suite 200
615 WESLEY DRIVE
SUITE 200
CHARLESTON SC
29407-7251
843-571-6880

Today's Visit

You saw Dr. James E Fayssoux, MD on Friday November 18, 2022 The following issues were addressed:

- Essential hypertension
- Vitamin B12 deficiency
- Vitamin D deficiency
- Reactive depression (situational)
- COVID-19
- Lumbar back pain with radiculopathy affecting left lower extremity
- Cervical pain (neck)



Blood Pressure
127/80



BMI
31.52



Weight
226 lb



Height
5' 11"



Pulse
73



Respiration
16



Oxygen Saturation
97%

Additional Information about your Body Mass Index (BMI)

Your BMI as listed above is considered obese (30 or more). BMI is an estimate of body fat, calculated from your height and weight. The higher your BMI, the greater your risk of heart disease, high blood pressure, type 2 diabetes, stroke, gallstones, arthritis, sleep apnea, and certain cancers. BMI is not perfect. It may overestimate body fat in athletes and people who are more muscular. Even a small weight loss (between 5 and 10 percent of your current weight) by decreasing your calorie intake and becoming more physically active will help lower your risk of developing or worsening diseases associated with obesity.

Learn more at: http://www.nhlbi.nih.gov/health/educational/lose_wt/

Screening Information

Your response on the Depression Screen - Patient Health Questionnaire (PHQ) is normal. No further evaluation is required other than repeat screening in one year or as needed

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Serge Wandji (6/1/1968) (MRN: 3150529) • Printed at 11/18/2022 12:38 PM

Page 1 of 3 Epic

APA 45

Wandji, Serge

MRN: 3150529

Office Visit 1/5/2023

Provider: James E Fayssoux, MD (Internal Medicine)

Primary Care - Wesley Dr. -
Suite 200Primary diagnosis: Physical exam, annual
Reason for Visit: Annual Exam

Progress Notes

James E Fayssoux, MD (Physician) • Internal Medicine

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- Annual Exam

*Pt still experiencing numbness in L leg**Discuss rx for prednisone*

HISTORY OF PRESENT ILLNESS:

Mr. Wandji is a [REDACTED] male who presents today for yearly physical. He continues to have a multitude of issues which have followed an episode of COVID-19 pneumonia that occurred sometime back. Please refer to old notes related to the timing of his COVID-19 infection which was initially complicated by severe though transient hypoxemic respiratory failure. Those old notes also clearly delineate issues that he has had related to both his initial infection and long-term issues which are entirely consistent with "long COVID". Recently he was having some neck and back discomfort and definitive imaging via MRI revealed at least one concerning cervical lesion and 1 concerning lumbar lesion for which she has been recommended to undergo epidural spinal actions. Physical therapy has also been recommended and he plans to pursue this course of treatment. He has had diffuse and nonspecific musculoskeletal complaints which are assuredly related to long-term COVID-19 complications. He still has issues with generalized fatigue, neurocognitive issues primarily manifest by forgetfulness, difficulty concentrating, diminished executive functioning, difficulties with memory and recall, and occasional confusion. These were so noticeable that they gave him pause related to returning to bedside nursing. He has persistent loss of smell but fortunately has regained his sense of taste for the most part. He has felt some occasional or intermittent palpitations. On a positive note he has been able to resume a fairly regular and not vigorous walking regimen still able to do push-ups. He also has reactive/situational depression this as well. He has had active therapy through Roots Psychological Associates and followed with James Stewart Courtney for regular psychological counseling. We did review the score on his depression screening tool today though he has had elevated scores in the past. He has not had any psychotic symptomatology or suicidal ideation and reassures me that he would call should any of these develop. He remains resistant to treatment with antidepressant therapy which is actually probably quite reasonable. He also has clearly recognizable posttraumatic stress disorder related to his initial illness and respiratory failure. His blood pressure has been under good control.

PHQ:

PHQ-9

1/5/2023

Little interest or pleasure in doing things	3
Feeling down, depressed, or hopeless	3
Trouble falling or staying asleep, or sleeping too much	2
Feeling tired or having little energy	3

Page 76

Poor appetite or overeating 3
Feeling bad about yourself - or that you are
a failure or have let yourself or your family
down 3
Trouble concentrating on things, such as
reading the newspaper or watching
television 3
Moving or speaking so slowly that other
people could have noticed. Or the opposite
- being so fidgety or restless that you have
been moving around a lot more than usual 3
Thoughts that you would be better off
dead, or of hurting yourself in some way 1
PHQ-2 Score 6
PHQ-9 Total Score 24
If you checked off any problems, how
difficult have these problems made it for
you to do your work, take care of things at
home, or get along with other people? 2

CURRENT MEDICATION LIST:**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• meloxicam (MOBIC) 7.5 MG tablet	Take 1 tablet by mouth 2 times daily	60 tablet	5
• hydroCHLORothiazide (HYDRODIURIL) 25 MG tablet	1 tablet in the morning Orally Once a day for 90 DAYS		
• losartan (COZAAR) 100 MG tablet	1 tablet Orally Once a day for 90 DAYS		

No current facility-administered medications for this visit.

ALLERGIES:

No Known Allergies

HISTORY:**Past Medical History:****Diagnosis**

- Depression

[REDACTED]

Date

History reviewed. No pertinent surgical history.

Social History

Socioeconomic History

Page 79

- Marital status: Unknown
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Never
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

Family History

Problem

- No Known Problems
- No Known Problems
- No Known Problems

Relation

Sister
Brother
Son

Age of Onset

REVIEW OF SYSTEMS:

Constitutional: negative

Eyes: negative

Ears, nose, mouth, throat and face: negative

Respiratory: negative

Cardiovascular: negative

Gastrointestinal: negative

Genitourinary: negative

Integument/breast: negative

Hematologic/lymphatic: negative

Musculoskeletal: negative

Neurological: negative

Behavioral/Psych: negative

Endocrine: negative

PHYSICAL EXAM:

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**Vital Signs -
Visit Vitals**

BP 134/86 (Site: Left Upper Arm)
Temp 98.7 °F (37.1 °C)
Resp 16
Ht 5' 11" (1.803 m)
Wt 231 lb 8 oz (105 kg)
SpO2 98%
BMI 32.29 kg/m²

Body mass index is 32.29 kg/m².

General Appearance: awake, alert, oriented, in no acute distress and well developed, well nourished

Skin: No rashes or abnormal skin lesions

Head/face: Normocephalic and atraumatic

Eyes: PERRL, EOMI, and Sclera nonicteric

Ears: canals and TMs NI

Nose/Sinuses: Nares normal. Septum midline. Mucosa normal. No drainage or sinus tenderness.

Mouth/Throat: Mucosa moist. No lesions. Pharynx without erythema, edema or exudate.

Neck: Supple without masses, thyromegaly, carotid bruits.

Back: Without abnormalities

Lungs: Normal expansion. Clear to auscultation. No rales, rhonchi, or wheezing.

Heart: Heart sounds are normal. Regular rate and rhythm without murmur, gallop or rub.

Abdomen: Soft, non-tender, normal bowel sounds. No bruits, organomegaly or masses.

Extremities: Extremities warm to touch, pink, with no edema. and pulses present in all extremities

Musculoskeletal: Range of motion normal in hips, knees, shoulders, and spine.

Peripheral Pulses: Pulses: radial=4/4, femoral=4/4, popliteal=4/4, dorsalis pedis=4/4, posterior ti

Neurologic: Gait normal. Reflexes normal and symmetric. Sensation grossly intact.

LABS

No results found for this visit on 01/05/23.

No results found for any previous visit.

IMPRESSION/PLAN**1. Lumbar back pain with radiculopathy affecting left lower extremity**

Tentatively scheduled for both cervical and her epidural spinal injections and physical therapy thereafter. He recently met in the neuro spine clinic where these recommendations were made

2. Cervical pain (neck)

See above. We discussed adding a nonsteroidal anti-inflammatory medication and cautioned him to follow his blood pressure after the addition of this intervention.

3. Essential hypertension

Blood pressure appears to be under good control on combination of losartan and hydrochlorothiazide.

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4. Vitamin B12 deficiency

Continue oral B12 replacement.

5. Vitamin D deficiency

Continue vitamin D3 replacement.

6. Reactive depression (situational)

He remains resistant to treatment with antidepressant medications which is probably reasonable because his depression objectively does not seem any worse than previously noted. He still has active counseling which is probably adequate long-term therapy at this juncture. He is also actively participating in an international long COVID support group via Internet which is hosted in France.

7. Physical exam, annual

See above.

- Cbc With Auto Differential; Future
- Comprehensive Metabolic Panel; Future
- Lipid Panel; Future
- TSH 3RD GENERATION (LABCORP DEFAULT); Future
- Hemoglobin A1C; Future

8. Prediabetes

Will continue to follow A1c readings.

- Hemoglobin A1C; Future

9. Long COVID

Treatment in this regard will remain supportive. He would probably benefit from enrolling in a long COVID research study which could probably be undertaken in Columbia South Carolina through the medical school there.

Follow up and Dispositions:

Return in about 6 weeks (around 2/16/2023) for Office Visit.

James E Fayssoux, MD

Instructions

 Return in about 6 weeks (around 2/16/2023) for Office Visit.

AVS (Printed 1/5/2023)

Additional Documentation

Vitals: BP 134/86 (Site: Left Upper Arm) Temp 98.7 °F (37.1 °C) Resp 16 Ht 5' 11" (1.803 m)
Wt 231 lb 8 oz (105 kg) SpO2 98% BMI 32.29 kg/m² BSA 2.29 m²

Flowsheets: Patient Health Questionnaire - 9, Calorie Assessment

Communications

1 A Georgia. New Jersey.
 2 Q Anywhere else?
 3 A That's all I can recall now.
 4 Q Did you work in New Jersey?
 5 A I was a student at Seton Hall University.
 6 Q Okay. Did you work in New Jersey, though,
 7 after you completed Seton Hall?
 8 A I don't remember.
 9 Q What kind of grades did you make in school?
 10 A That I can't tell you. I don't remember. My
 11 employer that you represent has my transcript. They
 12 have the transcript from Seton Hall. It will tell you.
 13 Q And it's your testimony that you don't
 14 remember your grades?
 15 A Yes, I don't remember that.
 16 Q Okay. Have you ever been arrested or
 17 convicted of any crimes?
 18 A No, sir.
 19 Q You remember that, aye?
 20 A Was that a question, sir?
 21 Q Yeah, you remember that you haven't been
 22 arrested?
 23 A I've never been arrested.
 24 Q Okay. Are you sure?
 25 A Sir, I have never been arrested.

1 Q Okay. And you're sure about that; is that
 2 correct?
 3 A (No response.)
 4 Q I just want to make -- you haven't remembered
 5 a lot. I want to make sure that your memory is good
 6 about your arrest record.
 7 A Sir, I have never been arrested.
 8 Q Okay. Have you ever been treated for alcohol
 9 or drug abuse?
 10 A No.
 11 Q Have you ever been treated for any
 12 psychiatric or psychological problems?
 13 A I received counseling for PTSD.
 14 Q I'm sorry?
 15 A I have received counseling for PTSD when I
 16 was hospitalized for my COVID. When I got COVID at the
 17 hospital, I was hospitalized myself. And I received
 18 PTSD for the problems that I went through when I got
 19 COVID 19.
 20 Q Who treated you for PTSD?
 21 A I received counseling at the hospital by
 22 Dr. West when I was hospitalized for my COVID 19 at the
 23 Regional Medical Center in Orangeburg.
 24 Q Okay. And how long did you receive
 25 counseling?

1 A During my stay at the hospital?
 2 Q Yes.
 3 A (No response.)
 4 Q When were you hospitalized?
 5 A I think September. September. September 6.
 6 My memory is good. September 6 of 2021, I was
 7 hospitalized for COVID 19 --
 8 Q All right.
 9 A -- at my employer that you represent. The
 10 Regional Medical Center, that's where I went to my
 11 hospital.
 12 Q All right. Now, you have filed this workers'
 13 compensation claim. Why have you filed a claim?
 14 A Why?
 15 Q Yes, sir.
 16 A Because I got infected at the hospital.
 17 Q Okay. Let's talk about that a little bit.
 18 So what date do you claim that you were infected?
 19 A On the 22nd. August 22nd.
 20 Q Okay. That's the date that you claim that
 21 you were infected?
 22 A I worked a 12-hour shift. On August 22nd, I
 23 worked 12-hour shift, the day.
 24 Q And --
 25 A I took -- I was off. I came back on the

1 24th, August 24th, 2021. I work another 12-hour shift.
 2 On the 25th, an outbreak of COVID was discovered on
 3 my unit. Half of the patients on that unit tested
 4 positive for COVID. It was a spread outbreak of COVID
 5 August 26th. On the 26th, I started having symptoms
 6 myself at home. I was off.
 7 Q All right. Let's back up a little bit.
 8 A COVID --
 9 Q I need to ask a question, okay?
 10 A I am answering your question. You are
 11 interrupting me, sir.
 12 Q No, I asked you the date that you were
 13 infected, and you told me August 22, 2021; is that
 14 correct?
 15 A Nobody except God can tell exactly what day a
 16 person was infected. Do you understand? No doctor, no
 17 nurse, no lawyer, no human being can tell exactly what
 18 date, what time somebody was infected with COVID. Do
 19 you understand?
 20 Q Okay. And prior to August 22 --
 21 A Sir, I am trying to answer your question to
 22 give you more elements, but you keep interrupting me.
 23 Q No, you asked me a question, and I'm the one
 24 asking you the questions. Do you understand that?
 25 A When you ask your question, will you give me

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APA # 41

TRASK
HOWELL
WORLDWIDE COMPENSATION DEFENSE

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

December 13, 2022

Via Certified Mail

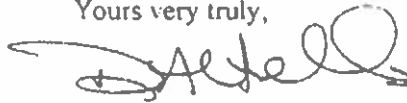
Serge Wandji
P.O. Box 523
Columbia, SC 29115

Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Mr. Wandji:

Enclosed please find a list of all employees at the Regional Medical Center testing positive for Covid-19 during the month of August 2021.

Yours very truly,



Roy A. Howell, III

RAHIII/mbm/lth

Enc.

cc: Sandra Axson, Antum Risk (w/ enc.) (via upload only)
Jonathan Vallentine, The Regional Medical Center (w/ enc.) (via email only)

763 JOHNNIE DODDS BLVD. | P.O. BOX 2167
P 843.881.4228 F 843.881.8784



MT. PLEASANT, SOUTH CAROLINA 29465
www.TRASK-HOWELL.com

3842-4181-elt covid pos emp 8.21

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Last Name	First Name	Department	Date Tested	Results	Location Where Swabbed
		PCU	8/1/2021		Swabbed Outside of RMC
		PCU	8/2/2021		RMC-Employee Health
		PCU	8/2/2021		RMC-Employee Health-ED
		DAI	8/3/2021		RMC-Employee Health
		4 West	8/3/2021		RMC-Employee Health
		Recovery Room	8/4/2021		RMC-Employee Health
		SCOI	8/5/2021		RMC-Employee Health
		Float Pool	8/5/2021		RMC-Employee Health
		ED	8/9/2021		RMC-Employee Health
		BBEMC Registration	8/9/2021		RMC-Employee Health
		BBEMC-Guest Assistant	8/9/2021		RMC-Employee Health-BBEMC
		Administration	8/10/2021		Swabbed Outside of RMC
		Cancer Center	8/10/2021		RMC-Employee Health
		Dietary	8/10/2021		RMC-Employee Health
		Resource Management	8/12/2021		RMC-Employee Health
		Insurance Specialist	8/12/2021		Swabbed Outside of RMC
		IT	8/13/2021		RMC-Employee Health
		IT	8/13/2021		RMC-Employee Health
		DAI	8/13/2021		Swabbed Outside of RMC
		Utilization Review	8/16/2021		RMC-Employee Health
		Cancer Center	8/16/2021		RMC-Employee Health
		Float Pool	8/16/2021		Swabbed Outside of RMC
		Emergency Room	8/16/2021		Swabbed Outside of RMC
		OR	8/18/2021		RMC-Express Care
		Dietary	8/19/2021		RMC-Employee Health
		4W	8/19/2021		RMC-Employee Health
		ICU	8/19/2021		RMC-Employee Health
		Her Place	8/19/2021		Swabbed Outside of RMC
		Security	8/20/2021		RMC-Employee Health-ED
		Pharmacy	8/20/2021		RMC-Employee Health
		Pharmacy	8/20/2021		RMC-Employee Health-ED
		ICU	8/23/2021		RMC-Employee Health
		OR	8/23/2021		RMC-Employee Health
		HIM	8/23/2021		RMC-Employee Health
		Dietary	8/23/2021		RMC-Employee Health
		HIM	8/23/2021		RMC-Employee Health
		ICU	8/23/2021		Swabbed Outside of RMC
		Engineering	8/24/2021		RMC-Employee Health
		Emergency Department	8/26/2021		RMC-Employee Health
		SCOI	8/27/2021		RMC-Employee Health
		BHU	8/27/2021		RMC-Employee Health
Wandji	Serge	BHU	8/27/2021		RMC-Employee Health

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		BBEMC	8/28/2021		RMC-Employee Health-BBEMC
		Engineering (contractor)	8/30/2021		RMC-Employee Health
		PCU	8/30/2021		RMC-Employee Health
		PCU	8/30/2021		RMC-Employee Health
		BHU	8/30/2021		RMC-Employee Health-ED
		ICU	8/31/2021		RMC-Employee Health

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APA # 48

**TRASK
HOWELL**
WORKERS' COMPENSATION DEFENSE

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

November 23, 2022

UPLOAD ONLY

Commissioner T. Scott Beck
S.C. Workers' Compensation
133 Main Street, Suite 500
Columbia, SC 29202-1715

+ 63
P. 316

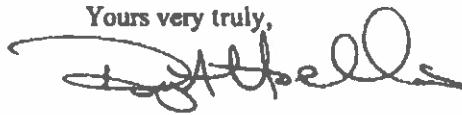
Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Commissioner Beck:

Enclosed please find a Pre-Hearing Brief with regard to the above-named matter, which is scheduled for a hearing on December 6, 2022.

By Proof of Service to the Claimant, I am notifying him that I have submitted the Brief, and I am providing him with copies of the medicals and documents that will be submitted at the time of the hearing to be made a part of the record in the case under the Administrative Procedures Act.

Yours very truly,



Roy A. Howell, III

RAHIII/mbm/lth
Enc.

cc: Sandra Axson, Antum Risk (w/enc.) (via upload only)
Jonathan Vallentine (w/ enc.) (via email only)
Serge Wandji (w/enc.) (via certified mail and via email)

763 JOHNNIE DODDS BLVD. | P.O. BOX 2167
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MT. PLEASANT, SOUTH CAROLINA 29465
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3842418N-P71B

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(4) Facts in Controversy:

The Claimant worked in the Behavioral Health Unit (BHU) at the Regional Medical Center (RMC). The records reflect that every patient in BHU tested negative for Covid-19 prior to being allowed admission into the unit. In addition, all staff were required to wear N-95 masks when interacting with patients in BHU. It is reasonable to believe that someone other than a patient brought the virus into the unit, given the testing protocols. The Defendants believe that the Claimant was likely the individual who exposed others in BHU considering the timing of events.

On August 16, 2022, the Claimant presented to Employee Health Services and demanded to be tested for Covid-19. Witnesses will testify that he reported a possible Covid-19 exposure outside the hospital. While the Claimant tested negative at the time, he was still presumably in the window of time in which it was too early to test positive.

The Claimant worked in BHU on August 22, 2022. The first report of Covid-19 symptoms by a patient in BHU was on August 24, 2022. The first positive test was also on August 24, 2022. When the Claimant first reported his symptoms to RMC, he said his symptoms began on August 23, 2022, which is just 7 days after he first requested a Covid test. The Claimant tested positive for Covid-19 on August 27, 2022.

The Claimant filed a Form 50 alleging an "injury" or "illness" under the Workers' Compensation Act because he tested positive for Covid-19. Covid-19, like any other Coronavirus disease (e.g., swine flu), is unfortunately one of the ordinary diseases of life for which more than 1.74 million South Carolinians (more than 32% of the population) have tested positive. However, to be entitled to benefits under the Act, the Claimant must not only prove that his work in the BHU, with its stringent testing protocols, placed him at an increased risk of exposure to Covid-19, but also that he sustained a compensable "injury by accident arising out of and in the course of his employment." When that alleged injury is "a disease in any form," the Claimant has a heightened burden of proving that the disease either "results naturally and unavoidably from the accident" under S.C. Code Ann. § 42-1-160(A), or that it otherwise meets the requirements of S.C. Code Ann. § 42-11-10.

