

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Worker's Compensation Commission

Appellant Case No. 2016-000997

RECEIVED

AUG 07 2017

SC Court of Appeals

Harry Reese..... Appellant,

V.

South Carolina Department of Mental Health, SC State Accident
Fund,..... Respondent.

RECORD OF APPEAL – VOLUME I

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ATTORNEY FOR RESPONDENT/
INSURANCE CARRIER

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
REQUEST FOR A PROPOSED DECISION AND ORDER

This document is not a Decision and Order. It is a request for a proposed order.
The Commissioners reserve the right to modify and/or delete any or all portions
of the submitted Decision and Order.

Harry Reese v SC Dept. of Mental Health
SCWCC: 1322039
Commission Panel: Campbell, James, McCaskill; Chair
Order Assigned to Commissioner: Campbell
Court Reporter –Jill Vickers – 803-252-3445

Harry Reese
Page P. Snyder

Pro Se/Appellant
Defendants/Respondents

This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and **Fully Affirmation** the Single Commissioner's Decision and Order. .

Ms. Snyder please prepare a proposed order and submit to the Judicial Department within thirty (30) days of this notice. The proposed order shall be submitted in Word format to appeals@wcc.sc.gov and shared with each Party. Please make sure the Appellate Panel Decision and Order recites the specific Finds of Fact and Rulings of Law of the Single Commissioner's Decision and Order and reflects any comments requested by a Commissioner.

The signature page shall include a signature line for each Commissioner and the first signature should be the name of the Commissioner assigned the case as indicated above.

If you have any questions, please do not hesitate to email me at ehollmon@wcc.sc.gov or call at 803.737.5737

Judicial

Transmitted via email and regular mail this 8 January 2016

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1322039

HARRY REESE, CLAIMANT/APPELLANT,

VERSUS

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH AND SC STATE
ACCIDENT FUND, DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia, South
Carolina on December 14, 2015 per notices timely and
properly served on all parties of interest.

Appellate Panel Decision and Order filed:

April 8th, 2016

APPEARANCES:

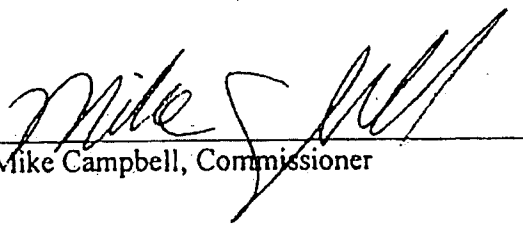
Claimant appeared *pro se*.

Defendants were represented by Page P. Snyder,
Esquire, of The South Carolina State Accident
Fund, P.O. Box 102100, Columbia, South Carolina
29221-5000.

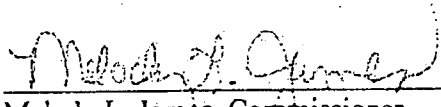
IT IS ORDERED, that the Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**



Mike Campbell, Commissioner



Melody L. James, Commissioner



Gene McCaskill, Commissioner, Chair

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kim Falls on April 8, 2016

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Harry Reese,	)	
	)	
Claimant,	)	
	)	
vs.	)	
	)	
Department of Mental Health,	)	ORDER
	)	
Employer,	)	W.C.C. FILE NO.: 1322039
	)	
and,	)	
	)	
State Accident Fund,	)	
	)	
Carrier/Defendants,	)	

HEARING DATE: Held in Columbia, South Carolina on
April 6, 2015

APPEARANCES: Harry Reese, *Pro Se*
Page Snyder, Esq., Attorney for State Accident Fund.

PURPOSE OF HEARING: To determine the issues raised pursuant to forms 50 and 51.

DECISION AND ORDER BY: Susan Barden, Commission

FILED: July 24, 2015

STIPULATIONS

This case was heard by the undersigned Commissioner in Columbia, South Carolina, on April 6, 2015. The parties stipulated at the hearing to the following issues:

1. The purpose of the hearing is to determine whether the claimant suffered a compensable psychological injury while in the course and scope of his employment.
2. Notice of this hearing was timely and properly served upon all parties of interest.
3. Venue, set in Richland County, is proper as agreed by the parties.
2. Without objection, the Commission's file becomes part of the record, with the exception of any self-serving declarations or unstipulated medical reports.
3. The claimant seeks a determination that he suffered a compensable psychological injury while he was in the employment of the defendant/employer, Department of Mental Health. Therefore, the S.C. Workers' Compensation Commission has jurisdiction of this case.
4. The average weekly wage is \$701.61, making a compensation rate of \$467.76 applicable in this matter.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Claimant:

Yellow Folder	Department of Mental Health Policies and Procedures
Small Binder (tabbed A-Z)	Articles re: stress and mental health
Large Binder (tabbed A-S)	Medical records, emails, employment documentation

Defendants objected to the Small Binder in its entirety. This objection was overruled and the Commissioner noted that while the articles were not evidence, she would take them under advisement. Defendants objected to any and all handwriting on documents in the Large Binder.

This objection was sustained and the undersigned noted that she did not weigh any of the handwritten information in the large binder.

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Defendants:

APA A	Palmetto Behavioral Health Care	9/26/13-10/25/13	1-17
APA B	Donna W. Upchurch, Ph.D.	11/27/13-12/19/13	17-20
APA C	Carol Anderson, LISW	7/7/14	21

Defendants also offered Exhibits which included employment documentation from the Department of Mental Health which included write-ups, employee counseling records, and other documentation from Claimant's employment file. These documents range in dates from May 2010 through May 2014.

STATEMENT OF CASE

On September 15, 2014, Claimant filed a Form 50 requesting a hearing, filing a mental/mental claim. Claimant alleges dates of injury of October 18, 2013 and August 12, 2014. On September 18, 2014, a Form 12A was filled out by the Employer at the request of the Claimant, which reflected that Claimant was experiencing ongoing stress, slander, and false accusations by managers since April 1, 2010. The Defendants timely filed a Form 51 on October 10, 2014. Defendants denied the claim on the grounds that Claimant's allegations do not constitute a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. This matter was set for a hearing on December 17, 2014. At the hearing, Claimant requested additional time to retain an attorney. Commissioner Melody James gave Claimant an additional thirty days to retain an attorney, and the matter was reset and heard on April 6, 2015. Claimant was not represented by counsel at the April 6, 2015 hearing. Claimant sought a determination that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. Defendants

argued that Claimant failed to meet his burden of proof to establish a compensable mental-mental injury.

EVIDENCE OF THE CASE

Claimant alleges he has sustained a compensable mental/mental claim while working at the Department of Mental Health pursuant to S.C. Code § 42-1-160. Claimant is a Human Resources Coordinator, and still employed with the Department of Mental Health. Claimant testified as to his alleged work injury, employment, educational background, and health background. Claimant relied upon his testimony and the admissible APA submissions.

Defendants relied upon medical records from Palmetto Behavioral Health Care which included treatment notes from September 2013 to October of 2013, records from Dr. Upchurch regarding Claimant's ability to work. Defendants called Claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries, and his first-hand testimony was limited.

Claimant bears the burden of proving the compensability of his alleged work injury. Defendants maintain that Claimant failed to show that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010 (testimony of Claimant, Claimant's Deposition pages 13-14 and 51; Defendants' APA, pages 14 and 16; Claimant's APA B, page 28; Claimant's APA D, pages 87 and 102).

2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury (Commission's file containing Claimant's Form 50).
3. Claimant was earlier advised of his right to counsel, but instead chose to represent himself at the hearing before the undersigned (Order of Commissioner James, dated December 2014).
4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye" (*See e.g.*, Claimant's APA F, pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA L, page 426).
5. Claimant is 47 years of age (testimony of Claimant; Claimant's Deposition, page 5).
6. Claimant has a Master's degree in social work (testimony of Claimant; Claimant's Deposition page 8).
7. Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center (Claimant's Deposition, pages 9-10).
8. Claimant's job with employer is a Human Resources Coordinator I/Mental Health Professional (testimony of Claimant; Claimant's Deposition, pages 10-11 and 56).
9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for his clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and

compassionate professional” (testimony of Claimant; Defendants APA, pages 1 and 3; Claimant’s submissions, unnumbered pages containing employee evaluations; Claimant’s Deposition, page 42; Claimant’s APA D, page 112; Claimant’s APA I, page 375).

10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013 – the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During this treatment, Claimant reported “continuous conflict with his supervisors.” One of the goals mentioned during this treatment protocol was for Claimant “[t]o learn how to take better care of myself, so that I can deal with the job stress.” Claimant expressed anger at being accused of something he didn’t do at work and being treated unfairly. One of these records states that Claimant’s response to the “not uncommon” personnel issue is “uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally.” I give this evidence great weight (Defendants’ APA, pages 1-2, 11-14, and 16-17).
11. It is difficult to follow Claimant’s testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant’s ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically state that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner (testimony of Claimant; Claimants Deposition, e.g., pages 32-35 and

58; Defendants APA C, unnumbered pages; Claimant's APA, unnumbered pages; Claimants APA H, pages 277, 283-286, 288-295, 323, and 325-326; *See also* Claimant's APA L, page 422; Claimant's APA M, pages 433 and 436-445; Claimant's APA O, page 547).

12. It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a six month period in 2009-2010 (Ms. Marin's supervision ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked a copy room and badgered him. Claimant contends that he is the subject of ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010 (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA F pages 137 and 187).

13. Claimant also contends that he was investigated for various complaints without Employer following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer (testimony of Claimant; Defendants APA C, unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA H, page 259).

14. Claimant admits that it is common for clients to allege mistreatment or abuse (Claimant's Deposition, page 47).

15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual (Defendants APA C; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimants APA F, page 186).
16. As of the date of the hearing, Claimant has returned to his job duties with Employer (testimony of Claimant).
17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement by Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof (*See* Claimant's APA, pages 31-32; Claimant's APA C, pages 54-56, and 78-80; Claimant's APA D, pages 82-83, 87-90, 92, 95 and 100).
18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to S.C. Code § 42-1-160 for a mental-mental injury.
19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who not only cares deeply about his work, but also about what others think of that performance. Dr. Upchurch describes Claimant (a) with a "deep caring for the population he serves," and (b) as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect" (*See* Claimant's APA C, pages 79-80).
20. I did not consider any handwritten additions to records before me.

21. Benefits under the Act are denied. This decision has nothing to do with Claimant's job performance, as the greater weight of the evidence shows Claimant to be an excellent employee who takes great pride in the performance of his work for Employer.

22. Claimant's average weekly wage is \$701.61, yielding a compensation rate of \$467.76.

CONCLUSIONS OF LAW

Based upon the evidence submitted in the case, the testimony given, and the foregoing Findings of Fact, I make the following Conclusions of Law:

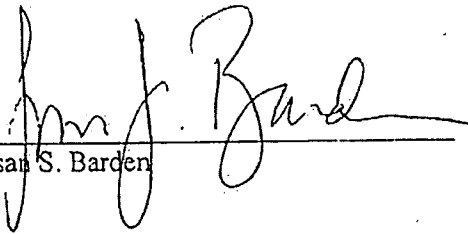
1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.
2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.
3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was \$701.61, making a compensation rate of \$467.76 applicable in this matter.
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code §42-1-160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

ORDER

Based upon the Findings of Fact and Conclusions of Law:

IT IS, THEREFORE, ORDERED, that Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.



Susan S. Barden

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
July 24, 2015

By: Kristi Love, Administrative Assistant to Commissioner Barden

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSON

Harry Reese,	)	
	)	
Claimant,	)	
	)	
vs.	)	
	)	
Department of Mental Health,	)	ORDER
	)	
Employer,	)	W.C.C. FILE NO.: 1322039
	)	
and,	)	
	)	
State Accident Fund,	)	
	)	
Carrier/Defendants,	)	
	)	

HEARING DATE: Held in Columbia, South Carolina on
April 6, 2015

APPEARANCES: Harry Reese, *Pro Se*
Page Snyder, Esq., Attorney for State Accident Fund.

PURPOSE OF HEARING: To determine the issues raised pursuant to forms 50 and 51.

DECISION AND ORDER BY: Susan Barden, Commission

FILED: July 24, 2015

STIPULATIONS

This case was heard by the undersigned Commissioner in Columbia, South Carolina, on April 6, 2015. The parties stipulated at the hearing to the following issues:

1. The purpose of the hearing is to determine whether the claimant suffered a compensable psychological injury while in the course and scope of his employment.
2. Notice of this hearing was timely and properly served upon all parties of interest.
3. Venue, set in Richland County, is proper as agreed by the parties.
2. Without objection, the Commission's file becomes part of the record, with the exception of any self-serving declarations or unstipulated medical reports.
3. The claimant seeks a determination that he suffered a compensable psychological injury while he was in the employment of the defendant/employer, Department of Mental Health. Therefore, the S.C. Workers' Compensation Commission has jurisdiction of this case.
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APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Claimant:

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Defendants objected to the Small Binder in its entirety. This objection was overruled and the Commissioner noted that while the articles were not evidence, she would take them under advisement. Defendants objected to any and all handwriting on documents in the Large Binder.

This objection was sustained and the undersigned noted that she did not weigh any of the hand-written information in the large binder.

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Defendants:

APA A	Palmetto Behavioral Health Care	9/26/13-10/25/13	1-17
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Defendants also offered Exhibits which included employment documentation from the Department of Mental Health which included write-ups, employee counseling records, and other documentation from Claimant's employment file. These documents range in dates from May 2010 through May 2014.

STATEMENT OF CASE

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EVIDENCE OF THE CASE

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Defendants relied upon medical records from Palmetto Behavioral Health Care which included treatment notes from September 2013 to October of 2013, records from Dr. Upchurch regarding Claimant's ability to work. Defendants called Claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries, and his first-hand testimony was limited.

Claimant bears the burden of proving the compensability of his alleged work injury. Defendants maintain that Claimant failed to show that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010 (testimony of Claimant, Claimant's Deposition pages 13-14 and 51; Defendants' APA, pages 14 and 16; Claimant's APA B, page 28; Claimant's APA D, pages 87 and 102).

2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury (Commission's file containing Claimant's Form 50).
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4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye" (*See e.g.*, Claimant's APA F, pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA L, page 426).
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9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for his clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and

compassionate professional” (testimony of Claimant; Defendants APA, pages 1 and 3; Claimant’s submissions, unnumbered pages containing employee evaluations; Claimant’s Deposition, page 42; Claimant’s APA D, page 112; Claimant’s APA I, page 375).

10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013 – the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During this treatment, Claimant reported “continuous conflict with his supervisors.” One of the goals mentioned during this treatment protocol was for Claimant “[t]o learn how to take better care of myself, so that I can deal with the job stress.” Claimant expressed anger at being accused of something he didn’t do at work and being treated unfairly. One of these records states that Claimant’s response to the “not uncommon” personnel issue is “uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally.” I give this evidence great weight (Defendants’ APA, pages 1-2, 11-14, and 16-17).
11. It is difficult to follow Claimant’s testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant’s ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically state that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner (testimony of Claimant; Claimants Deposition, *e.g.*, pages 32-35 and

58; Defendants APA C, unnumbered pages; Claimant's APA, unnumbered pages; Claimants APA H, pages 277, 283-286, 288-295, 323, and 325-326; *See also* Claimant's APA L, page 422; Claimant's APA M, pages 433 and 436-445; Claimant's APA O, page 547).

12. It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a six month period in 2009-2010 (Ms. Marin's supervision ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked a copy room and badgered him. Claimant contends that he is the subject of ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010 (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA F pages 137 and 187).

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14. Claimant admits that it is common for clients to allege mistreatment or abuse (Claimant's Deposition, page 47).

15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual (Defendants APA C; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimants APA F, page 186).
16. As of the date of the hearing, Claimant has returned to his job duties with Employer (testimony of Claimant).
17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement by Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof (See Claimant's APA, pages 31-32; Claimant's APA C, pages 54-56, and 78-80; Claimant's APA D, pages 82-83, 87-90, 92, 95 and 100).
18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to S.C. Code § 42-1-160 for a mental-mental injury.
19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who not only cares deeply about his work, but also about what others think of that performance. Dr. Upchurch describes Claimant (a) with a "deep caring for the population he serves," and (b) as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect" (See Claimant's APA C, pages 79-80).
20. I did not consider any handwritten additions to records before me.

21. Benefits under the Act are denied. This decision has nothing to do with Claimant's job performance, as the greater weight of the evidence shows Claimant to be an excellent employee who takes great pride in the performance of his work for Employer.

22. Claimant's average weekly wage is \$701.61, yielding a compensation rate of \$467.76.

CONCLUSIONS OF LAW

Based upon the evidence submitted in the case, the testimony given, and the foregoing Findings of Fact, I make the following Conclusions of Law:

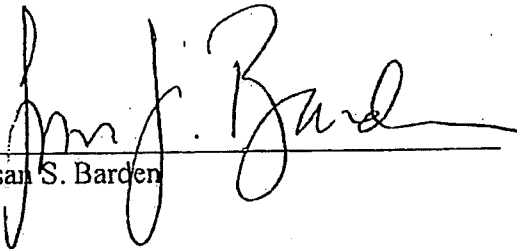
1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.
2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.
3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was \$701.61, making a compensation rate of \$467.76 applicable in this matter.
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code §42-1-160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

ORDER

Based upon the Findings of Fact and Conclusions of Law:

IT IS, THEREFORE, ORDERED, that Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.



Susan S. Barden

CERTIFICATE OF SERVICE

**This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
July 24, 2015**

By: Kristi Love, Administrative Assistant to Commissioner Barden

REQUEST FOR PROPOSED ORDER

This document is not an Order. It is a request for a proposed Order. The undersigned reserves the right to modify or delete any portion of this document.

WCC #: 1322039

DATE OF HEARING: April 6, 2015

PLACE OF HEARING: Columbia, S.C.

CLAIMANT: Harry Reese

EMPLOYER: SC Department of Mental Health

CARRIER: State Accident Fund

CLAIMANT'S ATTY: Unrepresented

DEFENDANTS' ATTY: Page Snyder

FINDINGS OF FACT

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010 (testimony of Claimant; Claimant's Deposition, pages 13-14 and 51; Defendants' APA, pages 14 and 16; Claimant's APA, "B," page 28; Claimant's APA, "D," pages 87 and 102).
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7. Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center (Claimant's Deposition, pages 9-10).
8. Claimant's job with employer is Human Resources Coordinator /case manager (testimony of Claimant; Claimant's Deposition, pages 10-11 and 56). *Please verify title by transcript—it may be Human Services Coordinator/case manager*

Commissioner's Notes for Decision and Order

Page 1 of 4

9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for his clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and compassionate professional" (testimony of Claimant; Defendants' APA, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations; Claimant's Deposition, page 42; Claimant's APA, "D," page 112; Claimant's APA, "I," page 375).
10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013—the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During his treatment, Claimant reported "continuous conflict with his supervisors." One of the goals mentioned during this treatment protocol was for Claimant "[t]o learn how to take better care of myself, so that I can deal with the job stress." Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the "not uncommon" personnel issue is "uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally" (Defendants' APA, pages 1-2, 6-9, 11-14, and 16-17).
11. It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically states that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner (testimony of Claimant; Claimant's Deposition, e.g., pages 32-35 and 58; Defendants' APA, "C," unnumbered pages; Claimant's APA, unnumbered pages; Claimant's APA, "H," pages 277, 283-286, 288-295, 323, and 325-326; *See also* Claimant's APA, "L," page 422; Claimant's APA, "M," pages 433 and 436-445; Claimant's APA "O," page 547).
12. It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a 6-month period in 2009-2010 (Ms. Marin's supervision of Claimant ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked him a copy room and badgered him. Claimant contends that he is the subject on ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010 (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA, "F," pages 137 and 187).
13. Claimant also contends that he was investigated for various complaints without Employer's following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer (testimony of Claimant; Defendants' APA, "C," unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA "H," page 259).

14. Claimant admits that it is common for clients to allege mistreatment or abuse (Claimant's Deposition, page 47).
15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual (Defendants' APA, "C," unnumbered page; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimant's APA "F," page 186).
16. As of the date of the hearing, Claimant has returned to his job duties with Employer (testimony of Claimant).
17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records; by the record of Dr. Upchurch, and by the causation statement of Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof. See Claimant's APA "B," pages 31-32; Claimant's APA, "C," pages 54, 56, and 78-80; Claimant's APA, "D," pages 82-83, 87-90, 92, 95, and 100.
18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to Section 42-1-160 for a mental-mental injury.
19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who cares deeply about his work and also about what others think of that performance. Dr. Upchurch describes Claimant with a "deep caring for the population he serves," and as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect." See Claimant's APA "C," pages 79-80.
20. I did not consider any handwritten additions to records before me.
21. Benefits under the Act are denied.

YOU MAY ADD/REARRANGE/CORRECT/CLARIFY/AMPLIFY THESE FINDINGS AS NECESSARY/APPROPRIATE IN ORDER TO EFFECTUATE MY INTENT.

22. Claimant's average weekly wage is \$701.61, yielding a compensation rate of \$467.76.

TO DEFENDANTS' COUNSEL: PLEASE PAGINATE ALL FUTURE APA SUBMISSIONS/EXHIBITS. IT IS DIFFICULT TO CITE THE RECORD WHEN NO PAGE NUMBERS ARE PROVIDED. THANKS SO MUCH FOR YOUR ASSISTANCE.

INSTRUCTIONS: Attorney Page Snyder to prepare proposed Order unless otherwise agreed upon by the parties. Proposed Order shall include VERBATIM Findings of Fact attached hereto, unless there is a mistake, in which case, it may be corrected. ATTORNEYS ARE RESPONSIBLE FOR PROOFING ORDERS PRIOR TO SUBMISSION. Any other Findings of Fact not inconsistent with those attached hereto may also be included. Proposed Order shall be submitted within 35 days of the date of these order instructions. If you need a transcript

Commissioner's Notes for Decision and Order

Page 3 of 4

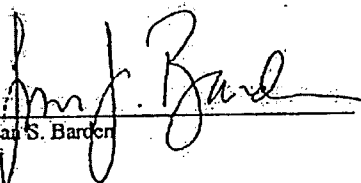
order it *immediately* from court reporter Sallye Nelson *in writing* at Post Office Box 551, Roebuck, South Carolina 29376. Provide a copy of the proposed order to opposing counsel or *pro se* claimant at least five (5) days prior to the time one is submitted to the Commission. IN YOUR COVER LETTER TO ME, PLEASE INCLUDE A STATEMENT THAT THE OPPOSING PARTY HAS NO OBJECTION TO THE ORDER AS WRITTEN.



The Commission now requires the proposed order be e-mailed to klove@wcc.sc.gov and all parties in Word format.

FORMAT for DECISION & ORDER:

1. APA Submissions
2. Stipulations
3. Statement of Case (Contentions of parties, stated concisely)
4. Evidence of Case (synopsis of evidence, including testimony and medical reports)
5. Findings of Fact— numbered (*Do NOT delete any of the above findings; however, the prevailing party may add to support decision, except re: credibility*)
6. Conclusions of Law (Cite code sections and case law as applicable.)
7. Award


Susan S. Barden

South Carolina Workers' Compensation Commission

Harry Reese,
Claimant,
vs.
Department of Mental Health,
Employer,
and,
State Accident Fund,
Carrier/Defendants,

W.C.C. FILE NO.: 1322039

3. Venue, set in Richland County, is proper as agreed by the parties.
2. Without objection, the Commission's file becomes part of the record, with the exception of any self-serving declarations or unstipulated medical reports.
3. The claimant seeks a determination that he suffered a compensable psychological injury while he was in the employment of the defendant/employer, Department of Mental Health. Therefore, the S.C. Workers' Compensation Commission has jurisdiction of this case.
4. The average weekly wage is \$701.61, making a compensation rate of \$467.76 applicable in this matter.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Claimant:

Yellow Folder	Department of Mental Health Policies and Procedures
Small Binder (tabbed A-Z)	Articles re: stress and mental health
Large Binder (tabbed A-S)	Medical records, emails, employment documentation

Defendants objected to the Small Binder in its entirety. This objection was overruled and the Commissioner noted that while the articles were not evidence, she would take them under advisement. Defendants objected to any and all handwriting on documents in the Large Binder. This objection was sustained and the undersigned noted that she did not weigh any of the handwritten information in the large binder.

Under the Administrative Procedures Act, the following documents were submitted into evidence by the Defendants:

APA A	Palmetto Behavioral Health Care	9/26/13-10/25/13	1-17
APA B	Donna W. Upchurch, Ph.D.	11/27/13-12/19/13	17-20
APA C	Carol Anderson, LISW	7/7/14	21

Defendants also offered Exhibits which included employment documentation from the Department of Mental Health which included write-ups, employee counseling records, and other documentation from Claimant's employment file. These documents range in dates from May 2010 through May 2014.

STATEMENT OF CASE

On September 15, 2014, Claimant filed a Form 50 requesting a hearing, filing a mental/mental claim. Claimant alleges dates of injury of October 18, 2013 and August 12, 2014. On September 18, 2014, a Form 12A was filled out by the Employer at the request of the Claimant, which reflected that Claimant was experiencing ongoing stress, slander and false accusations by managers since April 1, 2010. The Defendants timely filed a Form 51 on October 10, 2014. Defendants denied the claim on the grounds that Claimant's allegations do not constitute a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. This matter was set for a hearing on December 17, 2014. At the hearing, Claimant requested additional time to retain an attorney. Commissioner Melody James gave Claimant an additional thirty days to retain an attorney and the matter was reset and heard April 6, 2015. Claimant was not represented by counsel at the April 6, 2015 hearing. Claimant sought a determination that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. Defendants argued that Claimant failed to meet his burden of proof to establish a compensable mental-mental injury.

EVIDENCE OF THE CASE

Claimant alleges he has sustained a compensable mental/mental claim while working at the Department of Mental Health pursuant to S.C. Code § 42-1-160. Claimant is a Human Resources Coordinator, still employed with the Department of Mental Health. Claimant testified

as to his alleged work injury, employment and educational background and health background. Claimant relied upon his testimony and the admissible APA submissions.

Defendants relied upon medical records from Palmetto Behavioral Health Care which included treatment notes from September 2013 to October of 2013, records from Dr. Upchurch regarding Claimant's ability to work. Defendants called Claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries and his first-hand testimony was limited.

Claimant bears the burden of proving the compensability of his alleged work injury. Defendants maintain that Claimant failed to show that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013 and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010. (testimony of Claimant, Claimant's Deposition pages 13-14 and 51; Defendants' APA B, pages 14 and 16; Claimant's APA B, page 28; Claimant's APA D, pages 87 and 102)
2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury. (Commission's file containing Claimant's Form 50)
3. Claimant was earlier advised of his right to counsel, but instead represented himself at the hearing before the undersigned. (Order of Commissioner James, dated December 2014)

4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye." (See e.g., Claimant's APA F, pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA L, page 426)
5. Claimant is 47 years of age. (testimony of Claimant, page 11; Claimant's Deposition, page 5)
6. Claimant has a Master's degree in social work. (testimony of Claimant, pages 11-12; Claimant's Deposition page 8)
7. Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center. (Claimant's Deposition, page 9-10)
8. Claimant's job with employer is a Human Resources Coordinator I/Mental Health Professional (testimony of Claimant, page 13; Claimant's Deposition, pages 10-11 and 56).
9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and compassionate professional." (testimony of Claimant; Defendants APA A, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations;

Claimant's Deposition, page 42; Claimant's APA D, page 112; Claimant's APA I, page 375)

10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013 – the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During this treatment, Claimant reported “continuous conflict with his supervisors.” One of the goals mentioned during this treatment protocol was for Claimant “[t]o learn how to take better care of myself, so that I can deal with the job stress.” Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the “not uncommon” personnel issue is “uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally.” (Defendants' APA A, pages 1-2, 11-14, and 16-17)
11. It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was make to take a HIPAA refresher course. The disciplinary documents specifically state that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner. (testimony of Claimant; Claimants Deposition, *e.g.*, pages 32-35 and 58; Defendants APA C, unnumbered pages; Claimant's APA, unnumbered pages; Claimants APA H, pages 277, 283-286, 288-296, 323, and 325-326; *See also*,

Claimant's APA L, page 422; Claimant's APA M, pages 433 and 436-445;

Claimant's APA O, page 547)

12. It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a six month period in 2009-2010 (Ms. Marin's supervision ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked a copy room and badgered him. Claimant contends that he is the subject of ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010. (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA F pages 137 and 187)
13. Claimant also contends that he was investigated for various complaints without Employer following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer. (Testimony of Claimant; Defendants APA C, unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA H, page 529)
14. Claimant admits that it is common for clients to allege mistreatment or abuse. Claimant's Deposition, page 47)
15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up

- for this episode was extraordinary and unusual. (Defendants APA C; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimants APA F, page 186)
16. As of the date of the hearing, Claimant has returned to his job duties with Employer.
(testimony of Claimant)
17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement by Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof. (See Claimant's APAB, pages 31-32; Claimant's APA C, pages 54-56, and 78-80; Claimant's APA D, pages 82-83, 87-90, 92, 95 and 100)
18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to S.C. Code § 42-1-160 for a mental-mental injury.
19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who cares deeply about his work and also about what others think of that performance. Dr. Upchurch describes Claimant with a "deep caring for the population he serves," and as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect." (See Claimant's APA C, pages 79-80)
20. I did not consider any handwritten additions to records before me.
21. Benefits under the Act are denied.
22. Claimant's average weekly wage is \$701.61, yielding a compensation rate of \$467.76.