Regardless, the Claimant must prove to a reasonable degree of medical certainty that his exposure to Covid-19 actually occurred "naturally and unavoidably from [an] accident at work." Only by resorting to pure, impermissible, speculation could the Commission make such an affirmative finding. Based upon all the above, the Defendants deny that the Claimant is entitled to any benefits under the Act.

(5) Legal Issues Involved:

The Defendants deny the Claimant's Covid-19 disease resulted naturally and unavoidably from an accident arising out of or in the course of his employment and therefore, deny he is entitled to workers' compensation benefits pursuant to S.C. Code Ann. § 42-1-160(A).

The Defendants deny the Claimant's Covid-19 disease qualifies as an "occupational disease" under S.C. Code Ann. § 42-11-10 because it did "not result directly and naturally from

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APA # 49

Regional Medical Center SC

Name: WANDJI, SERGE RAQUL
MRN: 617171
Encounter: 2000026648

Admit Date: 9/8/2021
Discharge Date:
Attending: Kaleka, Preetinder K MD

Discharge Documentation

What to do next

Follow Up Appointments

Follow Up with Follow up
with Primary Care Provider
When Within 1 week

Where:

Equipment Upon Discharge

Home Equipment, Anticipated -
None

Education Materials

Viral Syndrome (Adult)

Patient education: Coronavirus disease 2019 (COVID-19) overview (The Basics)

Written by the doctors and editors at UpToDate

What is COVID-19? COVID-19 stands for "coronavirus disease 2019." It is caused by a virus called SARS-CoV-2. The virus first appeared in late 2019 and quickly spread around the world.

People with COVID-19 can have fever, cough, trouble breathing, and other symptoms. Problems with breathing happen when the infection affects the lungs and causes pneumonia.

How is COVID-19 spread? The virus that causes COVID-19 mainly spreads from person to person. This usually happens when an infected person coughs, sneezes, or talks near other people. The virus is passed through tiny particles from the infected person's lungs and airway. These particles can easily travel through the air to other people who are nearby. In some cases, like in indoor spaces where the same air keeps being blown around, virus in the particles might be able to spread to other people who are farther away.

The virus can be passed easily between people who live together. But it can also spread at gatherings where people are talking close together, shaking hands, hugging, sharing food, or even singing together. Eating at restaurants raises the risk of infection, since people tend to be close to each other and not

Regional Medical Center SC

Name: WANDJI, SERGE RAQUL
MRN: 617171
Encounter: 2000026648

Admit Date: 9/6/2021
Discharge Date:
Attending: Kaleka, Preetinder K MD

Discharge Documentation

covering their faces. Doctors also think it is possible to get infected if you touch a surface that has the virus on it and then touch your mouth, nose, or eyes.

It is also possible for the virus to spread from an infected person to an animal, like a pet. But this seems to be uncommon. There is no evidence that a person could get the virus from a pet.

A person can be infected, and spread the virus to others, even without having any symptoms. This is why keeping people apart is one of the best ways to slow the spread.

What are the symptoms of COVID-19? Symptoms usually start 4 or 5 days after a person is infected with the virus. But in some people, it can take up to 2 weeks for symptoms to appear. Some people never show symptoms at all.

When symptoms do happen, they can include:

- Fever
- Cough
- Trouble breathing
- Feeling tired
- Shaking chills
- Muscle aches
- Headache
- Sore throat
- Problems with sense of smell or taste

Some people have digestive problems like nausea or diarrhea. There have also been some reports of rashes or other skin symptoms. For example, some people with COVID-19 get reddish-purple spots on their fingers or toes. But it's not clear why or how often this happens.

For most people, symptoms will get better within a few weeks. But a small number of people get very sick and stop being able to breathe on their own. In severe cases, their organs stop working, which can lead to death.

Some people with COVID-19 continue to have some symptoms for weeks or months. This seems to be more likely in people who are sick enough to need to stay in the hospital. But this can also happen in people who did not get very sick. Doctors are still learning about the long-term effects of COVID-19.

While children can get COVID-19, they are less likely than adults to have severe symptoms. More information about COVID-19 and children is available separately.

Am I at risk for getting seriously ill? It depends on your age and health. In some people, COVID-19 leads to serious problems like pneumonia, not getting enough oxygen, heart problems, or even death. This risk gets higher as people get older. It is also higher in people who have other health problems like serious heart disease, chronic kidney disease, type 2 diabetes, chronic obstructive pulmonary disease (COPD),

APA # 50

rmc

Regional Medical Center

DATE: August 6, 2021

TO: All Employees

SUBJECT: COVID & Other Updates at Regional Medical Center (RMC)

Numbers of COVID positive cases continue to rise across the country and within our state and surrounding areas. As of today, August 6, 2021, we have 12 COVID-19 patients in our hospital.

1. **Personal Protective Equipment (PPE)**

RMC currently has an adequate supply of all PPE. Please discard isolation gowns after each use for precaution patients.

2. **N-95 Masks**

- N-95 Masks are required to be worn by anyone who has contact with patients. Replacement masks are available on all units and from Employee Health or Nursing Supervisor. A new mask should be obtained daily or when your mask does not fit snugly to your face, the straps are broken or the mask is soiled.
- Employees should only wear the style/model of mask they have been fit tested for.
- Staff should continue to maintain social distancing and not congregate without masks in breakrooms, lounges, meetings, etc.

3. **Masking**

Masks are required to be worn while in the facility regardless of vaccination status. Surgical or cloth masks are required at all times for all staff outside of patient care areas. Staff in offices that have multiple individuals where social distancing cannot be achieved are required to wear a mask at all times. In addition to wearing a mask, a face shield is available if necessary. A face shield alone is not an acceptable replacement for a mask.

4. **Patient Care/Transport**

- When transferring patients, ensure that patient has mask on in the hallway.
- Use COVID elevator when transporting COVID patients.
- Negative pressure rooms have been completed in PCU, ICU and CCU.

5. **Virtual Meetings vs. In-Person Meetings**

RMC is transitioning back to virtual meetings. If meetings are in-person, adhere to social distancing, masks and hand hygiene.

"continued on next page"

6. Employee COVID Testing

Employees who are experiencing COVID-like symptoms need to CALL Employee Health at 803-395-2954. If there is no answer, please leave a message. Please do not present to the Employee Health Office.

Employee Health is currently collecting COVID swabs at 8:15 am, 11:00 am and 2:00 pm at the Same Day Surgery Entrance. COVID swabs cannot be collected in the Employee Health Office. Do not present to the Same Day Surgery entrance if you have not confirmed a time with Employee Health.

If you are needing a COVID swab due to symptoms, you will need to contact Employee Health at least 15 minutes prior to the above times, this allows time for Employee Health to obtain and enter the order, have the Employee registered and have supplies ready to meet you at the Same Day Surgery entrance to be swabbed.

7. Employee COVID Vaccination Records

Reminder: If you have received your COVID vaccine/vaccines at a facility other than RMC, please send Employee Health a copy of your vaccine record. If you received your vaccine In Employee Health or In the Private Dining Rooms, Employee Health already has your vaccine record.

8. Employee Vaccines

Reminder to RMC employees who wish to receive a COVID-19 vaccination to contact Employee Health Nurse Kelci Caruso at 803-395-2954 or ktcaruso@regmed.com by 12:00 noon on Wednesday to schedule an appointment for an Injection. Vaccines will be administered to employees on Fridays from 9:00 am-12:00 noon in the Employee Health Office. A 2nd dose will be provided at the appropriate time.

Note: According to the CDC, the 2nd dose of the Pfizer-BioNTech COVID-19 vaccine may be administered up to 6 weeks (42 days) after the 1st dose.

9. Community Vaccination Events

RMC Express Care | RMC Annex Building, Upper Level

Express Care administers the COVID-19 vaccine every Friday from 9:00 am until 1:00 pm as listed below:

- Pfizer-BioNTech vaccine available as 1st dose for those who are 12 years of age and older.
- Moderna vaccine available as 1st dose for those who are 16 years of age and older.
- Moderna and Pfizer-BioNTech vaccines are available as 2nd dose for all eligible.

No registration is required. Parental consent will be required for anyone under 18 years old. Bring ID. Vaccines, both first and second, will be administered on a first-come, first-serve, walk-in basis.

"continued on next page"

10. Visitation, RMC Entrance Usage and more

Guest Relations is asking for your help as RMC continues its journey toward doing business differently due to COVID-19 ramifications and RMC's pursuit of improved team member and customer perception.

Employees

- Employees are required use employee entrances, avoiding use of the Main Visitors' Entrance Lobby.
- The Main Visitors' Entrance Lobby or patient areas are not to be used for staff waiting for rides or break time.
- Food deliveries should not be dropped off at access areas (Info Desk/ ED Greeter Desk).
- Employees should not contact the operator for internal calls/transfers. It is advised to utilize the internal directory posted here on Merlin or Microsoft Outlook Address Book. For example, an Admitting employee should contact Patient Accounts directly excluding the operator.

Visitors and Guests

- Visiting Hours are 8:00 am-6:00 pm (Monday through Sunday) - subject to change.
- Front Main Visitors' Lobby Entrance Lobby doors open at 7:30 am.
- One visitor at a time is allowed in the patient room. This is subject to change and can be adjusted on a case-by-case basis in alignment with RMC's visitation policy.
- Patient Registration Entrance Lobby doors open at 6:00 am.
- Children under 12 must be accompanied by an adult, 18 years or older, at all times. The adult is responsible for the child's safety and welfare while visiting.
- Each visitor must have a visitor badge visible at all times and be able to independently navigate the medical center during their time on campus.
- The Patient Access registration areas and information desk provide visitor passes to all visitors. Badges will contain the current date and destination.
- Family members should not drop off food or clothing items to patient access areas (Info Desk/ ED Greeter Desk). Visitors will be given a pass to take clothing and items to patients.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 2118696

Serge Wandji,)
Claimant,)
v.)
The Regional Medical Center,)
Employer,)
and)
Self-Insured,)
Carrier/Defendants.)
-----)

DEPOSITION OF
DAVID SUTHERLAND

Monday, January 9, 2023
10:07 a.m. - 10:53 a.m.

The deposition of DAVID SUTHERLAND, taken on behalf of the Claimant at the Orangeburg Administrative Building, 3000 St. Matthews Road, Orangeburg, South Carolina, on the 9th day of January, 2023 before Travis McLeod, Certified Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / contact@creelreporting.com

APPEARANCES

Serge Wandji, Pro Se

Roy A. Howell, III, Esquire
Trask & Howell, LLC
763 Johnnie Dodds Boulevard #2
Mt. Pleasant, South Carolina 29464
Attorney for the Defendant

Also Present: Jonathan Vallentine

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EXHIBITS

Claimant's Exhibit Number 1	8
(Email To Ms. Norris From Mr. Wandji)	
Claimant's Exhibit Number 2	12
(List Of Employees Who Tested Positive For Covid)	
Claimant's Exhibit Number 3	15
(Medical Bills)	
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(Collection Letter)	
Claimant's Exhibit Number 4	17
(Letter From Doctor)	
Claimant's Exhibit Number 5	18
(Email To Mr. Howell From Mr. Burriss)	
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(Letter From Mr. Wandji)	
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(Termination Letter)	
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(Letter From Therapist)	



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STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

It is stipulated by and between counsel and the witness that the reading and signing of the following deposition be, and the same are, hereby waived.



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1 DAVID SUTHERLAND, having been duly sworn, deposes and
2 testifies as follows:

3 MR. SUTHERLAND - EXAMINATION BY MR. WANDJI:

4 Q: All right, good morning, sir.

5 A: Good morning.

6 Q: Can you please state your name for the record,
7 name and title?

8 A: My name's David Sutherland.

9 Q: And what's your position at this hospital, sir?

10 A: I'm the President and CEO of the hospital.

11 Q: Mr. Sutherland, you are under oath and I'm
12 going to ask you some questions and I'm
13 expecting an answer to each question. Your
14 lawyer, Mr. Howell, cannot help you answer the
15 question and he cannot answer for you either.
16 If you don't understand any of my questions
17 just say so and then I'm gonna repeat it. Do
18 you have any questions?

19 A: No.

20 Q: Okay. Can you identify who is in your
21 deposition room? Who is that man? (Indicating)

22 A: Who is this person right here? (Indicating)

23 Q: Yeah.

24 A: His name is Jonathan Vallentine. He's the
25 Director of our Human Resources Department.



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1 Q: So why is he here?

2 A: I don't know.

3 MR. SUTHERLAND: Why are you here, Jonathan?

4 MR. VALLENTINE: I'm here because I'm the keeper of
5 the record.

6 A: Okay.

7 Q: Does Mr. Jonathan understand that you are the
8 one being deposed and he cannot say a word
9 until I say so, until I give him the
10 authorization? Does he understand that?

11 A: Yeah.

12 MR. SUTHERLAND: You don't need to be saying
13 anything.

14 MR. HOWELL: He understands that he's just here to
15 observe.

16 Q: To observe. When did you become the CEO of
17 this hospital, sir?

18 A: I'm gonna take my mask off. I started my job
19 in May of 2021.

20 Q: Where were you before?

21 A: I was the Chief Operating Officer for three
22 hospitals in California with the Providence St.
23 Joseph Health System.

24 Q: What kind of education prepared you for this
25 job?



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1 A: I received a masters degree in healthcare
2 administration in 1988 from Trinity University
3 in San Antonio, Texas.

4 Q: Any certifications?

5 A: I'm sorry, I didn't ---

6 Q: Do you have any certifications?

7 A: I am certified as a -- with the American
8 College of Healthcare Executives as a fellow.

9 Q: Have you ever been fired at any leadership
10 role?

11 A: Have I ever been fired?

12 Q: Yes.

13 A: No, sir.

14 Q: In your different leadership roles, have you
15 ever been involved in any discrimination
16 complaints?

17 A: No.

18 Q: Since you took over this hospital, has any
19 employee filed any discrimination complaint?

20 MR. HOWELL: Objection, relevance. Don't answer.

21 Q: I'm still expecting a question -- an answer.

22 MR. HOWELL: Again, you said you were submitting
23 this into evidence at the hearing. So I'm
24 putting all my objections on the record. This
25 is a workers' compensation claim. It's not an



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1 employment or discrimination claim. I'm
2 telling him not to answer.

3 Q: I mean you can object. I'm still expecting an
4 answer. It's gonna be on the record.

5 A: Upon the advice of my attorney, I'm not going
6 to answer the question.

7 Q: There you go. That's an answer. Thank you.
8 Mr. Sutherland, do you care about your -- do
9 you personally care about your nurses in this
10 hospital?

11 A: Would you repeat the question?

12 Q: Do you care about them? Do you care about your
13 nurses?

14 A: I want to make sure I und- -- I'm gonna repeat
15 the question. Do I care about the nurses here
16 at this hospital?

17 Q: Yes.

18 A: Yes, I do care.

19 Q: How many staff member at this hospital has
20 filed for Covid related worker compensation
21 since the Covid?

22 A: I don't understand your question.

23 Q: How many staff members at this hospital have
24 filed for a worker compensation claim, Covid-19
25 related?



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- 1 A: I don't know the answer to that.
- 2 Q: Who knows in this hospital?
- 3 A: Well I'd have to check with my Human Resources
- 4 Department. But I'm not sure that -- I'm not
- 5 sure what the number is. I don't know how many
- 6 have or have not.
- 7 Q: Besides me, has anyone else filed any worker
- 8 compensation claim ---
- 9 A: I don't ---
- 10 Q: --- Covid related?
- 11 A: I don't know the answer to that.
- 12 Q: I have Exhibit 1 here. That's an email I sent
- 13 you, Mr. Sutherland, pleading for help. Why
- 14 did you ignore that email?
- 15 MR. HOWELL: Hold on. Let him mark it. He needs to
- 16 mark it as an exhibit first.
- 17 (Claimant's Exhibit Number 1 was marked for
- 18 identification purposes.)
- 19 A: So what was your question?
- 20 Q: My question was why did you ignore me?
- 21 A: I don't specifically remember reading it. But
- 22 if I did see it I referred it to our HR
- 23 Director and asked her to respond.
- 24 Q: I didn't receive any response from anybody from
- 25 this email. Why do you think that happened?



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1 A: I can't answer that question.
2 Q: Are you familiar, sir, with the Corona Virus
3 Aid Relief and Economic Security Care Act?
4 A: Sorry, repeat the question.
5 Q: Are you familiar with the Care Act, that's the
6 Corona Virus Aid Relief and Economic Security?
7 A: Yes, I'm aware that there's an act, yes. I
8 don't -- yes, I'm aware. Uh-huh.
9 Q: Did this hospital receive any special Covid-19
10 pandemic federal funding?
11 MR. HOWELL: Can you repeat the question?
12 Q: Did the hospital receive any funding from the
13 federal government for the Covid-19 pandemic?
14 MR. HOWELL: Objection, relevance, but you can
15 answer.
16 A: Yeah, I don't know exactly the total dollar
17 amount. They received funding prior to my
18 arrival. Prior to -- before I started they'd
19 received some funding.
20 Q: Okay. Did you receive any funding in 2021 from
21 the federal government connected to Covid-19?
22 MR. HOWELL: Objection, same objection, relevance.
23 A: We received, like I said before, funding from
24 the federal government. We received some
25 additional grant money from various agencies



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1 periodically. I don't recall the specific
2 amount. But over the past -- you know, I've
3 been here about 18 months, a little bit here
4 and there.

5 Q: As a recipient of the federal funding,
6 according to the Care Act, this hospital is
7 required to keep and submit periodic Covid-19
8 related reports and records at the federal
9 level. Is that correct?

10 A: I would have to review the requirements of the
11 Act. I don't know right off the top of my head
12 if that's accurate or not.

13 Q: Did this hospital comply with the federal
14 requirement?

15 MR. HOWELL: Objection, relevance.

16 Q: And state requirement of Covid-19 related
17 reporting?

18 MR. HOWELL: Objection, relevance.

19 A: You know, like I said before, I'm sure there
20 are reporting requirements. I'm not aware if
21 those have been completed or not. I have used
22 my Chief Financial Officer and her financial
23 accounting office to do all the appropriate
24 reporting, whether it's to the federal
25 government or to the state of South Carolina or



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1 to the county government.

2 Q: So let me get this right. You don't know
3 whether this hospital has been compliant with
4 the federal requirement of reporting Covid-19
5 reports?

6 MR. HOWELL: Objection, relevance.

7 A: I don't know the specific answer to that right
8 at this moment, that's correct.

9 Q: Which department then, at this hospital, would
10 be responsible for admitting that federal
11 requirement of reporting Covid data to the
12 federal government and the state government?
13 Which department in this hospital is
14 responsible for that?

15 MR. HOWELL: Objection, relevance.

16 A: It's my understanding most likely it would be
17 our Financial Department if it's related to
18 financial matters. If it's related to other
19 matters it would be another department.

20 Q: And how often you have to report that to the
21 federal government?

22 A: I don't know, I don't know.

23 Q: What's the name of the Financial Department
24 head at this hospital? Who would be the head
25 of that Department responsible to file that



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1 requirement from the federal government, Covid
2 related data?

3 MR. HOWELL: Objection, relevance.

4 MR. SUTHERLAND: You want me to answer that?

5 MR. HOWELL: You can answer it.

6 A: Since I have been here since May of 2021 we've
7 had several different Chief Financial Officers.
8 The current Chief Financial Officer, his name
9 is Dennis Pettigrew.

10 Q: Okay. Exhibit Number 2. This is the list I
11 received from you, from your attorney.

12 MR. HOWELL: Let him mark it.

13 (Claimant's Exhibit Number 2 was marked for
14 identification purposes.)

15 Q: He claims those are the staff members at this
16 hospital who were infected by Covid-19 in the
17 month of August of 2021. Exhibit 2.

18 A: So I'm not sure -- what is this? What is this?

19 Q: I received that from you, the Regional Medical
20 Center, through your lawyer. And it says in
21 the letterhead that that's the list of all
22 employees at the Regional Medical Center who
23 were infected and tested positive for Covid-19

24 ---

25 A: Okay.



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1 Q: --- in the month of August.

2 A: What this letter says is a list of all
3 employees at the Regional Medical Center
4 testing positive for Covid-19 during the month
5 of August. Just says they were tested
6 positive.

7 Q: It doesn't say -- what did you say? I didn't
8 hear you.

9 A: I'm just reading back the letter. It says the
10 enclosed please find a list of all employees at
11 the Regional Medical Center testing positive
12 for Covid-19 during the month of August 2021.

13 Q: Okay. That's what I received from you through
14 your lawyer. Is that correct?

15 A: I don't know. I don't know where you got this
16 from.

17 Q: The person who signed this ---

18 MR. HOWELL: We'll stipulate that we submitted that
19 to you in response to your subpoena, and we
20 received that document from the Regional
21 Medical Center. We'll stipulate to that.

22 MR. WANDJI: With all due respect, sir, you are not
23 the one being deposed. He's the one being
24 deposed. You can object. You cannot answer
25 any of my question. Do you understand.



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1 Q: This is my question again, sir. I received
2 that letter from the Regional Medical Center
3 through your lawyer in this case. My question
4 to you, sir, is is that the list, do you
5 confirm that's the list of all the employees at
6 the Regional Medical Center who tested positive
7 for Covid-19 in the month of August, the year
8 of 2021? That's the question.

9 A: If this came from our Employee Health
10 Department or from our HR Department it most
11 likely is accurate. But I personally have not
12 seen this. I personally did not send it to
13 you. I personally did not send this to our
14 attorney to forward to you.

15 Q: So you don't know who put that list together?

16 A: No, I do not.

17 Q: You don't. You cannot confirm that it came
18 from Employee Health?

19 A: I cannot confirm it -- I cannot confirm where
20 it came from.

21 Q: Do you know who put that list together?

22 A: No, I do not.

23 Q: Okay. Will you confirm that that list is
24 identical to the list that this hospital is
25 required to submit to the CDC every month in



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1 terms of the list of the staff members who
2 tested positive for Covid-19? Can you confirm
3 that this list is identical to the CDC list
4 that you submitted?

5 **MR. HOWELL:** Objection, relevance.

6 **A:** I cannot confirm that.

7 **Q:** Thank you. And you don't know who put that
8 list together?

9 **A:** No.

10 **Q:** Okay. This is Exhibit Number 3, Mr.
11 Sutherland. This is -- that's just some of the
12 bills that I received from the Regional Medical
13 Center. I was an employee here with the health
14 insurance. And when I got really sick this is
15 where I received my treatment for Covid-19. My
16 ques- -- Exhibit 3.

17 **(Claimant's Exhibit Number 3 was marked for**
18 **identification purposes.)**

19 **Q:** My question to you, sir, is since you received
20 special funding from the federal government for
21 Covid-19, why did this hospital bill me beyond
22 my health insurance coverage? Why did I
23 receive any bill after my health insurance
24 coverage?

25 **MR. HOWELL:** Objection, relevance.



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1 A: I don't -- I can't answer that.
2 Q: Why not?
3 A: I don't know why. I cannot answer your
4 question, I'm sorry.
5 Q: You don't know why I was billed beyond my
6 health insurance coverage, is that correct?
7 A: I do not work in billing and collections. I do
8 not work in insurance. So I don't know the
9 answer to your question.
10 Q: Exhibit 3a.
11 MR. HOWELL: It's gonna be what? I'm sorry.
12 MR. WANDJI: Exhibit 3a.
13 (Claimant's Exhibit Number 3a was marked for
14 identification purposes.)
15 Q: That's just an example of many collection
16 letter from debt collectors that I've been
17 receiving trying to collect money from me on
18 behalf of the Regional Medical Center following
19 my hospitalization for Covid-19. What do you
20 have to say about you sending a bill collector
21 to collect money from me?
22 MR. HOWELL: Objection, relevance.
23 A: I'm not sure I understand your question.
24 Q: My question is what do you have to say about
25 you sending debt collectors to get money from



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1 me following my hospitalization at this
2 hospital?

3 A: It's my understanding we have a standard
4 operating procedures so that when people that
5 do not pay their bills after a certain period
6 of time, then we refer them to an outside
7 agency that tries to collect the money for the
8 hospital.

9 Q: Thank you, sir. This is Exhibit Number 4.

10 (Claimant's Exhibit Number 4 was marked for
11 identification purposes.)

12 Q: Exhibit Number 4 is my medical note from my
13 primary care physician medically clearing me to
14 return to work after my hospitalization from
15 Covid-19. Mr. Suth- -- Suth- -- Sutherland.
16 I'm sorry. For more than a month after I
17 submitted this letter to this hospital, the
18 Regional Medical Center, this hospital
19 continued to refuse me to return to work
20 despite multiple attempts to resume work. Do
21 you approve that behavior of the Medical --
22 Regional Medical Center, treating an employee
23 like that? Do you approve that?

24 MR. HOWELL: Objection. Number one, the question
25 assumes facts not in evidence. You can answer.



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1 A: So can you give me a chance to read the letter?

2 Q: Oh, absolutely.

3 (Deponent reads document.)

4 Q: Exhibit 5, it goes together. Those are the
5 multiple attempts that I made to return to work
6 after I was cleared by my doctor. First one is
7 from the doctor. The second one is from my
8 then lawyer.

9 (Claimant's Exhibit Number 5 was marked for
10 identification purposes.)

11 A: I'm still reading the first letter.

12 Q: I'm sorry.

13 (Deponent reads document.)

14 A: Okay, so what was your question?

15 Q: My question is why did the Regional Medical
16 Center refuse to allow me to return to work?

17 A: I don't know the answer to that.

18 Q: Who would know the answer to that, sir?

19 A: I recall the former HR Director, Tina Norris,
20 had some communications with you either by
21 phone or in writing about your capacity to when
22 and where you could come back to work. But I
23 don't recall any specifics. I referred all of
24 that to Ms. Norris for her direction and for
25 her decision.



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1 Q: So you gave her the authority to deal with it?
2 A: I'm sorry, I can't understand you.
3 Q: So you gave her the authority to deal with it?
4 A: Yes.
5 Q: And of course you assume the decision that she
6 made, is that correct, sir?
7 A: Let me finish reading this.
8 Q: Oh, okay.
9 (Deponent reads document.)
10 A: Okay, what was your question?
11 Q: My question is, Exhibit 4 was sent to the
12 Regional Medical Center in January followed by
13 a letter from my lawyer requesting my return to
14 work. My question is, the Regional Medical
15 Center still didn't want me to come back to
16 work. Do you condone that behavior?
17 MR. HOWELL: Objection, relevance.
18 Q: As the CEO.
19 MR. HOWELL: And again it ---
20 A: First of all ---
21 MR. HOWELL: --- assumes facts not in evidence.
22 MR. SUTHERLAND: So you want me to answer the
23 question?
24 A: So if you would break your question down so I
25 can -- it sounded like there were two questions



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1 or maybe three questions in your statement. So
2 could you restate it, please?
3 Q: It was just one question. I said I had a
4 medical note from my physician ---
5 A: Uh-huh.
6 Q: --- clearing me to return to work ---
7 A: Uh-huh.
8 Q: --- after I was sick from Covid-19.
9 A: Uh-huh.
10 Q: And then I also have another letter from ---
11 A: Uh-huh.
12 Q: --- my lawyer backing that up, stating that I'm
13 ready for work. The Regional Medical Center
14 received both of those letters.
15 A: Uh-huh.
16 Q: The first one went to the HR. The second one
17 went to your lawyer.
18 A: Uh-huh.
19 Q: Still the Medical -- the Regional Medical
20 Center refused to allow me to come back to
21 work. Do you condone that behavior of the
22 Regional Medical Center?
23 MR. HOWELL: Let me again pose an ---
24 Q: That's the question.
25 MR. HOWELL: --- objection. It assumes facts not in



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1 evidence and Mr. Sutherland has already
2 testified that he referred those matters to his
3 HR Director.

4 MR. WANDJI: I'm asking him ---

5 MR. HOWELL: You can answer.

6 Q: I'm asking you, Mr. Sutherland, do you condone
7 that behavior?

8 A: We have a process here at the Regional Medical
9 Center, which is typical of most hospitals
10 around the country ---

11 Q: Okay.

12 A: --- that once we receive correspondence or a
13 letter request from an attorney representing a
14 client or a patient, then we automatically
15 refer that letter to our attorney. And our
16 attorney deals directly with the other
17 attorney. We typically do not engage in
18 further communication with the patient or the
19 client unless our attorney advises us to do so.

20 Q: Okay.

21 A: So that's our process. It's not behavior, it's
22 a process.

23 Q: Okay, okay. Thank you. Exhibit 6. This is an
24 email sent to you and the HR Director.

25 (Claimant's Exhibit Number 6 was marked for



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1 identification purposes.)

2 Q: It wasn't from any attorney. It was straight
3 from me and I was still an employee begging to
4 come back to work. Why didn't you allow me to
5 get back to work, sir?

6 A: I don't recall seeing this. But I'm sure I
7 forwarded it to Tina Norris for her to handle.

8 Q: And who is Tina?

9 A: Tina Norris is the former Human Resources
10 Director.

11 Q: Did you follow through with her to see the
12 outcome of it?

13 A: We met periodically, like every week or every
14 two weeks. And she would update me on any
15 issues that she felt like that was important.
16 So if it was something that she was working on
17 she would report to me on it.

18 Q: So you delegated that to Tina, but you never
19 heard anything back about it from her?

20 A: Every once in a while she would tell me that
21 she had received, you know, some correspondence
22 from you and that she was taking care of it.
23 She was evaluating it and she was moving
24 forward with, you know, with our attorney on
25 what the correct thing to do response. So ...



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1 Q: Exhibit 7.

2 (Claimant's Exhibit Number 7 was marked for
3 identification purposes.)

4 Q: Exhibit 7 is my termination letter from the
5 Regional Medical Center. That was in March.
6 That's approximately three months after I was
7 clear to return to work. The Regional Medical
8 Center fired me. That's a termination letter
9 in your hands, sir, Exhibit 7.

10 (Deponent reads document.)

11 Q: Mr. Sutherland, did you approve my termin- --
12 employment termination at the Regional Medical
13 Center?

14 A: Okay, so in reviewing this letter it says, I
15 received your email dated March 12, 2022
16 providing another medical update from a
17 different physician than the original treating
18 physician when you left for a leave of absence
19 beginning August the 28th, 2021. Unfortunately
20 the organization does not have a part-time
21 position available at this time per your
22 request. At this time we have no choice but to
23 end your employment effective March 15th due to
24 leave exhaustion. Please understand the
25 separation does not, under these circumstances,



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1 is in no way punitive, and you are eligible for
2 rehire.

3 Q: Was that a termination letter?

4 A: It's a termination letter because you did not
5 have anymore leave hours, PTO hours available.
6 So it was -- and there was no part-time
7 positions available. So we had no other choice
8 but to issue this termination letter.

9 Q: Okay. Did you approve my termination?

10 A: I did not approve the termination. I was aware
11 of the situation and I delegated that to Tina
12 Norris to make the decision to move forward.

13 Q: So you delegated that to her ---

14 A: Yes.

15 Q: --- to make the decision on behalf of the
16 hospital?

17 A: Yes.

18 Q: So the hospital terminated me?

19 A: So again if you read the letter it says, there
20 was no part-time positions available at the
21 time per your request. Due to leave exhaustion
22 a separation -- under these circumstances -- in
23 no way punitive and you're eligible to apply
24 for another position and you're available for
25 rehire. So had there been another position you



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1 could have applied for it.

2 Q: Did you approve the termination? That's the
3 question.

4 A: I don't remember signing anything that said,
5 you know, terminate this employee. I don't
6 remember doing that. But I -- like I said, I
7 delegated this to the HR Department for them to
8 handle it.

9 Q: This is Exhibit Number 8. That's the letter
10 that she mentioned in that termination email.

11 **(Claimant's Exhibit Number 8 was marked for**
12 **identification purposes.)**

13 Q: That was an update from my psychologist where
14 I was receiving therapy. To put things in
15 context for you, sir, I was out because I was
16 sick from Covid, and that was a letter clearing
17 me to come back to work with some few
18 restrictions. So that's the letter she was
19 talking about. You can also look at the date.
20 She fired me a few days after she received that
21 letter. So I want to put my question to you
22 really clear so you understand the context. I
23 am out because I was sick for Covid, couldn't
24 work. And then this is a physician sending a
25 letter clearing me to work with some



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1 restriction. One of those restriction was I
2 cannot work full-time yet. It's clear in that
3 letter that he says, for the mid-term, the
4 purpose is to slowly get me back to my full-
5 time capacity because of health issues.
6 Because of that letter, Exhibit Number 7, she
7 fired me. So any request for part-time, it was
8 for medical purposes to slowly work me back to
9 my full-time capacity because I was on worker
10 compensation case was already ---

11 **MR. HOWELL:** Wait.

12 **Q:** So I'm putting that in context. My question to
13 you now, sir ---

14 **MR. WANDJI:** Wait until I'm finished.

15 **MR. HOWELL:** Well you're testifying. You're not
16 asking a question.

17 **MR. WANDJI:** I am putting context so he'll
18 understand.

19 **Q:** Now my question to you, sir, is do you agree
20 with this job termination?

21 **MR. HOWELL:** Let me pose an objection. Number one,
22 there was a lot of testifying going on there in
23 terms of what this letter from the doctor
24 supposedly means. He's asking you to basically
25 read the doctor's mind. He's assumed facts not



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1 in evidence, which he's assuming ---

2 MR. WANDJI: Are you objecting or testifying?

3 MR. HOWELL: I am objecting.

4 MR. WANDJI: This is my deposition with all due
5 respect.

6 MR. HOWELL: He's assuming facts not in evidence
7 including Tina Norris' state of mind when she
8 elected to terminate Mr. Wandji because his
9 leave of absence had been exhausted. But you
10 can answer the question if you can.

11 A: Okay. Would you restate your question again?

12 Q: Again, putting things in context, this is the
13 letter from my therapist returning me to work
14 with few objections. One of the objections is
15 I don't have the strength to work full-time.
16 That's what they wrote here. That I am going
17 to be working -- in the letter it says, part-
18 time for now in an administrative role. The
19 goal would be, and I'm reading from the letter,
20 to ease him back into his previous role but in
21 small increments at a time. That's the letter
22 I received from the doctors. And I sent it to
23 Tina. She fired me the next day -- a few days
24 after that, Exhibit Number 7.

25 A: So what's your question?



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- 1 Q: My question is do you condone that?
- 2 A: Mr. Wandji -- is it Wandji?
- 3 Q: Yes, sir.
- 4 A: I've already answered your question once. And
- 5 I'm going to answer it again. In the letter
- 6 dated March 15th it says, unfortunately the
- 7 organization, the Regional Medical Center does
- 8 not -- doesn't have a part-time administrative
- 9 position available at this time per your
- 10 request. At this time we have no choice but to
- 11 end your employment effective March 15th due to
- 12 leave exhaustion. So you received this letter
- 13 on March the 15th.
- 14 Q: Yes, sir.
- 15 A: That's my answer.
- 16 Q: Thank you. Did you seek any lawyer advice to
- 17 terminate my job?
- 18 MR. HOWELL: Objection. It's privileged. Even if
- 19 he did it's privileged.
- 20 A: No.
- 21 Q: Okay. Were you in communication with any
- 22 lawyer to strategize how to get rid of me?
- 23 MR. HOWELL: Objection.
- 24 A: No.
- 25 Q: Okay. All right. I filed for worker



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1 compensation in November with the South
2 Carolina Worker Compensation Commission,
3 November 2022 (sic). I was fired after that in
4 March 2022. I filed for worker compensation
5 November 2021. I was fired a few months later
6 in March 2022. So the Regional Medical Center
7 fired me after I filed for worker compensation,
8 is that correct?
9 A: I don't know the answer to that question. I
10 was not involved in that.
11 Q: Oh, you were not involved in that.
12 A: Huh-uh.
13 Q: Okay. What happened to Ms. Norris, the HR you
14 handed all those matters to?
15 MR. HOWELL: Objection, relevance. But you can
16 answer if you know.
17 MR. SUTHERLAND: Do you want me to answer it?
18 MR. HOWELL: You can answer it if you know.
19 A: She left employment with the Regional Medical
20 Center about three or four months ago.
21 Q: Was she fired?
22 A: No.
23 Q: She resigned?
24 A: Yes.
25 Q: Thank you, sir. This will be all.



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1 MR. HOWELL: Give me a minute to look at my notes.

2 I don't have any question.

3 (There being no further questions, the deposition
4 concluded at 10:53 a.m.)

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APA # 52

**TRASK
HOWELL**
WORKERS COMPENSATION DEFENSE

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

December 19, 2022

Via Email Only
Serge Wandji
P.O. Box 523
Columbia, SC 292115

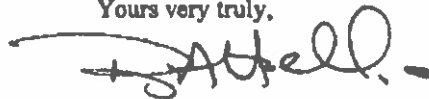
Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Mr. Wandji:

This is to advise you of the rescheduled appointment we have made for you to be evaluated by Dr. Nicholas Lind. The appointment has been rescheduled for January 12, 2023, at 11:30 AM. Dr. Lind's office is located at 1709 Laurel Street, Columbia, SC 29201. If this appointment must be cancelled, please notify the doctor's office at least 2 full business days prior to the appointment or a cancellation fee may be charged.

If you cannot keep this appointment, please advise us as soon as possible.

Yours very truly,



Roy A. Howell, III

RAHIII/mbm/lth
cc: Sandra Axson, Antum Risk (via upload only)
Jonathan Vallentine (via email only)

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P 843.881.4228 | F 843.881.8784



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3842/181-drops by Dr. Lind 11/23

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APA + 53

Post Trauma Resources, LLC

"Solutions for Life's Toughest Problems"



12 January 2023

Trask & Howell LLC
P.O. Box 2167
Mt. Pleasant, SC 29465

Attn: Roy A. Howell, III

Via Facsimile: (843) 881-8784

Re: Serge Wandji

Date of Injury: 27 August 2021

Thank you for referring Mr. Wandji for the evaluation of potential emotional impairment. My responsibilities were to clinically interview Mr. Wandji, review records, conduct testing, and offer an opinion concerning the following referral question:

Has Mr. Wandji reached maximum medical improvement?

If so, has he sustained any permanent psychological impairment associated with his condition?

What further psychological treatment, if any, do you recommend to maintain his current level of MMI?

Is there currently any credible evidence of psychological and/or cognitive impairment associated with his COVID diagnosis?

I met with Mr. Wandji on 12 January 2023, informed him of the nature of the examination, and notified him that a report would be shared with the referral source. He articulated understanding. The interview and testing were conducted on this date.

Examinee Demographics

Mr. Wandji is [REDACTED] an-American male who currently lives in Columbia, SC.

www.posttrauma.com
1709 Laurel Street Columbia SC 29201
(803) 765-0700 (800) 459-6780 Fax (803) 765-1607



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Records Reviewed

1. Associates in Internal Medicine
2. Orangeburg Regional Medical Center
3. Orangeburg Emergency Medical Service
4. Roots Psychological Associates
5. Roper St Francis Physician Partners

History of Illness

Mr. Wandji reported that, in 27 August of 2021, he was working as a nurse at the Orangeburg Regional Medical Center when he contracted COVID. "I can't remember what symptoms I had," he said, "it was after an outbreak on my unit, so I went to get tested." He said that, when he tested positive, he thought "I'm gonn'a die!" because, at that time, several patients were having fatal responses to the virus. He reportedly lost consciousness in his home two days later and he believes he was transported to the ER by his neighbor. He reports that he continues to struggle with long haul symptoms. He said that he has diabetes, posttraumatic stress disorder, and a lack of smell associated with his injury. He describes radiating pain (currently residing in is leg) experienced at the average intensity of seven on a zero-to-10 point scale.

In terms of reexperiencing symptoms, Mr. Wandji reported frequent nightmares that involve him not breathing. "And I have flashbacks during the day," he said, "these cause me panic." He described his flashbacks as "thoughts of trouble breathing" and said that he experiences panic when exposed to ambulance sirens, doctors, or hospitals and, as a result, avoids them to the extent that he can. Reported negative thoughts and mood symptoms include a diminished interest in activities, such as riding his motorcycle.