CONCLUSIONS OF LAW

Based upon the evidence submitted in the case, the testimony given, and the foregoing Findings of Fact, I make the following Conclusions of Law:

1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.
2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.
3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was \$701.61, making a compensation rate of \$467.76 applicable in this matter.
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code §42-1-160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

ORDER

Based upon the Findings of Fact and Conclusions of Law:

IT IS, THEREFORE, ORDERED, that Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.

Susan Barden, Commissioner

Columbia, South Carolina
June _____, 2015

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1322039

HARRY REESE, CLAIMANT/APPELLANT

VERSUS

S.C. DEPARTMENT OF MENTAL HEALTH, DEFENDANTS/RESPONDENTS,

and

STATE ACCIDENT FUND, DEFENDANTS/RESPONDENTS

FULL COMMISSION BRIEF OF DEFENDANTS/RESPONDENTS

STATEMENT OF THE CASE

On September 15, 2014, claimant filed a Form 50 requesting a hearing, alleging an injury pursuant to §42-1-160(B). Claimant alleged dates of injury of October 18, 2013 and August 12, 2014. On September 18, 2014, a Form 12A was filled out by the defendant employer at the request of the claimant, which reflected that claimant was experiencing ongoing stress, slander and false accusations by managers since April 1, 2010. Defendants timely filed a Form 51 on October 10, 2014. Defendants denied the claim on the grounds that claimant's allegations do not constitute a compensable mental/mental injury pursuant to S.C. Code § 42-1-160(B). This matter was set for a hearing on December 17, 2014. At the hearing, claimant requested additional time to retain an attorney. Commissioner Melody James gave claimant an additional thirty days to retain an attorney and the matter was reset and heard April 6, 2015 with a different commissioner. Claimant was not represented by counsel at the April 6, 2015 hearing. Claimant sought a determination that he suffered a compensable mental/mental injury pursuant to S.C.

Code § 42-1-160. Defendants argued that claimant failed to meet his burden of proof to establish a compensable mental/mental injury.

The single commissioner issued a request for a proposed order which was received by the defendants on April 13, 2015. The single commissioner found that the claimant had not met the burden to prove a compensable injury under S.C. Code § 42-1-160(B). The Decision and Order was signed by the single commissioner on July 24, 2015. Defendants received a copy of the Order on July 29, 2015. South Carolina Code § 42-17-50, requires the claimant to file an application for review "within fourteen days from the date when notice of the award shall have been given." On August 4, 2015, claimant inquired with the S.C. Workers' Compensation Commission ("the Commission") via email as to the process to file an appeal.

On August 19, 2015, Kim Falls at the Commission informed the claimant that the appeal date had passed. She advised him claimant that he could file a Motion to Reinstate Appeal. Claimant filed a Motion to Reinstate Appeal on August 19, 2015. This Motion was granted on September 2, 2015. A notice of hearing was served on the parties on October 12, 2015. This notice specifically provided that the appellant's brief was due on November 11, 2015.

On November 11, 2015, the claimant emailed Amy Bracy at the Commission, inquiring how to upload his brief. Eugenia Hollmon at the Commission explained to the claimant that he did not need to upload the brief, but that he needed to mail the brief to the Commission. A week passed and the claimant did not submit a brief. On November 19, 2015 Eugenia Hollmon advised the claimant via email that if his brief was not received by the close of business, his appeal would be dismissed. The claimant responded via email, requesting an extension to submit his brief until the Monday, November 23, 2015. The parties were informed via email on

November 19, 2015 that the extension to submit a brief was granted.¹ The claimant submitted a sixty-two page document on November 23, 2015.² Claimant submitted subsequent briefs to the defendants via email on December 4, 2015 and December 6, 2015.

QUESTIONS PRESENTED

The claimant's brief makes allegations of violations of civil rights and due process, it mentions suborning perjury, denial of rights, lawyer's rules of conduct, and addresses each of the single commissioner's findings of fact. The claimant also outlines the relief sought at the end of the brief. The defendants submit that the question presented is whether the record supports the single commissioner's finding that the claimant failed to establish a mental injury under to §42-1-160(B).

SUMMARY OF THE EVIDENCE

The claimant submitted three sets of documents at the hearing. The first was a yellow folder containing Department of Mental Health policies and procedures. The small binder submitted, tabbed A-Z, contained articles from the internet regarding stress and mental health. Defendants objected to this submission as irrelevant and the single commissioner noted that while they were not evidence, she would take the information under advisement. Claimant submitted a large binder, tabbed A-S containing medical records, emails and employment documentation. Defendant's objected to the consideration of any handwriting on the documents in the large binder. This objection as sustained by the single commissioner. The claimant

¹ This matter is governed by S.C. Regs. 67-705. Subsection H states that the time for filing a brief may be granted with the consent of the opposing party. The defendants never consented to an extension of the claimant's brief as required by the regulation. Pursuant to S.C. Regs. 67-705(H)(3), this appeal should have been dismissed.

² The brief submitted by the claimant does not comport with S.C. Regs. 67-705(A).

testified as to his alleged work injury, employment and educational background and health background.

Defendants' APA submissions include reports from Palmetto Health Behavioral Care. (Defendants' APA A). These records include notes from therapy sessions from a period of September 26, 2013 and October 25, 2013. (Defendants' APA A) Also included in the APAs are records from Donna Upchurch, Ph.D., Carol Anderson, LISW and Dr. James Kirkland. (Defendants' APA B, C & D) Defendants called claimant's former supervisor, Harold Edwards, to testify. Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries and his first-hand testimony was limited.

STANDARD OF REVIEW

The South Carolina Administrative Procedures Act establishes the standard of review for decisions by the South Carolina Workers' Compensation Commission. *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 134-35, 276 S.E.2d 304, 307 (1981). "Under the Administrative Procedures Act (APA), an appellate court may not substitute its judgment for that of the agency as to the weight of the evidence on questions of fact, but it may reverse when the decision is affected by an error of law." *Pollack v. Southern Wine & Spirits of America*, 747 S.E.2d 430, 405 S.C. 9 (S.C. 2013) citing S.C. Code Ann § 1-23-380(5) (Supp. 2012). As to issues of fact, under the substantial evidence rule, an appellate panel may not substitute its judgment for that of the Workers' Compensation Commission as to the weight of the evidence or questions of fact. *Thompson v. South Carolina Steel Erectors*, 369 S.C. 606, 632 S.E.2d 874 (S.C. Ct App. 2006). Our Supreme Court has defined substantial evidence as evidence that, in viewing the record as a whole, would allow reasonable minds to reach the same conclusion. *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 135, 276 S.E.2d 304, 306 (1981).

ARGUMENT

The defendants contend that the single commissioner properly determined that the claimant failed to establish a mental injury pursuant to §42-1-160(B). South Carolina Code §42-1-160(B) contains a two part requirement for a compensable mental injury unaccompanied by physical injury. Part one (1) requires "that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment." Part two (2) requires medical causation between the stress or mental injury and the stressful employment conditions by medical evidence. The records submitted by the defendants establish a causal connection between the stress and the claimant's employment, and the single commissioner made such a finding, however defendants request the Appellate Panel affirm the single commissioner's determination that he failed establish the requirements of subsection one (1).

Defendants' rely upon the statement of Charles Roundy at Palmetto Behavioral Health on October 9, 2013. (Defendants' APA A, p. 17) This note discusses the claimant's reports of job-related stress and specifically states, "[h]is response to this not uncommon peronnel [sic] issue is uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally." (*Id.*) Defendants contend that this statement shows that claimant's work conditions were not extraordinary and unusual.

Further, claimant's allegations involve personnel issues, disciplinary actions and whether or not the employer follows its own policies. The single commissioner attempted to parse through the claimant's complaints and made specific findings as to some of the personnel issues mentioned by the claimant. One write-up from October 2013 dealt with an alleged HIPAA violation. (Finding of Fact ¶ 11) The single commissioner noted that the disciplinary documents

note that the offense to have been committed without malicious intent. The single commissioner found that the write out was not extraordinary and unusual. (*Id.*)

As to claimant's complaints of his former supervisor, Maria Marin, the single Commissioner notes that he brought no witnesses to corroborate any extraordinary or unusual conditions regarding this former supervisor and that the former supervisor had not supervised the claimant since 2010. (Finding of Fact ¶ 12) Defendants would also argue that any actions that took place in 2010 are barred from adjudication by the Commission pursuant to S.C. Code 42-15-40.

Lastly, claimant alleges mental injury resulting from investigations into various complaints over personnel issues. South Carolina Code §42-1-160(C) states,

mental injuries ... are not considered compensable if they result from any event or series of events which are incidental to normal employer/employee relations including, but not limited to, personnel actions by the employer such as disciplinary actions, work evaluations, ... except when these actions are taken in an extraordinary and unusual manner.

The single commissioner reviewed the voluminous evidence and the lengthy testimony and determined that personnel issues were not handled in an extraordinary or unusual manner.

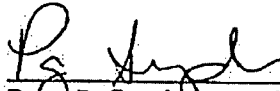
(Findings of Fact ¶¶ 11, 15, 18)

CONCLUSION

The single commissioner did not err in determining that the claimant failed to meet his burden of proof for benefits under S.C. Code § 42-1-160(B) because claimant did not establish that the conditions causing the mental injury were unusual and extraordinary in comparison to the normal conditions of his employment.

For the reasons set forth above, the defendants respectfully request that the Full Commission affirm the single commissioner's Order and Decision in its entirety.

Respectfully Submitted,



Page P. Snyder, Esquire

State Accident Fund

P.O Box 102100

Columbia, South Carolina 29221

(803) 896-5896

Attorney for the Defendants

Columbia, South Carolina
December 8, 2015

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC File Number: 1322039

Harry Reese,	)	
Employee/Claimant,	)	
	)	
vs.	)	
	)	CERTIFICATE OF SERVICE
SC Dept of Mental Health,	)	
Employer,	)	
	)	
and,	)	
	)	
State Accident Fund,	)	
	)	
Carrier/Defendants.	)	
_____	)	

I hereby certify that a copy of the Full Commission Brief of Defendants/Respondents have been served upon the following on this 8th day of December, 2015 by placing a copy in the US Postal Service, first class postage affixed and addressed to:

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

I hereby certify that a copy of the Full Commission Brief of Defendants/Respondents have been served upon the following on this 8th day of December, 2015 by placing a copy in the US Postal Service, first class postage affixed, certified mail, return receipt requested and addressed to:

7007 1490 0001 8630 3870
Harry Reese
8408 Little John Drive
Columbia, South Carolina 29209



Bonnie-Jean Thompson
Paralegal

APPELLATE PANEL
DECISION AND ORDER,
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1322039

HARRY REESE, CLAIMANT/APPELLANT,

VERSUS

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH AND SC STATE
ACCIDENT FUND, DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia, South
Carolina on December 14, 2015 per notices timely and
properly served on all parties of interest.

Appellate Panel Decision and Order filed:

APPEARANCES:

Claimant appeared *pro se*.

Defendants were represented by Page P. Snyder,
Esquire, of The South Carolina State Accident
Fund, P.O. Box 102100, Columbia, South Carolina
29221-5000.

STATEMENT OF THE CASE

On September 15, 2014, claimant filed a Form 50 requesting a hearing, alleging an injury pursuant to §42-1-160(B). Claimant alleged dates of injury of October 18, 2013 and August 12, 2014. On September 18, 2014, a Form 12A was filled out by the defendant employer at the request of the claimant, which reflected that claimant was experiencing ongoing stress, slander and false accusations by managers since April 1, 2010. Defendants timely filed a Form 51 on October 10, 2014. Defendants denied the claim on the grounds that claimant's allegations do not constitute a compensable mental/mental injury pursuant to S.C. Code § 42-1-160(B).

This matter was set for a hearing on December 17, 2014. At the hearing, claimant requested additional time to retain an attorney. Commissioner Melody James gave claimant an additional thirty days to retain an attorney and the matter was reset and heard April 6, 2015 with a different commissioner. Claimant was not represented by counsel at the April 6, 2015 hearing. Claimant sought a determination that he suffered a compensable mental/mental injury pursuant to S.C. Code § 42-1-160. Defendants argued that claimant failed to meet his burden of proof to establish a compensable mental/mental injury.

On July 24, 2015, the Single Commissioner issued her Order and Decision, making the following findings of fact, repeated herein verbatim:

FINDINGS OF FACT

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013 and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010. (testimony of Claimant, Claimant's Deposition pages 13-14 and 51; Defendants' APA B, pages 14 and 16; Claimant's APA B, page 28; Claimant's APA D, pages 87 and 102)
2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury. (Commission's file containing Claimant's Form 50)

3. Claimant was earlier advised of his right to counsel, but instead represented himself at the hearing before the undersigned. (Order of Commissioner James, dated December 2014)
4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye." (See e.g., Claimant's APA F, pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA L, page 426)
5. Claimant is 47 years of age. (testimony of Claimant, page 11; Claimant's Deposition, page 5)
6. Claimant has a Master's degree in social work. (testimony of Claimant, pages 11-12; Claimant's Deposition page 8)
7. Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center. (Claimant's Deposition, page 9-10)
8. Claimant's job with employer is a Human Resources Coordinator I/Mental Health Professional (testimony of Claimant, page 13; Claimant's Deposition, pages 10-11 and 56).
9. Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and compassionate professional." (testimony of Claimant; Defendants APA A, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations; Claimant's Deposition, page 42; Claimant's APA D, page 112; Claimant's APA I, page 375)
10. Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 2013 – the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During this treatment, Claimant reported "continuous conflict with his supervisors." One of the goals mentioned during this treatment protocol was for Claimant "[t]o learn how to take better care of myself, so that I can deal with the job stress." Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the "not uncommon" personnel issue is "uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally." (Defendants' APA A, pages 1-2, 11-14, and 16-17)

11. It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically state that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner. (testimony of Claimant; Claimant's Deposition, *e.g.*, pages 32-35 and 58; Defendants APA C, unnumbered pages; Claimant's APA, unnumbered pages; Claimant's APA H, pages 277, 283-286, 288-296, 323, and 325-326; *See also*, Claimant's APA L, page 422; Claimant's APA M, pages 433 and 436-445; Claimant's APA O, page 547)
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14. Claimant admits that it is common for clients to allege mistreatment or abuse. Claimant's Deposition, page 47)
15. Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual. (Defendants APA C; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimant's APA F, page 186)
16. As of the date of the hearing, Claimant has returned to his job duties with Employer. (testimony of Claimant)

17. I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement by Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof. (See Claimant's APAB, pages 31-32; Claimant's APA C, pages 54-56, and 78-80; Claimant's APA D, pages 82-83, 87-90, 92, 95 and 100)
18. Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to S.C. Code § 42-1-160 for a mental-mental injury.
19. This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who cares deeply about his work and also about what others think of that performance. Dr. Upchurch describes Claimant with a "deep caring for the population he serves," and as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect." (See Claimant's APA C, pages 79-80)
20. I did not consider any handwritten additions to records before me.
21. Benefits under the Act are denied.
22. Claimant's average weekly wage is \$701.61, yielding a compensation rate of \$467.76.

The hearing Commissioner made Conclusions of Law as follows:

CONCLUSIONS OF LAW

1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.
2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.
3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was \$701.61, making a compensation rate of \$467.76 applicable in this matter.
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code § 42-1-160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

Defendants received a copy of the Order on July 29, 2015. On August 16, 2015, the claimant filed a Form 30 requesting commission review, but indicated that the objections would be forthcoming.

Claimant filed a Motion to Reinstate Appeal on August 19, 2015 as the appeal date had passed. This Motion was granted on September 2, 2015. A notice of hearing was served on the parties on October 12, 2015. This notice specifically provided that the appellant's brief was due on November 11, 2015.

On November 11, 2015, the claimant emailed the Commission, inquiring how to upload his brief. A week passed and the claimant did not submit a brief. The claimant requested an extension to submit his brief until the Monday, November 23, 2015 via electronic mail. The parties were informed via email on November 19, 2015 that the extension to submit a brief was granted.¹ The claimant submitted a sixty-two page document on November 23, 2015.² Claimant submitted subsequent briefs to the defendants via email on December 4, 2015 and December 6, 2015.

The claimant's brief makes allegations of violations of civil rights and due process, it mentions suborning perjury, denial of rights, lawyer's rules of conduct, and addresses each of the single commissioner's findings of fact. The claimant also outlines the relief sought at the end of the brief. The defendants submit that the question presented is whether the record supports the single commissioner's finding that the claimant failed to establish a mental injury under to §42-1-160(B).

¹ This matter is governed by S.C. Regs. 67-705. Subsection H states that the time for filing a brief may be granted with the consent of the opposing party. The defendants never consented to an extension of the claimant's brief as required by the regulation. Pursuant to S.C. Regs. 67-705(H)(3), this appeal should have been dismissed.

² The brief submitted by the claimant does not comport with S.C. Regs. 67-705(A).

Oral arguments were delivered by the parties on December 14, 2015. All proffered testimony has been taken. Such, together with all documentary evidence and legal briefs, has been delivered to the individual members of the Full Commission and has since been under study and consideration.

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. § 42-17-50 (1976, as amended), review the award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefor, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

Harry Reese for the claimant and Page P. Snyder for the Defendants appeared at the scheduled hearing to present oral arguments on behalf of the parties. Having heard oral arguments on behalf of the parties, considered their briefs and viewed the records as a whole, the Appellate Panel hereby fully affirms Order of the Single Commissioner.

DECISION AND ORDER

The Appellate Panel hereby makes the following findings of fact:

1. Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013 and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010. (testimony of Claimant, Claimant's Deposition pages 13-14 and 51; Defendants' APA B, pages 14 and 16; Claimant's APA B, page 28; Claimant's APA D, pages 87 and 102)
2. Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury. (Commission's file containing Claimant's Form 50)
3. Claimant was earlier advised of his right to counsel, but instead represented himself at the hearing before the undersigned. (Order of Commissioner James, dated December 2014)
4. Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace.

However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye." (*See e.g.*, Claimant's APA F, pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA L, page 426)

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offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner. (testimony of Claimant; Claimants Deposition, *e.g.*, pages 32-35 and 58; Defendants APA C, unnumbered pages; Claimant's APA, unnumbered pages; Claimants APA H, pages 277, 283-286, 288-296, 323, and 325-326; *See also*, Claimant's APA L, page 422; Claimant's APA M, pages 433 and 436-445; Claimant's APA O, page 547)

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The Appellate Panel hereby makes the following conclusions of law:

1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.
2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.
3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was \$701.61, making a compensation rate of \$467.76 applicable in this matter.
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code § 42-1-160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

IT IS, THEREFORE, ORDERED the Order of the hearing Commissioner is **AFFIRMED.**

IT IS ORDERED, that the Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Mike Campbell, Commissioner

Melody L. James, Commissioner

Gene McCaskill, Commissioner, Chair

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1322039

HARRY REESE, CLAIMANT/APPELLANT,

VERSUS

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH AND SC STATE
ACCIDENT FUND, DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia, South
Carolina on December 14, 2015 per notices timely and
properly served on all parties of interest.

Appellate Panel Decision and Order filed:

APPEARANCES:

Claimant appeared *pro se*.

Defendants were represented by Page P. Snyder,
Esquire, of The South Carolina State Accident
Fund, P.O. Box 102100, Columbia, South Carolina
29221-5000.

STATEMENT OF THE CASE

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On July 24, 2015, the Single Commissioner issued her Order and Decision, making the following findings of fact, repeated herein verbatim:

FINDINGS OF FACT

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22. Claimant's average weekly wage is \$701.61, yielding a compensation rate of \$467.76.

The hearing Commissioner made Conclusions of Law as follows:

CONCLUSIONS OF LAW

1. Pursuant to Section 42-3-180 of the South Carolina Code of Laws, the South Carolina Workers' Compensation Commission has jurisdiction of this proceeding to determine the issues brought before it and venue in the County of Richland is proper pursuant to Section 42-17-20.
2. Claimant is an employee and Department of Mental Health was the employer pursuant to S.C. Code §§ 42-1-130 and 42-1-140, respectively.
3. That pursuant to S. C. Code § 42-1-40, Claimant's average weekly wage was \$701.61, making a compensation rate of \$467.76 applicable in this matter.
4. Claimant asserts he suffered a compensable psychological injury while acting within the course and scope of her employment pursuant to S. C. Code §42-1-

160. Claimant failed to meet the burden of proof to demonstrate a compensable mental-mental claim pursuant to § 42-1-160.

Within the statutory period, both parties filed Applications for Review in the case setting forth their exceptions, copies of which were furnished to all interested parties.

Claimant stated the following grounds for review:

1. Whether the Hearing Commissioner erred as a matter of law in Findings of Fact #3 in finding that the Claimant failed to prove that he is permanently and totally disabled when such a finding is not supported by the greater weight of the evidence on the record?
2. Whether the Hearing Commissioner erred as a matter of law in Findings of Fact #3 that the greater weight is given to the opinion of Dr. Hutcheson when such a finding is not supported by the greater weight of the evidence on the record?
3. Whether the Hearing Commissioner erred as a matter of law in Findings of Fact #4 in finding that the Claimant has suffered only wage loss pursuant to WC Code Section 42-9-20 when such a finding is not supported by the greater weight of the evidence on the record?
4. Whether the Hearing Commissioner erred as a matter of law in Findings of Fact #4 in finding that the Claimant's residual earning capacity to be as high as \$575.00 a week when such a finding is not supported by the greater weight of the evidence on the record?
5. Whether the Hearing Commissioner erred as a matter of law in Findings of Fact #4 in finding that the greater weight is given to the restrictions assigned by Dr. Hutcheson when such a finding is not supported by the greater weight of the evidence on the record?
6. Whether the Hearing Commissioner erred as a matter of law in Findings of Fact #4 in finding that the Claimant's award for wage loss is only \$78,675.40 when such a finding is not supported by the greater weight of the evidence on the record?
7. Whether the Hearing Commissioner erred as a matter of law in Conclusions of Law #6 in ruling that the Claimant has failed to prove that he is permanently and totally disabled when such a ruling is not supported by the Act, caselaw, and the greater weight of the evidence on the record?

8. Whether the Hearing Commissioner erred as a matter of law in Conclusions of Law #7 in ruling that the Claimant has suffered only wage loss with a residual earning capacity as high as \$575.00 a week when such a ruling is not supported by the Act, caselaw, and the greater weight of the evidence on the record?
9. Whether the Hearing Commissioner erred as a matter of law in Conclusions of Law #8 in ruling that the Claimant's wage loss award is only \$78,675.40 when such a ruling is not supported by the Act, caselaw, and the greater weight of the evidence on the record?

Defendants received a copy of the Order on July 29, 2015. South Carolina Code § 42-17-50, requires the claimant to file an application for review "within fourteen days from the date when notice of the award shall have been given." On August 4, 2015, claimant inquired with the S.C. Workers' Compensation Commission ("the Commission") via email as to the process to file an appeal. On August 16, 2015, the claimant filed a Form 30 requesting commission review, but indicated that the objections would be forthcoming.

On August 19, 2015, Kim Falls at the Commission informed the claimant that the appeal date had passed. She advised him claimant that he could file a Motion to Reinstate Appeal. Claimant filed a Motion to Reinstate Appeal on August 19, 2015. This Motion was granted on September 2, 2015. A notice of hearing was served on the parties on October 12, 2015. This notice specifically provided that the appellant's brief was due on November 11, 2015.

On November 11, 2015, the claimant emailed Amy Bracy at the Commission, inquiring how to upload his brief. Eugenia Hollmon at the Commission explained to the claimant that he did not need to upload the brief, but that he needed to mail the brief to the Commission. A week passed and the claimant did not submit a brief. On November 19, 2015 Eugenia Hollmon advised the claimant via email that if his brief was not

received by the close of business, his appeal would be dismissed. The claimant responded via email, requesting an extension to submit his brief until the Monday, November 23, 2015. The parties were informed via email on November 19, 2015 that the extension to submit a brief was granted.¹ The claimant submitted a sixty-two page document on November 23, 2015.² Claimant submitted subsequent briefs to the defendants via email on December 4, 2015 and December 6, 2015.

The claimant's brief makes allegations of violations of civil rights and due process, it mentions suborning perjury, denial of rights, lawyer's rules of conduct, and addresses each of the single commissioner's findings of fact. The claimant also outlines the relief sought at the end of the brief. The defendants submit that the question presented is whether the record supports the single commissioner's finding that the claimant failed to establish a mental injury under to §42-1-160(B).

Oral arguments were delivered by the parties on December 14, 2015. All proffered testimony has been taken. Such, together with all documentary evidence and legal briefs, has been delivered to the individual members of the Full Commission and has since been under study and consideration.

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. § 42-17-50 (1976, as amended), review the award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefor, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

¹ This matter is governed by S.C. Regs. 67-705. Subsection H states that the time for filing a brief may be granted with the consent of the opposing party. The defendants never consented to an extension of the claimant's brief as required by the regulation. Pursuant to S.C. Regs. 67-705(H)(3), this appeal should have been dismissed.

² The brief submitted by the claimant does not comport with S.C. Regs. 67-705(A).

Harry Reese for the claimant and Page P. Snyder for the Defendants appeared at the scheduled hearing to present oral arguments on behalf of the parties. Having heard oral arguments on behalf of the parties, considered their briefs and viewed the records as a whole, the Appellate Panel hereby fully affirms Order of the Single Commissioner.

ORDER

IT IS, THEREFORE, ORDERED the Order of the hearing Commissioner is **AFFIRMED.**

IT IS ORDERED, that the Claimant failed to prove that he suffered a compensable mental/mental claim pursuant to S.C. Code §42-1-160. Claimant failed to establish that he is entitled to compensation or benefits.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Mike Campbell, Commissioner

Melody L. James, Commissioner

Gene McCaskill, Commissioner, Chair

November 23, 2015

Appellant's SCWCC Brief

Re: Harry Reese (Claimant) vs. SC Department of Mental Health
WCC File No. 1322039

I will present a duplicate copy of the brief with the exact locations of each evidence to Ms. Snyder via email on November 27, 2015 by end of the business day and to the Commission the day of the hearing.

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Exhibits

(Emailed separate from this document)

- Exhibit 1: Snyder Reviewed Evidence Thoroughly Email Correspondence
- Exhibit 2: Hollmon's Legal or Procedural Error Email Correspondence
- Exhibit 3: Dr. Upchurch's Disposed Medical Report by the Defendant
- Exhibit 4: Scott's Psychiatric Disposed of Documents by the Defendant
- Exhibit 5: Reese Appeal Request – Reese SCWCC Questions & Concerns
- Exhibit 6: Global Assessment of Functioning (GAF)
- Exhibit 7: Witnesses' Email Confirmation of Reviewing Evidence
pgs. 204A – 204L
- Exhibit 8: New Alpha's Lease
- Exhibit 9: SAF SLED Records Request
- Exhibit 10: SAF DSS Records Request
- Exhibit 11: Claimant's Attorney Concern & Witness Request
- Exhibit 12: Supervisors & Mental Health Staff
- Exhibit 13: Productivity – Geof Mason
- Exhibit 14: SAF Form 51 – Denial Reasons
- Exhibit 15: Marin's Crisis Funds Request

RECEIPTS & FEES PAID

- Exhibit 16: Medication List & Copays - Updated
- Exhibit 17: Print Cost - SCDMH Personnel File Fees Paid, Copy Pick-up, etc.
- Exhibit 18: Carol Anderson, LISW Receipt
- Exhibit 19: Dr. Donna Upchurch, Therapist
- Exhibit 20: SCWCC Fees Paid
- Exhibit 21: Whitmore Transcript Fees Paid

UNPAID BILLS

- Exhibit 22: Palmetto Health Baptist
- Exhibit 23: Dr. Thornton McKinney

Through ongoing documentation and evidence which hasn't been disputed by the Defendant, I proved that the ongoing illegal, unethical, and unfair treatment that I experienced by the Defendant which was intentional, reckless and malicious resulted in significant and ongoing work-related stress that ultimately caused my mental injury and illness. Because I successfully proved my claim, the Defendant and SAF resulted to not only unethical conduct, but illegal conduct as well – perjury (misrepresenting the facts and conspiring to deceive the Commission) and falsifying a legal document.