Mr. Wandji reported arousal symptoms to include increased irritability ("I don't see it," he said, "but friends tell me I'm mean") and difficulty concentrating. Other reported symptoms include increased appetite (he has gained approximately 20 pounds, he said), increased sleep (from 6½ or seven hours per night to 10), and decreased energy. He denied suicidal thoughts, intentions, or plans, citing his family as his greatest protective factor. Based on Rudd et al's 2001 criteria for determining suicide risk, Mr. Wandji is currently at Minimal Risk for self-harm.

Mr. Wandji reported that he is worried about his memory and inability to focus. He took a job working at a substance abuse resource center, he said, and mistakenly gave the wrong medication to patients on two occasions.

Previous Injuries/Psychological Treatment

Mr. Wandji denied a history of mental health treatment or need for such services before his COVID infection. He said that he benefitted from individual therapy provided at Roots Psychological Associates and was hopeful of returning to work incrementally.

He denied previous workers' compensation claims.



Mental Status

Mr. Wandji presented as agitated. He expressed feeling insulted with each question asked in the interview and refused to complete the psychological testing measure on the computer. Accommodations were made for him to complete the pencil-paper version of the MMPI-3, which he also refused to compete. He is oriented to time, place, and person. He appears alert. Reported mood is "fatigued" and, while difficult to determine due to use of a surgical mask, affect appeared to be flat. Speech is within normal limits. Mr. Wandji presented himself in a casually dressed and appropriate fashion. He said that English is his fifth language (French being his first) he feels comfortable reading, speaking, and writing in English. Eye contact can be described as good. No memory impairment was noted in the interview, except for details regarding his COVID symptoms. Regarding perceptual functioning, he denied hallucinations and none appeared to be present. Attitude can be described as uncooperative. As far as insight is concerned, the examinee verbalizes awareness of problems. Judgment appears good. Attention/Concentration is characterized by no noted difficulty maintaining focus in the interview.

Results of Psychological Testing

Mr. Wandji invalidated the measures pertaining to potential posttraumatic stress symptoms because of overreporting and endorsement of unlikely symptoms. The MMPI-3 was invalid because he failed to endorse 238 of the 335 items.

Personality. Mr. Wandji was administered the MMPI-3 and he completed 97 of the 335 items, rendering the resulting profile uninterpretable.

→ Mood/Emotional Symptoms. Mr. Wandji was administered the Beck Depression Inventory-Second Edition, a 21-item self-report questionnaire assessing depressive symptoms in the time frame of the "past two weeks including today." Scores range from Minimal, Mild, Moderate to Severe levels of depressive symptoms. Because there is no validity measure, the endorsements on the Beck measures (the BDI-II and the BAI) need to be put in the context of the individual's presentation and approach to other validity scales in the testing battery. Compared to the normal population, he reported experiencing *Severe* levels of depression (BDI-II=30).

→ The examinee was administered the Beck Anxiety Inventory, a 21-item scale which measures the severity of anxiety in the time frame of the "past two weeks including today." Scores range from Minimal, Mild, Moderate to Severe levels of anxiety symptoms. Compared to the outpatient population, he reported experiencing *Severe* levels of anxiety (BAI=41).

Mr. Wandji was administered the Detailed Assessment of Posttraumatic Stress, a measure of the impact of potentially traumatic events. The resulting profile was determined to have endorsements inconsistent with a legitimate posttraumatic stress reaction and is therefore uninterpretable (NB t-score=96). His approach to the measure cannot be explained by a random response style, as he did not endorse items suggestive of minimizing symptoms (PB t-score=0). Rather, his approach is consistent with the overreporting of perceived posttraumatic stress symptoms.

Responses to Specific Question

Has Mr. Wandji reached maximum medical improvement? Yes. In my opinion, Mr. Wandji has met MMI for any psychological distress he experienced secondary to his COVID diagnosis.

Has he sustained any permanent psychological impairment associated with his condition? No. There is no credible evidence of ongoing psychological distress directly associated with his COVID diagnosis.

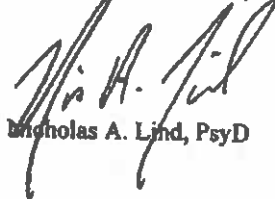
What further psychological treatment, if any, do you recommend to maintain his current level of MMI? None.

Is there currently any credible evidence of psychological and/or cognitive impairment associated with his COVID diagnosis? No. His reported symptoms of posttraumatic stress are not consistent with his described experience of illness contraction. The presence/absence of cognitive impairment was not formally assessed in this evaluation, but there was no evidence of memory or attention dysfunction in the clinical interview or testing session.

These opinions are offered with as much certainty reasonable in the field of psychology.

Thank you again for allowing me to examine Mr. Wandji. Please let me know if you have any questions or concerns.

Respectfully submitted,


Nicholas A. Lind, PsyD



APA # 54

DAPS

Answer Sheet

Name SERGE WANDJI Age 46 Sex M Race/Ethnicity Black ID No. 01/12/2023

Please fill in your name, your age, your sex, your race/ethnicity, and today's date in the spaces provided above. Follow the instructions in the DAPS Item Booklet and mark all of your answers on this Answer Sheet. Indicate your answers by circling the appropriate response for each item.

Part 1

Check only one

1	Yes	No	☐
2	Yes	No	☐
3	Yes	No	☐
4	Yes	No	☐
5	Yes	No	☐
6	Yes	No	☐
7	Yes	No	☐
8	Yes	No	☐
9	Yes	No	☐
10	Yes	No	☐
11	Yes	No	☐
12	Yes	No	☐
13	Yes	No	☐

15	1	2	3	4	5
16	1	2	3	4	5
17	1	2	3	4	5
18	1	2	3	4	5
19	1	2	3	4	5
20	1	2	3	4	5
21	1	2	3	4	5
22	1	2	3	4	5

23	1	2	3	4	5
24	1	2	3	4	5
25	1	2	3	4	5
26	1	2	3	4	5
27	1	2	3	4	5
28	1	2	3	4	5

29	1	2	3	4	5
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14. Check the box next to the item number (1-12) of the experience that bothers you most now. Please describe the experience:
Respiratory failure following COVID-19 infection and
putting out of home. Was diagnosed with Acute Stress
Disorder at the Hospital (ICU).

8 358

129

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Part 2

705 80 704	1	2	3	4	5	44	1	2	3	4	5	79	1	2	3	4	5
707 81 706	1	2	3	4	5	45	1	2	3	4	5	80	1	2	3	4	5
709 82 708	1	2	3	4	5	46	1	2	3	4	5	81	1	2	3	4	5
711 83 710	1	2	3	4	5	47	1	2	3	4	5	82	1	2	3	4	5
713 84 712	1	2	3	4	5	48	1	2	3	4	5	83	1	2	3	4	5
715 85	1	2	3	4	5	49	1	2	3	4	5	84	1	2	3	4	5
717 86	1	2	3	4	5	50	1	2	3	4	5	85	1	2	3	4	5
719 87 718	1	2	3	4	5	51	1	2	3	4	5	86	1	2	3	4	5
721 88	1	2	3	4	5	52	1	2	3	4	5	87	1	2	3	4	5
723 89	1	2	3	4	5	53	1	2	3	4	5	88	1	2	3	4	5
725 90	1	2	3	4	5	54	1	2	3	4	5	89	1	2	3	4	5
727 91 726	1	2	3	4	5	55	1	2	3	4	5	90	1	2	3	4	5
729 92	1	2	3	4	5	56	1	2	3	4	5	91	1	2	3	4	5
731 93 730	1	2	3	4	5	57	1	2	3	4	5	92	1	2	3	4	5

Part 3

60	1	2	3	4	5	61	1	2	3	4	5	93	1	2	3	4	5
70	1	2	3	4	5	62	1	2	3	4	5	94	1	2	3	4	5
71	1	2	3	4	5	63	1	2	3	4	5	95	1	2	3	4	5
72	1	2	3	4	5	64	1	2	3	4	5	96	1	2	3	4	5
73	1	2	3	4	5	65	1	2	3	4	5	97	1	2	3	4	5
74	1	2	3	4	5	66	1	2	3	4	5	98	1	2	3	4	5
75	1	2	3	4	5	67	1	2	3	4	5	99	1	2	3	4	5
76	1	2	3	4	5	68	1	2	3	4	5	100	1	2	3	4	5
77	1	2	3	4	5	69	1	2	3	4	5	101	1	2	3	4	5
78	1	2	3	4	5	70	1	2	3	4	5	102	1	2	3	4	5
79	1	2	3	4	5	71	1	2	3	4	5	103	1	2	3	4	5
80	1	2	3	4	5	72	1	2	3	4	5	104	1	2	3	4	5

APA # 55

**TRASK
HOWELL**
WORKERS' COMPENSATION ATTORNEYS

Reply to
Roy A. Howell, III
(843) 881-2236
rhowell@trask-howell.com

December 13, 2022

Nicholas Lind, PsyD
Post Trauma Resources
1709 Laurel Street
Columbia, SC 29201

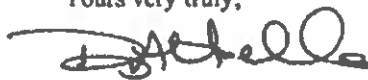
Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080
Date of Accident: August 27, 2021

Dear Dr. Lind:

This office represents the employer in the above-referenced workers' compensation claim filed by Serge Wandji. Mr. Wandji has alleged that he suffered illness to his lungs, and whole body, as a result of Covid-19. He is also alleging cognitive impairment and PTSD. We would like to schedule Mr. Wandji for an evaluation regarding his complaints, and ongoing course of treatment at your Columbia office. At this time, we are interested in your opinion as to whether Mr. Wandji has reached maximum medical improvement ("MMI"); whether, and to what degree, he has sustained any permanent impairment; and whether his condition necessitates any ongoing future treatment to maintain his current level of function and maintain him at MMI. Please find enclosed Mr. Wandji's medical records for your review.

We would like you to conduct a complete psychological evaluation and provide an opinion regarding whether Mr. Wandji currently has any credible evidence of cognitive impairment and/or psychological impairment related to his Covid diagnosis. In addition, please provide an opinion as to whether there is any psychological reason the Claimant cannot return to full time employment as a registered nurse. Please address whether any medical treatment or work restrictions are recommended. Please state all your opinions to a reasonable degree of medical certainty.

Yours very truly,



Roy A. Howell, III

70 P. 360

RAHIII/mbm/lth

cc: Sandra Axson, Antum Risk (via upload only)
Jonathan Vallentine, The Regional Medical Center (via email only)
Serge Wandji

763 JOHNNIE DODDS BLVD. | P.O. BOX 2167
P 843.881.4228 | F 843.881.8784



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J842/4184-Dr Lind IME

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APA+ 56

+rmc
Regional Medical Center

September 7, 2021

Serge Wandji
2038 Lake Murray Blvd
Apt #11-307
Columbia, SC 29212

Dear Serge,

Please have your provider fill out the attached FMLA paperwork and fax it back to 803-395-4022. The paperwork must be filled out within 15 days of the date on the top of this letter, in your case this date would be September 22, 2021.

If you have any questions regarding FMLA please feel free to contact me at (803) 395-2063.

Sincerely,

Ginger Swartz
HR Business Partner

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APA # 57

**CLAIMANT'S RESPONSE TO Dr. LIND'S MMI REPORT
02/01/2023**

**Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696**

In accordance with the Defendants' initiated Medical evaluation appointment (See APA # 52), Claimant arrived at Dr. Lind's office located 1709 Laurel Street, Columbia, SC 29201 at 11:15 A.M. Dr. Lind, PsyD is a clinical psychologist.

Claimant was immediately put through a "new patient" registration paperwork process for more than 20 minutes, followed by a battery of a series of pencil-paper psychological tests which included a Depression test, an Anxiety test, and a Post-Traumatic Stress Disorder (PTSD) test.

After more than two hours at Dr. Lind's clinic, taking tests following the instructions of the clinic staff members, Dr. Lind finally showed up and invited Claimant to his personal office for what he called an 'Interview'.

At the end of that 'Interview' Dr. Lind told the Claimant that he will personally call the Claimant on his cell phone sometime during the week. The Claimant declined Dr. Lind phone calls solicitation and respectfully stated that he is suffering from depression, anxiety and PTSD, and he is limiting his interactions with the outside world and does not pick up phone calls that he is not familiar with.

Dr. Lind never explained to the Claimant why he wanted to personally call him on his cell phone during the week. And strangely enough, Dr. Lind did not even mention his phone calls solicitation to the Claimant in his entire Report, and what that phone calls solicitation was all about.

As the Claimant was exiting Dr. Lind's personal office at the end of the 'Interview', Dr. Lind told him that he had yet another test to complete. The Claimant was taken to a different room and was presented with a booklet containing more than 330 psychological questions to be completed. The Claimant immediately told Dr. Lind that he had been taking psychological tests in his clinic for three hours, that he was not feeling, that he was exhausted and needed to go home to get some rest. But Dr. Lind will not accept and/or consider the Claimant's health concerns and started coercing him into complete a very long and energy demanding test of more than 330 questions, after three hours of taking other tests at the clinic.

Dr. Lind coerced the Claimant to take that long test despite the Claimant's communicating his exhaustion and 'not feeling' well health condition at the time, by stating *"I will just write in the report that you have refused to complete the test"*.

When the Claimant asked Dr. Lind, what was that very long test all about and how is it related to the initial evaluation request? Dr. Lind replied to the Claimant that it is a Personality test, that it *'was not really required for his evaluation'*, but he wanted the Claimant to take anyway to allow him to prepare a future treatment plan with him (Dr. Lind) for the Claimant. For the record, that *'not required'* personality test is called the **Minnesota Multiphasic Personality Inventory** (MMPI).

The Claimant then respectfully told Dr. Lind that he already has a few Doctors with whom he is working on his healthcare needs. The Claimant also respectfully

reminded Dr. Lind that the only reason he is here is because he was requested by the lawyer of the Defendant in his workers' compensation case to come in for an evaluation.

Dr. Lind then very aggressively replied to the Claimant by saying: *"Even if I was hire by a HIT-MEN, I want you to take this personality test"*. Dr. Lind then proceeded by angrily snatching the 'personality' test booklet in the Claimant's hands and walked out of the room. Why would a doctor, especially a clinical psychologist addresses a known diagnosed psychiatric and mental health patient with a *'HIT-MEN'* language?

Approximately ten minutes later, Dr. Lind returned to the room where the Claimant was waiting and told the Claimant that he understands that Claimant is tied and that all he needs to do is to *"complete the best he can"* on that personality test and added *"just complete as many questions as you can"*. Which is exactly what the Claimant did.

After completing *"as many questions as he could"* like he was instructed by Dr. Lind, the Claimant turned in his answer sheet and left Dr. Lind's clinic **more than three hours and a half later**, since he walked into that clinic at 11:15 A.M.

Dr. Lind reported a **'Severe'** depression and **'Severe'** anxiety score on Claimant's evaluation, but failed to mention a word on any need for treatment for those **severe** behavioral and mental health condition of the Claimant. Instead, Dr. Lind stated in his report that *"None, further psychological treatment is recommended to maintain his current level of MM"*. Is Dr. Lind suggesting that there is nothing medicine can do to address and improve Claimant's current severe depression and severe anxiety conditions? Is Dr. Lind suggesting that Claimant's current severe depression and severe anxiety condition should simply be ignored. How would these severe mental health conditions affect Claimant's **patients' SAFETY** should he return in his pre-COVID-19 registered nurse role?

Also, as a clinical psychologist, Dr. Lind should know that depression and anxiety are the main components of **PTSD**. How does a severe depression and severe anxiety score affect the Claimant's already diagnosed COVID-19 related PTSD condition? Dr. Lind intentionally declined to address these important questions and simply rushed to report his speculative 'opinions' with no scientific evidence to support them. Dr. Lind did not even used the test results that he himself administered to the Claimant (BDI-II, BAI, DAPS, MMPI) to support his speculative 'opinion'. In fact, he intentionally ignores and/or refused to disclose them (DAPS test).

Dr. Lind claims that he reviewed the Claimant's medical records from Roper St. Francis Physician Partners in the introduction of his evaluation report. Yet Dr. Lind did not mention a word about Claimant's Long-COVID-19 diagnosis and Claimant's **ongoing treatment for Long-COVID**, with include both medical and behavioral treatments (See APA # 45). How could Dr. Lind then turned around and made an "opinion" on the Claimant's MMI? Based on what?

Summing up:

- 1- The Claimant spent more than three hours at Dr. Lind's Clinic on January 12, 2023, taking a series of psychological tests and undertaking interviews. **Claimant took all of the psychological tests given (BDI-II, BAI, DAPS, MMPI), as he was directed to take them.**

- 2- According to Dr. Lind's report (See APA # 53), the Claimant scored a **'Severe level'** of depression on the Beck Depression Inventory (BDI-II) test. As a reminder, the Claimant was already diagnosed with depression directly related to his COVID-19 infection by a **psychiatrist at TRMC** when the Claimant was being hospitalized there for COVID-19 treatment (See APA # 17).
- 3- According to Dr. Lind's report (See APA # 53), the Claimant scored a **'Severe levels'** of anxiety on the Beck Anxiety Inventory (BAI) test. As a reminder, the Claimant was already diagnosed with anxiety directly related to his COVID-19 infection by a **psychiatrist at TRMC** when the Claimant was being hospitalized there for COVID-19 treatment (See APA # 17).
- 4- The Claimant also completed a separate Post-Traumatic Stress Disorder (PTSD) test called the **'Detailed Assessment of Posttraumatic Stress' (DAPS) test** (See APA # 54). But for some strange reason Dr. Lind made the decision not to disclose the Claimant's DAPS scores in his report. In fact, Dr. Lind did not even mention the **DAPS test** in his entire evaluation report. Thanks GOD Claimant took a picture of it (See APA # 54). The DAPS test was administered to the Claimant the very same way that both the depression (BDI-II) and the anxiety (BAI) tests were administered, via a pencil-paper version. So **why** would Dr. Lind include the depression and anxiety tests scores in his report and specifically exclude the PTSD (DAPS) test score? **What is Dr. Lind trying to hide about that Claimant's important and objective PTSD score?**
- 5- As a reminder, the Claimant was diagnosed with Acute Stress Disorder (ASD) directly related to COVID-19 by a **hospitalist physician at TRMC** (the defendant) while he was hospitalized there for COVID-19 treatment (See APA # 15). The Claimant was later diagnosed with PTSD by his PCP and referred to a psychological clinic for therapies. At the psychological clinic, the Claimant was again diagnosed for PTSD directly related to his COVID-19 infection (See APA # 29 & # 30).
- 6- Dr. Lind declined to answer one of the most important questions requested by the Defendant for this evaluation: *"Provide an opinion as to whether there is any psychological reason the Claimant cannot return to full time employment as a registered nurse"* (See APA # 55). Also, Dr. Lind did not provide any implication or explanation on how the Claimant's COVID-19 related depression and anxiety **'severe'** scores would affect his performance as a registered nurse, and more importantly how the Claimant's COVID-19 related depression and anxiety **'severe'** scores would affect the **SAFETY of his patients**.
- 7- Dr. acknowledges in his report that **"a formal assessment of the presence/absence of cognitive impairment of the Claimant was not done in his evaluation"** (See APA # 54). Therefore, any comments or 'opinion' of Dr. Lind related to Claimant's cognitive impairment would be simply pure speculation. Also, this acknowledgement means that any comments or 'opinion' of Dr. Lind related to whether the Claimant could be trusted with the nursing care of innocent patients as a registered nurse, which by the way involves the safe administration of all types of medications, would simply be a **very dangerous speculation** on his part, with **unthinkable consequences**. Furthermore, with no formal assessment results on the Claimant's cognitive impairment to work with,

Dr. Lind is not in a position to give any objective and acceptable 'opinion' on *"whether the Claimant has reached maximum medical improvement (MMI); and whether the Claimant has sustained any permanent impairment; and whether his condition necessitates any ongoing future treatment to maintain his current level of function and maintain him at MMI"* as asked by the Defendants in their request letter to Dr. Lind for an evaluation of the Claimant (**See APA # 56**).