Civil Rights Violation – Violation of Due Process

Signed and effectuated a falsified legal document even though the first section of the Claimant's evidence clearly defined Mr. Edwards role during the period that I required hospitalization, Mr. Edwards described his role in the hearing, the Defendant requested Mr. Edwards attendance in the hearing based on his role and clearly Ms. Snyder vetting Mr. Edwards before the hearing; moreover, several documents within the Claimant's evidence displayed the role of Mr. Edwards during this period many which on agency stationery, email correspondences, signature on FMLA form, workplace accommodation correspondence under the American with Disabilities Act (ADA), etc.

I've been completely victimized by the Defendant since 2010 via their refusal to adhere to their own policies and procedures that governs the agency and now I'm being victimized by the Commission via not examining the Defendant's policies and procedures that will clearly demonstrate that I performed my job duties as required and that Defendant's ongoing abuse of power and systematic illegal acts against me which ultimately lead to my mental injury and illness. An array of evidence that has been presented from the deposition to medial/clinical assessments and opinion to email and written correspondences all confirmed that the ongoing stress that I experienced was 100% work-related which ultimately lead to my mental injury and illness – not any of CAMHC's clients, factors outside of the work environment, etc.

The two most significant pieces of evidence to that confirms the illegal acts against me by the Defendant – the 618 page document and the Defendant's policies and procedures, the Commissioner distorted the facts and did not examine the policies and procedures which was clearly designed to unjustly deny my claim.

I proved that I didn't have a pre-existing condition (Claimant's APA D, pg. 87, Medication List: Claimant's APA B, pgs. 43-51; Scott Medical Administrative Clinical Addendum, Claimant's APA B, pg. 32; Deposition pg. 57, Lines 17-19) and that my injury arise from my employment with the Defendant via the Defendant's ongoing unfair treatment and illegal, discriminatory, reckless and malicious behavior Claimant's APA, A-S, Yellow Folder: Defendant's Policies and Directives, and Claimant's Small Binder (tabbed A-Z): Articles re: stress and mental health of which no evidence is present that the Commissioner reviewed documents in both the Yellow Folder and the Small Binder.

Ignoring the issues and facts: No evidence of the Commissioner reviewing the Defendant's policies and procedures which demonstrated that I performed by job duties as required and the ongoing illegal, malicious and reckless behaviour of the Defendant resulted in my mental injury and illness. In addition, no evidence displayed in Commissioner Barden's order that she reviewed

the Small Binder admitted into evidence that would have oriented her to the symptoms related to my mental health illness.

Suborning Perjury and Perjury: Commissioner Barden was acutely aware that Mr. Edwards was my supervisor at the time that I required hospitalization via testimony and documentation; however, she signed and effectuated a falsified order.

Automatically Rule against Certain Classes of People: Due to my inability to secure legal counsel, the Commissioner did not provide a fair hearing and the ruling appears to be already render before the case was even heard via ignoring issues and facts, not allowing me to present all the facts, not reviewing all evidence that continues to substantiate my case; i.e., signing and effectuated a fraudulent order with deceptive information and false information presented by the Defendant which the Commissioner knew was deceptive and false upon reviewing the Claimant's APA (618 page document); and deceiving the Claimant leading the Claimant to believe that he was able to present factual information in the Claimant's 618 page document entered and accepted into evidence.

Denied Constitutional Rights to fundamental fairness, justice, and liberty denying me the right to present all the evidence.

Both Commissioner Barden and the Defendant was perfectly aware that I was unable to present additional evidence that's reflected in the 618 page APA during the appeal when I informed the Commissioner that "That's why I say, I know I need to prepare for an appeal (Worker's Comp Transcript pg. 8, Lines 15-25 and pg. 9, Lines 1-7 (no guidance on the appeal process was given by the Commissioner); pg. 48, Lines 10-15, pg. 95, Lines 6-8); Commissioner Barden's Question regarding Appeal" What do you mean you have to prepare for an appeal?" (Worker's Comp Transcript pg. 95, Line 11). Claimant's Response: "Because it's so much stuff in here that you're not hearing and they're not going to ask about". (Worker's Comp Transcript pg. 95, Lines 12-14) and ""But what I mean by prepare for an appeal, I – I'll have to go back down here and list date by date and reference each page so it's be much easier to follow along" (Worker's Comp Transcript pg. 95, Lines 22-25; Transcript pg. 80, Lines 22-25 and pg. 81, Lines 1-3 informing Commissioner Barden I would email additional documentation after the hearing and the Commissioner did not advise me that I couldn't and the Defendant did not object); yet both Commissioner Barden and the Defendant allowed me to think that I could. I didn't find out until November 19, 2015 by Ms. Eugenia Hollmon, SCWCC's Judicial Docketing Director" that I only had a mere "10 minutes" to present "legal or procedural error done at the first hearing so, nothing new is allowed" (Exhibit 2) and certainly not evidence related to the case and was ignored by Commissioner Barden. Transcript p. 97, Lines 7-25; Exhibit 1: Form 30 & attached "Reese SCWCC Questions & Concerns. Please see the attached documents that will demonstrate my train of thought and how I was preparing my case for the Appeals Process via the deception of the Defendant, Commissioner Barden, and the SCWCC Staff – please note the dates of the Email correspondences requesting staff to confirm that they reviewed the documentation on the Defendant's computer and the Global Assessment of Functioning (GAF) documentation – Exhibit 6; and Supporting Evidence After The SCWCC April 6, 2015 Hearing: pgs. 204 A – 204 L – Exhibit 7.

- Mr. Herbert Toney: April 14, 2015 documents #205A – 205D (New Alpha's Lease Agreement

- Mr. Tom Mercer: April 14, 2015; Claimant's APA G, pgs. 216-217; Claimant's APA G, pgs. 220-222; Claimant's APA G, pgs. 228-230; Claimant's APA G, pgs. 235-237; Claimant's APA G, pg. 242
- Mr. Ervin Jefferson: April 14, 2015; Claimant's APA G, pgs. 205 & 206; Claimant's APA H, pg. 254; Claimant's APA I, pgs. 376-377, Claimant's APA N, pgs. 513-516.
- Mr. Ervin Jefferson: April 16, 2015; Claimant's APA H, pg. 354

The Defendant was acutely aware that I wanted to present witnesses to the appeal via receiving the "Reese SCWCC Questions & Responses" document from Ms. Amy Bracy, SCWCC Judicial Director that she mailed to the Defendant on September 29, 2015.

Although SCWCC was acutely aware that I wanted to present witnesses and additional evidence to continue substantiating my case of which the SCWCC's staff received the "Reese SCWCC Questions & Responses" via email on August 17, 2015, I was notified by Ms. Hollmon on November 19, 2015 via email that I was unable to present witnesses to the hearing and only allowed to present "legal or procedural error done at the first hearing so, nothing new is allowed". Ms. Hollmon argument was that I should have sought guidance from SWCC regarding the appeal process upon receiving the October 12, 2015; however, based on the fact that Commissioner Barden and Ms. Snyder leading me to believe that I could present all the evidence in the appeal, it didn't cross my mind to inquire of the SCWCC regarding the appeals process; moreover, Ms. Bracy was in receipt of the "Reese SCWCC Questions & Responses" which demonstrates my intent in the appeal for 3 months and she did not advise me of otherwise.

Commissioner Refusing to Disqualify Herself: Commissioner is appointed by the Governor, confirmed by the Senate to perform the job duties of a State agency – Worker's Comp Commission, presiding over a case against a State agency – there was no impartiality via observed illegal misconduct via ignoring issues and facts, signing and effectuating a fraudulent order; not hearing all the facts, etc.

Subrogation of Deception, Perjury and Deception: After hearing the testimony and reviewing the Claimant's 618 page document and becoming acutely aware of factual information, the Commissioner allowed the Defendant to input false and deceptive information into the order of which she effectuated.

Deception, Perjury, & Fraud #1: "Mr. Edwards was not Claimant's supervisor at the time of his alleged injuries, and his first hand testimony was limited". (Signed Order – Evidence of the Case, pg. 4). Commissioner Barden was acutely aware that Mr. Edwards was my supervisor at the time that I alleged my injury via testimony and an array of documentation in the Claimant's 618 page APA; yet, she signed the order allowing this fraudulent information. Reference pg. #9 of this document Reese SCWCC Questions & Concerns pgs. 58-61; Transcript: pg. 8 Lines 15-21; pg. 64 Lines 10-13; pg. 71 Lines 12-25; Claimant's APA C pg. 53; Claimant's APA H pg. 253, 255, & 265; pg. 291 1st bullet.

The Commissioner allowed SAF to include fraudulent statements in her signed order which changed the narrative of the hearing and misrepresent the situation regarding the staff not communicating with my supervisor at the time which was Mr. Harold Edwards as he testified in

the hearing, during his deposition with SAF; moreover, throughout the evidence that was presented. This fraudulent deceptive statement by the Defendant makes it appears that I committed perjury (Transcript pg. 10 Line 25 and pg. 11, Lines 1-9) in the hearing destroying my creditability which allowed the Commission to rely upon the Defendant's fraudulent statements even although both the Defendant's and Claimant's evidence confirms that Mr. Edwards was my supervisor during this period. In fact, the Defendant reckless behavior not only affected me; however, it also declares that their own witness committed perjury during his deposition and while under oath stating that he was my supervisor during the hearing. Is this a violation of Due Process? Perjury is a criminal offense punishable by jail time – interfering with both the Claimant's and Mr. Edwards' liberty. Transcript pg. 67 Lines 20-25; pg. 68; and pg. 69 Lines 1-9.

The egregious and illegal conduct continues to demonstrate that the Defendant continues to victimize me because I'm financially unable to secure legal presentation. The Defendant & SAF committed perjury and should face legal repercussions. This type of reckless and malicious behavior should not be acceptable by the Commission; however, the Commission allowed it which again illegal changed the narrative of the situation through deception and perjury. Moreover, this misconduct is a violation of South Carolina 407 Rules of Professional Conduct

Deception, Perjury, & Fraud #2: Egregiously accusing the allege mistreatment claims from clients as one of the contributing factors that resulted in my mental injury.

The Defendant misrepresented the facts upon questioning Mr. Edwards regarding allegations presented by clients: SCWCC Hearing Transcript p.70.

There's nothing that I've documented or verbalized to anyone involved; i.e., service providers, co-workers, management, SAF, etc., etc., etc. that the clients false claims against me attributed to the work-related stress which ultimately lead to my mental injury and illness.

In fact, during my deposition with SAF, I informed Ms. Snyder on the process of which I handle false claims against me alleged by clients "Attack the behavior and not the client": Deposition pg. 47; lines 11 – 24; pg. 31 Lines 16-23; Transcript pg. 43, Lines 5-25 (Legislature statement); hence, the SCDMH's Client Advocacy Program –Claimant's J. pgs. 394-397; and Transcript pg. 84., Lines 14-21 – client alleging abuse is normal, the Defendant's behavior isn't normal).

Although it's clearly documented and has been verbalized by myself that my mental injury and illness was the direct results of significant ongoing work-related stress "caused" by management's ongoing illegal, intentional, grossly negligent, reckless, and malicious conduct of which my ongoing efforts to resolve and cease management's behavior were consistently ignore, it is clearly defined in my Leave Slips – Claimant's Section A; pgs. 4-8 of which all of the Sick Leave forms were signed by my supervisor - Mr. Harold Edwards.

*An array of misconceptions are responded to in the Claimant's response to Commissioner Barden's signed order included in this brief.

RULE 3.4: FAIRNESS TO OPPOSING PARTY AND COUNSEL

A lawyer shall not:

- (a) unlawfully obstruct another party's access to evidence or unlawfully alter, destroy or conceal a document or other material having potential evidentiary value. A lawyer shall not counsel or assist another person to do any such act;
- (b) falsify evidence, counsel or assist a witness to testify falsely, or offer an inducement to a witness that is prohibited by law;
- (c) knowingly disobey an obligation under the rules of a tribunal, except for an open refusal based on an assertion that no valid obligation exists;
- (d) in pretrial procedure, make a frivolous discovery request or fail to make a reasonably diligent effort to comply with a legally proper discovery request by an opposing party;
- (e) in trial, allude to any matter that the lawyer does not reasonably believe is relevant or that will not be supported by admissible evidence, assert personal knowledge of facts in issue except when testifying as a witness, or state a personal opinion as to the justness of a cause, the credibility of a witness, the culpability of a civil litigant or the guilt or innocence of an accused; or
- (f) request a person other than a client to refrain from voluntarily giving relevant information to another party unless:
 - (1) the person is a relative or an employee or other agent of a client; and
 - (2) the lawyer reasonably believes that the person's interests will not be adversely affected by refraining from giving such information.

RULE 4.1: TRUTHFULNESS IN STATEMENTS TO OTHERS

In the course of representing a client a lawyer shall not knowingly:

- (a) make a false statement of material fact or law to a third person; or
- (b) fail to disclose a material fact when disclosure is necessary to avoid assisting a criminal or fraudulent act by a client, unless disclosure is prohibited by Rule 1.6.

Crime or Fraud by Client

[4] Under Rule 1.2(d), a lawyer is prohibited from counseling or assisting a client in conduct that the lawyer knows is criminal or fraudulent. Paragraph (b) states a specific application of the principle set forth in Rule 1.2(d) and addresses the situation where a client's crime or fraud takes the form of a lie or misrepresentation. Ordinarily, a lawyer can avoid assisting a client's crime or fraud by withdrawing from the representation. Sometimes it may be necessary for the lawyer to give notice of the fact of withdrawal and to disaffirm an opinion, document, affirmation or the like. In extreme cases, substantive law may require a lawyer to disclose information relating to the representation to avoid being deemed to have assisted the client's crime or fraud. If the lawyer can avoid assisting a client's crime or fraud only by disclosing this information, then under paragraph (b) the lawyer is required to do so unless the disclosure is prohibited by Rule 1.6.
<http://www.sccourts.org/courtReg/index.cfm>

I've consistently demonstrated via testimony and years of documentation that if the Defendant would have adhere to the Agency's policies and procedures that governs the agency rather than the Defendant's personal biases, discretions and vendettas none of the following that resulted in my mental injury and illnesses wouldn't have taken place:

I. Civil Rights Violations: Systematic Discrimination – age, gender, and race, Bullying, Harassment, Retaliation, Slander, Defamation of Character which commenced immediately after I provided Ms. Marin my April 9, 2010 notarized letter which was included in the Claimant's APA evidence which was a clear demonstration of the first display of ongoing retaliation that I continued to suffer from at the hands of the Defendant.

- Systematic Breach of Policies
- Consistently Denied Grievance Rights
- Failure to Ensure a Safe & Healthy Environment (Ms. Marin close proximity; continue to make false claims against me; failure to follow policy which lead to client decompensated and she attack me)
- Falsely accusing me of a HIPPA Violation - Discuss Referral Process; Edwards' incident
- Falsifying Documentation
- Falsely accusing me of Sexual Harassment – 365+ days later
- Falsely accusing me of a Dual Relationship after I documented a CAMHC employee negligent to a client and committing perjury in court.
- Unwarranted Reprimands even after exonerated of any wrongdoings
- Consistent Unfair Treatment
- Interference of Investigations
- Providing a false employee appraisal
- American Disability Act Violation: Failure to provide appropriate workplace accommodations
- Jeopardizing Livelihood, Employment and Future Employment Claimant's APA H, pg. 294 and 295 5th para.
- Public Humiliation – Transcript 78, Lines 21-25 and pg. 79, Lines 1-17
- Unfair allocation of resources to ensure a safe and healthy working environment – Dr. Bank's use of PSO
- Denied advancement opportunities Link (advertised), Connections and New Horizon
- Interference with performing job duties and advocating on client's behalf which ultimately paced clients lives in jeopardy
- Additional Undue Stress – false claim that Lt Baker was a SLED officer – Transcript pg. 56, Lines 10-25; pg. 57, pg. 59, Lines 16-25, and pg. 60, Lines 4-14
- Falsely accusing me of sexual harassment of a female employee at Independence House after I was working at New Horizons for 365 days
- Dr. Bank's Interference of an investigation which was confirmed by Ms. Vicki Brown stating..."Harry, I just did what I was told to do". If Ms. Brown would have not been hindered and prevented from investigated the manner, an appropriate resolution would have reached. Rather Dr. Bank engage in force behavior with submitting a letter (Claimant's APA F, pg. 157) forbidding staff to discuss the matter to return to a harmonious environment that Ms. Marin distracted.
- Refusing staff to discuss the April Fool's incident and interfering and preventing the Human Resource Officer from thoroughly investigating the matter – intimidation (Claimant's APA F, pgs. 169-170).
- Denied Grievance Rights Three Times

- Harold Edwards –receives the “You Made A difference” award for intervening with a client in another CAMHC’s programs (Claimant’s I, pg. 378) yet he is awarded while I accused on a HIPPA violation for doing the exact thing – helping a client in another program of which his Case Manager caused the client to decompensate via deceiving the client. The client of which Mr. Edwards intervene with, he elicited my help and I was able to contact his wife to prevent a deadly incident of which the client was threatening to kill his wife and even though my efforts were documented not only myself, but Mr. Edwards of which he noted in his documentation of my interventions upon eliciting my help, my agency didn’t acknowledge me at all – Claimant’s APA H, pgs. 349-351.
- Client BJ Incident: Falsifying documentation accusing me of failing to perform my job duties which ultimately lead to a client decompensating and assaulting his parents via disrespectful and aggressive behaviors of which the client garnished a knife against his parents. Even after the management discuss the matter, Ms. Marin falsified the document in EMR identifying me as a negligent worker via not ensuring that the client received essential mental health services in a timely manner that would have prevented him from decompensating. Ms. Marin falsified the document in the client’s record, because she was perfectly aware by history that upper management wasn’t going to do anything to her.
- Client BJ incident: Ms. Marin encouraged the father to report the negligent behavior that she accused me of to the agency’s Patient Advocate – Dr. Arnold when such negligent verbalized by an individual which could have been deadly, should have been reported to PSO, and ultimately to DSS and SLED. To protect the agency and Ms. Marin, the agency ignored its’ policies and allowed and encouraged Ms. Marin’s ongoing attacks against me.
- 2012: Falsely accusing me of a dual relationship with a housing provider and once exonerated by the agency’s internal investigation, I continued to suffer from this false accusation; in that, Dr. McNeil inquired of the relationship of which she had no knowledge of the 2012 report since she wasn’t my supervisor during the period the false accusation was presented which continues to demonstrate evidence of slander, harassment, intimidation, defamation of character, etc.
- Accused of HIPPA violation and despite demonstrating, even with an attorney present, that I followed the agency’s policies and procedures within performing my job duties, I was reprimanded for insubordination. There was no HIPPA violation; therefore, there can’t be insubordination especially when the Defendant’s policies and directives requires the documentation of clinical interactions.
- Accused me of assaulting a client and after I was cleared of any wrongdoings via the individuals that Ms. Marin elicited to investigate the manner and I was reprimanded for Insubordination and re-assigned to another facility.
- Refusal to provide and ensure a safe and healthy working environment via relocating Ms. Marin within close proximity, the same clinic, of which she begun her assaults against me and management did absolutely nothing to stop her attacks Deposition, pg. 34, Lines 8-25; Transition pg. 90, Lines 20-25 (which should reflect April 9, 2010), Transcript pgs. 91, Lines 1-7.
- SC Dept. of Mental Health Director, Mr. John Magill, consistently ignored my efforts to cease the agency’s illegal, malicious, and reckless attacks against me even when shared via email with the Director that the agency’s conduct resulted in a client overdosing on a control substance and another client could have denied if it wasn’t for the quick response of the housing provider. Rather than Mr. Magill employing appropriate interventions, he

merely instructed his administrative assistive to inform me that..."He doesn't like to be involved in stuff like that". Dr. Bank used his position in the department to distort the facts; therefore, Mr. Magill refused meetings with me. Although he was deceived by Dr. Bank, the concerns presented warranted his attention especially since the agency was engaging in illegal behaviors; moreover, the agency place the lives of client's in jeopardy.

- Client CS: Due to the agency's ongoing grossly negligent behavior and assaults against me, this client has digressed to the most intensive Case Management program that the Center offers moving from the LINK, to Connections, and now to Impact of which I have been assigned as his Case Manager. This client has been re-hospitalized (psychiatrically – three times this year alone and chemically), due to the negligent behavior of the mental health staff which resulted in the client's decompensation and agitation.
- Public Humiliation – HIPPA refresher, seeking assistance from others outside the agency, receiving mental health treatment, etc.
- Dr. Bank use every resource at his disposal to ensure that he was protected; however, refused to protect me under the policies and procedures that governs the agency. Calling Public Safety officer to be on stand-by during the Proposed Suspension meeting. Unfortunately for Dr. Bank and fortunately for me, the PSO went to the wrong building.
- Defendant and SAF: Conspiring with another to pervert the course of justice, Perjury, Unethical Conduct, and Civil Rights Violation
- The Defendant committed provable acts of perjury and deception in an attempt to have my worker's compensation benefits denied which proved effective via the Commissioner denying my claim.
- The Defendant intentional disposal of evidence to influence the Commissioner and obstruct and prevent a favourable decision on my behalf based on the overwhelming amount of evidence that has consistently supported my claim.
- subornation of perjury as committed by my employer's attorney
- The Defendant disposed of medical evidence that clearly demonstrated that my mental injury and mental illness was directly related to "Significant and ongoing work-related stress" and no other social factors. I wanted to inquire of many issues of Ms. Snyder including missing documents; however, was informed by Commissioner Barden that I was unable to. Transcript pg. 97, Lines 24-25 and pg. 98, Lines 1-10.
- Misrepresentation of the Facts & Fraud
- Claimant filing an Equal Employment Opportunity Commission (EEOC) claim which is in the investigative process
- Describe now as a Whistleblower

Claimant's Response to Commissioner Barden's Finding of Fact

Finding of Fact 1: Claimant alleges that he sustained acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014, but contends that work stressor symptoms have been occurring since 2010 (testimony of Claimant; Claimant's Deposition, pages 13-14 and 51; Defendants' APA, pages 14 and 16; Claimant's APA, "B," page 28; Claimant's APA, "D," pages 87 and 102).

Transcript pg. 89 Lines 20-25 and pg. 90, Claimant's APA A, pg. 2. I have no idea of the reason that I alleged the acute work-related mental-mental injuries on October 18, 2013, and August 12, 2014; however, the evidence will demonstrate that I sustained an acute work-related mental injury on after been falsely accused by the Defendant of causing the client to be allegedly abused by an individual that the Defendant described as..."The housing provider" and enduring the same type of behavior by the Defendant that I've experience since providing Ms. Marin with the April 9, 2010 notarized correspondence. The injury was exacerbated with Defendant inappropriately applying the incorrect policy to resolve concerns/complaints presented by a client, refused to engage members of the client's family that would have refuted the client's allegation, and forewarning me that I would be under a DSS/SLED investigation of which the client was able to provide his account of the incident on August 9, 2013 with the Public Safety officer; whereas, it took the Defendant two weeks to provide my accounts of the incident two weeks later even though I was in the same building with the client, approximately 20-25 feet away, when the Defendant allowed the client to provide his accounts of the alleged incident to the Public Safety Officer – rather extraordinary and unusual. The Defendant continue to exacerbate my injury via provided accusing me of a HIPPA violation for receiving an adverse incident report as required by the Defendant's policy.

On September 5, 2013, I requested EAP services from my employer because the injury became so intense and unbearable and Ms. Vickie Brown provided me with a referral for EAP services on September 6, 2013 which clearly demonstrates that the Defendant was acutely aware of the injury and was notified in a timely manner. Claimant's APA A, pg. 2. In addition, on June 3, 2014, the Defendant finally offered EAP services via Santee-Wateree Community Health Center, 45 minutes away for a person experiencing insomnia and the inability to focus, rather than here in Columbia. Claimant APA M, pg. 456.

My initial appointment with Mr. Donald Helms, SC Vocational Rehabilitative Counselor who manages the EAP program for the Defendant, was on September 11, 2013. Claimant's APA A, pg. After discussing my issue with Mr. Helms, he immediately deduced that my condition was caused by work-related stress and provided me with a referral to Scott Psychiatric Center scheduled for October 4, 2013 Claimant APA A, pg. 10; therefore, of I immediately notified the Defendant via my Leave slips of which Mr. Harold Edwards signed, my supervisor during this period, which clearly identifies the source of my work-related injury "Work-related stress via CAMHC's management for effectively performing my job duties" Claimant's A, pgs. 4-8. The same leave slips was also inputted in the system by a Defendant's employee with the initials "KB" which is most likely Ms. Karen Brown who's employed in the CAMHC's Human Resource office; so that, my Sick and Annual leave could be used to cover the time that I was receiving partial

hospitalization with Palmetto Health Behavioral Care Day Treatment. Claimant's APA A, pgs. 4-8 and 10.

I consistently followed up with Mr. Helms regarding the referral to Scott Psychiatric, and he consistently replied, that he couldn't provide the referral until he had received my medical records from my primary medical provided - Dr. Bell (Deposition pg. 41, Lines 3-13). Because my mental status was rapidly deteriorating, I called Dr. Bell's office and was provided an emergency appointment. After evaluating me, Dr. Bell immediately referred me to Palmetto Health Behavioral Care Day Treatment and prescribed psychotropic medications to aid in stabilizing me. Claimant's APA D, pg. 82. Deposition, pg. 41; Lines 14-21.

I was reinjured on April 23, 2014 by the Defendant due to their negligence within refusing to combat Ms. Marin's ongoing reckless, illegal and unethical behavior for something that I absolutely had no control over. If the Defendant's policies and procedures were followed, this incident wouldn't have taken place. Please reference Finding of Fact 12 response for details.

Even when I provided Dr. McNeil with the September 16, 2013 email (Claimant's H, pg. 290) with the attached policies along with additional supporting documents that demonstrated that I effectively performed my job duties as required by the Defendant's policies and directives, the Defendant maliciously upheld the proposed disciplinary action which continued to exacerbate my injury much like the Defendant did in 2010 when members of the Defendant's Patient Advocacy program cleared me of any wrongdoings which ultimately lead me to seek legal representation to assist me within addressing the 2010 incidences (Claimant APA F, pgs. 159-168); however, my efforts were unsuccessful and caused additional stress and depression as shared with the Commissioner Barden during the hearing. Transcript pg. 99, Lines 16-25 and pg. 100, Lines 1-9.

Finding of Fact 2: Claimant does not plead injury by repetitive trauma, but rather two discrete dates of injury (Commission's file containing Claimant's Form 50).

"Ongoing is synonymous with repetitive; and stress (significant) is synonymous with trauma".

The Defendant by admission substantiated the aforementioned and my claim in the hearing recognizing that it was a "Buildup of issues". Transcript pg. 88, Lines 14-25; Claimant's verifying build-up statement by Ms. Snyder prior to the Defendant acknowledging it was a build-up that ultimately caused the mental injury and illness – Transcript pg. 49, Lines 1-8.

Merriam-Webster Dictionary defines "Build-up" as:

- an increase in something that occurs as time passes
- things that are said to cause people to feel excited about something (such as a future event) or someone (such as a performer)
- a series of things that lead to an important event or occurrence

<http://www.merriam-webster.com/dictionary/buildup>

Oxford Dictionaries defines "Build-up" as:

- A gradual accumulation or increase, typically of something negative that leads to a problem: the build-up of carbon dioxide in the atmosphere

More example sentences

- It's an inflammatory bone condition that causes a build-up of poisons that erupt into painful skin abscesses.
- But the more it goes on, the more it encourages a build-up of household debt.
- The use of sprays can lead to an indoor build-up of large quantities of carcinogenic vapours.

<http://www.oxforddictionaries.com/us/definition/english/build-up>

The dates on the Claimant's Form 50 are incorrect, please reference Finding of Fact 1 response. South Carolina Code 42-1-160. "Injury" and "personal injury" law doesn't require repetitive trauma to prove that the stress was work-related only the conditions of the employment that caused the injury. Clearly throughout this document, the 618 page evidence packet provided to the Commission and SAF of which majority of the information presented to the Commission on April 6, 2015 was provided to SAF during my deposition with SAF along with a two-page presentation format on October 22, 2014, the Defendant's policies and directives will demonstrates that the Defendant enabled and maintained a hostile and unsafe working environment that consistently created "employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment" which required medical intervention to aid in reaching medical maximum benefit; moreover, to sustain life.

Finding of Fact 3: Claimant was earlier advised of his right to counsel, but instead represented himself at the hearing before the undersigned (Order of Commissioner James, dated December 2014).

As Commissioner Barden noted in her findings that Commissioner James informed me that I could have legal representation during the hearing. I exhausted all efforts to seek and secure legal representation (Exhibit 11); however, was unable to do so. In the evidence that I provided to both the State Accident Fund and The Workers Compensation Board in APA S – Mr. George Sink, Attorney; page 618, you will clearly be made aware as to the reason that my efforts to secure and attorney did not produce a favorable outcome. According to the only attorney that responded to my request for legal assistance, he states that..."It would cost more to represent you in this matter than you are likely to recover" Claimant's APA S, pg. 618. It is in my opinion that Mr. Sink's rationale for not taking on the case, not making enough money, clearly is the consensus of all the attorneys that I contacted of which there's no evidence that Commissioner Barden reviewed Mr. Sink's correspondence in Claimant's APA S, pg. 618. When attempting to discuss Mr. Sink's correspondence with Commissioner James, she denied me in doing so because she states that another Commissioner would be hearing the case and not her. I exhausted all efforts to secure legal representation including contacting and discussing my case with Ms. Holly Atkins, Former Chairman of the SC Workers Compensation Commission. I guess she too thought that there wasn't enough money to make in representing my case muck like Mr. Sink. Based on the Defendant's and SAF illegal conduct, I certainly did not want to or desire to represent myself in this tedious matter. Ms. Snyder was perfectly aware that I was exhausting efforts to secure an attorney via and email sent to her.

Finding of Fact 4: Claimant did not subpoena or otherwise bring any witness to the hearing to corroborate his testimony of harassment or hostility in the workplace. However, from Claimant's testimony, there is no question that Claimant and Ms. Marin did not see "eye to eye" (See e.g., Claimant's APA, "F," pages 139, 141-168, 170, 173, 191-195, and 203; Claimant's APA, "L," page 426).

I did not subpoena any other staff members to the hearing because I'm not an attorney (Exhibit 11, pg. 583U) and I did not want any of the other Defendant's employees to suffer the same consequences that I've consistently experienced for years. August 16, 2015 Form 30 Reese SCWCC Questions and Response pg. 18, 2nd para.

I informed you that in 2010 if Dr. Bank, and in fact both SCDMH/CAMHC's Human Resource Directors, would have appropriately intervened, the events surrounding the April Fools prank which lead to Ms. Marin accusing me of sexually harassing a client between one year prior to me being re-assigned to the New Horizon Center, there wouldn't be any 2012, 2013, and 2014 incidences which again was maliciously reported to have me terminated or voluntarily quit my employment with the agency. As shared with Commissioner Barden and is documented, Dr. Bank encouraged me to talk with the accusing client (Claimant APA F; page 192); therefore, Ms. Marin and no authority to ignore and go against his instructions; therefore, I would have never received a write up for insubordination, involuntarily re-assigned to the Cottages; moreover, wouldn't have continue to experience the work-related stress that ultimately lead to my mental injury and diagnosed mental illnesses.

In Commissioner Barden's report, she provided quotation marks around "eye-to-eye" reflecting that these are my words to describe the relationship amongst myself and Ms. Marin. I've never shared with anyone that myself and Ms. Marin didn't see "eye-to-eye". During the my deposition with SAF and the hearing, I clearly stated that the client said that she and I didn't see "eye-to-eye" and upon the individuals that Ms. Marin elected to intervene in this matter, they reported that according to the client, her meaning on me and her not seeing "eye-to-eye" was that I didn't look her in the eyes while I was facilitating groups (Reese SAF Deposition: pg. 16, Lines 6-25 & pg. 17, Lines 1-25; Reese SCWCC Transcript: pg. 30, Lines 7-20). Furthermore, I also discussed the possible reason that the Defendant re-assigned me to the Cottages – bad blood between myself and Ms. Marin. I didn't have bad blood as discussed in the hearing and I consistently exhausted all efforts to amicably resolve this matter and was ignored and denied my earned grievance rights (Reese SCWCC Transcript: pg. 37, Lines 21-25 and pg. 38, Lines 1-14; Claimant's APA F, pg. 173; Claimant's APA M, pgs. 435-441 and 464-465; and Claimant's APA N, pgs. 476-479).

Years of documentation has clearly demonstrated that Ms. Marin was the ongoing aggressor and the only actions that I took were defending myself which is well documented through the 618 page evidence and was constantly ignored and overlooked by management which is also documented. Again, being treated fairly as other SCDMH employees, the hearing and other unwarranted investigation and attacks against me wouldn't have been experienced. Moreover, if Dr. Bank and both SCDMH and CAMHC's Human Resource Managers would have appropriately intervened in 2010, Ms. Marin attacks and antics wouldn't have been experienced. Rather than appropriately intervening via the Defendant's policies and directives, the Defendant minimized my complaint and belittle me stated that the reason that I submitted my formal complaint was because "My

feelings was hurt" (Claimant APA F, pg. 171; Transcript pg. 38, Lines 1-14). In fact, Ms. Brown in a conversation with her stated that she only did what she was told to do (Claimant APA M, pg. 454 2nd para, pg. 455 Lines 1-2, and 4th para Lines 9-11) of which her immediate supervisor is Dr. Bank. Her statement also concludes that she would have appropriately intervened if she wasn't inappropriately interfered and instructed not to do so by Dr. Bank (Claimant's APA F, pg. 157); thus, the outcome would have been beneficial for all stakeholders which to include myself, the agency, staff members (heavier workloads in my absence); moreover, the clients missing their essential mental health services due to my absences and not being advocated for when faced with intimidated by management (Claimant's N, pgs. 489-490) which is documented in my May 2, 2014 employee evaluation of which was completed by my supervisor – Mr. Harold Edwards of which Commissioner Barden demonstrated that she reviewed in Finding of Fact # 9).

Due to the Defendant allowing, condoning, and encouraging Ms. Marin's ongoing assault and attacks against me, after she failed to meet the needs of the client which resulted in him decompensating and branding a knife against his parents, Ms. Marin blamed me for the client's relapse. If it wasn't for the fact that I was able to present evidence refuting her allegation, I surely would have faced disciplinary actions from the Defendant based on the Defendant's history – Transcript pg. 65, Lines 12-25, and pg. 66, Lines 1-20. Ms. Arnold investigated the allegation and emailed me stating..."You did nothing wrong". I would have never continue to experience the assaults and attacks from Ms. Marin and the Defendant if the Defendant would have appropriately intervene in 2010 especially when the individuals that Ms. Marin elicited to investigate exonerated me from the false allegations made against me of which Ms. Marin wasn't forthcoming regarding the client's allegation. None of the Defendant's employees would experience the ongoing illegal and unethical assaults and attacks that I consistently experienced if the Defendant treated everyone fairly and correctly employ and adhere to their own policies and directives which governs and protects the agency. Claimant's APA L, pgs. 420-427, particularly pg. 426 - Ms. Marin's falsified documentation that she submitted in the client's Electronic Medical Record with malice intent. The evidence and Dr. Arnold's clearly demonstrated that I wasn't the cause of the client decompensating, but Ms. Marin was. Claimant's APA L, pgs. 422-425.

Even though Claimant's APA L, pg. 426 is Ms. Marin's falsified documentation, let's examine the document which clearly demonstrates the Defendant's claim that I committed a HIPPA violation for documenting in a client's file that I wasn't the Case Manager, wasn't on my treatment team and that I wasn't treating and continues to display that the Defendant consistently treated me unfairly.

Documentation Clinical Interactions		
Staff Member	Ms. Maria Marin	Harry Reese (Claimant)
Evidence	Claimant's APA, pg. 426	Claimant's APA, pg. 285
Date of Entry	February 4, 2013	August 15, 2013
Incident	Based on the false premise that I was the client's CM as documented by Ms. Marin. Assisted a client's father due to the client decompensating and terrorizing both parents – brandishing a knife, physically assaulting them, verbally abusive, pestering daily for money to purchase drugs, doing drugs; missed 3 injections; and declining services; Ms. Marin referred the client's father to Dr. Arnold, Client Advocate to report claims of CM neglect of Case Manager	Assisted a client of the Link program who decompensate due to the unethical behaviors of his Case Manager (informing client that he was going to relocate him to an alternate placement of which the Case Manager was documenting otherwise and had not intent of relocating the client based on the Case Manager's documentation of which he documented that he informed the client that he should focus on recovery rather than relocating him.
Direct Contact with client	No	Yes
Location	At the clinic	At the client's placement
CM	Harry Reese	Mr. Melvin Malone
CM Present	Yes	No
Supervisor	Mr. Cornell Ruff	Ms. Maria Marin
CM's Supervisor Present	Yes	No
Consequence	None	HIPPA Violation - Perceived threat of being terminated (Claimant's APA, pg. 255).

- It's truly and extraordinary and unusual that Ms. Marin would purposely elected to employ the incorrect policy to appropriately investigate and resolve the client's father's concern of the client decompensation. The client's father is and was not a client of CAMHC and was in his right frame of mind and competent when presenting his complaint to Ms. Marin (the client's father is currently deceased); therefore, the Defendant's "Abuse, Neglect, or Exploitation of Patients and Clients Prohibited policy (pg. 44) should have been employed. The reason that Ms. Marin elected to employ the incorrect policy to investigate and resolve the client's father complaint of which the Defendant allowed her to do so, is because based on the Defendant's policy, PSO would have been involved to take the report, DSS/SLED

would have investigated the complaint via a comprehensive and inclusive approach and discovered that Ms. Marin, which the Defendant allowed, neglected the client causing him to consistently missed essential mental health treatment which to include the client receiving his monthly injection for 3 months; ultimately, causing the client to terrorize his parents, the need for a Judicial Pick-Up Order, and hospitalization. The DSS/SLED report would have been placed on Ms. Marin's record and the Defendant could have faced a liability suit if the client would have caused physical harm to his parents or if the client's father would have been told of the truth, that the Defendant's negligent caused the client's decompensation. Not only did Ms. Marin neglect the client, mislead the father, employ the incorrect policy to protect herself, but falsely accused me of neglect and entered a falsified entry into the client's medical record which displays me as a negligent employee - surely this is extraordinary and unusual conditions of employment. Claimant's APA H, pg. 291 2nd bullet and pg. 292, 1st para.

Finding of Fact 5: Claimant is 47 years of age (Claimant's Deposition, page 5).

Is the Commissioner suggesting that based on my age, I should have been able to continue enduring the ongoing assaults and attacks against me by the Defendant. My age is irrelevant in this matter - the Defendant's ongoing illegal acts are paramount and caused my mental injury and illnesses. Documentation clearly demonstrates that if Defendant would had appropriately intervene, Ms. Marin's ongoing assaults and attacks against me; moreover, client's being placed in harms way to the point of one client almost lost his life, wouldn't have existed and there would be no need for the mental health treatment that I received and continue to receive and certainly not the Worker's Comp, the illegal acts committed against me at the hearing and certainly not this Appeal. People have caused self-harm and harm to others as it relates to experiencing stress related issues at their place of employment; hence, going postal. I loved myself enough to go get help to prevent self-harm; moreover, harm to others and to maintain a "Harmonious work environment".

Finding of Fact 6: Claimant has a Master's degree in social work (testimony of Claimant; Claimant's Deposition, page 8).

No Objection

Finding of Fact 7: Claimant's employment history includes work as a cook, work at a Head Start facility as a case manager, and work as a teacher/coordinator at a child development center (Claimant's Deposition, pages 9-10).

No Objection

Finding of Fact 8: Claimant's job with employer is Human Resources Coordinator II case manager (testimony of Claimant; Claimant's Deposition, pages 10-11 and 56). Please verify title by transcript-it may be Human Services Coordinator/case manager

Human Services Coordinator I/Mental Health Professional (MHP)

Finding of Fact 9: Based upon written evidence, Claimant appears to be an excellent employee who (a) cares very much about his job, and (b) takes great pride in the performance of that job. Claimant is documented as (a) requiring "minimal supervision and prompting in obtaining needed services for his clientele," (b) having "outstanding and consistent case management services," and being an "efficient" and "hardworking, caring, and compassionate professional" (testimony of Claimant; Defendants' APA, pages 1 and 3; Claimant's submissions, unnumbered pages containing employee evaluations; Claimant's Deposition, page 42; Claimant's APA, "D," page 112; Claimant's APA, "1," page 375).

Commissioner Barden noted my quality contributions within my ability to effectively perform my job duties. The aforementioned should have afforded me with the same dignity and respect offered to Ms. Marin and other staff members; however, I was consistently denied it. I was ignored when pleading for assistance within ceasing Ms. Marin's ongoing attacks against me. After reviewing all the documents, you will discover that I was never the aggressor in any incident involving myself and Ms. Marin; however, I only defended myself via pleading for assistance from SCDMH Senior Management and that only frustrated Ms. Marin and Dr. Bank to the point that she consistently made false allegations against me of which the agency consistently failed to adhere to their own policies and directives that governs the staff's behavior; moreover, the agency. Yellow Folder: Defendant's Policies: Policy of Ethical Principles, pg. 36; Workplace Violence, pg. 7, Harassment Free Workplace, pg. 11, and Employee Grievance and Appeal Policy and Directives, pg. 3. I was committed and loyal to the agency; however, the agency wasn't committed and loyal to me which is demonstrated throughout the Claimant's evidence.

Finding of Fact 10: Claimant was admitted to the Palmetto Health Behavioral Intensive Outpatient Program in September 20 13-the month prior to the October 2013 event he alleges to be an unusual and extraordinary condition of employment. During his treatment, Claimant reported "continuous conflict with his supervisors." One of the goals mentioned during this treatment protocol was for Claimant "[t]o learn how to take better care of myself, so that I can deal with the job stress." Claimant expressed anger at being accused of something he didn't do at work and being treated unfairly. One of these records states that Claimant's response to the "not uncommon" personnel issue is "uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally" (Defendants' APA, pages 1-2,6-9, 11-14, and 16-17).

Objection: Misleading. From Commissioner Barden's statement, it appears that I was arbitrarily not taking care of myself. As the medical evidence demonstrates, I now have a diagnosis of Major Depressive Disorder (due to the mental injury sustained due to significant and ongoing work-related stress) and prescribed and appropriately self-administering antidepressants APA B: pgs. 28 (Chief Complaint), 31 (Basis for Diagnosis and Justification for Treatment), and 32; APA C: pgs 54(#4), 56, and APA D, pgs. 82, 83, 86, 87 (Precipitating Event/Presenting Problem/Current Symptoms), 88 (Diagnosis), 92 (#4), 95, 96, 97, 101, 102 (Identified Problems/Outcome), 103 (Discharge Diagnosis).

Major Depressive Disorder
(From Wikipedia, the free encyclopedia)

Major Depressive Disorder (MDD) (also known as clinical depression, major depression, unipolar depression, or unipolar disorder; or as recurrent depression in the case of repeated episodes) is a mental disorder characterized by a pervasive and persistent low mood that is accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities. The term "depression" is used in a number of different ways. It is often used to mean this syndrome but may refer to other mood disorders or simply to a low mood. Major depressive disorder is a disabling condition that adversely affects a person's family, work or school life, sleeping and eating habits, and general health.

Symptoms and signs

Major depression significantly affects a person's family and personal relationships, work or school life, sleeping and eating habits, and general health.[6] Its impact on functioning and well-being has been compared to that of chronic medical conditions such as diabetes.[7]

A person having a major depressive episode usually exhibits a very low mood, which pervades all aspects of life, and an inability to experience pleasure in activities that were formerly enjoyed. Depressed people may be preoccupied with, or ruminate over, thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred.[8] In severe cases, depressed people may have symptoms of psychosis. These symptoms include delusions or, less commonly, hallucinations, usually unpleasant.[9] Other symptoms of depression include poor concentration and memory (especially in those with melancholic or psychotic features),[10] withdrawal from social situations and activities, reduced sex drive, and thoughts of death or suicide. Insomnia is common among the depressed. In the typical pattern, a person wakes

very early and cannot get back to sleep.[11] Hypersomnia, or oversleeping, can also happen.[11] Some antidepressants may also cause insomnia due to their stimulating effect.[12]

A depressed person may report multiple physical symptoms such as fatigue, headaches, or digestive problems; physical complaints are the most common presenting problem in developing countries, according to the World Health Organization's criteria for depression.[13] Appetite often decreases, with resulting weight loss, although increased appetite and weight gain occasionally occur.[8] Family and friends may notice that the person's behavior is either agitated or lethargic http://en.wikipedia.org/wiki/Major_depressive_disorder - Articles Present, APA Z.

Uncommon simply means that it's rare. It doesn't mean that it doesn't happen. The same therapist Dr. Chuck Roundy, who made the uncommon notation is the same therapist that completed the FMLA form stating..."As of a result of significant and ongoing work-related stress" (Claimant's APA D, pg. 92 #4) of which Dr. McKinney signed, moreover, Chuck referred me to Dr. Donna Upchurch to continue treatment so that my condition wouldn't result in me causing self-harm (please reference sustain life in Claimant's APA pg.) coping strategies. I was so desperate for assistance within ceasing the agency's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct which to include bullying against me, that I requested aid from the Palmetto Health Behavioral Care provider which is documented in Chuck's documentation (please reference Claimant's APA D pg. 95); however, the hearing was focused on Dr. Roundy "uncommon" statement of which Ms. Snyder requested that I read out loud the statement in the hearing and both Commissioner Barden and Ms. Snyder arbitrarily elected to ignore the fact that Dr. Roundy continued treatment and referred me to Dr. Upchurch for ongoing treatment (Claimant APA D, pg. 90 ELOS/Discharging Planning).

Let's put this in a better visual perspective:

1. Defendant referred me to EAP services twice (Claimant APA A; pg. 2 & Claimant's APA M, pg. 456), pgs.
2. SC Vocational Rehabilitation Department: Mr. Don Helms/Counselor – referred to Scott's Psychiatry Services twice (Claimant APA A; Pg. 10 & 17) also review emails
3. Dr. Gary Bell (Claimant APA D; Pg. 82 & 87): Assigned initial diagnosis, prescribed psychotropic medications, and referred to Palmetto Health Behavioral Care Partial Hospitalization program while visited in his office – Chief Complaint: Depression, Anxiety, and Stress.
 - Celexa 10 mg - used to treat depression Claimant's APA D, pg. 82
 - Xanax .5mg - used to treat anxiety and panic disorders Claimant's APA D, pg. 82
4. Palmetto Health Behavioral Care Partial Hospitalization – initial assessment (Claimant APA D; pgs. 87-91) Please note Global Assessment of Functioning (GAF) numeric value assigned. GAF Supporting Document – note date the document was printed.
5. Palmetto Health Behavioral Care Partial Hospitalization - engaged in group treatment via several therapist (Claimant APA D; pg. 88: Treatment Team Interventions; Claimant APA D; pg. 89: Patient Symptoms/Functioning Treatment Barriers)
6. Palmetto Health Behavioral Care Partial Hospitalization Ms. Rachel Bush, Registered Nurse, Claimant APA D, pgs. 87-91; Claimant APA D; pgs. 88 & 90: Patient Stressors

7. Palmetto Health Behavioral Care Partial Hospitalization - Dr. Thornton McKinney provided psychiatry services and prescribed psychotropic medications
 - Celexa 20 mg – used to treat depression an increase of 10 mg from Dr. Bell's prescription Claimant's APA D, pg. 82 & Claimant APA D; pg. 83
 - Trazodone 50 mg – for sleeping Claimant APA D; pg. 83
8. Palmetto Health Behavioral Care Partial Hospitalization – Dr. Chuck Roundy(therapist) referred me to Dr. Donna Upchurch (Claimant APA D; pg. 100) for additional counseling and completed the FMLA form of which Dr. Thornton McKinney reviewed and concurred with Dr. Roundy's assessment and signed (Claimant APA D, pgs. 92-94; Claimant APA D, pgs. 89 & 90 ELOS/Discharging Planning). Dr. McKinney Correspondence – never responded – also Reese SCWCC Questions & Concerns emailed on 8/17/15.
9. (Location) Dr. Sarah Schumaker APA D, pg. 97 which to include Symptoms, Assessment, & Plan.
10. Palmetto Health Behavioral Care Partial Hospitalization - Dr. Nicholas Depace, Conducted Psychological Testing – Claimant's APA D, pg. 89 – “Consults”
11. Dr. Donna Upchurch – provided additional counseling via referral from Palmetto Health Behavioral Care Partial Hospitalization via the Palmetto Health Behavioral Care Partial Hospitalization staff of which, my advocate Dr. Chuck Roundy (therapist) – Transcript pg. 85, Lines 13-25, pg. 86-87 is a member of and was my main point of contact person while I received inpatient treatment via the behavioral healthcare provider (Claimant APA C; pg. 54 # 4). Dr. Roundy as noted in his uncommon statement was my “Advocate” while receiving treatment at Palmetto Health Baptist - not my doctor.
12. Scott Psychiatric Institute – Ms. Carol Anderson, LISW, provides counseling via EAP referral from Mr. Don Helms, SC Vocational Rehabilitation Counselor and requested intervention from the psychiatrist to aid in reaching a level of stabilization, and considered re-hospitalization, sustaining life, and reaching a level of maximum medical benefit - Exhibit 4 of which the Defendant disposed of medical evidence to aid in denying my case and Claimant APA; pg. 17.
13. Scott Psychiatric Institute - Dr. James Kirkland (Claimant APA B; pgs. 43-51): prescribed psychotropic medications to aid in preventing re-hospitalization
 - **Lamital (Lamotrigine) 100 mg** - used to help prevent the extreme mood swings initially prescribed 25 mgs on 8/11/14 - Claimant APA B; pg. 49; increased dosage to 100 mg on 9/2/14 - Claimant APA B; pg. 49
 - **Lexapro (Escitalopram) 20 mg** - used to treat depression and anxiety; initially prescribed 10 mg 8/11/14 - Claimant APA B; pg. 49; increased dosage on 9/2/14 to 20 mg - Claimant APA B; pg. 49
 - **Ambien (Zolpidem) 10 mg** - used to treat sleep problems (insomnia) in adults added on 8/26/14 Claimant APA B; pg. 49
 - **Seroquel (Quetiapine Fumarate) 25 mg** - an anti-psychotic drug used to treat certain mental/mood conditions added on 9/2/14 - Claimant APA B; pg. 49
 - **Wellbutrin XL (Buprion) 300 mg** - used to treat depression added medication - initially prescribed 150 mg on 10/30/14 - Claimant's APA B, pg. 50; increased dosage on 11/25/14 to 300 mg - Claimant's APA B, pg. 50
14. Dr. Kirkland's Opinion Claimant's APA B, pg. 31

15. Dr. Bell now prescribes the following psychotropic medications (90 day supply) - Exhibit 16, pgs. 10-13
- **Wellbutrin XL (Buprion) 300 mg** - used to treat depression
 - **Ambien (Zolpidem) 10 mg** - used to treat sleep problems (insomnia) in adults
 - **Seroquel (Quetiapine Fumarate) 25 mg** - an anti-psychotic drug used to treat certain mental/mood conditions
 - **Lexapro (Escitalopram) 20 mg** - used to treat depression and anxiety
16. Carol Anderson, LISW (formerly of Scott's Psychiatry Institute); Palmetto Center for Change - Counseling

Commissioner's as you will note that all service providers identified the causer of my mental injury and illnesses to "work-related stress" of which ongoing is also noted. As you will discover from my Wal-Mart's Pharmacy Order, I wasn't taken any psychotropic medications only till after the Defendant caused my mental injury and illnesses. Claimant's APA B, pgs. 43-51.

In addition, I was so stressed out, depressed, and desperate for help that I had to visit Senator Harvey Peeler's office, Chairman, Senate Medical Affairs Committee, of which his assistant referred me to Ms. Caton's office – Transcript pg. 48, Lines 19-25 and pg. 49, Lines 1-22. Upon discussing the matter with Ms. Caton she informed me that the reason that I was facing such hardship was because I supported Mr. Rick Nickles' New Alpha program (please reference Claimant's APA M, pg. 454; Lines 36-38 of which Ms. Caton's observation was provided to the Defendant via email.

The therapist, Dr. Roundy, didn't say that I was malingering; he just simply noted an observation from his experience only which was the reason that he wanted to continue to explore the situation. In fact, no psychiatrist or any service provider diagnosed me as malingering; moreover, malingering "is not" noted in any of the medical evidence documentation that I provided to the Commissioner; moreover, the Defendant. In addition, Dr. Roundy was acutely aware that I was suffering mentally; therefore, he referred me to Dr. Upchurch for additional counseling to aid in sustaining life , preventing re-hospitalization; moreover, to achieve maximum medical benefit. Again, this was cherry picked information to deny my claim and ignore the facts (Claimant's APA D, pgs. 95 & 100).

Clearly I was taking it both personally and professionally. The Defendant consistently treated me unfairly, accused me of sexual harassing a female staff member some 365 days later, falsely accused me of harming clients and upon being cleared of any wrongdoings, I was still reprimanded; consistently denying me my "earned" grievance rights, ignored by the State Director of which he merely stated via his administrative assistance after several request since 2010 that..."He don't like to be involved in stuff like that". Even when it was about a client almost dying as a result of the illegal, reckless, and malicious acts of the mental health staff, the State Director of the Department of Mental Health merely states via his administrative assistance states..."He don't like to be involved in stuff like that" Claimant's H, pg. 323-324; Claimant's APA, H, pg. 327 and pg. 455 Lines 35-38; Claimant's H, pgs. 299-305 particularly pg. 305; and Claimant APA H, pgs. 325-326. It is evident that Mr. Magill didn't appropriately intervene due to the inappropriate interference of Dr. Bank and Dr. Bank's easily accessibility to Mr. Magill. Dr. Bank is a member of Mr. Magill's leadership team (Claimant's APA J, pg. 398); employing efforts to have me

terminated which could have caused my entire family to become homeless, the Defendant's ongoing illegal behaviors and attacks against me could have prevented me from working in the human service field of which I worked so diligently to achieve the opportunity to do so which includes receiving student loans and the State Director rather than appropriately intervening he merely states via his administrative assistance after several follow-up calls from me states..."He don't like to be involved in stuff like that", consistently denied advancement in the organization, falsified documents against me, could have prevented me from receiving my license in Social Work, causing harm to client of which a client almost died, falsely accusing me of a dual relationship with a housing provider and even after being exonerated of any wrongdoings and unethical behavior, I continue to suffer based on retaliatory behavior of Ms. Marin which is evident upon her describing me as a "crook and that I was destroying client's lives" to a housing provider that's not employed by the agency (Claimant's APA H, pg. 304 #8); moreover, hinder the appropriate investigation of a complaint presented by a client which wouldn't allow any objective to be displayed by the Defendant which ultimately caused several clients in harms way via the grossly negligent, reckless, and malicious conduct of the mental health staff (see Dr. McNeil's correspondence – Claimant's APA H, pgs. 288-289). Dr. Bank was acutely aware that I had nothing to do with arranging client's transportation (Deposition, pg. 20, Lines 6-18; Claimant's APA H, pgs. 256-259) to the clinic via email provided on June 14, 2012 prior to the hotline Dual Relationship complaint– Claimant's APA G pgs. 214-215; yet he elected not to appropriately intervene. Dr. Bank appropriately intervening in this matter would have enabled objectivity during the incident that the client reported by I was the result he was verbally abused by the housing provider; thereby preventing the array of illegal attacks against me that eventually caused my mental injury (please compare dual relationship report Claimant's APA G pg. 214 to Claimant's APA H pgs. 258-259) which clearly demonstrates that I had nothing to do with making the clients transportation arrangements Transcript pg. 39, Lines 3-25; causing additional undue stress via informing me that I was under a DSS/SLED investigation of which SAF (Form 50 to DSS/SLED) was perfectly aware that I wasn't well before I did; in that, SAF didn't receive any documentation from these agencies regarding the client's claim, etc., etc., etc, Claimant's APA, pg.

Jeopardizing my liberty and freedom could have been taken away from me if I would have responded to Ms. Marin attack against me on April 23, 2014, rather I called for assistance a second time, to cease Ms. Marin's attack for a situation that she caused. Please see this document page for details regarding this matter.