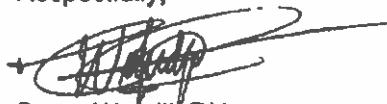
Also, there are many other non-psychological requirements involved with the registered nurse's role such as being able to stand up to twelve (12) hours, being able to smell, being able to lift or exert energy up to 35 pounds (**See APA # 27**), all of which the Claimant is not able to do due to his current **Long-COVID-19** health condition (**See APA # 45**). The widely accepted connection between the body and the mind is undeniable in medicine. For example, the Claimant's COVID-19 related inflammations which resulted in chronic pain suffered by the Claimant currently, is also affecting his psychological/behavioral and mental health as well (**See APA # 45**). Thus, Dr. Lind who is not a medical doctor (MD), is in no position to determine whether the Claimant has reached MMI in this case.

These seven points presented objective and verifiable evidence related this Dr. Lind's evaluation report, and clearly pointed out that Dr. Lind's 'opinion' was based on speculative claims not supported by any scientific evidence not even by the psychological tests scores administered by Dr. Lind, and completed following Dr. Lind's instructions, by the Claimant (BDI-II, BAI, DAPS, MMPI).

Psychology is a behavioral **SCIENCE** and not Dr. Lind's personal 'delfying' speculations.

Wherefore, these and other premises considered, Claimant moves this Honorable South Carolina Workers' Compensation Commission to reject Dr. Lind's speculative 'opinion'.

Respectfully,



Serge Wandji, RN

APA # 58

Palmetto Infectious Disease Physicians, LLC

1097 B Cook Road
Orangeburg, SC 29118

John H. Samies, MD, FSHEA
Marie L. Gehling, NP-C, CWOCN

803-539-0505
fax 803-539-0410

Roy A. Howell III
PO Box 2167
Mt Pleasant, SC 29465

December 5, 2022

Dear Mr Howell,

I am writing this letter to you in response to your request for review of materials concerning claimant Serge Wandji. Reviewed were COVID19 Questionnaires from Mr Wandji and two additional employees, a testing log for Behavioral Health Employees and a series of emails. Mr Wandji is claiming work related injury resultant from COVID 19 infection diagnosed 8/27/2021. He reports this as a result of exposure on 8/22/2021 and 8/24/2021 while working at the Behavioral Health Unit of the Regional Medical Center of Orangeburg and Calhoun Counties.

Clearly there were patients on the Behavioral Health Unit who tested positive for COVID 19 in that time period. While the hospital policy required use of protective attire, it is unclear if this was followed by the claimant.

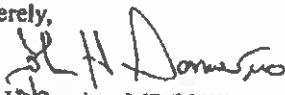
Of more importance in this case is his self reported exposure and request for testing on 8/16/2021. This was negative. The details of this exposure are unclear. Certainly a positive test on 8/27 and symptoms beginning on 8/23 as he initially reported or 8/25 or 8/26 (which he subsequently stated) would be consistent with exposure on or near the 8/16 date. Generally covid incubation is 2-14 days with onset for most being about 5-10 days from exposure. It is highly unlikely that 8/22 was the date of exposure if his symptoms began on 8/23 and not possible that 8/24 was the date of exposure for onset 8/23. The exposure of 8/22 with onset 8/25 is unlikely being at the shortest end of incubation period and the exposure of 8/24 with onset 8/25 is highly unlikely being shorter than the incubation period of the virus.

The recanting of the 8/16 exposure by the claimant and the confusion about date of onset of symptoms puts doubt on all claimant statements in this case. Since the reporting by Employee Health of RMC appears to be a real time event, it would seem that the timing of onset of symptoms should have been quite clear to the claimant.

It is my opinion that a link to employment exposure here is unlikely based on the information presented to me. Given that he had concern about non-employment exposure which prompted testing only a short time prior to his illness, I must wonder how much other potential non-employment exposure he had.

If I may be of further assistance in this case, please feel free to contact me.

Sincerely,


John H. Samies, MD FSHEA

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DEFENDANT'S THREE FALSE NARRATIVES

Serge Wandji v. The Regional Medical Center

W.C.C. File No.: 2118696

1- The Defendant is desperately trying to get this Honorable Commission to believe the False Narrative that the Claimant could have only been exposed to the COVID-19 virus at TRMC, during the week beginning August 22 to August 27, 2021. This narrative is false because the Claimant was a full time RN at TRMC and worked on an average of 3 to 4 days every week throughout the month of August 2021. The Claimant was medically removed from work on August 27, 2021, after testing positive for COVID-19, but has been exposed to COVID-19 throughout the entire hospital, from August 1st to August 24, 2021, which was his last day of work at TRMC. Based on a document provided to the Claimant by the Defendant entitled *"employees at TRMC testing positive for COVID-19 during the month of August 2021"* (See APA #47), TRMC had already recorded employees who tested positive for COVID-19 since at least August 1st, 2021. Also, an official Memo of TRMC dated August 6, 2021, clearly states that *"As of August 6, 2021, we have 12 COVID-19 patients in our hospital"* (See Defendant's supplemental APA # 2, pg. 38 or Claimant's APA # 50). Thus, COVID-19 virus was already spread throughout the hospital in both patients and employees, many weeks before August 22, 2021. Furthermore, the COVID-19 'EDUCATION MATERIAL' prepared by TRMC clearly stated that: *"The COVID-19 virus passes through tiny particles from the infected person's lungs and airway. These particles can easily travel through the air to other people who are nearby. In some cases, like in indoor spaces where the same air keeps being blown around, virus in the particles might be able to spread to other people who are farther away"* (See APA # 49, pg. 89). Also, still according to the COVID-19 'EDUCATION MATERIAL' prepared by the Defendant, *"It is possible to get infected if you touch a surface that has the virus on it and then touch your mouth, nose, or eyes"* (See APA # 49, pg. 90).

2- The Defendant is trying desperately to get this Honorable Commission to believe the False Narrative that: **The Claimant could have only been exposed to COVID-19 on the BHU and not at any other location in that entire hospital.** It is very important here to indicate that the BHU is not a stand alone building. In fact, the BHU is a small unit located on the second floor with an operational capacity of just 12 patients during the entire tenure of the Claimant at TRMC. The hospital in the other hand, is a stand alone building with four floors, all indoor space, and all patients (including COVID-19 patients) are admitted on their respective floor (unit) through the Emergency Department (ED) which is located on the ground floor. The Claimant was required to perform tasks that required him to go to many other locations in the hospital. For instance, Claimant was required to at times to take a BHU patient to other hospital departments for medical and tests procedures; Claimant was required to take BHU patients' specimen samples to the lab down stairs; Claimant was required to collect BHU patients' medication either from the 'Tube' located out of the BHU or from the pharmacy which is located on a different floor; Claimant was required to wheel out of the building BHU patients at discharge from the hospital; Claimant was required to transport BHU patients to another floor (unit) in case of intra-hospital transfers. As

demonstrated above, the COVID-19 was already spread throughout the hospital, in both patients and employees at the beginning of August 2021. Also, as demonstrated above, according to the Defendant 'Education Material', COVID-19 could be transmitted through the air blowing around in an indoor space like TRMC. Because the Coronavirus can spread easily through the air, an indoor space hospital like TRMC is an ideal environment for the virus to spread. Also, transmission is possible by simply touching a contaminated object or surface and touching your face.

3- The Defendant is trying to push the false narrative that: Claimant could have only been exposed to COVID-19 by either BHU staff or BHU patients. The BHU had a high traffic of other hospital employees from various departments coming to the unit, to 'work' with the patients and/or interact with BHU staff. Examples of other hospital staff coming regularly to the BHU include but not limited to: Security staff, Occupational therapists, physical therapists, respiratory therapists, Infectious disease specialists, Nurse practitioners, Case managers, Leadership personnel, hospitalists, housekeeping staff, maintenance staff, dietary staff, pharmacy staff, Police, Emergency Room staff transporting a new admit on the unit, Phlebotomists, Physicians, House supervisors, ... just to name a few. In addition to that, we have to add the fact that before August 25, 2021, when the unit's COVID outbreak was discovered (See APA # 4 & 5), BHU patients were allowed to receive outsiders visitors (friends and family members) on the unit. It is also important to mention that all those people coming in and out of the BHU did that every day and multiple times per day. Keeping in mind that COVID-19 virus was already widely spread throughout the hospital in both patients and employees. The Defendant himself describes the Claimant's Work Environment at TRMC as: " Regularly exposed to infection, contagious and blood diseases. Contact with patients under a wide variety of circumstances. Exposed to unpleasant elements including accidents, injuries and illnesses" (See APA # 27). Even the Claimant could not have given a more accurate description.

Bottom line facts in this case:

- a. It is well established that the COVID-19 virus was widely spread at TRMC since at least August 6, 2021, in both employees and patients.
- b. As of August 16, 2021, Claimant was COVID-19 free, as evidenced by a negative test that he took for school purposes.
- c. The Claimant was exposed to the COVID-19 virus at the BHU as well as many other locations throughout the hospital where he went to as required by his job.
- d. In fact, the only place with documented evidence where the Claimant was regularly exposed to the COVID-19 virus in that entire month of August 2021, is at TRMC where he worked an average of 3 to 4 days a week, 12 hours shifts.
- e. On August 27, 2021, Claimant tested positive for COVID-19.
- f. On September 6, 2021, Claimant was transported from his house via ambulance and hospitalized at TRMC where he was treated for Pneumonia due to COVID-19.
- g. Claimant has since been suffering from Long-COVID including the loss of his smell, chronic muscle pain, generalized fatigue, brain fog, Depression, Anxiety PTSD, pre-diabetes

h. Claimant was medically cleared to return to work at TRMC with some few medical restrictions, since January 17, 2022.

i. The Defendant refused to allow Claimant to return to work, despite Claimant multiple attempts to resume work.

j. The Defendant terminated Claimant employment on March 15, 2022, in pure retaliation for filing a claim with the SC Workers' Compensation Commission.

APA # 60

Follow Up:	Last Fever? _____
	Fever free for 3 days? _____
	Improvement in Respiratory Symptoms? _____
	Any new symptoms? _____

8/27/21-Sent the following email to my supervisor and Serge's supervisor regarding his positive covid test and follow up:

"Just wanted to ensure I put this to you in an email. Serge tested positive for COVID-19. I called him to go over the quarantine period and additional questions we ask all employees, we received push back from him. He has been sick since Monday, there for he has possibly been contagious since Saturday. He worked Sunday and Tuesday where he could have potentially exposed others. When asked who he could have potentially exposed, he states all of the BHU staff and Patients. When asked if he could provide a list of those individuals that he was around for greater than 15 minutes at less than 6 feet, he states he cannot think right now and I will have to get that information from Teresa. Also, Serge was tested last week in the Employee Health office, on 8/16/21, he came into the office and states he was exposed but was not having any symptoms, he came in around 11:10am, I was just coming in from testing at 11am so I told him we could test him at 2pm. He stated he could not leave his patients because he was getting admission on that day and would wait in the office until we could test him, we finally agreed to test him at that time, but told him it would be a few minutes before we could do it because of other obligations. He would not leave the office until we tested him, we asked him to wait outside of same day surgery for us to come test him and he stated "No, I'll wait here". So, when I called him today, I stated, you have been exposed outside of work and at work correct?", he stated "No, I was only exposed at work" and went on to state all the Patients had tested positive on BHU. I questioned him about getting tested last week for an "exposure" and he stated he was only tested because he needed to be tested for school. We do not test for school, trips, "just because" reasons, therefore he was not telling us the truth last week, or today. This is a concern, considering we now have a unit full of positive BHU patients and no way to determine if he potentially exposed them, or if he was truly exposed to them. I did not push the issue, but simply stated I would send him a eSREO link for him to complete if he felt he was exposed at work, we no longer submit eSREO's on behalf of the Employee when it is COVID related. I have sent him a link to complete the eSREO. Lastly, I asked if he was vaccinated, he stated "that is a personal issue", I did try to explain to him that it is important for us to know that information so we know if it is a breakthrough case, and in certain situations we have to send those swabs to DHEC and report to DHEC if they are vaccinated, so I asked him once again if he was vaccinated, he again stated "It's a personal issue". He then stated he was going to pull over to talk to me, then hung up the phone. I have spoken with Teresa, at this time, due to the date of his symptom onset and possible contagious period, I do not feel the need to send out an additional email since we just sent one to all BHU staff on yesterday regarding the exposure, the dates for this exposure align with the dates for the exposure to the BHU patients. He just called back again, although he told me originally that his symptoms started 4-5 days ago, he has now changed his story and states they started on Wednesday. Kellie was in here and can confirm that he originally states 4-5 days ago and is now stating Wednesday for symptom onset."

8/29/21-Spoke with Employee. He is not feeling any better, suggested OTC medications that he would normally take, suggested follow up with PCP, he inquired about monoclonal antibody treatment, suggested he follow up with his PCP again.

8/31/21 I sent the following Email to my supervisor regarding this Employee and the interaction on Sunday and today.

"Just an FYI, I am not comfortable talking with this Employee. I called him on Sunday to check in on him, he was very rude and stated he was not getting any better. Each time I made a suggestion for him, medication, follow up with PCP, etc. he would just not respond to me. He asked me to send him his COVID results, when I let him know I would not be able to do it until Monday, he just did not respond. Today he called and stated we did not send him his COVID+ results as he requested on Sunday, Kellie sent them to the same email she sent his last COVID+ results on yesterday. He then provided

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another email for us to send it to, Kellie resent them today. We also sent him a link to complete the eSERO as he is certain he contracted COVID from RMC on yesterday. He stated that there were technical issues and could not complete it, I asked him to complete it again today and ensure he filled out each highlighted area. Again, he did not respond. I resent him the link again. I try to always have another person in the office with me when I call him since we have had issues with him for 2 weeks now."

8/31/21-Serge emailed Kellie back stating he cannot complete the eSERO tool, he states he has tried to submit it x5 and keeps getting an error. Kellie responded as follows:

"Good morning,

I am so sorry for the innocence.

Please send us a detailed email about the potential exposure to COVID. Please try to include all information that is asked on the ESERO, and we will attempt to submit it.

Thank you so much."

He has not completed the eSERO as of today.

WANDJI, SERGE DOB: [REDACTED] No. 102704 DOS: 01/25/2023

PROGRESS NOTES

Patient: WANDJI, SERGE
Account Number: 102704
DOB: [REDACTED] Male
Phone: 678-612-9649
Address: PO BOX 523, COLUMBIA, SC-29202

Provider: MATTHEW T DRAKELEY, MD
Date: 01/25/2023

Subjective:**Chief Complaints:**

1. Neck pain. 2. Low back pain. 3. Chronic pain.

HPI:**Pain Management:**

Patient is here today for the evaluation and treatment of the cervical and lumbar spine with hopes to get injections.

Patient states that his chronic pain is all over his body, shooting down the bilateral arms and the left leg to the foot. He complains of numbness/tingling and weakness in the extremities. He states that he was told he has inflammation in his neck and low back that it causing the shooting pain in his arms and legs. Patient rates pain 6/10 on pain scale.

The severity of the pain is 8/10 max, 7/10 average. The pain occurred without any precipitating event or trauma, after covid infection. The pain is described as sharp, shooting, aching, numb, tingling. The timing of the pain is continuous with intermittently worse pain. Imaging studies that have been performed include MRI, of the Cervical Spine, of the Lumbar Spine. Non pharmacologic approaches that have been utilized include massage. Medications that have been utilized include non-steroidal anti-inflammatories. SOAPP 3.

ROS:**Cardiology:**

Patient denies chest pain (angina), shortness of breath, dizziness, swelling in ankles, cold extremities. Patient complaining of irregular heartbeats (palpitations).

Constitutional:

Patient denies fever, loss of appetite, insomnia, weight gain, rash. Patient complaining of weakness/fatigue.

Gastroenterology:

Patient denies nausea/vomiting, diarrhea, constipation, Black or Tarry stools, difficulty swallowing, heartburn.

Musculoskeletal:

Patient denies joint swelling, joint stiffness, leg cramps, muscle cramps, muscles spasms. Patient complaining of muscle aches.

Neurology:

Patient denies dizziness, blurred vision. Patient complaining of tingling, numbness, poor balance, arm weakness, leg weakness.

Respiratory:

Patient denies wheezing, cough, use of inhalers, difficulty breathing.

Medical History: Hypertension, Depression, Anxiety.

Family History: No Family History documented..

Medications: Taking Meloxicam 7.5 MG Tablet 1 tablet Orally Once a day, Taking Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

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WANDJI, SERGE DOB: [REDACTED] No. 102704 DOS: 01/25/2023

Objective:

Vitals: Pain Scale 6, Ht 6'0", Wt 215 lbs, BMI 29.16, BP 138/79 mm Hg, HR 84, RR 18.

Physical Examination:

LAB-UDS:

LAB-UDS UDS w/ Adulterant, Wilburn, Caitlin 1/25/2023 1:01:50 PM > .

General: In no acute distress.

Cardiovascular and Lungs: Breathing comfortably. No edema..

Musculoskeletal: Tender to palpation in the lower lumbar region overlying the spinous processes and paraspinal muscles. Flexion and extension of the lumbar spine provoked no pain..

Strength (lower): Strength 5/5 in all muscle groups in the lower extremities.

Sensory Sensation in lower extremities grossly intact to light touch bilaterally.

Reflexes 2+ in BLES

Range of Motion: Full active range of motion in the lower extremities..

Provocative Maneuvers:

Straight Leg Raise: Negative bilaterally.

Assessment:

Assessment:

1. Radiculopathy, cervical region - M54.12 (Primary)

2. Radiculopathy, lumbar region - M54.16

3. Other long term (current) drug therapy - Z79.899

Pt states he was hospitalized with COVID in 09/2021 and began having full body pain after he was discharged. Dr Fayssoux (wants notes sent over to him) sent him to Dr Khoury who recommended he come here for LESIs and CESIs.

Low back pain radiates down left leg. He has some numbness, tingling and weakness. He has pain on the right side of his back as well but it doesn't radiate

Neck pain on both sides but it only radiates down right arm with associated numbness, tingling and weakness.

He states that he would like to start with lumbar injections.

He is taking meloxicam which helps with his generalized pain. He was on prednisone at one point which helped with the shooting nerve pain.

He has also been referred to physical therapy but hasn't gone yet.

Has MRIs of neck and low back- will request these records

Based upon the preponderance of available information after personally obtaining a comprehensive medical history, performing a comprehensive physical exam, and reviewing pertinent imaging data, my medical impression is that this patient is suffering from an acute Lumbar Radiculitis

The patient has been suffering from these symptoms since 2021 and has failed to respond to 6 weeks of conservative treatments within the last 3 months, which includes:

NSAIDs

Physician-guided home exercise program

The following advanced imaging results have been reviewed and reveal:

o MRI- results pending

There has been no surgical intervention within the last 6 months for the patient's symptoms. The patient is an excellent candidate for an epidural steroid injection given the findings above. Injection therapy will help avoid surgical intervention or an escalation of pharmacological intervention. The risks and benefits of injection therapy were discussed at length with the patient and they would like to proceed in an expedited manner given their present suffering. I recommend:

o LESI (L5-S1).

Plan:

1. Radiculopathy, cervical region

Notes: After talking with patient a INT Lumbar Epidural Steroid Injection @ L5-S1 was recommended.

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WANDJI, SERGE DOB: [REDACTED] 102704 DOS: 01/25/2023

Patient was given printed material on injection treatment plan. The risks, benefits, and details of the procedure were discussed and the patient has expressed understanding and wishes to proceed. Patient will return in 1-2 weeks for injection treatment plan. A signed consent was obtained to request the previous medical records from American Health Imaging. Total time spent with patient in excess of 30 minutes with 50% of that time spent counseling patient regarding treatment options. Electronic records being sent to referring provider. As always, thank you for this kind referral and I look forward to working with you in the care of this patient.

2. Other long term (current) drug therapy

Notes: UDS performed in the office today and sent to in office lab. Screening performed for confirmation that no illicit drugs are present. Urine sample sent to in house lab for confirmation.