All of these factors were ignored by Commissioner Barden to merely deny my claim which ultimately condones and rewards the Defendant and any employer for engaging in illegal and unethical behavior.

Commissioner Barden did not reference Dr. Upchurch's evidence; in that, it continues to provide vivid and visual evidence of the ongoing stress that I experienced by the Defendant when I clearly demonstrated, by the Defendant's policies and directives, that I effectively performed my job duties; yet, Commissioner Barden ignored this revelation and it only appears that she cherry picked information to deny my claim rather than being impartial: Claimant's APA C, pgs. 77-81. Claimant's APA C pgs. 52 – 53 also clearly displays that the Defendant's witness, Mr. Harold Edwards was my supervisor during this period of which the completed FMLA form was submitted to Ms. Vicki Brown, CAMHC Human Resource Director via email. The Defendant purposely

omitted to include the Claimant's APA C pg. 53 in both Commissioner's Barden and James evidentiary packets.

Clearly Dr. Upchurch didn't only submit pgs. 25-27 in the Defendant's Commissioner James evidentiary packet and pgs. 18-20 and in the Defendant's Commissioner Barden's evidentiary packet because the Defendant clearly did not want the Commission to witness the illegal, unjust and unfair conduct that I consistently experienced by the Defendant. In fact, Dr. Upchurch provided me with a copy of the same documents that she provided to SAF that aren't present in either Commissioner James or Barden's Pre-Hearing Briefs provided by the Defendant: Claimant's APA C pgs. 78-81 (Exhibit 3) - Dr. Upchurch's medical documentation reflects page numbers.

Finding of Fact 11: It is difficult to follow Claimant's testimony at times, but it appears that the October 2013 incident relates to an investigation and Claimant's ultimately being reprimanded for insubordination stemming from an alleged HIPAA violation, after which Claimant was made to take a HIPAA refresher course. The disciplinary documents specifically states that Employer considered the offense to have been without malicious intent. The tone of the disciplinary write-up does not appear to be extraordinary and unusual, and although Claimant adamantly disagrees with the write-up, it was not done in a hostile manner (testimony of Claimant; Claimant's Deposition, e.g., pages b 32-35 and 58; Defendants' APA, "C," unnumbered pages; Claimant's APA, unnumbered pages; Claimant's APA, "H," pages 277, 283-286, 288-295, 323, and 325-326; See also Claimant's APA, "L," page 422; Claimant's APA, "M," pages 433 and 436-445; Claimant's APA "O," page 547).

The tone of Dr. McNeil's September 5, 2013 disciplinary action against me is absolutely and totally irrelevant. The disciplinary action could have been placed on a Hallmark Card and it still would have been extraordinary and unusual based on the Defendant's policies and directives that required me to intervene as a responsible and competent professional employee of the Defendant; moreover, to aid in meeting the need of the client. Based on the Defendant's policies and directives, Dr. McNeil had no authority to hinder, prevent, demand, request, etc., etc., me to not to document my clinical interaction with any of the Defendant's clients. Defendant's Policies and Directives (Yellow Folder): Filing/Scanning of clinical documentation, pg. 27; Transfer of Case Management, pg. 24 "receives majority of their services and that the clinical and computer records must reflect the current case manager for each client" – Transcript pg. 83, Lines 12-20. The operative word in that clause is majority of which the framers of this policy were perfectly aware that the client, based on their need, certainly would receive services from other program staff that's employed by the Defendant. For example, a nurse for the Connections program may administer a client an injection from the nurse of Link program. Or in this particular case, I intervene aiding a client that had decompensated due to the poor actions of his case manager; "Reporting of Adverse Incidents", pgs. 33-34; particularly pg. 34, 1st and 5th paragraphs. Again, the tone is irrelevant. The act was malicious and only used to demean, ridicule, belittle, devalue, marginalize, etc., etc., etc.

In the same disciplinary action that Dr. McNeil presented to me, she states that I communicated with an unauthorized person – please reference Claimant's APA H, pgs. 263 – 267. I received an adverse incident report regarding a client that overdose on a controlled substance (a medication that was prescribed by a CAMHC's psychiatrist) and the client provided the control substance to a peer (who's not prescribed the medication) that required emergency medical care. According to the attending Lexington Medical Center doctor, the peer could have died if he didn't receive emergent care which was a result of the immediate reaction of the responsible New Alpha staff. Certainly the aforementioned was an adverse incident and I received and documented the incident as the Defendant's policy requires of me (Yellow Folder: Defendants Adverse Incident Policy, pg. 33: #8, 17, 21, and 23; pg. 34, 1st and 5th paragraphs and the Defendant's Policy: Family Inclusion, pg. 28, particularly #5. The fact to the matter is, when it comes to receiving an adverse incident, there's absolutely no such thing as an "Unauthorized Person" – it's an adverse incident. An individual makes an incident report was unknown to any member of the Defendant's staff, we simply receive the report without acknowledging whether or not the client is a client of the

Defendant. Please review the example offered by Dr. McNeil (Claimant's APA H, pg. 291, 3rd para) of which she states that a mental health client could report an adverse incident on another mental health client and staff should intervene; however, an individual who's acutely aware of the client's mental health status as was referred to the housing provider's program by the mental health center staff, provides/pays for food, clothing, client's medication co-pays, haircuts, movies, etc. and does not request any reimbursement from the clients, the housing provider is not a client of the Defendant and this individual is defined by the agency as an "Unauthorized Person". No! This was merely harassment and an attempt to bully and intimidate me.

Certainly the housing provider is considered a part of the client's network of support; however, the agency only defined the housing provider in Dr. McNeil's disciplinary action against me as a "Boarding home operator". This boarding operator served as more of a network than many of the clients who received housing at the boarding home of which the Probate Court considers structured placement and the Defendant recognized the benefits that the housing provider provided to the clients, Claimant's APA H, pg. 259. Also review Claimant's APA G, pg. 206 which describes additional services that the "boarding home operator" provides which is outside of the operator's lease. Yellow Folder: Defendant's Policies & Procedures – Family Inclusion, pg. 28; Alternate Placement evidence prior to Dual Relationship claim that continues to disprove the Dual Relationship accusation via discussing the client's complaint with my supervisor which the clients admitted making false claims - Claimant's G, pgs. 205-206; and Claimant's G, pg. 220 (Bennett – satisfying court order for restrictive placement) & pg. 226 (Manaiza – desire to leave the placement).

Due to the reckless, negligent, illegal, unprofessional, and unethical behavior and conduct of the Defendant, I deliberately rejected a call from a client's brother who's a CAMHC's board member and attorney. This same board member, upon informing him of the guidance of Defendant replied...."That's a bunch of nonsense". Clearly as a board member, he knows the policies and directives of Defendant because he's responsible, as a team, of reviewing and developing policies; moreover, governing the agency. Defendant's Policy: Designated Authority for Establishing Policies, pg. 29. Once Mr. Childs replied, "That's a bunch of nonsense" (Transcript pg. 61, Lines 1-14), the inappropriate behavior of the Defendant should have immediately ceased; moreover, there should have been no need for me to attend a HIPPA refresher (Claimant's APA H, pg. 307) on October 9, 2013 and I was only forced to engage in a HIPPA refresher course out of malicious and not necessity based on the Defendant's policies and directives; Claimant's APA H, pgs. 299 – 306 (please also note the names of the individuals that the email was provided and the date which included my immediate supervisor of whom the Defendant failed and refused to engage in the investigative process and confirmed by Mr. Edwards during the hearing; moreover, provided documentation confirming that I followed the Defendant's policies and directives – Claimant's APA D, pg. 112).

The fact to the matter is the evidence demonstrates that the Defendant exhausted all measures to devalue and marginalize me to the point that they recklessly and purposely informed me that I was under a DSS/SLED investigation when they were acutely aware that the claim was untrue. In fact, the aforementioned egregious bullying conduct only attributed to my mental injury via maliciously causing unwarranted and undue stress. Dr. McNeil was acutely aware that I wasn't under a

DSS/SLED investigation via her "Stay out of it" statement (Claimant's APA K, pg. 416-419); yet she maliciously led me to believe that I was.

In fact, the Defendant never apprised me that I wasn't under a DSS/SLED investigation. The only way that I discovered that I wasn't under a DSS/SLED investigation, a year later (Claimant's APA K, pg. 399, 2nd para) was requesting a copy of the report the Defendant assisted the client with filing on August 2013 with PSO. My request was ultimately denied based on the fact, my name wasn't on the report (Claimant APA K, pg. 404). SAF was perfectly aware, well before I was, that I wasn't under a DSS/SLED investigation when they received no report from the agency's regarding any suspected involvement in harming a vulnerable adult; therefore, SAF was acutely aware of the Defendant's reckless and malicious behavior. Claimant's APA H, pg. 302; APA K, pgs. 399-415; moreover, not receiving documentation that she requested from DSS/SLED.

Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in condoning behavior Ms. Marin's illegal behavior and the Defendant's systematically refusal to employ any effort to cease her illegal behaviors as mandated by the Defendant's policies and directives, Ms. Marin publically humiliated me to a housing provider calling me a crook and that I was destroying client's lives, Claimant's APA H, pgs. 293-294.

Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in condoning Ms. Marin's illegal behavior and the Defendant's systematically refusal to employ any effort to cease her illegal behaviors as mandated by the Defendant's policies and directives, Ms. Marin caused a client to decompensate of which he begun terrorizing his parents which to include garnishing a knife against them and blamed me for it. The fact to the matter is, if I didn't keep my emails for protection, I surely, based on the history with the Defendant, would have faced consequences – Transcript pg. 84, Lines 3-14. Claimant's L, pgs. 420-427. Ms. Marin's reckless and illegal behavior which has attributed to my mental injury and illnesses; moreover, that has caused significant harm to the vulnerable adults that the Defendant serves, should have resulted in her immediate termination from the agency; however, due to her relationship with management, they consistently awarded her illegal and negative behavior and encouraged and allowed her to create and maintain a hostile and unhealthy working environment.

Mr. Edwards received the "You've made a Difference Award" for doing the exact same thing I did – assisting a client that was not assigned to the Connections program. Mr. Edwards wasn't forced to take a HIPPA refresher course, accused of HIPPA violation for documenting in a client's medical record as required by the Defendant's policies and directives, he wasn't experiencing the threat of being suspended for 3 days without pay or losing employment; his future employment possibilities and livelihood wasn't threatened as mine was; his family wasn't placed in jeopardy of becoming homeless; etc. Mr. Edwards merely got rewarded for his efforts assisting a client in the Link program of which Ms. Marin served as supervisor of the Link program during this period. Upon receiving the referenced document, you will discover that Mr. Edwards eliciting my assistance within this matter and I discovered information that prevented the client's wife from being harmed by the client; however, I didn't receive any award for my efforts. In fact, I was instrumental in preventing the client's wife from being harm, because I was able to access the client's medical record and make contact with the client's wife to duly warn her of the situation (please reference Claimant's APA H, pg. 350; and APA I, pg. 378). If I would have receive the

same fair treatment that Mr. Edwards received, the mental injury that I sustained which resulted in my mental illnesses and receiving ongoing mental health treatment which to include medication administration, wouldn't have taken place. Clients are assigned to a particular CAMHC's program based on their functioning level and will on occasions, based on the need and circumstances, receive assistance from other members of the Defendant staff as warranted. The following are examples that reflect the holistic and responsible approach of meeting the client's need and the staff wasn't maliciously accused of a HIPPA violation like I was:

There are additional incidences in the Claimant's 618 page evidence that reflects other staff members assisting clients that are not assigned to their program and they weren't accused of violating HIPPA, faced intimidation, or expected to meet with the Executive Director with PSO on stand-by.

The Defendant continue to degrade, belittle, devalue, and marginalize me via presented me with an Ethics policy that has absolutely nothing to do with HIPPA to demonstrate the reason that I had no authority to document my clinical interactions with a client that wasn't initially via Dr. McNeil..."On my caseload...my treatment team....then I'm not treating". Ms. Sims presented the Defendant's Workplace Ethics Policy pgs. 30-32 ethical principle #11 (Claimant's Yellow Folder) only presenting the last clause..."And should not be documented in the client's medical record" as to the reason that I shouldn't have documented my clinical interaction in the client's medical file Claimant's APA M, pgs. 435-441 which is referenced on Claimant's APA M, pg. 439, 2nd bullet and Transcript 14-25. I immediately reviewed the principle and replied..."This clause relates to personal disagreements and I didn't document any personal disagreements. I documented the facts of the incident concerning a change in the client's condition as of the result of his CAMHC Case Manager (Mr. Melvin Malone) egregiously advising the client that he was going to relocate him to an alternate placement while documenting something entirely different of which he took advantage of this vulnerable adult and is being rewarded for his misconduct which resulted in the client decompensated by the Defendant promoting him to Acting Program Director (Supervisor) of the Link program Claimant's APA H, pgs. 357-374, particularly pg. 364. This evidence also demonstrates that I was lead to believe that I was able to present additional evidence during the appeal after the hearing (Date of Document: 12/22/2014).

Clients are assigned to a particular CAMHC's program based on their functioning level and will on occasions, based on the need and circumstances, receive assistance from other members of the Defendant staff as warranted.

In fact when Dr. McNeil initially discussed this matter with me, she accused me of discovering that the client's Link's Case Manager was going to move the client and shared this information with the housing provider which ultimately caused the housing provider to verbally abuse the client which is totally untrue. When Dr. McNeil accused me of the aforementioned, she never, during this initially contact accuse me of a HIPPA violation. The Defendant's violation of HIPPA claim on came about after senior management plotted against me in their attempt to terminate me Claimant APA H, pg. 255 – email sent to my supervisor - Mr. Edwards).

The fact to the matter is, if I didn't secure legal counsel to meet with me during the November 4, 2013 HIPPA meeting with Dr. Bank, certainly I would have been suspended for 3 days without

pay and possible terminated. I suspect that I would have been terminated in that Dr. Bank requested that PSO be on standby. Unfortunately for Dr. Bank and fortunately for me, PSO went to AIS building rather than the administration building. What's even more extraordinary and unusual, is that the Defendant disciplined me for insubordination when Dr. Bank himself, the Executive Director of CAMHC and the signer of the agency's policies and directives, was unable and did not present any policy or directive that I violated, Claimant's APA H, pg. 316-317). I paid the attorney \$250.00 to represent me and I accomplished the task coupled with his presence of reviewing the Defendant's policies and directives that required me to perform my job duties as I did. In fact, prior to the meeting Dr. Bank informed me that either me or my representative would be able to talk – not both of use (Transcript pg. 76, Lines 6-25 and pg. 77, Lines 1-11). Therefore I spoke in the meeting because I was acutely aware of the policies and directives (Deposition, pg. 33, Lines 12-22). I certainly want to be reimbursed for those funds. Claimant's APA M, pg. 440, 3rd bullet. I requested a number of persons to be attend the November 4, 2013 HIPPA meeting which to include members of the Defendant's accreditation body and my immediate supervisor – Mr. Harold Edwards; however, my request was denied. It is the opinion of this Claimant that my request was denied based on the persons that I requested to be present; i.e., Solicitor – The Honorable Dan Johnson, Mr. Alan Keck – SCDHHS State Director, family members of client's adversely affected, etc.. Claimant's APA H, pg. 305.

The "Designated Family Member" form, Claimant's H, pg. 327A. This form is not a policy; in that, it wasn't developed by the board, it doesn't have a developed date, isn't assigned a category, doesn't have an official title; moreover, it's not signed by the Executive Director making the form invalid; in that, the Defendant has an official "Authorization to Disclose Form, Defendant's policy packet, pg. 62. Best of the interest of the clients and society, the agency will never introduce, develop, approve, implement, etc., etc., etc., a policy that clearly states that no staff member is to provide clinical support and document their clinical interaction with a client based on the mere fact that the client is not on the Case Manager's "Caseload...treatment team...or they are not treating". Surely this type of grossly negligent mandate will certainly lead to a number of liability claims and result in the funding sources refusal to fund the agency. So many consequences would be experienced if such a policy or directive is developed and implemented which to include the agency not meeting the needs of the client and achieving the Defendant's mission statement..." To support the recovery of people with mental illnesses" - <http://www.state.sc.us/dmh/mission.htm>.

Finding of Fact 12: It also appears that Claimant has particular difficulty with stress in dealing with his managers, particularly Ms. Marin, who supervised Claimant for a 6-month period in 2009-2010 (Ms. Marin's supervision of Claimant ended in May 2010). However, Claimant alleges an incident in 2014 when Ms. Marin blocked him a copy room and badgered him. Claimant contends that he is the subject on ongoing retaliation and harassment. Claimant testified at his deposition that he was warned by "the folk at Independence House," who told Claimant that Ms. Marin was "crazy." However, Claimant called no witnesses on his behalf to describe Ms. Marin in this manner. Otherwise, the outcome of this case might have been vastly different. However, in any event, Ms. Marin has not supervised Claimant since 2010 (testimony of Claimant; Claimant's Deposition, pages 36-41 and 57; Claimant's Deposition, page 15; Claimant's APA, "F," pages 137 and 187).

Ms. Marin not supervising me after 6 months which is actually 11 months isn't relevant; however, her ongoing illegal, reckless, and malicious behavior coupled with the Defendant's refusal to appropriately intervene via the Defendant's policies and directives is relevant. Years of documentation has overwhelmingly substantiated my claim that the Defendant condone and, in many cases, encouraged her behavior and the Defendant's gross negligence and personal biases and discretions ultimately caused my mental injury and illnesses. The Defendant is my witness; in that; in every email that I presented facts (Transcript pg. 95, Lines 2-9), the Defendant didn't dispute, refute, deny, etc., etc., etc., the emails, they merely ignored my efforts to resolve the matters as amicable as possible; moreover, the emails will prove that the Defendant only continued their assaults against me. The Defendant also never disputed, refuted, denied, etc., etc., etc., the facts presented in the documentation during the worker's compensation hearing.

In addition, when Dr. McNeil, a member of the Defendant's Senior Manager team, provides me with a disciplinary action referencing additional senior management staff agreeing with her observation that I violated HIPPA and I reply via emailing the Defendant their own policies and directives requiring and expecting me to take the actions that I did to meet the needs of the client as well as to document my clinical intervention with the client, and the disciplinary action is upheld clearly an employee is deemed powerless via the Defendant's ongoing illegal, malicious, and reckless attacks; thus, contributing to my mental injury and illnesses.

Claimant's APA H, pg. 288-289; APA H, pgs. 290-298 and 299-305; APA J, pg. 398

The fact to the matter is that I was never going to receive any level of objectivity and fairness because Dr. Bank, CAMHC's Executive Director, consistently refused to appropriately intervene since 2010 is also a member of the SCDMH Senior Management team and has a close relationship with Mr. Magill, SCDMH State Director; is over the Corporate Compliance, and has historically applied no efforts to cease Ms. Marin's assaults and attacks against me even when the Defendant's policies and directives requires him to do so. If the Defendant which to include both the SCDMH Human Resource Director – Ms. Eleanor Odom and CAMHC's Human Resource Director – Ms. Vicki Brown would have adhered to its' "Workplace Violence, Harassment Free Workplace, Workplace Ethic Policy, and Employee Grievance and Appeal Policy and Procedures" after Ms. Marin informed me that I was going to face hardship if I placed my concerns in writing pg., the policies that were entered into evidence and Commissioner Barden failed to review, none of the incidences that ultimately contributed to my mental injury and illnesses wouldn't have taken place. Claimant's APA J, pg. 398.

According to Ms. Caton, the only reason that I continued to suffer additional ongoing hardship caused by the Defendant was because I supported the New Alpha program. Claimant's APA M, pg. 454. The Defendant's own investigative report clearly depicts and confirms the reason that I support the New Alpha program because of the benefits and significant outcomes that the program produces and provides to the clients of whom the Defendant serves. Claimant's APA H, pg. 259. Also reference APA pg. for additional reasons that I support the New Alpha program. Claimant's APA G, pg. 206.

The Defendant even allowed a female staff member state that she was uncomfortable with me; however, upon consistently probed regarding her comment, she was unable to offer any response - rationale or not. When I requested Dr. Bank to intervene, he basically threatened my employment via stating..."I would suggest that you focus on your work" of which in fact that what I was doing at the time of the request to use a larger group room to provide group treatment for the comfortability of the clients. Claimant's APA O, pgs. 517-562; particularly pg. 547.

When someone presents an allegation or complaint to Dr. Bank about me, I face hardship even when the allegations and complaints are fabricated; moreover, the Defendant don't apply and adhere to their own correct policies and directives. However, when I express concerns, my concerns aren't taken seriously and I'm consistently ignored; moreover, minimize complaint and concerns to "My feelings are hurt". Claimant's APA F, pg. 171. Certainly, if the Defendant would have intervened and treated me fairly in 2010 as the Defendant afforded Ms. Marin and other employees, there wouldn't be any 2012, 2013, and 2014 incidences (Transcript pg. 96, Lines 14-25 and pg. 97) which resulted into my mental injury and illnesses.

The Defendant is clearly fully responsible for all the distractions and consequences experienced throughout this entire ordeal; in that, in 2010, they deduced that Ms. Marin and I could not co-exist as co-workers and to re-establish and maintain a harmonious working environment which by the way Ms. Marin disrupted by evidence; therefore, they reassigned me to the Cottages and Ms. Marin remained at New Horizon. Two years later, the Defendant re-assigned Ms. Marin's job relocation within close proximity to me of which she continued her intentional, reckless and malicious "hardship" efforts against me as she promised that I would face in 2010 (Claimant's APA F, pg. 151; 2nd para, Lines 9-11) and the Defendant consistently offered no relief, aid, assistance, etc., etc., etc., within ceasing her attacks against me as I consistently requested and was consistently ignored. If the Defendant would have appropriately intervene in 2010 and wouldn't have recklessly re-assigned Ms. Marin within close proximity to me, none of the events that resulted in my mental injury and illnesses would have taken place; moreover, the client's wouldn't have been placed in harms ways of which a client almost died.

I've been managed by approximately 17 supervisors (Exhibit 12) which to include individuals serving in the supervisory role in the absence of the immediate supervisor and only Ms. Marin has reprimanded for something the individuals that Ms. Marin elicited to investigate me for client abuse exonerated me of which Ms. Vicki Brown signed the disciplinary action. The only reason that I was written up by Mr. Brown and Dr. McNeil was due to fabrications by Ms. Marin and the management failure to adhere to their own policies and directives.

My employee appraisals that you reviewed doesn't confirm your assessment that I have difficulty dealing with stress with managers, particularly Ms. Marin. I have problems whether it be managers, subordinate staff or any other individual outside the work environment accusing me of heinous acts I guess Commissioner Barden expected me to allow individuals to accuse me of harming clients, sexually harassing a female employee, jeopardizing my employment with the Defendant and perspective employers – Transcript pg. 58, Lines 16-25, describing me as a crook and that I was destroying client's lives, accuse me of violating client's HIPPA rights, accuse me of having a unethical dual relationship with a housing provider, allowing their personal bias dictate actions rather than adhering to their policies and directives that governs the agency, etc., etc. etc. and Commissioner Barden based on her fraudulent ruling expects me to sit idly by and do nothing. Rather than attacking Ms. Marin after she engaged in illegal and unethical conduct against me, I would request from the Defendant and consistently received none. This entire Finding of Fact is totally an injustice. Isn't abnormal to be reprimanded by one supervisor or claims made by one supervisor out of 17? Deposition, pg. 20, Lines 10-20 and Exhibit 12.

Please reference the email that I sent to Mr. John Brown discussing Open Door Policy of which I wasn't afforded, like other employees particularly Ms. Marin when she was allowed to falsely accuse me of unethical and unprofessional behavior with no evidence to substantiate her claim, and the Defendant consistently refused to adhere to their own policies and directives within addressing these reckless and malicious attacks that I consistently experienced. Claimant's APA, G, pgs. 233-234).

As noted in Mr. Henry's correspondence (please reference Claimant's APA H, pgs. 311-314 and 316-317 of which aren't referenced in Commissioner Barden's Proposed Order for Finding of Fact and the signed order) to Dr. Bank and you will review throughout the 618 page document, I was always treated unfairly, devalued and marginalized all because I effectively performed my job duties which to include advocating on the client's behalf; moreover, defending myself from Ms. Marin's ongoing attacks of which she continued to retaliate against me and Senior Management overwhelmingly refused to help which to include Mr. Magill, SC Department of Mental Health State Director, when he simply replied via his Administrative Assistant..."I don't like to be involved in stuff like that". My condition wasn't uncommon, their ongoing failure to intervene and caused client's to miss essential mental health services, caused a client to overdose on a control substance, caused a client to almost lose his life from receiving and self-medicating another client's control substance, making the agency appear negligent due to their personal vendettas towards a housing provider who has successfully assisted client in remaining stable, medication compliant, abstaining from alcohol and drug use, drastically decreasing inpatient hospitalization and chronic use of the emergency room, preventing unacceptable social behaviors that would result in incarceration; in other words – saving the taxpayers a lot of money; that's what is uncommon. The agency's own investigation proves the aforementioned a member of the client's network of support (please reference Claimant's APA H, pgs. 256-259; particularly pg. 259).

It is extremely important that all staff members (management and subordinate) follow the Defendant's policies and directives within ensuring the overall well-being of the clients and the validity of the agency. Certainly, if Ms. Marin would have followed the Defendant's policy in regards to closing client's cases who are court ordered for mental health treatment (Yellow Folder – Defendant's Policies & Directives: Client Follow-Up/Case Closure, pg. 25), the 2014 incident

wouldn't have taken place. The court would have known that Ms. Marin was the client's Case Manager and not me; therefore, the court wouldn't have communicated any concerns with me regarding the client (please reference Claimant's APA M, pgs. 430 -431; Nia's and Claimant's M, pgs. 461-463 – Probate Court's approval for case closure). Also note that I applied all efforts to prevent confrontation with Ms. Marin and ensuring workplace harmony via politely responding to Ms. Marin's bullying and intimidating question ("Do you have something to say to me?"), walking away, ignoring her "That's right" statement, calling for help from my supervisor, Mr. Long twice, and not being a threat towards any staff member which to include Ms. Marin; hence walking away and calling for help (please reference Claimant's APA M, pgs. 435-441 particularly pg. 436 – 4th para and pg. 437 Lines 1-7 of which no grievance was never held and no rationale offered; Transcript pg. 81, Lines 18-24).

I've been consistently bullied by Ms. Marin (Transcript pg. Lines 9-18) and consistently requested aid from management to cease her reckless, negligent, illegal, unprofessional, and unethical behavior and conduct; however, the Defendant consistently ignored my request (Transcript pg. 20, Lines 18-25) which attributed is me sustaining a mental injury and mental illness diagnoses that now requires ongoing mental health treatment and medication to cope with the depression, stress, anxiety, insomnia; moreover, to aid in preventing self-harm. In fact, due to management's failure to respond to my request for assistance within ceasing Ms. Marin's ongoing reckless and bullying behavior, it makes the agency just as culpable for my current mental health status. The evidence proves that Ms. Marin was the aggressor and consistently engage in illegal and unethical assaults and attacks towards me because she was acutely aware, by history that the Defendant was going to inappropriately side with her and unfairly penalize me with no objectivity or investigation; moreover, adhering to the Defendant's policies and directives.

In regards to the incident of which Ms. Marin blocked me in the copier room, this incident shouldn't and wouldn't have happened if Ms. Marin would have adhered to the Defendant's policy - Client Follow-Up/Case Closures, pg. 25, 3rd paragraph under "Directives" of which no evidence is presented that Commissioner Barden reviewed the policies and directives which was entered into evidence. If Ms. Marin would have notified the court before closing the client's case, there wouldn't have been no reason for the court to contact me because the court would have been acutely aware of the client's current Case Manager – Claimant's APA M, pg. 430; therefore, Ms. Marin wouldn't have taken her frustration out on me. Please see example of the process for closing court ordered cases Claimant's APA, M, pgs. 461-463). Due to the fact the Ms. Marin took her frustration out on me, I had to call for assistance from my supervisor. The first time that I called out for my supervisor, Ms. Marin replied..."That's right". The second time that I cried out for help, my supervisor came to assist along with Mr. Edwards, the Defendant's witness (Claimant's APA M, pgs. 436-441) will provide further details. Also review pictures where the incident happened – Claimant's APA M, pgs. 446-451). Surely this is clearly unusual and extreme conditions of employment especially when the aggressor, Mrs. Marin who created the incident which caused the distractions of the normal operations of the agency via not adhering to the Defendant's policies and directives was able to return to work that same week whereas I, the victim who had no other recourse but to call for assistance from my supervisor and endured additional undue stress, was out of work for 3 weeks worrying about as to whether or not I was going to be terminated for something a supervisor initiated. Claimant's APA M, pgs. 433-445 and the Defendant consistently allowed her engage in her bullying, illegal, etc., etc., etc, behavior.