Follow Up: 1 Week (Reason: LESI)

Provided: MATTHEW T DRAKELEY, MD

Date: 01/25/2023

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<http://10.0.16.20:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=1141...> 2/8/2023

Pain Specialists of Charleston
 2695 Elms Plantation Blvd.
 Suite A
 North Charleston, SC-29406
 Tel: 843-818-1181 Fax:

Receipt of Payment

Received From :	<u>WANDJI, SERGE</u>	Date :	<u>01/25/2023</u>
Amount :	<u>25.00</u>	Payment ID :	<u>391594</u>
Payment Type :	<u>Cash</u>	Cash No :	<u>06011968</u>

Charges Details

Date	Code Description	Units	Fees	Payment
01/25/2023	Patient Payment			25.00
	Total		0.00	25.00

Account Balance Summary

Total Balance : 0.00

Patient Balance : 0.00

Insurance Balance : 0.00

WANDJI, SERGE DOB: [REDACTED] . 102704 DOS: 02/06/2023

PROGRESS NOTES

Patient: WANDJI, SERGE
Account Number: 102704
DOB: [REDACTED] Sex: Male
Phone: 678-612-9649
Address: PO BOX 523, COLUMBIA, SC-29202

Provider: MATTHEW T DRAKELEY, MD
Date: 02/06/2023

Subjective:**Chief Complaints:**

1. Neck pain.

HPI:Pain Management:

Patient is here today for #1 Cervical Epidural Steroid Injection @ C7-T1. Patient complains of BILAT neck pain that is mainly in the middle radiates down through the shoulder and down to the fingers and is accompanied by numbness/tingling when he gets the shooting pain. Pain is 6.5-7/10 on pain scale today.

Patient wants a copy of the notes from the procedure today for his doctor. (willing to pick up another day).

ROS:Constitutional:

Patient denies fever, loss of appetite, insomnia, weight gain, rash. Patient complaining of **weakness/fatigue**.

Gastroenterology:

Patient denies nausea/vomiting, diarrhea, constipation, Black or Tarry stools, difficulty swallowing, heartburn.

Musculoskeletal:

Patient denies joint swelling, joint stiffness, leg cramps, muscle cramps, muscles spasms. Patient complaining of muscle aches.

Medical History: Hypertension, Depression, Anxiety.

Family History: No Family History documented..

Medications: Taking Meloxicam 7.5 MG Tablet 1 tablet Orally Once a day, Taking Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day, Medication List reviewed and reconciled with the patient

Objective:

Vitals: Pain Scale 7, Ht 6'0", Wt 215 lbs, BMI 29.16, BP 115/72 mm Hg, HR 71, RR 18.

Examination:Pre-procedure Assessment:

NPO since last PM.

Bloodthinners None.

IV size and location 24 gauge.

Consent signed by patient.

Possibility of pregnancy No.

Driver driver in the car.

Assessment:**Assessment:**

1. Radiculopathy, cervical region - M54.12 (Primary)

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Provider: MATTHEW T DRAKELEY, MD Date: 02/06/2023
<http://10.0.16.20:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=1141...> 2/8/2023

WANDJI, SERGE DOB: [REDACTED] No. 102704 DOS: 02/06/2023

Plan:

1. Radiculopathy, cervical region

Notes: After today's injection, we will schedule a follow up appointment for the patient in 3 weeks to discuss results. Permanent images have been recorded. Patient instructed that sedation will remain in system for 24 hours and cause drowsiness, no driving or operating heavy machinery. Do not drink alcohol. Rest today and resume normal activity tomorrow, use ice for soreness. AN INDEPENDENT, TRAINED, OBSERVER IS PRESENT TO MONITOR THE PATIENT DURING THE MODERATE SEDATION.

Procedures:

***Cervical Epidural Steroid Injection:**

Location C7-T1. Pre-procedure Diagnosis M54.12- Radiculopathy, cervical region. Plan of Treatment Will do a Cervical Epidural Steroid Injection today. Sedation Total of 2mg Versed admin IVP Singletary, Catherine 2/6/2023 12:48:59 PM > . Procedure Detail Drakeley C7-T1: The procedure and potential risks were explained to the patient and informed written consent was obtained. The patient was escorted to the procedure room and placed in the prone position. Pillows were utilized for proper positioning and comfort. The patient's neck was prepped with iodine x3 and draped in a sterile fashion. Subcutaneous 1% lidocaine was instilled into the superficial soft tissue of the patient's neck for local anesthesia. With fluoroscopic guidance, an 18-gauge Tuohy needle was advanced toward the interlaminar space of C7-T1. The needle was advanced using a contralateral oblique view until just posterior to the spinolaminar line. The needle was then advanced through the ligamentum flavum and into the posterior epidural space using the "loss of resistance" technique along with intermittent contralateral oblique images. Correct needle placement was confirmed through review of the AP and contralateral oblique fluoroscopic views. One cc of contrast was injected which confirmed good flow throughout the epidural space and no evidence of vascular flow or flow into adjacent compartments. Next, following negative aspiration, 2 cc's of normal saline and 10 mg of dexamethasone was injected. The needle was gently removed. The patient tolerated the procedure well, and was transported to the recovery area for observation and discharge instructions. Permanent images saved and recorded. Post-procedure Observation Transported to recovery area via wheelchair, IV removed-no redness or inflammation, Written discharge instructions reviewed with patient and driver, Patient at baseline mobility, no leg weakness/numbness, Vital signs stable BP:116/79 P:79 Patient now rates pain 7 on a 0-10 scale, Escorted to private vehicle without incident, IV OUT Singletary, Catherine 2/6/2023 12:58:07 PM > . Post-procedure Diagnosis Same as pre-procedure diagnosis. Intra-procedure Monitoring Vital signs monitored constantly through procedure and remained stable, Patient easily arousable, oriented, able to follow commands and answer questions throughout entire procedure. Notes Will see patient back in 2-3 weeks for follow up.

Procedure Codes: 62321 INJECT SPINE C/T, 77003 FLUOROGUIDE FOR SPINE INJECT, 99152 MOD CS BY SAME PHYS, 5 YEARS +, A4550 STERILE TRAY, J1100 INJ DEXAMETHASONE 1 MG, Units: 10.00, J2250 MIDAZOLAM 1 MG, Units: 2.00, Q9966 LOCM 200-299MG/ML IODINE

Follow Up: 2-3 Weeks (Reason: f/u)

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Provider: MATTHEW T DRAKELEY, MD

Date: 02/06/2023

<http://10.0.16.20:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=1141...> 2/8/2023

APA # 64

Page 1 of 1

PAIN SPECIALISTS OF CHARLESTON
2695 ELMS PLANTATION BLVD
SUITE A
NORTH CHARLESTON, SC-29406-5017
Tel: 843-818-1181 Fax: 843-818-1145

Receipt of Payment

Received From :	<u>WANDJI, SERGE</u>	Date :	<u>02/06/2023</u>
Amount :	<u>250.00</u>	Payment ID :	<u>393313</u>
Payment Type :	Credit Card (VISA)	Credit Card (VISA) No :	<u>008660</u>

Charges Details

Date	Code Description	Units	Fees	Payment
02/06/2023	62321 INJECT SPINE C/T	1.00	979.00	
02/06/2023	77003 FLUOROGUIDE FOR SPINE INJECT	1.00	298.00	
02/06/2023	A4550 STERILE TRAY	1.00	110.00	
02/06/2023	Q9966 LOCM 200-299MG/ML IODINE	1.00	18.75	
02/06/2023	99152 MOD CS BY SAME PHYS, 5 YEARS +	1.00	248.75	
02/06/2023	J2250 MIDAZOLAM 1 MG	2.00	12.50	
02/06/2023	J1100 INJ DEXAMETHASONE 1MG	10.00	50.00	
02/06/2023	Patient Payment			250.00
	Total		1717.00	250.00

Account Balance Summary

Total Balance : 68.00

Patient Balance : 68.00

Insurance Balance : 0.00

Page 156

<http://10.0.16.20:8080/mobiledoc/jsp/catalog/xml/getXmlReceipt.jsp?PaymentId=393313&...> 2/6/2023



the Regional Medical Center

September 24, 2021

Serge Wandji
951 Edisto Avenue
Orangeburg, SC 29115

Re: Leave of Absence

Dear Serge,

This letter is to confirm that we have received paperwork regarding your request for leave. Unfortunately, you are not eligible for FMLA. FMLA (Family Medical Leave Act) provides employees who have been employed for twelve months and have worked 1250 hours, up to twelve workweeks of job-related leave.

You are approved for a leave of absence (LOA) starting 8/28/2021. A leave of absence is available up to 12 weeks. Keep in mind, a leave of absence does not protect your job and your position may be filled at any time. If your position is filled, you may apply for positions that you have the skills, knowledge and abilities to complete. If your position remains open, you would simply return to your position. Prior to returning to work, you will need to provide HR with a notice from the physician that you may return to work without restrictions.

While you are out, you will continue to pay for your benefits. You will be requested to use PTO and extended illness while you are out, which may cover your benefits. If your PTO and extended illness runs out while you are still out, you will need to work with Pranali Nabb in HR to pay for any benefits outstanding. You may contact her at (803) 395-2388.

If you have any questions, please contact me at (803) 395-2063.

Sincerely,

Ginger Swartz
HR Business Partner

THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

The Honorable T. Scott Beck, Commissioner

Appellate Case No. 2024-001935

S.C. W.C.C. File No. 2118696

Serge Wandji, Claimant, ...Appellant,

v.

The Regional Medical Center, Employer,
and Antum Risk, Carrier, ... Respondents.

MOTION TO STRIKE

Pursuant to Rule 240, Rule 208, Rule 209, and Rule 210, S.C.A.C.R., the Respondents move before the Court of Appeals for an Order striking improper, immaterial, and impertinent arguments in the Appellant's Initial Brief referencing testimony and documents that were not submitted into evidence before the Workers' Compensation Commission. Respectfully, if these references to matters outside of the record are not stricken from the Appellant's Brief, then the Respondents would be forced to address the merits of testimony or documents that were not properly presented to the trier of fact for the first time on appeal, which is highly irregular, prejudicial, and perhaps violative of the Respondents' right to due process.

By his appeal, the Appellant seeks review of the Workers' Compensation Commission's November 1, 2024, Order denying his Motion "to Reopen case or request for modification based on extraordinary circumstances." (*See attached Exhibit 1, Order dated November 1, 2024*). This Motion Order is the only Order subject to review. (*See attached Exhibit 2, Notice of Appeal, and Exhibit 3, Amended Notice of Appeal*). The Workers' Compensation Commission's prior Decision and Order addressing the merits of the Claimant's workers' compensation claim, issued on March 8, 2024, was not appealed, and therefore, it is final and binding. S.C. Code Ann. § 42-17-60; Gattis v. Murrells Inlet VFW No. 10420, 353 S.C. 100, 109, 576 S.E.2d 191, 195 (Ct. App. 2003) (holding that "[i]f the parties to the dispute fail to timely appeal the final award of the full commission, then its order "is conclusive and binding as to all questions of fact"). (*See attached Exhibit 4, Decision and Order dated March 8, 2024*).

The Appellant's Motion "to Reopen case or request for modification based on extraordinary circumstances"¹ was filed on October 4, 2024 -- seven months after the Commission issued final Decision and Order on March 8, 2024. (*See attached Exhibit 4, and Exhibit 5, Motion to Reopen dated October 4, 2024*). The Appellant's Motion contained no

¹ The Appellant's Motion to Reopen dated October 4, 2024, raised only three grounds and cited only Rule 60(b), S.C.R.C.P., and S.C. Code Ann. § 42-17-90. Rule 60 of the South Carolina Rules of Civil Procedure does not apply to administrative proceedings before the South Carolina Workers' Compensation Commission. *See* Rule 1, S.C.R.C.P., Rule 81, S.C.R.C.P.; *see also* Stone v. Roadway Express, Emp., 367 S.C. 575, 582, 627 S.E.2d 695, 699 (2006); *accord* Nettles v. Spartanburg Sch. Dist. #7, 341 S.C. 580, 588, 535 S.E.2d 146, 150 at *fn.4* (Ct. App. 2000) (concluding that the workers' compensation law does not provide for a motion under Rule 60, S.C.R.C.P.). Instead, procedure before the Workers' Compensation Commission is governed exclusively by Title 42 and Regulation 67. In addition, S.C. Code Ann. § 42-17-90 governs changes in a claimant's physical condition after an award is made. There is no allegation (much less proof) of a physical change of condition for the worse in this claim and S.C. Code Ann. § 42-17-90 is wholly inapplicable. *See* Causby v. Rock Hill Printing & Finishing Co., 249 S.C. 225, 227, 153 S.E.2d 697, 698 (1967).

exhibits or supporting affidavits. The Workers' Compensation Commission did not receive any additional evidence in the Appellant's claim after the conclusion of the evidentiary hearing on February 16, 2023, as indicated in Hearing Commissioner Beck's May 31, 2023, Decision and Order, which lists all evidence that is properly part of the evidentiary record before the Commission. (*See attached Exhibit 6, Decision and Order dated May 31, 2023*).

On October 23, 2024, the Appellant attempted to file an untimely Reply to the Respondent's Return to his Motion "to Reopen case or request for modification based on extraordinary circumstances," in which he improperly referenced, quoted, and exhibited excerpts from a deposition of Dr. John H. Samies taken on September 17, 2024, during the course of independent civil litigation initiated by the Appellant in the Orangeburg County Court of Common Pleas (2023-CP-38-00331)². This deposition was taken by the Appellant 19 months after the evidentiary record closed in his workers' compensation claim, without notice to the undersigned counsel of record for the Respondents.³ The deposition of Dr. Samies was not part of the record before the Workers' Compensation Commission because the Appellant made no attempt to depose Dr. Samies during the course of his workers' compensation claim and made no

² The Honorable Judge Maite Murphy granted summary judgment and dismissed this case on January 14, 2025. On information and belief, the Appellant has already filed (or attempted to file) an appeal to the Court of Appeals.

³ Because this deposition was taken without notice to, or the participation of the undersigned counsel of record for the Respondents, the Respondents contend it would not have been admissible in the workers' compensation claim even if it had been timely presented in accordance with S.C. Code Reg. 67-612 or S.C. Code Reg. 67-707. Not only does the Workers' Compensation Act give the Respondents the right to notice and opportunity to participate in the deposition of an expert witness, but this right is guaranteed by the due process clause of the U.S. and S.C. Constitutions. S.C. Code Ann. § 42-3-160; S.C. Dep't of Soc. Servs. v. Wilson, 352 S.C. 445, 452-53, 574 S.E.2d 730, 734 (2002) (holding the procedural due process right to confront and cross-examine witnesses applies in the civil context and includes the right to be physically present during the testimony) (internal citations omitted).

attempt submit the deposition at any time prior the Commission issuing the final Decision and Order on March 8, 2024, as required by S.C. Code Reg. 67-612 or S.C. Code Reg. 67-707.

Accordingly, on October 31, 2024, the Respondents filed with the Workers' Compensation Commission a Motion to Strike the Claimant's Reply, including the exhibited portions of the transcript of Dr. Samies's deposition. (*See attached* Exhibit 7, Motion to Strike dated October 31, 2024). The Commission granted the Respondent's Motion to Strike by Order dated December 23, 2024. (*See attached* Exhibit 8, Order dated December 23, 2024). The Respondents respectfully contend that an exhibit to an untimely, unfounded pleading that is ordered to be stricken by the Commission should not be included in the Record on Appeal because it was not properly "presented to" the Commission as required by Rule 210(c), S.C.A.C.R. *Cf. Gilmore v. Ivey*, 290 S.C. 53, 58, 348 S.E.2d 180, 184 (Ct. App. 1986) (holding that depositions relied on by Gilmore either had not been filed as the rule required or had not been published and therefore were not in the record and the hearing judge properly disregarded the testimony that Gilmore's counsel claimed, during his argument, was reflected by those depositions); *McManus v. Bank of Greenwood*, 171 S.C. 84, 171 S.E. 473 (1933) (a court cannot consider statements of fact appearing only in argument of counsel).

Despite the fact that the deposition of Dr. Samies was not part of the record before the Workers' Compensation Commission, the Appellant's Initial Brief to the Court of Appeals repeatedly references and quotes the alleged deposition testimony of Dr. Samies, including at pages 13 (¶ 1), 14 (¶ 1), 15, and 16 (¶ 1). The Appellant has also listed the "Transcripts of the Deposition of Dr. Samies" in his Designation of Matter to be included in the Record on Appeal. The Respondents respectfully contend that the deposition of Dr. Samies is not properly included in the Record on Appeal, as it was not properly submitted into evidence before the Workers'

Compensation Commission and was not considered by the Commission in rendering any decision. The Respondents contend that the Appellant's references to the deposition testimony of Dr. Samies in his Initial Brief are improper and highly prejudicial because they require responsive briefing by the Respondents on appeal if they are not stricken. See Wilder Corp. v. Wilke, 330 S.C. 71, 76, 497 S.E.2d 731, 733 (1998) (holding that "[i]t is axiomatic that an issue cannot be raised for the first time on appeal, but must have been raised to and ruled upon by the trial judge to be preserved for appellate review"). Therefore, the Respondents respectfully request that the Court of Appeals strike any and all references to (and quotations from) the deposition of Dr. Samies contained in the Appellant's Initial Brief and exclude the transcript of this deposition from the Record on Appeal. See generally, Cobb v. Benjamin, 325 S.C. 573, 581, 482 S.E.2d 589, 593 (Ct. App. 1997) (granting a motion to strike matters from the record on appeal and holding that a representation of fact in written briefs, memoranda or made during oral argument, may not be considered by the court where it is unsupported by the record).

The Respondents have filed a separate Motion to Exclude matters designated by the Appellant to be included in the Record on Appeal. In addition, the Respondents respectfully request that the Court strike all references, quotations, and representations made by the Appellant in his Initial Brief regarding deposition testimony of Dr. Samies that was not properly presented to, or considered by, the Workers' Compensation Commission and otherwise order that the Appellant's future briefing conform to Rule 208(b)(4), S.C.A.C.R..

[signature block on following page]

Respectfully submitted,



Roy A. Howell, III, S.C. Bar #11888

Kirsten Leslie Barr, SC Bar #15525

Trask & Howell, L.L.C.

P.O. Box 2167

Mt. Pleasant, SC 29465

(843) 881-4228

rhowell@trask-howell.com

kbarr@trask-howell.com

Attorneys for Respondents

January 16, 2025
Mount Pleasant, SC

**STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS**

**APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
T. Scott Beck, Commissioner**

Workers' Compensation File No. 2118696.

**Serge R. Wandji,
Appellant/Claimant,**

v.

**The Regional Medical Center, Self-Insured Employer, Through Antum Risk,
Respondent/Defendant.**

+62 p386

**PLAINTIFF'S RESPONSE IN OPPOSITION TO DEFENDANT'S MOTION TO
STRIKE**

Appellate Case No. 2024-001935

**TO: THE COURT OF APPEALS OF SOUTH CAROLINA AND ATTORNEYS FOR THE
RESPONDENTS:**

COMES NOW the Pro se Appellant, Serge Wandji, and files this Response in Opposition to the Respondents' Motion to Strike, showing the Court as follows:

INTRODUCTION

The Respondents' Motion to Strike seeks to exclude references in Appellant's Initial Brief to the deposition testimony of Dr. John H. Samies. The Respondents contend that this deposition was not part of the record before the Workers' Compensation Commission and should therefore be excluded from appellate consideration. This argument misinterprets both procedural rules and the equitable doctrines inherent in the review of workers' compensation matters. The Motion to Strike should be denied for the reasons set forth below.

ARGUMENT

I. The Deposition of Dr. Samies is Critical to the Appellant's Case and Triggered the Present Appeal

The deposition of Dr. John H. Samies constitutes the newly discovered evidence that forms the very basis of the Appellant's Motion to Reopen and this appeal. Dr. Samies' testimony directly contradicts the earlier findings of the Workers' Compensation Commission and exposes significant inaccuracies and undisclosed conflicts of interest. Specifically, Dr. Samies' deposition confirms:

1. **Pervasive Exposure to COVID-19 at the Workplace:** Dr. Samies admitted that employees, including the Appellant, who were working in units treating COVID-19 patients, faced an elevated risk of exposure. He further acknowledged that multiple employees on the same unit contracted COVID-19 during the relevant time (**Exhibit #1: Deposition Transcript**, p. 31, lines 16-23; p. 31, lines 22-23).
2. **Undisclosed Bias:** Dr. Samies served as a member of The Regional Medical Center's Board of Trustees and as Chair of its Infection Control Department, creating a direct conflict of interest that undermines the credibility of his previous testimony (**Exhibit # 1: Deposition Transcript**, p. 6, lines 15-21; p. 7, lines 1-2).
3. **Misrepresentation of Facts:** Dr. Samies admitted that his earlier statements characterizing the Appellant's exposure as "unrelated to employment" were speculative and based on incomplete information (**Exhibit # 1: Deposition Transcript**, p. 26, lines 11-13; p. 27, lines 9-11).

This deposition not only contradicts key findings of the Commission but also undermines the impartiality and reliability of the testimony upon which the Respondents heavily relied.

II. Newly Discovered Evidence Warrants Reconsideration Under Rule 60(b)

Rule 60(b) of the South Carolina Rules of Civil Procedure permits the reopening of cases based on newly discovered evidence that could not have been presented earlier through due diligence and that would likely change the outcome. See *Hawkins v. Bruno Yacht Sales, Inc.*, 342 S.C. 352, 536 S.E.2d 698 (Ct. App. 2000); *Ledford v. Dep't of Pub. Safety*, 341 S.C. 89, 533 S.E.2d 314 (2000).

1. **Inaccessibility During the Original Hearing:** The deposition was obtained during civil litigation initiated after the Workers' Compensation hearing, as the Respondents failed to disclose relevant information during discovery.
2. **Material Impact:** Dr. Samies' admissions substantiate the Appellant's claim that his COVID-19 infection was work-related and demonstrate that the Commission's reliance on Dr. Samies' earlier testimony was misplaced.

South Carolina courts have consistently held that newly discovered evidence must be both material and likely to produce a different result. See *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 276 S.E.2d 304 (1981).

III. Equitable Considerations Require Inclusion of the Deposition in the Record on Appeal

Workers' compensation proceedings are fundamentally equitable in nature, designed to provide a fair and just resolution for injured employees. Strict adherence to procedural

technicalities should not preclude the consideration of evidence that directly impacts the fairness of the outcome. See *Shatto v. McLeod Reg'l Med. Ctr.*, 406 S.C. 470, 753 S.E.2d 416 (2013). By excluding Dr. Samies' deposition, the Court risks perpetuating an unjust result.

IV. Respondents' Procedural Arguments Are Baseless

The Respondents assert that they were denied the opportunity to participate in Dr. Samies' deposition and that its inclusion violates their due process rights. However, this argument is unfounded because:

1. **Adequate Notice:** The deposition was conducted in accordance with civil litigation procedures. An Attorney (Mrs. Amanda Williams) retained by the Respondents was present and had the opportunity to challenge its admissibility in that context.
2. **Substantive Fairness:** The deposition does not introduce surprise evidence but rather clarifies and corrects previous misrepresentations made by Dr. Samies.

South Carolina courts have long emphasized the importance of procedural fairness, particularly when expert testimony is central to the case. See *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 (1993).

V. Exclusion of Dr. Samies' Testimony Would Result in Prejudice to the Appellant

Granting the Respondents' Motion to Strike would deprive the Appellant of the ability to present the full context of his case, undermining the integrity of the appellate review process. The testimony of Dr. Samies is central to establishing:

1. The extraordinary circumstances justifying the reopening of the case.

2. The Respondents' pattern of misconduct, including the reliance on biased and speculative testimony to deny the Appellant's claim.

VI. Failure to Address Dr. Samies' Testimony Violates Appellant's Due Process Rights

The exclusion of critical evidence, such as Dr. Samies' deposition, violates the principles of due process by depriving the Appellant of the opportunity to present all relevant facts. See *State v. Fletcher*, 354 S.C. 555, 581 S.E.2d 127 (2003). Procedural fairness requires that courts consider all material evidence necessary to ensure a just outcome.

CONCLUSION

The Respondents' Motion to Strike is an attempt to shield critical evidence from scrutiny and to constrain this Court's ability to render a just decision. Dr. Samies' deposition provides essential insights that directly impact the merits of the Appellant's case. For the foregoing reasons, the Appellant respectfully requests that this Court deny the Motion to Strike in its entirety and consider the deposition of Dr. Samies in its review of this case.

Respectfully submitted this 16th day of January, 2025.

s/Serge Wandji
Pro Se Appellant
579 Folly Road, P.O. Box 12112
Charleston, SC 29422
Email: sergewandji@gmail.com
Phone: 678-612-9649

Dated: January 16, 2025

THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

The Honorable T. Scott Beck, Commissioner

Appellate Case No. 2024-001935

S.C. W.C.C. File No. 2118696

Serge Wandji, Claimant,.....Appellant,

v.

The Regional Medical Center, Employer,
and Antum Risk, Carrier,..... Respondents.

**MOTION TO EXCLUDE CERTAIN MATTERS
DESIGNATED BY THE APPELLANT FROM THE RECORD ON APPEAL**

The Respondents object to certain matters designated by the Appellant to be included in the Record on Appeal because they were not considered by the Workers' Compensation Commission, they are not relevant to the proceedings, and they were not part of the Record before the Commission. Rule 210, S.C.A.C.R., requires that the Record on Appeal "shall not ... include matter which was not presented to the lower court or tribunal." Therefore, the Respondents respectfully request that the Court of Appeals issue an Order limiting the Record on Appeal to that which was properly presented to, and admitted into evidence by, the Workers' Compensation Commission and otherwise prohibiting inclusion of the following matters designated by the Appellant:

“6. Claimant/Appellant’s Reply to Respondent’s Return

9. Transcripts of the Deposition of Dr. Samies

16. Settlement offer letter

18. Defendant’s email exchange with labor’s [sic] attorneys.

19. HIPAA related letter

20. Claimant/Appellant APAs: from APA #1 (p.1) to APA #64 (p.156)”

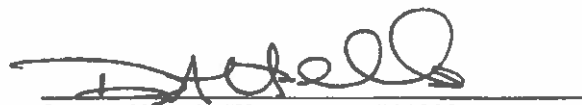
Specifically, the Workers’ Compensation Commission issued an Order on December 23, 2024, striking in its entirety the “Claimant/Appellant’s Reply to Respondent’s Return” from the Record. (*See attached*, Exhibit 1, Order dated 12/23/24). Likewise, the “Transcripts of the Deposition of Dr. Samies” were never properly presented to, considered by, or entered into evidence before the Workers’ Compensation Commission and are not properly part of the Record on Appeal. (*See attached*, Exhibit 2, Order dated 5/31/23 p.1, pp.3--11). In addition, the “Settlement offer letter” (Claimant/Appellant’s APA p.66) was ruled inadmissible by the Workers’ Compensation Commission at the hearing on February 15, 2023 (*see attached*, Exhibit 3, 2/15/23 Hearing Transcript p.3, ll.16—22), and is otherwise not relevant to the issues before the Court of Appeals; therefore, it should be excluded from the Record on Appeal.

The “Defendant’s email exchange with labor’s [sic] attorneys” and the “HIPAA related letter” are not clearly identified with sufficient specificity to comply with Rule 209, S.C.A.C.R.. However, these documents were not presented to the Workers’ Compensation Commission, are

clearly not part of the Record before the Workers' Compensation Commission, and are not relevant to the Workers' Compensation Commission's decision to deny the Appellant's "Motion to Reopen Case" or the present appeal.

Therefore, the Respondents respectfully request an Order from the Court of Appeals prohibiting the inclusion of the above-reference matters from the Record on Appeal in accordance with Rule 209 and Rule 210, S.C.A.C.R.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Roy A. Howell, III", is written over a horizontal line.

Roy A. Howell, III, S.C. Bar #11888
Kirsten Leslie Barr, SC Bar #15525
Trask & Howell, L.L.C.
P.O. Box 2167
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rhowell@trask-howell.com
kbarr@trask-howell.com
Attorneys for Respondents

January 14, 2025

**STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS**

**APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
T. Scott Beck, Commissioner**

Workers' Compensation File No. 2118696.

**Serge R. Wandji,
Appellant/Claimant,**

v.

**The Regional Medical Center, Self-Insured Employer, Through Antum Risk,
Respondent/Defendant.**

**PLAINTIFF'S RESPONSE OPPOSING DEFENDANTS' MOTION TO
EXCLUDE CERTAIN MATTERS FROM THE RECORD ON APPEAL**

Appellate Case No. 2024-001935

**TO: THE COURT OF APPEALS OF SOUTH CAROLINA AND ATTORNEYS FOR THE
RESPONDENTS:**

The Claimant/Appellant, **Serge Wandji**, appearing pro se, respectfully submits this Response opposing the Respondents' Motion to Exclude Certain Matters from the Record on Appeal. For the reasons outlined below, the Claimant/Appellant urges the Court to deny the Motion and retain the designated matters in the Record on Appeal.

I. Legal Standard for the Record on Appeal

Under **Rule 210, S.C.A.C.R.**, the Record on Appeal must include all materials relevant to the appellate court's review and necessary for determining whether the lower tribunal erred in its rulings. Excluding significant documents designated by the Claimant/Appellant would prejudice his ability to present his case fully and deprive the Court of essential context for its review.

II. Relevance of Designated Matters

Each item designated by the Claimant/Appellant is directly connected to the issues raised on appeal. These materials are critical to providing a comprehensive understanding of the procedural and substantive errors that occurred in the Workers' Compensation Commission proceedings.

A. Claimant/Appellant's Reply to Respondents' Return

This document directly responds to the Respondents' arguments and highlights both procedural and substantive errors in the Commission's decision-making process. It includes critical exhibits that are part of the official record in this workers' compensation case. Excluding this document would deprive the appellate court of important context essential for a fair review.

B. Dr. Samies' Deposition Provides Critical New Evidence

Respondents argue that the deposition of Dr. Samies should be excluded; however, this deposition introduces **newly discovered evidence** that could not have been obtained during the initial hearings despite due diligence. This evidence is pivotal to the appeal, as it impacts the integrity and fairness of the decision-making process.

1. Evidence of Bias and Conflict of Interest

- Dr. Samies' deposition reveals substantial evidence of bias, conflict of interest, and **fraudulent misrepresentation**. At the hearing, Dr. Samies' 'expert' letter was presented by the Defendant as being generated by an independent infectious diseases physician. In his deposition, when asked what kind of additional role he had at TRMC beside practicing medicine there? Dr. Samies answered "*I've been on a variety of committees, chaired a variety committees, have served on Board of*

Trustees. I've served on the Medical Executive Committee" (**Exhibit # 1:** Deposition Transcript Pg. 5, Lines 11-16). As a Board of Trustees member and Executive Medical Officer aligned with The Regional Medical Center (TRMC), Dr. Samies was in a position of inherent conflict that was neither disclosed in his written testimony nor adequately addressed during the initial hearings, since he (Dr. Samies) failed to show up to be cross-examined by the Claimant at the hearing. His written testimony (See **Exhibit #2:** Dr. Samies' Expert letter) which was admitted as evidence during the proceedings, and which was heavily relied upon by the Commission, is now shown to have been compromised by this bias.

2. Acknowledgment of Workplace Exposure to COVID-19

- ◉ In his deposition Dr. Samies admitted that the Claimant, a nurse employed at TRMC, was exposed to COVID-19 during August 2021 in his workplace. Dr. Samies himself acknowledged, "*any employee at the hospital (including Claimant) can be exposed when there are patients with COVID-19*" (**Exhibit # 1** Deposition Transcript Pg. 31, Lines 22-23). This acknowledgment contradicts prior assertions in his written testimony (See **Exhibit # 2**) and provides compelling evidence supporting the Claimant's case. This new evidence is directly relevant to the appeal and must be included in the Record for the Court's consideration.

C. HIPAA-Related Letters Are Part of the Record and Highly Relevant

Respondents incorrectly claim that the HIPAA-related letters were not presented to the Workers' Compensation Commission. In fact, these letters are part of the official record, as they were formally sent by the Claimant to Commissioner T. Scott Beck and the Respondents, addressing

significant HIPAA violations (**See Exhibit # 3**). By the way Mr. Roy Howell III, attorney for the Defendants was copied to these email.

1. The First HIPAA Letter

- Sent on November 28, 2022, this letter formally complained of HIPAA violations involving the Claimant's medical records. It highlights procedural irregularities and demonstrates the Claimant's good-faith efforts to address these violations during the proceedings.

2. The Second HIPAA Letters

- Sent on February 2 and February 5, 2023, to TRMC's CEO and their attorney, this letter documented ongoing HIPAA violations and the Respondents' failure to address them. These letters underscore procedural errors and breaches that affected the fairness of the process.

Both letters are relevant to the Claimant's case and their exclusion would unfairly limit the Court's understanding of the procedural and substantive issues involved.

D. Claimant/Appellant APA Documents

The APA documents provide essential legal and procedural context agreed upon by both parties throughout the proceedings. Their exclusion would significantly hinder the Claimant's ability to present his case, especially since they are integral to understanding the broader legal issues in dispute.

E. Defendant's Email Exchange with Labor's Attorneys

This correspondence reflects Respondents' handling of key issues in the Workers' Compensation claim. It provides insight into procedural inconsistencies and is necessary for a full understanding of the case.

F. Settlement Offer Letter

While settlement negotiations are typically inadmissible for proving liability, the settlement offer letter is not included for this purpose. Instead, it demonstrates the Respondents' acknowledgment of relevant disputes, making it pertinent to procedural fairness and justifying its inclusion in the Record.

III. Importance of a Complete Record

The South Carolina Appellate Rules emphasize the necessity of a comprehensive record to facilitate meaningful appellate review. Arbitrarily excluding relevant materials, such as those designated by the Claimant/Appellant, would result in an imbalanced presentation of the case and hinder the Court's ability to assess the Workers' Compensation Commission's rulings fully.

IV. Procedural Justice

In the interest of fairness and justice, the designated matters should remain part of the Record on Appeal. Their exclusion risks obscuring critical elements of the decision-making process, undermining procedural integrity, and prejudicing the Claimant's appeal.

CONCLUSION

For the foregoing reasons, the Claimant/Appellant respectfully requests that the Court deny the Respondents' Motion to Exclude Certain Matters from the Record on Appeal. Retaining these materials will ensure a thorough and just appellate review.

Respectfully submitted,

s/Serge Wandji
Pro Se Appellant
579 Folly Road, P.O. Box 12112
Charleston, SC 29422
Email: sergewandji@gmail.com
Phone: 678-612-9649

Dated: January 17, 2025

HIPPA Privacy Rule Violation

S

Serge Wandji <sergewandji@gmail.com>

Mon, Nov 28,
2022, 6:24 PM

to sdebruhi, Amy, Roy

November 28, 2022

To: Commissioner T. Scott Beck
S.C. Workers' Compensation
133 Main Street, Suite 500
Columbia, SC 29202-1715

Re: Serge Wandji v. The Regional Medical Center
W.C.C. File No.: 2118696
Carrier File No.: WC2021098080

Subject: HIPPA Privacy Rule Violations

Dear Commissioner Beck,

It is with sadness that I am writing to inform you that Mr. Howell and his Law Firm "Trask & Howell LLC", acting as a Business Associate in representing the Defendant The Regional Medical Center (TRMC), in the above-referred case, purposely disclosed the Protected Health Information (PHI) of not only the claimant but also of many other innocent citizens out there who are not even involved in this workers' compensation case, in direct violation of the HIPAA Privacy law.

In fact, on November 23, 2022 at 4:05 pm, Trask & Howell LLC law Firm sent me an unencrypted email with an attachment document which contained Claimant's full name, date of birth, address, medical record number, insurance information, age, sex, current health history, past medical history, social history, family history, lab and radiology text results, doctor's medical notes, etc....

That unencrypted email attachment also contained Protected Health Information of claimant's former co-workers at TRMC, as well as many patients' of TRMC, including their names, sex, date of birth, symptoms, labs results, diagnoses, and even the date of death (where it applied).

This Data breach is clearly a Tier-Four HIPAA law violation in which the unlawful disclosure of innocent citizens' PHI was caused by willful neglect and was not corrected promptly.

I have been asking myself the following question: "Why would a trained attorney, licensed to practice law in America, willfully engage in this kind of neglect by disclosing via an unencrypted email into the open internet (gmail), the PHI of innocent citizens out there? Especially when we all know that it costs very little to send mail via the United States Postal Service from Mt. Pleasant where Mr. Howell's law firm is located in Columbia where the Claimant is located?

As a nurse, it breaks my heart to see innocent citizens' PHI being unlawfully violated, especially by professionals who should have known better.

Yours very truly,

Serge Wandji, RN



ReplyReply allForward
Add reaction

The South Carolina Court of Appeals

Serge Wandji, Claimant, Appellant,

v.

The Regional Medical Center, Employer, and Antum
Risk, Carrier, Respondents.

Appellate Case No. 2024-001935

ORDER

On January 14, 2025, Respondents moved to exclude certain matters designated by Appellant for the record on appeal. On January 16, 2025, Respondents moved to strike "improper, immaterial, and impertinent arguments" from Appellant's initial brief and moved to extend the time for filing Respondents' initial brief and designation of matter pending this court's ruling on the aforementioned motions. Appellant filed returns to each motion, opposing Respondents' requested relief, and Respondents filed a reply to the returns for the motion to strike and motion to exclude. After careful consideration, we deny Respondents' motion to strike Appellant's brief. Further, we grant in part and deny in part Respondents' motion to exclude matter from Appellant's designation of matter. Specifically, we strike the following matters from Appellant's designation of matter: #9, #16, #18, and #19. However, we deny Respondents' motion to strike as to matter #6 and #20. *See* Rule 209(b), SCACR ("[T]he Designation may only propose to include portions of the transcript, pleadings, orders, exhibits, or other materials which may be properly included in the Record on Appeal [See Rule 210(c)]."); Rule 210(c), SCACR ("The Record shall not, however, include matter which was not presented to the lower court or tribunal."). Within ten days of the date of this order, Appellant shall file and serve an amended designation of matter omitting designated items #9, #16, #18, and #19. Upon receipt of Appellant's amended designation of matter, Respondents shall have thirty days in which to serve and file the initial brief of respondents and designation of matter.



FOR THE COURT

Columbia, South Carolina

FILED
Feb 26 2025

cc:
Serge Wandji
Roy Allen Howell, III, Esquire

THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

The Honorable T. Scott Beck, Commissioner

Appellate Case No. 2024-001935

S.C. W.C.C. File No. 2118696

Serge Wandji, Claimant,.....Appellant,

v.

The Regional Medical Center, Employer,
and Antum Risk, Carrier,..... Respondents.

MOTION TO EXCLUDE DEPOSITION OF DR SAMIES

FROM THE RECORD ON APPEAL

By Order dated February 26, 2025, the Court of Appeals ruled that the transcript of the deposition of Dr. Samies, which was identified as “#9” in the Appellant’s original Designation of Matter, should be stricken from that Designation and excluded from the Record on Appeal. The Respondents requested this relief because the deposition of Dr. Samies was not properly presented to, or considered by, the Workers’ Compensation Commission, and therefore, it is not properly included in the Record on Appeal pursuant to Rule 210(c), SCACR.

On March 3, 2023, during the pendency of his workers’ compensation claim, the Appellant filed a civil action against Dr. Samies and the Regional Medical Center. In the civil

complaint -- filed more than 12 weeks before Commissioner Beck issued his Decision and Order in the workers' compensation claim on May 31, 2023 -- the Appellant alleged that the fact Dr. Samies was a member of the Regional Medical Center Board of Trustee somehow created a conflict of interest in his workers' compensation claim. (*See attached*, Exhibit 1, civil complaint). However, the Appellant did not raise this allegation to the Workers' Compensation Commission until May 15, 2023, when the Appellant wrote to Commissioner Beck arguing,

“[a]s well documented in the recorded evidence in this case, Dr. John H. Samies is a Board of Trustee member in good standing with the Regional Medical Center. Dr. Samies is also a Financial Committee Board of Trustee member, and a Management Oversight Committee Board of Trustee member among many other roles and titles at TRMC. Dr. Samies was also the Chief of Medical Staff during [Appellant's] tenure at TRMC, in 2021. Thus, as a matter of Law [sic], Dr. Samies' overwhelming financial ties and financial incentives with TRMC disqualifies him from being considered as a credible and unbiased “Expect [sic] witness” ...” (*See attached*, Exhibit 2, letter of May 16, 2023).¹

Even then, the Appellant did not request to depose Dr. Samies in his workers' compensation claim, nor did he otherwise seek to reopen the evidentiary record in his workers' compensation

¹ Despite these written statements by the Appellant to Commissioner Beck in May 2023, the Appellant now argues that “the conflict-of-interest evidence related to Dr. John H. Samies” was not known to him “during the initial proceedings” but “only came to light during Dr. Samies' deposition, taken in September 2024 in separate civil litigation.” (Reply Brief pp.5-6). This allegation is wholly untenable.

claim, which concluded following a hearing before the Commission's Appellate Panel and the issuance of a final Decision and Order on March 8, 2024, that the Appellant did not appeal.