Claimant's APA M, pg. 437, 8th para. Although the Defendant's directive affords me a grievance hearing to appeal the 3 day suspension without pay for an incident caused by a supervisor who refused to adhere to the Defendant's policy, I was denied my grievance right of which the Defendant elected not to provide me with a grievance hearing because they surely did not want others to witness the Defendant's ongoing reckless, malicious, negligent, illegal, unprofessional, and unethical behavior and conduct that resulted in my mental injury and illnesses as well as placing clients in harms way to the point one client almost lost his life. Defendant's Directive: Employee Grievance and Appeal Policy and Directives, pg. 3. I received employment with the agency on June 17, 2008 (APA F, pg. 131) and is currently employed with the Defendant; therefore, I satisfied the criteria for 12 months of satisfactory employment affording me with the right to grieve unfair and abusive treatment by the Defendant.

My rights to grieve was consistently denied by the Defendant which prevented the cease of the Defendant's ongoing intentional, malicious, reckless, illegal attacks and assaults against me contributing to the ongoing work related stress that I'm experiencing; ultimately, causing the mental injury that I sustained and the mental illnesses. Again, surely the Defendant consistently stripping and denying me of my grievance rights that I've earned, based on the Defendant's directive, is extraordinary and unusual conditions of employment.

Because I was so fearful of facing additional hardship from management, I decided against completing and submitting another harassment form (please reference Claimant's APA G, pgs. 239; Deposition pg. 52, line 10-25; pgs. 53-56 ending at Line 19 and pg. 55 Lines 1-20; particularly pg. 55, Lines 12-20). This event all surrounded by the client's request for assistance because Ms. Marin was about to violate their rights – forcing client's to relocate to alternate placement although they consistently shared with her that they did not want to move from their current placement – New Alpha - please reference Claimant's APA G, pgs. 228-230 and 243. When I requested the Defendant to discuss the false claims by Ms. Marin made against me, I was denied that opportunity and written up by Mr. Brown and not my immediate supervisor, Mr. Cornell Ruff who was present in the meeting which is clearly abnormal. In addition, Ms. Marin violated a client's HIPPA rights during the meeting (Claimant's APA G, pg. 229, 1st para) and was rewarded via having the Defendant provide me with a reprimand. (Claimant APA G, pgs. 233-234).

Finding of Fact 13: Claimant also contends that he was investigated for various complaints without Employer's following proper policy or protocol. However, in at least one of these complaints, Claimant was exonerated by Employer (testimony of Claimant; Defendants' APA, "C," unnumbered pages; Claimant's Deposition, pages 19-21; Claimant's APA "H," page 259).

I've never shared with anyone, that my mental injury and illnesses was simply caused by the false allegations charged against me by staff. I sustained the mental injury and illnesses to the reckless, negligent, illegal, unprofessional, and unethical behavior and conduct of both the Defendant's lower and senior level management which included the refusal to adhere to their own policies and their refusal to engage me in the investigative process and consistently ignored my pleas for help in ceasing Ms. Marin's attacks against me which makes the Defendant just as culpable for damages caused and ongoing. In fact, if the Defendant would have treated me fairly and provided me with the same protection afforded to other employees via adhering to their policies and directives which would have removed the Defendant's personal discretions, vendettas, and bias, I certainly would have sustained a mental injury that lead to mental illnesses that I didn't have prior to becoming employed with the Defendant.

Please review the first APA of the Claimant's evidence pages 4-8 which clearly displays the factor that that caused my mental injury and illnesses which this is evident throughout the 618 evidentiary packet – not the allegation, but ongoing unfair treatment, denied rights, intentional, malicious, reckless behavior of the Defendant – not the clients or anyone else outside of the agency. In addition, my employee evaluations that Commissioner Barden referenced reviewing in Finding of Fact 9, clearly demonstrates in the Employee Evaluation stamped dated "Received May 30, 2014" and signed by Dr. McNeil and my "Rating Supervisor" - Mr. Harold Edwards that "I was out on extended leave because my failed efforts, not of my own doing, to cease Ms. Marin's ongoing bullying, slanderous, defaming, harassing, retaliating, reckless, etc., etc., etc. attacks and false allegations against me and SCDMH/CAMHC Senior Managers and Human Resource officers failure to intervene which resulted in me receiving mental health treatment and my inability to provide clients with their essential mental health services due to my absences".

The dual relationship was reported to the hotline with malicious intent. It was only called in because I documented that Mr. Malone provided limited services to a client and consistently taking him to Probate Court when he applied no effort, based on his own documentation in the client's Electronic Medical Record (EMR), to actively engage the client in treatment. The caller not only called in once; however, twice. The caller submitted the report the same day that I documented my concerns in EMR. Please note that the caller rationale as to their belief that I was engaging in a dual relationship in receiving kickbacks from the housing provider was based on the fact that in the client's SPD's: Claimant's APA H, pg. 258 – "Silent Partner". SPD's for counselor's clients need to be reviewed", "Medicaid fraud regarding transportation (a criminal offense taking my liberty away due to false retaliation by the Defendant)", and "Quality Assurance Department at the Center cannot be trusted and should not be involved with the investigation, because one worker is a very close friend of the counselor". I recommended that the clients remain at New Alpha and that I was setting up transportation for them. First and foremost, the doctor makes the final decision referencing any treatment, needs, etc. regarding the client. No matter who discuss the client in treatment team, the doctor, in regards to staff performing their job duties in meeting the mental

health, social, etc. needs of the client and signs the Service Plan Development (SPD) – Yellow Folder: SCDHHS' Section 2, pg. 65; therefore, if the doctor makes the final decision, why wasn't the doctor accused of a dual relationship? Although I've repeatedly requested a copy of the final investigative report, I only received in a year later after the client alleged that I caused him to be verbally abused in 2013 (please reference Claimant's APA pg. The reason that the Defendant failed to provide me with a copy of the investigative report in a timely manner was because the Defendant knew a staff member intentional with malicious intent called the falsified report in based on the claims verbalized by the caller. The terminology used by the caller and the fact the caller states that the investigation should be conducted via another employee rather the assigned person appointed by Dr. Bank to investigate such matters, no one outside of the agency would have none this information. I deduced that Ms. Marin made the report via discussing the matter with Mr. James Reese of which he informed me that Ms. Marin said that I myself and Mr. Nickles was under a DSS and SLED investigation; moreover, that I was a crook and destroying client's lives (please see Claimant's APA H, pgs. 256-259). Again this claim for only reported with malicious intent to have me terminated based on my documentation of a CAMHC client's Case Manager's, Mr. Melvin Malone, reckless behavior towards a client that caused the client to decompensate. Reese SCWCC Questions & Responses pg. 5; and pg. of this document. I engage both Ms. Pat Hicks and Mr. Greg Oates to assist within re-engaging the client into treatment and both the seasonal CAMHC's employees wasn't accused of a HIPPA for assisting with a client that wasn't on their caseload...treatment team...or wasn't treating. Claimant's APA G, pgs. 235-238. Also, reference the client's SPD's - Claimant's APA G, pgs. 231-232. Although, pg. 231 reflected the arcuate accounts of the incidence based on the client's EMR before he was accepted back into the Connections program, Dr. Riddle wouldn't sign SPD (Claimant's APA G, pg. 231), because he states that it would cause the Defendant to be liable; therefore, he encouraged me to revise the SPD which is reflected on Claimant's APA G, pg. 232 of which he signed.

As you will note in the dual relationship complaint, the caller states that the counselor (Claimant) and New Alpha have worked together to create more transportation for the counselor's (Claimant) clients. As noted in Ms. Sims investigative findings, I didn't have anything to do with setting up transportation for clients – another employee manage this function. Although this complaint in itself is abnormal, what's most abnormal is that Dr. Bank was acutely aware that I had nothing to do with scheduling transportation for clients via an email sent to both him and Mr. John Brown prior to the complaint was reported and he elected not to intervene. (Claimant's APA G, pgs. 214 - 215).

As you will see in the past when a housing provider was accused of causing harm to an adult client, the City of Columbia Police Department was caused for assistance rather than the Department of Social Services (DSS) and South Carolina Law Enforcement Division (SLED) (reference Claimant's APA P, pg. 567). If one of the Defendant's staff members were accused of causing harm to a client in one of the Defendant's facilities, the Defendant's policy states that that's when DSS and SLED are contacted to investigate the matter Claimant's Yellow Folder "Abuse, Neglect, and Exploitation of Patients and Clients Prohibited". I was told to stay out of the matter by Dr. McNeil; moreover, the client accused a boarding home provider that's not a facility of the Defendant, therefore, there was no need to contact DSS and SLED (please reference "Stay Out" email correspondence - Claimant's APA K, pgs.404 & 416).

Please review Claimant's APA G, pgs. 216 -224 which is example of the process that should have taken place via adhering to the Defendant's policies and directives upon addressing a complaint by a client – Transcript pg. 40, Lines 5-25, pg. 41, and pg. 42, Lines 1-19. Several clients states that the housing provider was threatening and demeaning; moreover, one client states that he was afraid of the provider and accused the housing provider of committing acts on him and other clients that were sexual in nature. Upon being receiving the client's complaint, I immediately informed my supervisor. If I had a dual relationship with the housing provider, I certainly wouldn't have included my supervisor in the process; moreover, wouldn't be removing a client from the provider's placement. Claimant's APA G, pg. 220, Transcript pg. 49, Lines 21-25, and pg. 50, Lines 1-3.

Please note, the client visited the clinic and informed the staff that he was "verbally abused" and Ms. Marin immediately contacted the Executive Director (not myself, my supervisor (Mr. Harold Edwards) or both myself and my supervisor) - that's truly abnormal and was done with malicious intent based on a false claim made in 2012, to have me terminated; moreover, was maliciously and intentionally to cause me harm. If I was treated fairly and protected under the Defendant's policies and directives much like other employees of the Defendant, this malicious and reckless act wouldn't have contributed to the mental injury that I sustained and the mental illness that I'm currently diagnosed with by licensed care providers. The Defendant's policies and directives that should have been adhered to by the Defendant are reflected in the Claimant's Yellow Folder that was entered into evidence and Commissioner Barden did not review: Client Concern/Complaint Protocol, pg. 39, Policies of Ethical Principles, pg. 36, Client Rights, pg. 41, and Abuse, Neglect, and Exploitation of Patients and Clients Prohibited, pg. 44. This was only done to have me terminated or force to quit based on the belief and false allegation made against me of having a dual relationship with Mr. Rick Nickles of New Alpha, (please reference Dr. McNeil's correspondence, Claimant's APA H, pgs. 288-289; and Rhonda Sims Investigative Findings Claimant's APA H, pg. 259.

Finding of Fact 14: Claimant admits that it is common for clients to allege mistreatment or abuse (Claimant's Deposition, page 47).

The Defendant misrepresented the facts upon questioning Mr. Edwards regarding allegations presented by clients: SCWCC Hearing Transcript p.70.

There's nothing that I've documented, verbalized, never implied, verbalize, reported, etc., etc., etc., to anyone involved; i.e., service providers, co-workers, management, SAF, etc., etc., etc. that the clients false allegations against me attributed to the work-related stress which ultimately lead to my mental injury and illness.

In fact, during my deposition with SAF, I informed Ms. Snyder on the process of which I handle false claims against me alleged by clients "Attack the behavior and not the client": Reese SCWCC Deposition pg. 47; lines 11 - 24. Claimant's Statement Deposition: p.31, Lines 16-23.

The fact to the matter is which well documented – "It was the illegal, unethical, intentional, reckless, malicious, etc., etc., etc., conduct of the Defendant that stressed me out and caused the mental injury and illness".

In 2015, a client accusing me of stealing \$3000.00 of his money) which will demonstrate the appropriate manner which to address a client's complaint. If the Defendant would have adhered to their own policies and directives within addressing and resolving client's complaint, I would have received work-related mental injury and illnesses and currently receiving mental health treatment for, the client would have received services required to aid in meeting his need, the Defendant wouldn't appear negligent, staff time wouldn't have been wasted on frivolous investigations rather that clients would have received essential mental health treatment, and taxpayers dollars wouldn't have been wasted via the Defendant's staff investigated the frivolous charges against me and Public Safety staff, the Department of Social Services staff, and according to the Defendant, S.L.E.D. staff wouldn't have been employed to investigate the false claims against me. Surely, if those that do not have daily interaction with the Defendant's population served are aware of the appropriate protocol with addressing client's concerns/complaints, surely those of leadership are acutely aware of the process especially those who signs the policies and directives – Dr. Bank and Mr. Magill who both ignored my pleas for help.

Finding of Fact 15: Claimant does admit to threatening clients by stating (jokingly, he contends) that he would throw water on those who did not pay attention. I do not find that the write-up for this episode was extraordinary and unusual (Defendants' APA, "C," unnumbered page; Claimant's Deposition, pages 16-17; testimony of Claimant; Claimant's APA "F," page 186).

In this Finding, you will discover that Ms. Marin corroborated the sentiments expressed by fellow co-workers in her own disciplinary action against me of which if the Defendant's senior management would have appropriately intervene, my mental injury and illnesses would have been prevented and the client's wouldn't have been placed in harm's way.

With that being said....How in the world can Ms. Marin discussed an allegation of the client with me on May 12, 2010, that I was cleared of any wrongdoings via the persons that Ms. Marin elicited to investigate the allegation and the client (please review APA F, pgs. 183-185; particularly 185 – the findings of the investigation of which..."Specifically, Ms. Arnold found that the complaint described in the written complaint was not accurate recording of what the client intended to express"). Let's just say that the client actually made an allegation of my humorous attempt to redirect, motivate and stimulate the client's active participation in the treatment and recovery process; yet, Ms. Marin allowed the client to continue attending my groups and didn't report the alleged complaint, as I share in the hearing, not until after 3 weeks after the client allegedly made the compliant and when her failed attempt to have me terminated based on Ms. Marin accusing me of sexually harassing an employee prior to my re-assignment to New Horizons. Yes, this is truly abnormal, extraordinary and unusual especially when Ms. Marin forced me not to send evidence to Ms. Brown that the client was still attending my groups after the allege abuse complaint – Transcript pg. 32, Lines 1-8, Claimant's APA F, pg. 183 which clearly demonstrates that Ms. Marin certainly didn't believe I was a threat to the client.

Isn't the punishment extraordinary and unusual for something that the person's that Ms. Marin elected to investigate the client's allegation presented to her, without discussing the allegation with me when it was presented and Ms. Marin allowed the client to continue attending my groups, exonerated me of the allegation of which Ms. Marin did not provide accurate account of the client's allegation; moreover, the client self-reported that she wasn't threatened by me.

What's even more extraordinary and unusual is that Ms. Brown signed the reprimand even though she was aware that I was cleared of any wrongdoings and Ms. Odom, SCDMH Human Resource Manager, received copies of the following documents via email and did absolutely nothing to intervene of which at that time, I communicated with Mr. Davis Duff whose an attorney that specializes in employment issues: 1 - Reese Harassment & Grievance Form.pdf, 2 - Dr. Bank Email.pdf, 3 - Written Warning - Transfer.pdf, 4 - SCDMH Attorney Caton - Findings.pdf, 5 - DJ 5-13-10 NO BILL TIME.pdf, 6 - Inquiry of Consumer's Report.pdf. The Defendant's refusal to intervene condoned and encouraged Ms. Marin's ongoing attacks against me which ultimately lead to my "Uncommon" condition as noted by Dr. Roundy – Claimant's APA F, pgs. 191-195 & 204. According to the Defendant's Client Rights policy, the Client Advocate, Dr. Arnold - Claimant's APA J, pgs. 394-397 (SCDMH Statewide Client Advocacy program), discusses each complaint with the Executive Director – Dr. Bank; therefore, Dr. Bank was also acutely aware that I was cleared of any wrongdoings and once again elected not to appropriately and justly intervene.

My first day at New Horizons was on May 6, 2009 which was scheduled for only 12 weeks (Claimant's APA F, pg. 135: Ms. McClinton's statement/former supervisor); however, I applied and was hired for a vacant position at New Horizons which my re-assignment date was August 17, 2009. With that being said, the allegation of my sexually harassing an employee at Independence House was only presented after I provided Ms. Marin with the April 9, 2010 notarized letter – an approximate total of 11 months which the reason that email was my pertinent source to communicate with the Defendant's management team. During those 11 months, Ms. Marin "NEVER" disclosed any unprofessional behavior that I committed while she was my supervisor; moreover, my employment file demonstrates that the only disciplinary action that Ms. Marin provided me with was the May 20, 2010; yet, she writes and attempt to place a derogatory report in the employment file which was sent back to her by the SCDMH Human Resource office for corrections.

Based on my current status, it will certainly demonstrate that Ms. Marin achieved her goal and threat – me facing hardship (Claimant's APA F; pg. 151). Surely, the disciplinary action taken by Ms. Marin and condoned by the Defendant was consistently abnormal, extraordinary and unusual. I was disciplined due retaliation rather than the alleged conduct which required me to seek legal guidance (please review Claimant's APA F; pgs. 135-159).

I applied for another grievance in hopes to amicably address and resolve these unwarranted reckless, negligent, illegal, unprofessional, and unethical behavior and conduct attacks against and was ultimately denied – Claimant's APA F, pg. 204; of which pages 204A – 204X was emailed to Ms. Odom for assistance and none was offered, provided, etc. which again condoned Ms. Marin's reckless, malicious negligent, illegal, unprofessional, and unethical behavior and conduct of which I'm suffering hardship at this present moment due to the Defendant allowing Ms. Marin to create and maintain a hostile and unsafe working environment and employing no efforts to appropriately intervene via the Defendant's policies and procedures that governs the agency.

In Commissioner Finding of Fact #15, she stated that you didn't believe the write-up was extraordinary and unusual. This statement clearly demonstrates that I had no chance of receiving a fair hearing. It's truly extraordinary and unusual to be written up for an allegation that was only issued after submitting my formal complaint to Ms. Marin on April 9, 2010 (Claimant's APA F, pgs. 141-143); an allegation that wasn't the allegation reported by the client (reference deposition/hearing and Caton); Ms. Marin witness me conducting the humorous intervention in group and laugh along with other staff members; moreover, the clients upon conducting the intervention (Claimant's APA, pg. 193, 3rd para); Ms. Marin only executed the investigation after her sexual harassment effort to have me terminated was unsuccessful and wasn't the complaint presented by the client of which I was cleared of any wrongdoings by the investigative party that Ms. Marin elicited to investigate (Caton's report) rather than handling the low-level complaint in-house as mandated by the Defendant's policies and directives; and Br. Bank, Ms. Odom, and Ms. Brown was acutely aware that the allegation was fabricated by Ms. Marin; Dr. Bank authorized me to interact with client and again he recklessly and maliciously elected not to appropriately intervene; and Ms. Vicki Brown, signed a reprimand that she too knew was false.

In my Workers Compensation hearing, I shared informed the Commissioner that I thought that was the reason that I thought the client made the complaint – “Didn’t see I too eye” Transcript pg. 30, Lines 10-25. Ms. Marin consistently badgered this client regarding this matter which lead the client making a threat to me that she would kill me (Claimant’s APA H, pg. 192, 5th para and Transcript pg. 30, Lines 23-25). In addition, I also informed the Commissioner that once the Client Concern Protocol was followed (incorrectly – based on the policy, Ms. Marin should have address the allegation on a center level first), Ms. Rochelle Caton, after receiving Dr. Shelia Arnold’s investigative report, deduced that the reprimand that I received (Throwing water intervention) wasn’t what the client alleged against me. Deposition pg. 16, Lines 16-25, pg. 17, and pg. 18, Lines 1-11. According to Ms. Caton’s report (Claimant’s APA F, pg. 185 – also reference Claimant’s APA F, pgs. 183-184) and shared with the Commissioner during the hearing...that Ms. Arnold found that the complaint was unsubstantiated – Transcript pg. 37, Lines 16-20. Specifically, Ms. Arnold found that the conduct described in the written complaint was not an accurate recording of what the client intended to express”. Moreover, I informed the Commissioner, in the hearing, that Ms. Marin did not report the client’s allegation until after her malicious, egregious, slanderous, defaming efforts failed to have me terminated for “her” claim that I sexually harassed an employee of which no formal or informal investigation was conducted to address this matter while assigned at the Independence House and re-assignment to New Horizon. Surely, if I committed such egregious act, the Defendant’s policies and directives would certainly allow them to terminate my employment with cause and no repercussions if the investigation produced evidence that I committed the acts. Yellow Folder: Defendant’s Policies & Directives - “Workplace Violence (pg. 7), Harassment Free Workplace (pg. 11), Probationary Period (pg. 1), Workplace Ethics Policy (pg. 30), Employee Disciplinary Standards (pg.16), and Policy of Ethical Principles (pg. 36). In the hearing, I mistakenly shared with the Commissioner that these incidents only happened after I presented Ms. Marin with the April 19, 2010 notarized letter; however, the letter is actually dated April 9, 2010 (Claimant’s APA F, pg. 141) with a follow-up Formal Complaint and Grievance Request on April 19, 2010 that I the Defendant denied me of and I never received (Claimant’s APA F, pg. 204). This allegation was only reported to the Client Advocate out of malice not for the safety of the client or any client for that matter Claimant’s APA F, pgs. 149 – 158, 173; in that, Ms. Marin didn’t report the allegation to the Client Advocate 2 or 3 weeks after the client made the allegation of which the client continued engaging in groups of which I was facilitating Claimant’s APA F, pg. 183, last para. During the meeting that Ms. Marin had with me after the April 1st 2010 incident, she never disclose any sexually harassment or client abuse allegations against me which both of these claims aren’t presenting the April 9, 2010 notarized correspondence; however, are represented in the April 19, 2010 formal complaint.

You will note that a client presented an allegation against myself in 2010 and the Client Advocate was involved based on the policy which was intentionally implemented incorrectly; moreover, the Executive Director, PSO, DSS, and SLED wasn’t notified to conduct an investigation. (Please reference the policies presented to you at the hearing in the Yellow Folder: pgs. 36-37 Category: Board, Title: Policy of Ethical Principles; pgs. 39-40 Category: Public Affairs/Community Liaison, Title: Client Concerns/Complaint Protocol; and pgs. 41-43 Category: Administration, Title: Client Rights). However, in 2013 a client made a claim against me; however, the Executive Director was immediately made aware of the allege incident prior to any investigation. Ms. Marin immediately informed the Executive Director out of malice and was only presented to somehow prove that myself and the housing provider were engaged in a dual relationship of which I was

exonerated in 2012 via the Defendant's own investigation (Claimant APA H, pg. 259); however, continues to cause harm to me in 2013 via the four questions (Claimant's APA H, pgs. 288-289) that was presented by Dr. Deanna McNeil as shared with the Commissioner in the hearing (Transcript, pg. 51, Lines 2-25, pg. 52, pg. 53, Lines 1-4, and pg. 6-25). I also shared with the Commissioner that during their investigation, the Defendant was investigating me without me. They didn't involve me in the investigative process nor communicate with the witnesses (client's family members – mother and grandmother – Transcript pg. 55, Lines 11-25 and pg. 56, Lines 1-9) that would have shared with them, that it was the client that was hostile and using threatening and profane language towards the housing provider based on a situation that the mental health center caused – his Case Manager informing him that he was going to move him but documenting otherwise. In fact, I was in close proximity to the location of which the Defendant allowed the client to provide his accounts of the alleged incident to the PSO officer (reference pictures – Claimant's APA M, pgs. 446-451). The Defendant intentional didn't want me to provide my accounts and facts of the incident to the PSO, which would have included the accounts of the client's mother, grandmother, and the housing provider via conference call, because it surely would have immediately cease the investigation; moreover, expose the Defendant's ongoing reckless, negligent, slanderous, harassing, defaming, etc., etc., etc. acts, behavior, and conduct.

Finding of Fact 16: As of the date of the hearing, Claimant has returned to his job duties with Employer (testimony of Claimant).

As shared with the Commissioner at the hearing, even though I'm currently at work, I'm still experiencing difficulties within performing my job duties due to the fear of being reprimanded and experiencing other issues as shared with Mr. Helms (Claimant's APA pgs. 25-26) and unable to seek alternate employment as discussed during the deposition (Deposition pg. 49, Lines 8-22). This may just be paranoia; however, the paranoia shouldn't be present at all if the Defendant would have adhered to their own policies and directives, treated me fairly and with dignity and respect afforded to the Defendant's other employees. Surely the aforementioned would have prevented the mental injury that I sustained and the mental illnesses that I'm currently diagnosed. As noted before, I didn't have these mental health diagnosis prior to my employment with the Defendant. The mental illnesses that I'm currently diagnosed with are a direct cause of the ongoing work related stress that I endured via the Defendant and has been confirmed via licensed professionals who are experienced in their fields. I, the subordinate staff, employ all efforts to address these stressful matters as amicably as possible; however, I was consistently ignored and attacked by the Defendant for doing so which is a clear example of ongoing retaliation. Surely, these stressful and depressive issues were extreme; in that, I had to seek the guidance of attorneys (please reference Claimant's APA F, pg. 159, and Claimant's APA H, pgs. 312-313 and 316-317), seek guidance from Senator Peeler's office (please reference Claimant's APA D, pg. 121, 4th para, and Transcript pg. 48, Lines 19-25 and pg. 49, Lines 1-18), file an Equal Employment Opportunity Commission (EEOC) complaint (**NOT ABOUT CLIENTS ALLEGATIONS, BUT THE ILLEGAL CONDUCT OF THE DEFENDANT**) after discussing the matter with a State Representative (Claimant's APA D, pg. 121, 4th para) of which the Representative confirmed my observation and encouraged me to submit the complaint to the EEOC office in Greenville rather than in Columbia because the Columbia office will not investigate the matter due to the Defendant receiving Federal dollars (if possible I would like to present this evidence), and inquire of and receive mental health treatment for a condition that's solely work-related. The Defendant allowed a female staff member to claim that she was uncomfortable around me; therefore, I requested assistance from Dr. Bank within addressing the matter. Dr. Bank responded in what I deemed a threatening employment response, "I suggest that you focus on doing your job" (Please reference Claimant's APA O, pgs. 517-562, particularly pg. 547), rather than appropriately responding and addressing the concerns that I verbalized. It's alright for someone to make a claim against me of which I'm eventually penalized without being included in the investigative process; however, when I'm requesting assistance or defending myself, my employment is threatened and according to Commissioner Barden - "I have difficulty with stress in dealing with managers, particularly Ms. Marin". Finding of Fact 12. Again, I consistently didn't receive any fair treatment that has been historically afforded to other staff members of the Defendant.

Finding of Fact 17: I have no doubt that Claimant's predominant stressor is work-related, as such is corroborated by the hospital outpatient treatment records, by the record of Dr. Upchurch, and by the causation statement of Dr. Kirkland. However, it is not enough for the stress to be work-related; if that were the case, Claimant would readily meet his burden of proof. See Claimant's APA "B," pages 31-32; Claimant's APA, "C," pages 54, 56, and 78-80; Claimant's APA, "D," pages 82-83, 87-90, 92, 95, and 100.

I clearly do not understand this rationale. I clearly and consistently met my burden of proof based on the law, mental health services received and ongoing which to include daily medication administration prescribed by Dr. Bell, Dr. McKinney and Dr. Kirkland, a paper trail that expands over years, and even Commissioner Barden's own assessment. South Carolina Code 42-1-160. "Injury" and "personal injury" defined APA B does not require modifiers of stress as predominant or dominant, it simply states "Stress". Nevertheless, according to ongoing documentation and verbal communications via assessments, deposition, hearing, etc., etc., etc., I and licensed professionals consistently reported and demonstrated that my mental injury and illnesses and exacerbated medical conditions were directly caused by "significant and ongoing work-related stress" and absolutely wasn't contributed to any other factors which was consistently corroborated by service providers (Deposition pg. 50, Lines 21-25 and pg. 51, Lines 1-3). Please reference medication list Claimant's APA B, pgs. 51 and Claimant's APA D, Palmetto Health Lab Report, pg. 123-124 and Medication List regarding the increase of Diabetic medication from one oral medication (Claimant's APA B, pgs. 43-47); to an injection & oral medication (Claimant's APA B, pgs. 47-48);, and now to 3 oral medications daily (Claimant's APA B, pg. 48-51); and medication for Gastroesophageal reflux disease (GERD) that wasn't taken initially (Claimant's APA B, pg. 48-51 – initially prescribed on 1/28/14; Small Binder (tabbed A-Z) Articles re: stress and mental illness – tabs A-Z) which clearly displays that the significant and ongoing work-related stress exacerbated my medical conditions. The evidence clearly demonstrates that the refusal of the Defendant to cease the ongoing illegal and unethical attacks against me via adhering to their own policies and directives and treated me with the dignity and respect afforded to other employees would have undoubtedly cease Ms. Marin's assaults and attacks and prevented Ms. Marin from maintaining the hostile and unsafe working environment that she created since providing her with my notarized April 9, 2010 correspondence.

South Carolina Code 42-1-160: (1) *"that the employee's employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment":*

There's nothing normal in the Defendant's illegal and unethical conduct reflected in the 618 page document and the responses to Commissioner Barden's Finding of Facts – they truly "were extraordinary and unusual in comparison to the normal conditions of the particular employment". The Defendant's policies and directives governs the agency. The Defendant allowed, enabled, encouraged, and condone Ms. Marin's ongoing illegal and unethical attacks against me which attributed to my mental injury and illnesses. Moreover, the Defendant refusal to appropriately intervene to cease these ongoing illegal and unethical attacks that I experienced could have been ceased if the Defendant would have correctly employed and adhered to their own policies and directives of which you did not review nor reference in your "Request For Proposed Order". Surely, if the Defendant would have correctly employed and adhered to the Defendant's own

policies and directives that governs the agency which would allowed the Defendant to treat me fairly, my mental injury and illnesses would not have been caused. In addition to the aforementioned, the clients that the Defendant serves wouldn't had to experienced missing essential treatment, a client overdosing on a control substance; moreover, a client almost dying to the reckless, intentional, and biased behavior of the Defendant and surely by all means the Defendant's behavior which resulted in the above is "extraordinary and unusual in comparison to the normal conditions of the particular employment".

South Carolina Code 42-1-160: (2) the medical causation between the stress, mental injury, or mental illnesses, and the stressful employment conditions by medical evidence.

The trained, skilled, and experienced medical providers after their assessment, concluded that I sustained a mental injury that resulted in my mental illnesses due to "significant and ongoing work-related stress" which this significant and ongoing work-related stress has also "exacerbated medical conditions" of which the medication list entered into evidence (Claimant's APA, pgs. 43 – 51) confirms that the Commissioner elected not to review and include in her Finding of Fact.

In fact, if your review your Finding of Fact 17 rationale, you will discover that the Commissioner Barden did not include Dr. Thornton McKinney's assessment of my condition on the FMLA completed by Palmetto Behavioral Care which is one the supportive documents missing from SAF's Pre-Hearing Brief that was included in Commissioner James Pre-Hearing Brief; however, not included in Commissioner Barden's. SAF was perfectly aware that the Defendant engaged in illegal and unethical behavior which resulted in my mental injury and illnesses; therefore, they disposed the supportive medical documentation. Nevertheless, the missing medical evidence and others are presented in the Claimant's 618 page supportive documentation which supports that I sustained the mental injury and diagnosed with mental health illnesses was solely due to "significant and ongoing work-related stress". Now certainly I can understand SAF including additional information to refute my claim, of which they did not; however, SAF purposely disposed of essential medical documentation that consistently substantiates my claim. I will not under any circumstance remove and dispose of any documentation (evidence) to mislead the Commission like SAF and the Defendant intentionally and maliciously did.

Please review Reese SCWCC Questions & Responses attached to Form 30 emailed on August 17, 2015 and Reese SCWCC Questions & Responses of this document pgs. 57-60 for additional illegal, deceptive, fraudulent, and unethical behavior engaged in by SAF. In fact, Ms. Snyder inadvertently and indirectly disclosed that she engaged in misconduct and illegal behavior via an email that she confirmed that she reviewed all of the evidence that I provided her with prior to the hearing - See Exhibit 1.

Although, I consistently met my burden ongoing documentation, Commissioner Barden referenced the following documents to refute my claim; therefore, let's examine the following documents that you referred to:

Claimant's APA "B," pages 31-32: Clearly meets medical causation and identified the causer of my stress which resulted in my mental injury and illnesses which did not manifest in one day; however, over time due to the Defendant's ongoing failure to appropriately intervene which included denying me of my earned grievance rights, denied meetings with the CAMHC's board

pg 58, Mr. Magill refusing to intervene stating by his administrative assistance..."He don't like to be involved in stuff like that", not afforded with appropriate workplace accommodations as requested by the doctor, refusing to treat me fairly like they treated other employees and correctly employing and adhering to their own policies and directives.

Let's examine the denying of appropriate workplace accommodations complaint. Dr. Bank is the only CAMHC's Senior Manager that can approve a reduction in productivity. During the period of which Dr. Upchurch requested that my productivity be reduced from 60 hours per month (Exhibit 13 - Productivity Standard) to 40 per month for (10) months to engage in treatment and preventing additional stress (Claimants APA pgs. 53-56) which was approved by my supervisor Mr. Harold Edwards on 12/3/13 and rescinded by the Defendant (3 weeks and 5 days later) via providing Mr. Edwards with a ADA correspondence for him to sign and present to me denying the doctor's request – Claimant APA C, pg. 57), Dr. Bank denied appropriate workplace accommodations out of malice which is evident in that the current program that I'm assigned to (Impact) as of June 11, 2014 (Claimant's APA M, pg. 460) and presently assigned (1 year and 5 months later), my current productivity is 40 hours per month (Claimant APA pgs. 70 – 72 particularly pg. 71, #3 under "Success Criteria". The previous program that I was assigned, Child, Adolescent, and Family Services, I wasn't meeting productivity not by my doings – Claimant's APA M, pgs. 458-459. Dr. Upchurch informed the Defendant that I was having difficulties focusing and experiencing insomnia and the Defendant rather than approving appropriate workplace accommodations wanted me to recklessly commute 1 hour and 23 minutes on a daily basis to work, work all day then travel 1 hour and 23 minutes home (Claimant APA pgs. 62 – 64) of which any of the aforementioned is reflected in Commissioner Barden's Finding of Fact. Transcript pg. 64, Lines 6-25 and pg.65, Lines 1-16; and pg. 82, Lines 4-25 with emphasis on Lines 18-19 terminate me after this matter is over with which is also inclusive of the EEOC matter.

Claimant's APA C

Pages 54 and 56: Not only is it essentially important that all of the Defendant's and Claimant's documentation be reviewed and considered before rendering a decision, but it's extremely important that the dates of the documentation be reviewed and considered as well. With that being said, after I received partial hospitalization for my work-related injury and illnesses which enable me to return to work only with continued ongoing mental health treatment to prevent relapse; moreover, self-harm, Dr. Roundy referred me to Dr. Upchurch. Claimant's APA D, pgs. 100 and pg. 103 – "Recommendation for Continuing Care and Follow-Up Plan"; and Claimant's APA D, pg. 92 dated 10/8/13. Upon being evaluated by Dr. Upchurch, she deduced that I could return to work with restrictions based on her rationale in Claimant's APA C, pg. 54; #4 and #5a-c.

In Commissioner Barden's packed provided by SAF and the Defendant, Claimant's APA C, pg. 53 was omitted from your Fact of Finding that Dr. Upchurch requested a reduction in my productivity which resulted in the Defendant defining the request as "Light Duty". Claimant's APA C, pg. 60 and Defendant's Directive: Leave Policies, pg. 84; XVI: Performance of Duties While Injured". Clearly the Defendant approving FMLA Leave and offering Light Duty acknowledged the illnesses and my inability to return to full duty based on my mental injury and illnesses as diagnosed by doctors and mandated by the American with Disabilities Act of which

these disabilities, by substantial amount of evidence, was directly caused by significant and ongoing work-related stress.

Pages 78-80: These documents (evidence) continues to substantiate that my mental injury and illnesses was caused by significant and ongoing work-related stress, ongoing illegal and unethical conduct by the Defendant which exacerbated my condition to the point Dr. Upchurch recommended and encouraged me to visit my primary care doctor for additional antidepressant medications. You will also note in Dr. Upchurch's documentation, she never assigned a diagnosis of Malingering and didn't note that I conducted myself in a manner that was unusual and proportionate of the situation. In fact, out of all of the medical service providers that I encounter during this period, only Dr. Roundy, therapist, made such an evaluation; however, he didn't stop essential mental health treatment, he referred me via a team approach and recommendation, to Dr. Upchurch continued essential mental health treatment to aid in achieving maximum medical benefits; moreover, to sustain life.

The fact to the matter is which is confirmed via the paper trail (evidence), if the Defendant would have treated me fairly, with a sense of dignity, loyalty and respect afforded to other of the Defendant's employees; moreover, correctly employed and adhered to their own policies and directives, I would have sustained a mental injury and be diagnosed with mental illnesses that I didn't have prior to my employment with the Defendant. If the Defendant would have engaged in the aforementioned, this entire ordeal would have been nipped in the bud in 2010 when evidence was presented to the Defendant that refuted Ms. Marin's claims against me and the disciplinary action report wouldn't still be present in my employment file; moreover, the disciplinary action taken against me would have been rescinded.

Claimant's APA "D":

Pages 82-83: Palmetto Health Day Treatment Physician Psychiatric Evaluation – clearly notes the chief complain and billable causes for the need for treatment: Depression, Anxiety, and stress and the specific causer of the need for mental health treatment – job stress (pg. 83). In addition, the doctor also prescribed additional psychotropic medications: Celexa and Trazadone. After evaluating me on September 27, 2013, Dr. Thornton knew that it was imperative that he excuse me from work and receive and continue receiving mental health treatment; hence, the reason that he concurred Dr. Roundy's assessment of my mental status based on his evaluation, training, observations therefore he was able to competently and signed the FMLA form which again is missing from SAF Pre-Hearing Brief. Please review Claimant's APA D, pgs. 92-94. You will also note that Dr. Thornton never assigned me a diagnosis of Malingering.

Pages 87-90: I truly think that this process is truly an injustice to anyone that's not represented by an attorney during the worker's compensation hearing. Out of all the medical data provided which included the causer for the need on treatment and continued even after I wasn't present at work due to receiving essential mental health treatment, the medications prescribed, the medical officials that concurred with the report, the referral source – Dr. Gary Bell, referral made for additional mental health treatment by the provider, etc., the only statement that was considered and noted by the Commissioner was my personal goal – "To learn how to better take care of myself so that I can handle job stress". The fact to the matter is, if it wasn't for the Defendant's illegal and unethical

behavior and conduct, I wouldn't have experienced significant and ongoing work-related stress which was medically concluded by all service essential service providers and including the Commissioner which resulted in my mental injury and illnesses; consequently, hindering, preventing, impeding, etc., etc., etc., me from taking care of myself. Commissioner Barden would have been acutely aware of the symptoms of "Major Depression Disorder" upon reviewing the literature submitted into evidence (Decision and Order by Commissioner Barden – July 24, 2015, pg. 2: Small Binder (tabbed A-Z): Articles re: stress and mental health). As you will observed in any documentation that I presented, the deposition, and the hearing, I never disclosed to anyone that my job responsibilities stressed me out; however, I attributed the causer of my work-related stress that resulted in my mental injury and illnesses to illegal and unethical conduct and behaviors of the Defendant.

Page 92: Certification of Physician or Practitioner (Family and Medical Leave Act of 1993) completed by Palmetto Health Behavioral Care Day Treatment confirms the causer of the stress (#4), my efforts to receive essential services and referral source (#5a), treatment modality (#5b), and the service provider's referral after successful completion of the Partial Hospitalization and Intensive Outpatient Program which specifies the duration of the treatment with the service provider 4 to 6 weeks.

Page 95: October 8, 2013 while still receiving essential mental health treatment: I was so desperate for assistance within ceasing the Defendant's ongoing illegal and unethical assaults against me that I sought the assistance of the Palmetto Health Behavioral Care Day Treatment to aid in ceasing the assaults against me which is documented on Claimant's APA D, pg. 95 which the Defendant consistently failed to offer, provide, etc., etc., etc. although the Defendant's policies and directives mandates the Defendant to do so – not the Defendant's personal discretions, vendettas, and bias. I was exhausted of the stress and powerless against the Defendant who controlled my employment opportunities in and outside of the agency. In addition, Dr. Roundy again notes that the causer and the need for essential mental health treatment was "Are a direct result of significant and ongoing job-related stress". Dr. Roundy, in the same clinical documentation, also concludes that the Defendant treated me unfairly. However, Dr. Roundy's assessment of..."Uncommonly out of proportion to the situation" was only an egregious illegal and unethical means to deduce that I did not meet my burden of proof and deny my case when an array of evidence submitted proves otherwise. Again, as you will discover in Dr. Roundy's clinical documentation, he didn't deduce that I was malingering; in that, he wanted me to continue with treatment; so that, he could explore why I took the Defendant's actions (illegal and unethical) against me personally. As shared with Commissioner Barden in the hearing, via multiple examples, my mental injury and illnesses was caused by the Defendant's years of illegal and unethical assaults against me which resulted in me seeking and securing essential mental health treatment to address the conditions that I was experiencing; moreover, as concluded by the professional medical providers, to sustain life.

Page100: October 17, 2013 Yes, Dr. Roundy states that I could return to work as usual after I had completed the program; however, he was acutely aware of the need for ongoing mental health treatment to prevent relapse (re-hospitalization) and to sustain life; therefore, he arranged and referred me to Dr. Upchurch and encouraged my active involvement in treatment. After being evaluated by Dr. Upchurch from a referral from Palmetto Health Behavioral Care (Claimant APA

C, pg. 53-55, particularly pg. 54; #4), she also concurred with Dr. Roundy's assessment of returning to work; however, due to my condition at that time, with restrictions – "Reduce productivity to 40 hrs./mo. Or more likely less". Surely, Dr. Roundy and the other mental health professionals of Palmetto Health Behavioral Care was acutely aware of and knowledgeable of Dr. Upchurch's credentials, experiences, and successes with clients requiring her services, otherwise, they wouldn't have referred me to her.

The South Carolina Code 42-1-160. "Injury" and "personal injury" does not define any duration of the stress, it merely states that: (1) "that the employee's employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment" and (2) the medical causation between the stress, mental injury, or mental illnesses, and the stressful employment conditions by medical evidence.

I've surely met both of the law's requirements with merely one incident: Accusing me of Causing harm to a client and a HIPPA violation which lead to the Defendant refusing to adhere to their own policies and directives, refusal to employ the correct policy even when I provided both policies to the Defendant via email, jeopardizing my employment and potential for securing employment via a DSS/SLED investigation of causing harm to a client which would have been reflected my arrest record upon perspective employers requesting a background check, jeopardizing me and my family's livelihood based on the fact that they refuse to treat me fairly as they treat other employees for years, threatening to suspend me for 3 days without pay although evidence which included the client's mother and grandmother could refuted the client's allegation against me but Dr. Bank refused to talk to the family members, investigating me without including me in the investigation, placing client's in harms way of which one of the client's almost died, Ms. Marin informing and describing me as a "Crook and destroying client's lives to a party that's not an employee of the Defendant, but a housing provider, receiving mental health treatment and psychotropic medications due to a work-related injury and illnesses that could have been prevented if the Defendant would have treated me fairly as the Defendant did with other employees and correctly employed and adhered to their own policies and directives of which Commissioner Barden elected not to review or reference in her "Request for Proposed Order", etc. All of the aforementioned resulted from the fact that the Defendant using their personal discretions, vendettas and biases; refusing to treat me fairly, consistently believed the intentional and malicious false reports made by Ms. Marin's falsely accusing me of having a dual relationship with a housing provider even when the Defendant's own investigation exonerated me of any wrongdoings and is documented; however, the false claim is embedded in the Defendant's memory which would not allow or enable the Defendant to be objective when investigating matters that I was falsely accused of and not including me in the investigation is surely extraordinary and unusual in comparison to the normal conditions of the particular employment – again, the Defendant's policies and directives governs the agency not the Defendant's personal discretions, vendettas and biases that documenting in the Claimant's 618 page APA, deposition, hearing, and the hearing's transcript.

What truly is abnormal is that the Defendant would allow their personal discretions, vendettas and biases to cause harm to others and the agency rather than adhering to their policies and directives just to consistently attack me and the housing provider over a fabrication reported with malicious intent to the hotline which ultimately caused my mental injury and illnesses; moreover, prevent client from receiving essential mental health treatment, placing clients and the public in harms

way to the point that a client almost died due to the gross negligent and recklessness of the mental health and the Commissioner Barden deems this illegal and egregious behavior normal. Perhaps the SC Legislature could modify the law to include and require timeframes when evaluating work-related stress claims.

Finding of Fact 18: Claimant has not provided to the Commission sufficient evidence to meet his burden of proof pursuant to APA 42-1-160 for a mental-mental injury.

No Claimant will ever meet their burden of proof if all the evidence is equally considered and examined, if the Defendant disposes of essential medical evidence, commits perjury, and takes advantage of an unrepresented Claimant via violating the Claimant's Civil rights and due process.

In the United States, around 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had depression or another mood disorder http://en.wikipedia.org/wiki/Major_depressive_disorder (Claimant's Articles, APA Z – which no evidence is displayed that Commissioner Barden reviewed).

The extensive evidence will demonstrate that my injury was sustained due to SCDMH management allowing Ms. Marin to create and maintain a hostile and unsafe working environment and ignoring my multiple attempts to cease the reckless, negligent, illegal, unprofessional, and unethical behavior and conduct of which the evidence has been provided to Commissioner Barden within the 618 page document.

Commissioner Barden, you can't continue to put pressure on a balloon and it don't pop. This is what happened to me. After all the years of encountering and suffering from ongoing reckless, negligent, illegal, unprofessional, marginalizing, discriminating and unethical behavior and conduct from management, I suddenly popped (Transcript pg. 81, Lines 11-25; Defendant "Build-up of issues" Transcript pg. 88, Lines 14-25); thus, requiring the need for mental health treatment which to include medication administration of which I immediately informed the Defendant. In fact, I informed the Commissioner during the hearing that I was depressed over the 2010 incident and was even more so depressed after seeking legal guidance, the attorney (Duff – Claimant's APA F, pg. 159) after meeting with me twice, informs me that he couldn't represent me because he was an attorney for the State Transcript pg. 99, Lines 16-25 and pg. 100, Lines 1-11.

The several medical staff that I received essential mental health treatment to aid in "sustaining life" (please reference Claimant's APA A, B, C, & D) surely demonstrates that I have met my burden of proof. As you compare my Global Assessment of Function (GAF) Score with the attached GAF documentation (Exhibit 6), at the time I was admitted to outpatient hospitalization, my condition was so deteriorating that I was unable to work: GAF - 40. If you review Claimant's APA pages A-G which by the way was omitted from your Pre-Hearing Brief for some strange reason. Ms. Snyder elected not to include them in Commissioner Barden's Pre-Hearing Brief along with Defendant's (James Pre-Hearing Brief) pgs. 10, 11, and 14 (Dr. McKinney's completed FMLA form which he medically excuses me from work for the duration of partial hospitalization) and Commissioner's James medical documents offered by the Defendant but missing in Commissioner Barden's Pre-Hearing Brief noting my disposition, being restricted from the Connections side of the building (Claimant's APA O, pg. 548) and due to fact the therapist

observed me deteriorating, the therapist strongly recommended that I been seen by the psychiatrist for medication evaluation of which I was receptive; moreover, she discussed the need for re-hospitalization Defendant's Commissioner James Pre-Hearing Brief, pgs. 30-37; and Claimant's Exhibit 4, however, these documents were included in Commissioner James' December 2014 Pre-Hearing Brief and Claimant's APA D, pgs. 92-94); yet they were intentionally dispose of and not included in Commissioner Barden's Pre-Hearing Brief only so that the Defendant and SAF could deceive the Commissioner. The aforementioned evidence was submitted by the Claimant and was ignored by Commissioner Barden. Upon reviewing the missing documents, you will again become increasingly knowledgeable of the causation of the condition that I was experiencing at that time requiring medication evaluation from the psychiatrist and possible re-hospitalization in 2014 after receiving partial hospitalized in 2013.

Individuals have committed suicide due to being bullied. The evidence provided to you surely demonstrates that I was consistently bullied by Ms. Marin and she consistently used her relationship with management to continue to create and maintain a hostile and unsafe working environment and when pleading from help from Senior Management, situations only got worse by evidence. Even in 2013, when I could no longer take it no more, I sought mental health treatment and returned to work still not reaching maximum medical benefit only to have Ms. Marin attack me because she failed to adhere to the agency's policies when closing a client's case Claimant's APA "M", pages 461-463).

I knew I needed assistance after meeting with Mr. Helms of which he was taking so long to refer me to provider for treatment stating that he had not received medical records from Dr. Bell which held him up from referring me to a provider for essential mental health treatment. Therefore, I love myself enough to visit my primary doctor (Dr. Gary Bell) to seek aid (Please reference Claimant's APA, pgs. 82I – 82N) of which at that time Dr. Bell immediately referred me to Palmetto Health Behavioral Care Day Treatment due to the condition that I was in and instructed me not to go to work because I was unable to do so. He also prescribed Xanax (for anxiety and panic attacks) and Citalopram (antidepressant); moreover, discussed "end of life" issues (reference Claimant's APA pg 82N).

Surely, all these medical providers, which by the way includes Dr. Bank and Dr. McNeil via their extensive psychiatric education, experience and history, was acutely aware of that not addressing major depression could result in the development of suicide ideations, suicide attempts; moreover suicide; hence the reason that licensed providers excused me from work and immediately provided essential mental health treatment which to include daily medication administration. Surely one therapist "uncommon" statement, of which Dr. Roundy – therapist while receiving partial psychiatric hospitalization via Palmetto Health Behavioral Care continued providing me with treatment and referred me to a provider for ongoing essential mental health treatment, should not negate the education and experience of (2) psychiatrists – Dr. Kirkland, my psychiatrist while receiving partial psychiatric hospitalization via Palmetto Health Behavioral Care and Dr. McKinney; a medical doctor – Dr. Gary Bell; an array of other therapists via Palmetto Health Behavioral Care Day Program including Dr. Chuck Roundy, Dr. Donna Upchurch, and Ms. Carol Anderson; and (1) counselor – Mr. Don Helms who initially evaluated me determined and confirmed that the cause of my condition was due to ongoing work-related stress, that don't support his assessment or they too would have developed the same conclusion. In fact, Mr. Roundy

completed the FMLA form of which Dr. McKinney reviewed and approved his observation of my condition – “As a result of significant and ongoing work-related stress (please reference Claimant’s APA, D pg.92).

Surely if the agency would have provided appropriate work accommodations, I surely would have reached maximum medical benefits in a timely manner. With experiencing insomnia on a daily basis, the agency expected me to commute a total of 2 hours and 46 minutes a day, work all day, and continue this cycle for the time entire timeframe requested by the doctor. The doctor requested to decrease my productivity hours per month from 60 hours to 40 hours and they honored the request; however, wanted me to harm myself and others via driving that distance weekly knowing fully well that I was experiencing insomnia (please reference Claimant’s APA C, pg. 53 and signed by my supervisor – Mr. Harold Edwards).

In the hearing, Ms. Snyder described my email correspondence as...”Self-serving emails” I take objection to that comment because many of the emails were sent prior to filing a workers compensation claim and date back as far as 2010; moreover, using email was the only methodically I could use to communicate my concerns to management because they willfully and consistently refusing to include me in any investigative submitted against me with malice intent; therefore, I had no other recourse but to use email to protect me Transcript pg. 99, Lines 7-20.

The emails were a consistent cry for help and were consistently ignored by the Defendant of which no relief was offered; thus, causing my mental injury and illnesses and exacerbating my medical conditions (please reference Claimant’s APA - Medication list pgs. and Lab Report (Claimant’s APA pg. 123 – High A1c – also the use of Nexium and Dexilant) via using intimidating tactics; i.e., written warnings, write-ups, maliciously and intentional informing me that I was under a SLED/DSS investigation which the Defendant knew was untrue (Claimant’s APA pg. J, pg. 399-415; Claimant’s J, pgs. 416-419 – “Stay Out of It”), stay out of it, HIPPA Refresher, consistent unfair treatment, upholding reprimands that of which the Defendant’s own investigation cleared me of any wrong doings, denying me advancement in the agency, denying me my grievance rights, meeting with the CAMHC’s Board and the SCDMHC State Director – Mr. Magill, and appropriate workplace accommodations, forcing me to give her the key, which is not by the Defendant’s policy and directive, to New Horizon because she didn’t want anything to be missing over the weekend; falsifying documentation, re-assigning me to alternate programs, “That’s right” statement, blocking me in the copier room, accusing me of sexually harassing a female staff and harming clients, accusing me a dual relationship with a housing provider, threatening the housing stability of me and my family of which at the time my 69 year old mother resided with me, my sister and her two minor children, calling me a crook and that I was destroying client’s lives, badgering me when I requested Crisis housing funds for a client and her minor child after her sister evicted her yet the Defendant denied my request of that was on the same day Ms. Marin requested funds to relocate the clients after the client informed Mr. Malone that he was verbally abused by Mr. Nickles as a result of myself informing Mr. Nickles that his Case Manager was going to move him. Upon requesting funds from Mr. Stephen Hattrich, the Defendant’s Administrator, he threatened and badgered me by replying...”If I return to work on Monday and I find out that y’all didn’t do nothing to find placement, I’m going to be mad” (Claimant’s APA H, pg. 254); During this time the agency honored Ms. Marin’s Crisis funds request (Exhibit 15) to recklessly relocate 3 clients to the Reese’s CRCF of which Dr. Bank advise against placing client in the placement due to the fact that the

Defendant described the placement as substandard. Claimant's APA H, pgs. 270-271. The placement of which one of the client's purchased and overdosed on a control substance and provided the control substance to another client that almost died. Claimant's APA H, pgs. 260-267. This same housing provider was cited by DHEC for a numerous of violations during the period that Ms. Marin placed the client's in the facility. Claimant's APA H, pgs. 272-275 which included violations for improper storage of control substances Claimant's H, pg. 272. Ms. Marin distorting my work performance from assisting the Independence House program, upon my employment with the agency, from a group oriented focus to client-centered therapy, which wasn't an easy task based on the population and the resistance and the uncomfortable level of the staff, to Ms. Marin reducing my accomplishments to merely "Helping with calendars"; etc., etc., etc. which ultimately and consequently - "The balloon popped". Upon reviewing Ms. Marin's completed EPMS which obviously was derogatory in nature; therefore, Ms. Odom instructed Ms. Sharon Brown to return the EPMS to Ms. Marin for revisions stating "Ms. Marin, I am returning Mr. Reese's EPMS back for correction of the summary per Ms. Odom you can't not address issues "YOU" have with an employee as a summary". Employee Record provided to me by the Defendant, pg. 68 and Claimant's APA M, pg. 438, 5th bullet. Again, if I was treated fairly and afforded the same liberties experienced by the other Defendant's employees, I wouldn't have experienced an "UNCOMMON" mental injury and illnesses requiring ongoing mental; health treatment which to include daily medication administration and monitoring; so that, I can achieve maximum medical benefits.

Please be mindful that I wasn't reprimanded or terminated for emailing falsehoods; however, I was consistently attacked by the Defendant for documenting detail accounts and facts referencing the conditions that I was experiencing during the period the email was sent.

Finding of Fact 19: This decision is in no way a reflection upon Claimant's job performance with Employer, as Claimant strikes the undersigned as a very dedicated employee who cares deeply about his work and also about what others think of that performance. Dr. Upchurch describes Claimant with a "deep caring for the population he serves," and as "desperate for understanding and respect." Claimant's write-ups "devastate" Claimant and leave him feeling as though he is "fighting for his good name and basic respect." See Claimant's APA "C," pages 79-80.

Dr. Upchurch's documentation clearly demonstrates vivid evidence of how powerless I consistently felt against the Defendant. Claimant's APA C, pgs. 78-81 of which the Defendant disposed of pages 78-81 (Exhibit 3) to misrepresent the facts and deceive the Commissioner. Even after the attorney via a correspondence submitted to the Defendant and is reflected in the Claimant's 618 page document twice, Claimant's APA H, pgs. 312-313 and 316-317) reminded the Defendant that they had not produced any policy or directive that proves that I committed any wrongdoing, the Defendant still upheld the reprimand. Devastated for a write-up that never should have been provided and was a direct result of the unethical behavior of the client's Case Manager, for effectively performing my job duties based on the client's need, the agency's policies and directives which was confirmed by the Defendant's witness. I shouldn't be fighting for my good name that I earned and the Defendant allowed Ms. Marin to destroy with her intentional, reckless, negligent, illegal, unprofessional, and unethical behavior and conduct. Please reference performance appraisals of which Ms. Marin wrote a derogatory statement about me only after I provided her with the April 9, 2010 notarized letter and submitted my 2010 Grievance – Transcript pg. 90, Lines 15-24.