More than six months later, the Appellant took the deposition of Dr. Samies on September 17, 2024. Obviously, the deposition of Dr. Samies was not taken for the purpose of his workers' compensation claim that had already concluded, but it was taken in furtherance of his civil claims. The undersigned attorneys of record were not given any notice of Dr. Samies's September 17, 2024, deposition and the Respondent, Antum Risk, was not even a party to the civil claim. Therefore, the Respondents respectfully contend that the deposition of Dr. Samies would not have been admissible even if it had been timely presented to the Workers' Compensation Commission. The Respondents further respectfully contend that the Commission properly denied the Appellant's October 4, 2024, Motion to Reopen his claim and properly ordered the Appellant's October 23, 2024, Reply, to which he attached a copy of Dr. Samies's deposition transcript, stricken from the record. (*See attached*, Exhibit 3, Order of December 23, 2024).

Despite these facts and despite the prior Order of this Court dated February 26, 2025, the Appellant has filed a Reply Brief that extensively references Dr. Samies's deposition (*see* Appellant's Initial Reply Brief pp.6, 11, 13, 17, 18), as well as other matters that are neither part of the record below, nor properly before the Court on appeal. According to the Appellant, because he attached the deposition of Dr. Samies as an exhibit to a Reply to the Return to his Motion to Reopen that he attempted to file² with the Workers' Compensation Commission on October 23, 2024, and because he listed this Reply in his Amended Designation of Matter, he

² The Appellant's October 23, 2024, Reply was stricken from the record by the Workers' Compensation Commission by Order dated December 23, 2024. (*See attached*, Exhibit 3, Order of December 23, 2024).

intends to include the deposition of Dr. Samies in the Record on Appeal.³ As a result, the Respondents now seek clarification from the Court of Appeals as to whether the Appellant can include the deposition of Dr. Samies in the Record on Appeal simply because it was attached as an exhibit to a pleading that was not accepted by the Workers' Compensation Commission.

Respectfully, the Court's February 26, 2025, Order appeared clear in its intent to exclude the deposition of Dr. Samies from the Record on Appeal by striking matter #9 from the Appellant's original designation of matter, as "#9" was specifically identified as the "Transcript of the Deposition of Dr. Samies." If the deposition of Dr. Samies is not properly included the Record on Appeal, then the Appellant's direct references to and arguments about Dr. Samies's alleged testimony in his Briefs are improper, and the Respondents respectfully contend that they should be stricken from the Appellant's Brief (*see* pp.13, 14, 15, 16, 18) the Appellant's Reply Brief (*see* pp.6, 11, 12, 13, 17, and 18). In the alternative, the Respondents respectfully contend that any arguments regarding the substance of Dr. Samies's testimony should not be considered by the Court. *See* Rule 210(h), SCACR (stating that "the appellate court will not consider any fact which does not appear in the Record on Appeal"), *see also Sanders v. Salley*, 283 S.C. 458, 460, 322 S.E.2d 829, 830 (Ct. App. 1984) (stating that "[t]his Court does not sit as a trial court to receive evidence on disputed issues of fact; our function is to review the judgment of the circuit court for reversible error based on the issues and evidence presented to that court").

In reliance on the Court's February 26, 2025, Order, the Respondents filed an Initial Brief that did not address the substance of Dr. Samies's deposition testimony, believing that it had been excluded from the Record on Appeal. While the Respondents believe that they should not

³ According to the Appellant, the Commission's Motion Order dated November 1, 2024, also "explicitly lists Dr. Samies' [sic] deposition excerpts." However, this is not true. The Commission's one-page Motion Order makes no reference to the deposition of Dr. Samies.

be obligated to argue the relative merits of Dr. Samies's deposition testimony for the first time on appeal, if the Court should modify its February 26, 2025, Order so as to permit the inclusion of Dr. Samies's deposition transcript in the Record on Appeal as the Appellant now argues, the Respondents respectfully request leave to file a Sur-reply addressing the testimony of Dr. Samies, as well as the other new arguments raised by the Appellant for the first time in his Reply Brief.

Respectfully submitted,

April 16, 2025



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THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner
Workers' Compensation File No. 2118696.
Appellate Case No. 2024-001935

Serge R. Wandji,
Claimant, Appellant,

v.

The Regional Medical Center, Employer, and Antum Risk, Carrier,
Respondents.

**RETURN IN OPPOSITION TO RESPONDENTS' MOTION TO EXCLUDE
THE DEPOSITION OF DR. SAMIES FROM THE RECORD ON APPEAL**

Appellant Serge Wandji respectfully submits this Return in opposition to Respondents' Motion to Exclude the Deposition of Dr. John Samies from the Record on Appeal, and requests that the Court deny Respondents' motion in its entirety. The latest filing constitutes yet another transparent attempt by Respondents to obstruct the appellate process and evade judicial scrutiny by suppressing critical sworn testimony—testimony from their own designated expert witness.

I. Respondents' Motion is a Continuation of Procedural Gamesmanship and Delay

This Court should view the present motion in context: it is part of a pattern of dilatory and defensive tactics employed by Respondents throughout the pendency of this appeal. In January 2025 alone, Respondents filed multiple motions, including a Motion to Strike, which this Court has already ruled upon. Notably, as admitted by Respondents' own counsel Mr. Roy Howell III, in footnote 18 on page 20 of their Initial Response Brief, "*this Court denied their prior Motion to Strike references to Dr. Samies' deposition*". Courts in South Carolina have routinely held that repeated motions raising the same or similar issues—after prior rulings—amount to impermissible attempts to relitigate settled matters. See *State v. Beckham*, 334 S.C. 302, 308, 513 S.E.2d 606, 609 (1999) (stating that relitigation of decided issues is "procedurally improper and contrary to principles of judicial economy"). Further, following this Appeal Court's February 26, 2025 Order, the Appellant filed an Amended Designation of Matter to be Included in the Record

on Appeal on March 4, 2025, which the Respondents did not contest—thereby waiving any objection under SCACR Rule 210(c), which provides that only material presented to the lower tribunal and designated without objection is considered part of the Record on Appeal. Now, less than one week after the Appellant filed his thoroughly documented and factually supported Reply Brief on April 10, 2025, Respondents—faced with the weight of their own expert’s contradictory statements—have resorted to what they know best: delay tactics and obstruction. South Carolina appellate courts have long condemned such behavior. See *Goodson v. Am. Bankers Ins. Co. of Florida*, 295 S.C. 400, 404, 368 S.E.2d 687, 689 (Ct. App. 1988) (litigation should not be hindered by “delay or obstructive tactics contrary to the orderly process of justice”).

II. The “New Evidence” Argument Is a Desperate and Misleading Attempt to Preclude Accountability

Equally unavailing is the Respondents’ strained argument that Appellant should have known about Dr. Samies’ conflict of interest earlier and that his deposition does not constitute “new evidence.” This is not only inaccurate—it is a deliberate misrepresentation of the record and a last-ditch attempt to obscure the truth. As thoroughly demonstrated in both Appellant’s Initial and Reply Briefs, Dr. Samies’ deposition revealed material, newly discovered facts that were not accessible before, during, or immediately after the Commission’s proceedings:

1. The so-called “expert” report was commissioned and produced within the Infectious Disease Department of The Regional Medical Center (TRMC)—a department chaired by Dr. Samies himself—not independently generated as Respondents claimed.
2. Dr. Samies admitted to making false statements in that letter, specifically the claim that Appellant’s COVID-19 exposure at work was “unlikely.” This retraction under oath destroys the credibility of his earlier opinion.
3. He confirmed that he received no compensation, was never retained as an independent expert, and thus lacked the neutrality expected of an expert witness under Rule 702, SCRE (Dr. Samies Tr. p. 7, ll. 3–5).
4. He testified that he “*does not know*” whether he will serve again in such a role as he did in this case, expressing ambiguity and regret—undermining the reliability of his past engagement (Dr. Samies Tr. p. 28, l. 23).

5. He acknowledged that the Appellant, as a hospital nurse, was indeed exposed to COVID-19 during the relevant time period—a fact that directly contradicts the substance of his earlier letter (Dr. Samies Tr. p. 31, ll. 22–23).
6. Critically, he conceded that his prior expert opinion was based on speculation, that he lacked direct factual knowledge, and that he relied on assumptions, not evidence.
7. Moreover, Dr. Samies testified that he was never informed by the Defendants about appearing at the Commission hearing, despite being explicitly listed by Mr. Roy Howell III in the Respondents’ pre-hearing brief as a witness expected to testify. This omission effectively deprived the Appellant of his fundamental right to due process by denying him the opportunity to cross-examine the Respondents’ so-called “expert” witness (Dr. Samies’ Tr. 31:2–8).

These sworn admissions by the Respondents’ own ‘expert’ witness—on record—go far beyond mere impeachment; they constitute substantive, previously unavailable facts that speak directly to bias, credibility, and the integrity of the Commission’s underlying ruling.

South Carolina law allows reconsideration or inclusion of newly discovered evidence where the facts “could not have been discovered with due diligence prior to the hearing.” *Harris v. State*, 377 S.C. 66, 72, 659 S.E.2d 140, 143 (2008). Here, as clearly documented in Appellant’s filings, it took over a year of litigation and judicial intervention in a separate civil proceeding before Appellant succeeded in compelling the deposition of Dr. Samies. This alone defeats Respondents’ assertion that the evidence could have been raised earlier.

To characterize such direct, sworn contradictions—made by the Commission’s relied-upon medical authority—as “not new” is both legally indefensible and factually absurd. It is yet another desperate maneuver in a campaign of procedural evasion.

III. Dr. Samies’ Deposition Was Considered by the Commission and Is Properly Part of the Appellate Record

The Commission’s 27-page Motion Order package dated November 1, 2024, clearly reflects that it received and reviewed all relevant filings submitted by both parties. This comprehensive package includes: (1) the Appellant’s “Motion to Reopen Case or Request for Modification Based on Extraordinary Circumstances”; (2) the Respondents’ “Return to Motion to Reopen

Claim or Request for Modification”; and (3) the Appellant’s “Reply to Defendants’ Return to Claimant’s Motion to Reopen Claim or Request for Modification.” Most critically, the final page of the Commission’s Motion ORDER package—page 27—contains a detailed List of Exhibits submitted by the Appellant, which were received, accepted, and reviewed by the Commission. Top on that list, explicitly identifies “Dr. Samies Deposition Excerpts” as Exhibit #1, labeled as “Newly Discovered Evidence. (See Exhibit #1 of this filing: **Commission’s 27 pages Motion Order package**). Accordingly, the Respondents’ claim that the Commission never received or reviewed Dr. Samies’ deposition is demonstrably false and directly contradicted by the official record. These excerpts were submitted by Appellant as part of his “Reply to Defendants”, which is now Designation of Matter #6, in this Appeal process.

Furthermore, on November 4, 2024—just three days after the Commission issued its Motion Order on November 1, 2024, thereby closing the record on Appellant’s Motion to Reopen—Respondents inexplicably filed a Motion to Strike. In that filing, Respondents sought to have *“any and all references to Dr. Samies’ September 17, 2024 deposition, including the exhibited portions of the transcript itself,”* removed from the Commission’s file. Not stopping there, Mr. Roy Howell III made the extraordinary and legally unsound request that the Commission *“should reject the Claimant’s ‘Reply’ in its entirety.”* At the time of this filing (Defendant’s Motion to Strike), all documents submitted by the Appellant—including his ‘Reply’ to Respondents’ Return, which contained Dr. Samies’ deposition in its exhibits—had already been formally accepted and reviewed by the Commission prior to its November 1 ruling. The Commission’s own record, as reflected in its comprehensive 27 pages Motion Order package, confirms this sequence of events.

The Appellant’s November 5, 2024 ‘Reply’ to the Defendants’ Motion to Strike is now Matter #8 in his uncontested Amended Designation of Matters filed on March 4, 2025, with this Appeal Court. Under Rule 210(c), SCACR, the Record on Appeal includes all materials that were properly submitted and considered by the lower tribunal. Moreover, South Carolina courts have held that once the Commission accepts and relies upon submitted evidence, such evidence becomes part of the administrative record for appellate review. See *Harkins v. Greenville County*, 340 S.C. 606, 610, 533 S.E.2d 886, 888 (2000) (“Only evidence presented to and considered by the lower tribunal is properly includable in the record on appeal.”).

Also, the November 4, 2024, Respondents’ Motion to Strike—filed after the Commission had

already issued its ruling and closed the matter—was both untimely and legally baseless, and their attempt to purge lawfully submitted and reviewed evidence should be viewed for what it is: a post hoc effort to obscure unfavorable facts already in the record.

It is critical to clarify that Appellant is planning to fully comply with the Order of this Appeal Court and will include in the ROA all of the items already listed in his uncontested Amended Designation of Matters of March 4, 2025. Some of those filings—including Designation Matter #6, which this Appeal Court declined to strike—contain excerpts of Dr. Samies’ deposition and include the full deposition as an attached Exhibit.

Therefore, the entirety of Filing (Matter #6), as it was submitted to, accepted by, and reviewed by the Workers’ Compensation Commission, will lawfully be included in the Record on Appeal. As established in *S.C. Dep’t of Revenue v. Blue Moon of N.M., LLC*, 389 S.C. 1, 11, 698 S.E.2d 461, 466 (2010), appellate courts may properly consider any matter that “was in the record before the lower tribunal and part of its ruling.”

IV. The Deposition is Central to Ensuring a Fair and Complete Appellate Review

Fundamentally, Respondents’ Motion seeks to prevent this Court of Appeals from reviewing evidence that directly undermines the credibility of their own expert and reveals a significant conflict of interest, false and misleading statements. Dr. Samies, under oath, admitted that his opinion was based on speculation and personal “*understanding*” rather than on verified facts—a statement with direct implications for the fairness of the Commission’s findings. South Carolina courts recognize that appellate review must ensure “*meaningful judicial scrutiny*” of administrative decisions. See *Fox v. Newberry Elec. Coop.*, 377 S.C. 593, 606, 661 S.E.2d 147, 154 (2008). Stripping the record of material that was accepted and considered by the Commission would deprive the appellate court of the ability to evaluate the decision under this standard.

V. Conclusion

This Court should reject Respondents’ attempt to relitigate matters already ruled upon and to exclude crucial, properly introduced testimony from the appellate record. The deposition of Dr. Samies was considered by the Commission, is essential to the fair adjudication of this appeal,

and any contrary argument is a meritless effort to obstruct justice.

WHEREFORE, Appellant respectfully requests that the Court DENY Respondents' Motion to Exclude the Deposition of Dr. Samies from the Record on Appeal and allow the appeal process to continue on its lawful course, without further obstruction or interference.

Respectfully submitted,
s/Serge Wandji
Pro Se Appellant
April 17, 2025

Serge Wandji

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Education

1972.1976 Bachelor of Science-Natural Sciences
Muhlenberg College
Allentown, Pennsylvania

1976.1980 M. D.
Hahnemann Medical College
Philadelphia, Pennsylvania

Postgraduate, Fellowships

1980.1983 Internship and Residency-Internal Medicine
Allentown Affiliated Hospitals
Allentown, Pennsylvania

1983.1985 Fellowship in Infectious Diseases
Albany Medical College of Union University
Albany, New York

Practice

1985-1997 - Allentown Infectious Disease Physicians, Inc. Allentown, Pennsylvania
1997- present- private practice- Orangeburg, South Carolina. (incorporated 2006 as Palmetto
Infectious Disease Physicians, LLC)

Certifications

Licensure-Commonwealth of Pennsylvania MD026141E-(inactive)

Licensure-State of South Carolina 19747

Diplomate of National Board of Medical Examiners

Diplomate of American Board of Internal Medicine 1983

Diplomate of American Board of Internal Medicine Infectious Disease 1988

Fellow- Society of Healthcare Epidemiologists of America

Diplomate of American Academy of Wound Management -2008

Publications

Samies, J, Hathaway, B., Echols, R., Veazy, J., Pilon, V., Lung Abscess Due to *Corynebacterium equi*.
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therapeutic ultrasound on lower-extremity chronic wound pain. Ostomy Wound Management 53:3,2007

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Samies, J., Gehling, M. Results of a non-invasive protocol for healing leg ulcerations in sickle cell anemia utilizing non-contact ultrasound and bilayered living cell therapy- Abstract and Poster . Symposium on Advanced Wound Care 2007

Samies, J., Gehling, M. Acoustic pressure wound therapy (APWT) for outpatient full thickness burn management in a rural wound center- Abstract and Poster . Symposium on Advanced Wound Care 2008

Gehling, M., Samies, J. Predictive value of swab cultures for diagnosis of osteomyelitis in diabetic foot ulcers: Critical literature analysis – Abstract and Poster. Symposium on Advanced Wound Care 2009
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Medical Staff Responsibilities

Medical Director, Regional Wound Center, The Regional Medical Center 1997-2017
Medical Executive Committee, Sacred Heart Hospital 1994-1996
Executive Committee of the Medical Staff, Lehigh Valley Hospital 1996-1997
Quality Improvement Council, The Regional Medical Center 1999-2002
Medical Executive Committee, The Regional Medical Center 2000-2001, 2005-2006, 2012-2014 , 2020-present Chairman 2006, Vice Chairman 2012 Chair 2022-present
Quality Committee of the Medical Staff, The Regional Medical Center 2000-2003, 2005-2019
Physicians Information Technology Committee, The Regional Medical Center, Chairman 2000-2003
Physicians Information Technology Committee, The Regional Medical Center, Member 2004-2008
Safety Subcommittee of Quality Committee, The Regional Medical Center, 2001-2006 Chairman 2001-2003, 2005-2020
Safety Subcommittee of Quality Committee, The Regional Medical Center, Co-Chairman 2004
Board of Trustees- The Regional Medical Center, 2006, 2020- present
Chair, Quality Committee Board of Trustees The Regional Medical Center 2022- present
Member Management Oversight Committee Board of Trustees The Regional Medical Center 2022-present
Member Finance Committee Board of Trustees The Regional Medical Center 2022- present
Peer Review Subcommittee of Quality Committee, The Regional Medical Center, 2007-2008
Infection Control Committee Lehigh Valley Hospital 1985-1997
Infection Control Committee Sacred Heart Hospital Chairman 1985-1997
Infection Control Committee The Regional Medical Center Chairman 1997- present
Pharmacy Committee Sacred Heart Hospital 1985-1997
Pharmacy Committee The Regional Medical Center 1997-2005, 2007—2011
Chief of Medical Staff , The Regional Medical Center 2020-2021

Teaching

Teaching attending in Infectious Diseases Lehigh Valley Hospital 1985-1997
Top 20 teaching attending in Internal Medicine 1992-1995
Clinical Assistant Professor of Medicine in College of Medicine of the Pennsylvania State University- Milton S, Hershey School of Medicine 1995-1997
Lecturer, Via College of Osteopathic Medicine, South Carolina Campus 2011-2012
Host Committee Member – Symposium on Advanced Wound Care 2006-2019
Assistant Professor, Clinical Track , Via College of Osteopathic Medicine ,SC Campus 2013-present

Community Activities

Alpha Phi Omega National Service Fraternity, Chapter President 1975-1976
Coordinating Council of Muhlenburg College Volunteer Services 1975-1976
Troop 24/Pack 24 Scoutmaster Boy Scouts of America 1974-1976
Pack 431 Cubscouts Den Leader 1995-1997
Troop 45 Committee 2000-2007 Chairman 2005-2007
Eagle Scout/Order of the Arrow
Critical Incident Group – Orangeburg County Emergency Management Services 2001-2003
Orangeburg-Calhoun Technical College Associate Degree in Nursing Advisory Committee 2009-2020
South Carolina State Health Planning Committee 2012-2013
Consultant with Carolinas Center for Medical Excellence in CMS Pressure Ulcer Initiative-