Finding of Fact 20: I did not consider any handwritten additions to records before me.

In Commissioner Barden's "Request for Proposed Order" and signed order, she stated that she did not consider any handwritten additions; however, it's important that you accept Mr. David Duff's handwritten evidence; in that, it will demonstrate the need for legal assistance. I've included a print out that I received from Mr. Duff's website for you to compare my handwritten evidence with the printed website page. As you will note, on the handwritten page, you will see on the transaction report, the date the fax was sent, number of pages, etc.; moreover, you will discover that the fax number on the transaction report of the document faxed to Mr. Duff is identical to Mr. Duff's fax number on the webpage (please reference Claimant's APA pg.). All handwritten additions should be accepted into evidence because they address the issue and need during the timeframe of the incidences experienced. In fact, If I was an attorney and wasn't so distraught during the hearing, I would have aggressively requested that these admissions be admitted into evidence.

I'm also respectfully requesting that the Commission review and consider handwritten document in APA F; pg. 188. As you compare Ms. Marin's handwriting and signature in APA F, pg. 186, Employee Evaluation now number as pg. 69, and APA L, pg. 421, to APA F, pg. 188, you will discover that the signatures and handwriting are identical.

Finding of Fact 21: Claimant's average weekly wage is \$701.61, yielding a compensation rate of \$467.76.

Based on my work performance prior and during my 8 months at New Horizon, certainly I would have reached a higher pay grade with the agency as a supervisor of which I applied and ultimately denied due Ms. Marin destroying my creditability and the agency's Senior Management refusing to intervene to cease Ms. Marin's ongoing reckless, negligent, illegal, unprofessional, and unethical behavior and conduct against me causing my mental injury and illnesses.

Based on the law, I satisfied my burden of proof via providing years of documentation that demonstrates that if the Defendant would have afforded me with the same dignity, respect and fair treatment afforded to other employees and employed and adhered to the Defendant's own policies and directives that governs the agency rather the Defendant's personal discretions, vendettas, and biases, I wouldn't have suffered a mental injury and illnesses.

(B) Stress, mental injuries, and mental illnesses arising out of and in the course of employment unaccompanied by physical injury and resulting in mental illnesses or injury are not considered a personal injury unless the employee establishes, by a preponderance of the evidence:

(1) that the employee's employment conditions causing the stress, mental injury, or mental illnesses were extraordinary and unusual in comparison to the normal conditions of the particular employment; and

(2) the medical causation between the stress, mental injury, or mental illnesses, and the stressful employment conditions by medical evidence. <http://www.lawserver.com/law/state/south-carolina/sc-code/south carolina code 42-1-160>

In addition, it appears that one statement from Dr. Chuck Roundy, Patient Advocate outweighs the medical opinion and decision of both Dr. Thornton McKinney and Dr. James Kirkland (psychiatrists); Dr. Donna Upchurch, that my mental injury which ultimately lead to my mental illnesses was the result of work-related stress. In addition, the Defendant's witness wasn't involved in the investigative process from its' inception to its' conclusion; moreover, the Defendant's witness written statement confirms that I followed the agency's policies and directives within performing my job duties.

Documented evidence demonstrated that I exhausted all efforts to resolve matters that were reported with malicious intent; i.e., meeting to get all the facts, communicating with the client's family members, consistently requesting grievances and meetings with the Columbia Area Mental Health Center's board (Transcript pg. 60, Lines 19-25) and Mr. Magill and I was consistently denied these efforts. Evidence was presented demonstrating that the agency did not follow their own policies which aiding in consistently causing stress that ultimately lead to my mental injury and mental illnesses; however, the policies that were presented aren't mentioned in your findings.

With that being duly noted, I'm respectfully requesting you reverse your unfavorable decision. Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct, Ms. Marin overwhelmingly achieved her goal – that I face hardship which is currently ongoing.

Reese SCWCC Questions & Concerns emailed on August 17 at 2:16 p.m. to: Ms. Kim Falls (SCWCC Judicial Analyst – Appeals Division), Ms. Kristi Love (SCWCC Assistant to Commissioner Barden), and Ms. Eugenia Hollmon (SCWCC Judicial Docketing Director), and Ms. Page Snyder with Subject Line noted as “Re: Appeal” (copy of email is attached).

Reese SCWCC Questions & Responses

I've demonstrated that the illegal and unethical behavior of the Defendant was not normal in that the Defendant's refusal to appropriately intervene as I consistently requested, which to include protecting me and advocating on the client's behalf under the Defendant's policies and directives; i.e., Harassment, Hostile Working Environment, Client's Complaint/Concerns, etc., which ultimately caused my mental injury and illness, placed client's several in harms way; moreover, a client almost losing his life. Why is this deemed normal by the Commissioner?

I've demonstrated that I applied for several grievances and requested to discuss my concerns with the Board to seek aid within ceasing the Defendant's illegal and unethical behaviors; moreover, to continue meeting the needs of the client's that the Defendant serves. The Defendant never provided me with a grievance hearing and denied me an opportunity to present my concerns and complaints to the Board. Why does the Commissioner believe that the Defendant denying me of my earned grievance rights and denying me to me with the Board a normal part of the daily operations of the Defendant?

How can my burden of proof be met if there's no evidence that the Commissioner reviewed the policies and directives provided and compare them to my complaint of the causers of my mental injury and illness – ongoing work related stress due to the feelings of powerlessness, the systematic harassment, slander, retaliation, belittling, devaluing, marginalizing, etc. that I consistently experienced by the Defendant?

There's no evidence in any of the medical and psychiatric service providers' which to include Chuck, my Palmetto Health Behavioral Intensive Partial Hospitalization Patient Advocate, documented that I was malingering; therefore, **why did the Commissioner use one unclear “Uncommon” statement to deny my case over the number of service providers that I encountered?**

I've demonstrated that I was powerless against the Defendant even after I demonstrated that I did nothing wrong via using and adhering to the Defendant's policies and directives; moreover, an outside attorney – Mr. Joseph Henry as well as a Columbia Area Mental Health Center's board member (Mr. Kenneth Childs), who's also an attorney, confirmed that I appropriately performed my job duties; however, the Commissioner did not include this in her Finding of Fact proposal and order that demonstrated the need for outside assistance to aid in ceasing the Defendant's assaults and attacks against me which proved ineffective because I was still reprimanded for Insubordination of which the Defendant's policies, directives and the Defendant's ongoing investigations about me without me do not support. **Why didn't the Commissioner consider these legal persons legal findings in her report?**

The ongoing illegal and malicious behavior that I experienced by the Defendant warranted me to seek and secure legal counsel which obviously confirms that I was experiencing behavior by the Defendant that was unusual to the normal operations of the agency; moreover, that the Defendant's policies and directives didn't support the claim of any wrongdoings on my behalf which; therefore, **why isn't this considered stressful by the Commissioner especially when my efforts to amicably resolve these issues did not cease the Defendant's ongoing illegal assaults and attacks against me?**

Is it normal to for an employee to be exonerated or clear of any wrongdoings and still be reprimanded? Shouldn't double jeopardy be attached?

Why didn't the Commissioner request that I elaborate on my claim that if Dr. Bank, which in all actuality, include Ms. Odom, would have intervene in 2010, there possibly wouldn't be any 2012, 2013, 2014 incidences?

Isn't the punishment extraordinary and unusual for something that the person's that Ms. Marin elected to investigate the client's allegation presented to her in 2010, without discussing the allegation with me when it was presented and Ms. Marin and allowed the client to continue attending my groups, exonerate me of the allegation of which Ms. Marin did not provide accurate account of the client's allegation; moreover, the client self-reported that she wasn't threatened by me and there wasn't another allegation presented by the client as fabricated by Ms. Marin (Claimant APA "F", pages 191-195 (Dr. Bank & Ms. Vickie Brown) of which the same information was forwarded to Ms. Eleanor Odon and the reprimand was still upheld (Claimant APA "F", page 204). Certainly both Ms. Arnold and Ms. Caton, whom investigated the client's complaint would surely have included in their fact finding that the client was uncomfortable with the non-threatening "Throw water on you" client engagement tactic; however, they did not. In fact, Ms. Caton, the attorney, discovered that Ms. Marin fabricated the claim (Claimant's APA "F", page 185). Moreover, Ms. Marin was present in the group when I used the humorous tactic to engage client's in treatment and did not discuss the matter with me; moreover, she did not reprimand me for using the humorous non-threatening tactic when the tactic was employed in her presence (Claimant's APA, F", page 193 – please note the date which is before I provided Ms. Marin with my April 9, 2010 notarized letter – Claimant's "F", 141-143).

Since Dr. Bank encouraged me to discuss the incident with the client because it was a low level complaint, why did the defendant allow Ms. Marin to demand me to communicate with the client?

I was instructed to communicate with the client and cleared of any harm the client in 2010; therefore, I shouldn't have been reprimanded; moreover, the reprimand shouldn't be present in my employment file (Defendant's APA C unnumbered pages). The Defendant's refusal to intervene condoned and encouraged Ms. Marin's ongoing attacks against me which ultimately lead to my mental injury and illness and the "Uncommon" statement documented by Dr. Roundy – Claimant's Section F, pg. 204.

Why did the New Horizon Director, Ms. Marin, accused me of sexually harassing an employee at CAMHC's Independent House location and not a member of the Independence house management team or CAMHC's senior management?

No member of CAMHC's senior management or any of my Independence House supervisors discussed or investigated me for an allegation of sexual harassment of a female staff member; however, once I provided me Ms. Marin with my April 9, 2010 notarized letter, Ms. Marin accused me of sexually harassing a staff member at the Independence House. I arrived at New Horizon as a floater on May 6, 2009 due to a New Horizon's staff member retiring – approximately 1 year and 9 days. I was only to be a floater at New Horizon for 12 weeks and then return to Independence House after 12 weeks (Claimant's APA "F", pages 135-136).

I applied for the vacant position at New Horizon, interviewed by Ms. Marin, and received the position on August 11, 2009 (Claimant's APA "F", page 137). With that being said, Ms. Marin supervised longer than 6 months as previously stated.

How can one employee receive unfair and harsh treatment for assisting another client in another program whereas another one of the Defendant's staff member receive the "You Made A Difference Award" for performing the same task as I did of which that employee requested my assistance?

Mr. Edwards received the "You've made a Difference Award" for doing the exact same thing I did – assisting a client in a crisis outside of the Connections program. He wasn't forced to take a HIPPA refresher course, accused of HIPPA violation for documenting in a client's medical record, he wasn't experiencing the threat of being suspended for 3 days without pay, and wasn't consistently attacked as I was by the Defendant for performing his job duties - he merely got reward for his efforts assisting a client in the Link program of which Ms. Marin a served as supervisor. Both incidences required both staff members to document the adverse incident using the Defendant's Adverse Incident Report form and in the client's medical record as required under the Defendant's policy (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Reporting of Adverse Incidents" and "Filing/Scanning of Clinical Documentation").

I was forced to take a HIPPA refresher course for assisting a client in another one of CAMHC's programs, documenting my clinical interaction and written up for a HIPPA violation (Claimant "H", page 276; pages 277-287). If a CAMHC's board member, who's also an attorney, remarks "That's a bunch of nonsense" when apprising him that senior management informed me that I couldn't work with sister because she wasn't in the Connections program (Claimant's APA "H", pages 299-306) and acutely aware of the Defendant's policies and directives as a member of the governing body that writes and reviews policies and directives (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Designated Authority of Establishing Policies", the attacks against me should have been immediately cease and I shouldn't have been be ridiculed, humiliated, and forced to undergo a HIPPA refresher course.

Please also review Claimant's APA "H", pages 346-356 that reflects the Defendant's staff, which to include psychiatrist, ability to document into client's file that aren't on they're caseload, their treatment team, or they're not treating. We must, by any means necessary, meet the needs of the client where they are. The Defendant will never develop a policy that limits the clinical staff from assisting in meeting the needs of the clients which is evident by the Adverse Incident Report policy stating that "All staff receive training...Each and every CAMHC is responsible...; Defendant's Transfer of Case Management Policy (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order) – "Case Managed by the unit and program from which s/he receives majority of services..." - Majority of their services not all which verifies that clients will be provided services outside of their assigned program as warranted in assisting and meeting the needs of the client; Filing/Scanning of Clinical Documentation: Clinical documentation placed in client's record within 5 days – it doesn't state on your case load, treatment team, or you're treating The framers and current board members chose their words very carefully, wisely and litigiously so that the Defendant was protected; moreover, the clients receive essential services within meeting their needs; thus, meeting the Defendant's mission statement – "To support the recovery of people with mental illnesses" (<http://www.state.sc.us/dmh/mission.htm>) and the outcome expected of the funding source, accrediting body, taxpayers, etc.. Clients are only assigned to certain programs based on their functioning level. Dr. Bank is acutely aware of these policies; in that, he reviews and signs each CAMHC's policies – please note Dr. Bank's signature on each of the Defendant's policies. .

Why wasn't attorney David Duff information included in Commissioner Barden's Finding of Fact?

Again, because of the illegal tactics that the Defendant committed against me which is outlined in the notarized letter faxed to Mr. Duff, I sought legal counsel. However, after the second meeting with Mr. Duff, he informed me that he was unable to represent me because he was an attorney for the state (Claimant's "F" 159-168). As I shared in the hearing, this revelation also depressed me because again I felt powerless against the ongoing illegal attacks and assaults of the Defendant and no one would help me. Please compare Mr. Duff information with that of his internet profile that I've attached.

If the hearing, the Commissioner reports and documented that she experienced difficulties following my testimony. Why did she proceed with the hearing if she experienced difficulties following my testimony?

Why was it so difficult for the Commissioner to follow my testimony?

As stated by Commissioner Barden that she experienced difficulties following my testimony; therefore, how could she render a decision without gaining clarity?

Why wasn't I able to ask questions regarding SAF/the Defendant not including pertinent medical files in Commissioner Barden's Pre-Hearing brief that was present in Commissioner James' Pre-Hearing brief which I required psychiatrist medication evaluation and the therapist recommending returning to the intensive partial hospitalization program only after I experienced additional stressors from the Defendant?

In Dr. Upchurch's documentation she also noted some improvement with treatment; however, upon experiencing additional stressors by the Defendant, she witnessed me decompensating and requested that I seek additional medications from the doctor. **Doesn't the aforementioned confirm that due to the ongoing work-related stress experienced, it cause additional undue stress and the need for ongoing treatment and psychotropic medications within aiding in reaching a level of medical maximum benefit; moreover, sustaining life?**

Although Ms. Anderson's missing medical report from Commissioner Barden's file medical was present in my 618 page document admitted into evidence, **why did the Commissioner ignore and didn't consider medical conclusion?**

SAF and the Defendant initially denied my claim stating that I didn't submit the claim in a timely manner and continued their fishing expedition identifying alternate reasons that they were convinced caused my mental injury and illness and I consistently refuted their claims via offering pertinent documentation. Since I successfully refuted their claims and consistently demonstrated that my mental injury and illness was caused directly by the ongoing work-related stressed that I experienced by the Defendant and is medically documented (Claimant's APA: A, B, C, & D), SAF didn't present these claims in the hearing nor in their response to Commissioner Barden's Proposed Finding of Fact Order of the final order. **Why is this behavior acceptable? Is it possible to request that a member of the SC Bar and a member of the Commission on Lawyer Conduct be present during the appeal?**

I've presented several instances where the Defendant systematically engaged in illegal and unethical behavior against me; i.e., defamation of character, slander, retaliation, not uniformly employing and adhering to their own policies and directives, devaluing and marginalizing me, etc., etc., etc., which also included Dr. McNeil inquiring of a dual relationship amongst myself and the New Alpha program of which after the Defendant conducted its' own investigation and concluded in 2012 that there was no evidence of a dual relationship amongst myself and Mr. Nickles. **If I was exonerated of any wrongdoings in 2012 referencing a dual relationship with Mr. Nickles, then why is the Defendant accusing and inquiring of me regarding a dual relationship from a supervisor that was not supervising me in 2012?** Since 2012 and prior to the 2013 incident that resulted in me receiving mental health treatment, the Defendant hasn't produced any documentation or engaged in any additional investigations regarding a dual relationship amongst myself and the New Alpha program; therefore, why was I being questioned by a supervisor that had no knowledge of the reported dual relationship called into the hotline in 2012? As shared in the hearing, it's not what's documented that continues to cause me ongoing mental anguish and stress, it's the malicious and illegal behaviors of the Defendant that continues to deem me powerless even when I'm exonerated from reported wrongdoings which were fabricated to have me terminated or force me to quit. Dr. McNeil inquiring of the dual relationship in 2013 which stemmed from the 2012 false accusations of a dual relationship reported and that I was exonerated of truly demonstrates that the slanderous and defaming efforts of the Defendant proved effective.

Please note that the reason that I was accused of a dual relationship with the housing was made because of the documentation that I submitted regarding Mr. Malone, Link Case Manager failing to perform his job duties which caused a client to decompensate; yet, Mr. Malone was consistently

taking the client to court for non-compliance of his court ordered treatment when Mr. Malone employed limited effort to engage the client in treatment. The dual relationship report was made on the same day that I documented my clinical note. From the caller who called the hotline, they accused me of a dual relationship with Mr. Nickles based on the following: reviewing the SPD's, Medicaid Fraud via making transportation request, and requesting that another member of the Defendant staff conduct the investigation because "the Quality Assurance Department at the Center cannot be trusted and should not be involved with the investigation, because one of the worker is a very close friend of the counselor" (Claimant APA "H", page 258). The doctor must authorize any and all services provided to the client under the SPD process; therefore, why wasn't Dr. Riddle accused of a dual relationship with the housing provider. The Defendant was perfectly aware that I wasn't making transportation arrangements for the clients which was outlined within an email that I sent on June 14, 2012 to Mr. John Brown and Dr. Bank addressing this matter – my inability to make transportation arrangements for clients (Claimant APA "G", pages 214-215) which was prior to the October 2012 dual relationship accusation called into the hotline. Where is the evidence of a dual relationship? This was only called in to have me face additional hardship via being terminated. Based on the Defendant's claim regarding the 2013 incident, shouldn't Public Safety, DSS, and SLED be investigating this matter due to the accused exploitation of clients via receiving a financial gain? The investigation was conducted by Ms. Rhonda Sims, CAMHC's Director of Clinical Support Services who presented her investigative report to me a year after I requesting it (Claimant APA "H", page 259).

During the appeal, I will also present additional effort as to the method of which an adult client's concern or complaint should be investigated – a client accusing me of stealing \$3000 from him. If the Defendant would have adhered to their own policies and directives within addressing and resolving client's complaint, I wouldn't have experienced ongoing work-related stress which ultimately lead to my mental injury and illness and currently receiving mental health treatment for; the clients wouldn't have missed essential mental health services; the Defendant wouldn't be negligent; staff time wouldn't have been wasted on frivolous investigations rather the clients would have received essential mental health treatment, and taxpayers dollars wouldn't have been wasted via the Defendant's staff investigated the frivolous charges against me and Public Safety and the Department of Social Services staff, according to the Defendant, S.I.E.D. staff, wouldn't have been employed to investigate the false claims against me. Surely, if those that do not have daily interaction with the Defendant's population served are aware of the appropriate protocol with addressing client's concerns/complaints, surely those of leadership are acutely aware of the process especially those who signs the policies and directives – Dr. Bank and Mr. Magill who both consistently ignored my pleas for help.

My documentation that was submitted in evidence consistently substantiated the aforementioned claim; therefore, why did the Commissioner deduced that I was unable to consistently meet my burden of proof?

My proof has been documented since 2010 even to the point that I had to seek legal counsel of an employment attorney whom eventually informed me that he couldn't represent me because he was an attorney for the State. Why didn't Commissioner Barden accept the written fax cover sheet into evidence which displays the date, time, the receiving party demographics, etc. as evidence of the powerless that I experienced due to the Defendant's unwarranted and ongoing illegal assaults and attacks against me?

Why did the Commissioner deduced that this wasn't a repetitive trauma even when I submitted documentation since 2010 that I've experienced the sense of powerlessness since 2010?

After experiencing all of this trauma and ongoing feelings of powerlessness, I placed the dates on the form outlining the need for treatment due to eventually snapping after employing a number of efforts to resolve these matters amicably and was consistently denied due process under the Defendant's Grievance Policy and requesting several meetings with upper management. Surely, I will continue to face additional hardship by the Defendant since I've been described as a whistleblower. I tried my best, under the Defendant's policies and directives which is clearly demonstrated, to advocate for the clients and prevent the self-harm caused to them by the Defendant, but was consistently ignored and treated unfairly by the Defendant based on their personal vendettas and biases.

Why didn't the Commissioner review the medication list which continues to substantiate my case based on the fact that I now require psychotropic medications that weren't needed prior to my employment with the Defendant and demonstrates repetitiveness (taking medications everyday) and that the Defendant's ongoing reckless, malicious, intentional, illegal, unethical, etc., etc., etc., behavior and conduct that eventually caused my mental injury and illness and the need for psychotropic medications which to include a control substance?

My medication list with the documentation admitted into evidence and the Commissioner did not object to confirms that I required psychotropic medications to aid in meeting maximum medical benefits; moreover, to sustain life and there's no evidence that the Commissioner reviewed the list (Claimant's APA, "B" pages 43-51).

Why did the Commissioner sustained to the Defendant and SAF's objections to the handwriting in the large binder? Why wasn't all the documentation admitted into evidence whether it's typed or handwritten?

Evidence is evidence whether it's typed or not. What makes typed evidence more important than written evidence? The fact to the matter is, I wouldn't have the emails or any evidence to present if I was treated fairly much like the Defendant's other employees especially when I consistently demonstrated that I did nothing wrong via the Defendant's policies and directives; moreover, the Defendant's own investigations.

Why isn't there any evidence displayed in Commissioner Barden's Proposed and Signed order, demonstrating that the Commissioner reviewed the articles that was submitted into evidence of which Commissioner did not sustained the Defendant's objection of the articles? These articles (Claimant's Small Binder submitted into evidence – page 2 of Commissioner's Barden's signed order) would have clearly oriented the Commissioner to my condition which was confirmed by several quality service providers.

Based on the law, I satisfied my burden of proof via providing years of documentation that demonstrates that if the Defendant would have afforded me with the same dignity, respect and fair

treatment afforded to other employees and employed and adhered to the Defendant's own policies and directives that governs the agency and medical documentation, I wouldn't have suffered a mental injury and illness.

(B) Stress, mental injuries, and mental illness arising out of and in the course of employment unaccompanied by physical injury and resulting in mental illness or injury are not considered a personal injury unless the employee establishes, by a preponderance of the evidence:

(1) that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment; and

(2) the medical causation between the stress, mental injury, or mental illness, and the stressful employment conditions by medical evidence.
http://www.lawserver.com/law/state/southcarolina/sc-code/south_carolina_code_42-1-160

1. State Accident Fund (SAF) denied my claim based on the fact they (Defendant/SAF) believed that I was prescribed psychotropic medications in 2011. Once I disproved their claim, they made no mention of it in the hearing. Transcript pg. 87, Lines 1-22 and Claimant's APA B, pg. 32

2. SAF denied my claim because they believed that I was experiencing depression because my family moved in my home; however, once demonstrating the timeline when my mother moved in and later my sister and her children, they made no mention of it in the hearing.

3. SAF denied my claim based on the fact they (Defendant/SAF) believed if I attended a coworker's retirement party, then surely I wasn't depressed and experiencing and type of distress. Although I requested Ms. Snyder to provide me with the relevance to the question that she presented in the October 2014 deposition (reference Claimant's Depo pg. Line), she offered no rationale; therefore, I emailed her my response (please reference Claimant's APA "Q" pgs. 584-609) of which I was requested by the Dr. Patel to attend this training which served as medication training and a retirement function for the retiring co-coworker.

4. SAF denied my claim based on the fact they believed that I didn't notify my job in a timely matter; however, my evidence proved otherwise which was the reason they didn't discuss this issue in the hearing. Exhibit 14

5. Upon Ms. Snyder's questioning the Defendant's, Harold Edwards, he testifies that he was only made aware of the client's alleged incident via subordinate staff – not management or fellow supervisors – Transcript pg. 20, Lines 5-25. If the policies were followed, Mr. Malone could have addressed the client's concern after it was presented to him via discussing the allegation with myself or my supervisor - Mr. Harold Edwards. If Mr. Malone's attempt to resolve the client's concern/complaint via the aforementioned methods were unsuccessful, then the Mr. Malone reports the matter to his supervisor which was Ms. Marin at the time. As a supervisor herself, Ms. Marin should have discussed the matter with me or my supervisor. If the matter continued to be unsolved, Ms. Maria would discuss the client's concern/complaint to Dr. Shelia Arnold to investigate the matter of which Dr. Arnold, based on her history, would have employed an

inclusive process of investigated the matter which would have included myself, Mr. Rick Nickles; moreover, the client's mother and grandmother. Rather than following the policy, Ms. Marin elected to contact the Executive Director – Dr. Bank due to their claim that I had a dual relationship with the housing provider. I encouraged Dr. Bank via email to discuss the client's concern/complaint with the client's mother and grandmother which could have prevented this entire tedious and taxing ordeal that wouldn't have never taken place; however, Dr. Bank denied my request (Claimant's "H", pages 252-253). In addition, if the caller of the hotline that accused me of a dual relationship with the housing provider wouldn't have falsely accused me of this matter that I was cleared of in 2012, I wouldn't be treated unfairly in regards to matters relating to this particular housing provider. Moreover, if those staff members that received the client's concern/complaint would have followed the Defendant's policies regarding investigating an adult claim of maltreatment this too would have prevented the waste of taxpayer's dollars via PSO, DSS and SLED involvement, clients missing essential mental health services, the agency distractions within dealing with this matter, using emergency housing funds, myself seeking and securing legal guidance from the agency accusing of HIPPA violation, jeopardizing my employment and my family's housing stability and livelihood, no need for workers compensation hearing intervention; moreover, causing me additional undue stress which resulted in my mental injury, my mental illness, and receiving ongoing mental health treatment which to include medication administration. All of the aforementioned along with others could have been prevented if Dr. Bank would have ceased Ms. Marin's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in 2010;

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moreover, followed the agency's policies and directives. In fact, the Defendant's witness, via written documentation (Claimant's APA "D", page 112) confirmed that I followed the agency's policies within effectively performing my job duties and meeting the need of the clients.

6. SAF knew before I did that I wasn't under a DSS and SLED investigation because SAF requested documents from the agency's and received no evidence of myself being under an investigation; therefore, this information could not and was not included in both Commissioner James and Barden's Pre-Hearing Briefs. Exhibits 9 & 10.

7. Based on I-5, the Defendant surely didn't prove that my injury wasn't work-related especially in their attempts to mislead the Commissioner via not presenting viable information from the medical provider in the Pre-Hearing Briefs. Surely, if I had an attorney, the attorney would have aggressively addressed this dishonesty of behalf of the Defendant and SAF. In fact, if I wouldn't have requested the medical records, the medical necessity evidence wouldn't have been present in the 618 page document; moreover, it wouldn't have been presented to the Commission.

8. Ms. Snyder inquired of Mr. Edwards whether clients making claims against staff was unusual or not. Why was this question presented? I've never shared with anyone via my ongoing documentation since 2010, forms submitted to SWCC, during any of the mental health appointments, during my deposition, the hearing, etc., that I experienced stress due to clients making false claims against me; however, I've consistently shared with all parties involved that the mental injury and illness was caused due to the Defendant ongoing illegal assaults and attacks against me and my efforts to cease their reckless behavior were extremely unsuccessful; therefore, I'm not clear as to the reason that Ms. Snyder inquired of Mr. Edwards regarding claims made

against the Defendant's staff by clients. I've shared with Ms. Snyder during the deposition what I've shared with everyone – Attack the behavior and not the client. In other words, offer and provide the client with essential mental health services to aid in meeting the need so that the client could move forward productively.

9. Why did the Commissioner sign an order that wasn't accurate? Within the Claimant's APA evidence and during the hearing it was established that Mr. Edwards was my supervisor during the period that I required intensive mental health inpatient partial hospitalization treatment due to work-related stress which resulted in my mental injury and illness. However, in the Defendant's response to Commissioner Barden's "Request for Proposed Order", the Defendant and SAF state that Mr. Edwards wasn't my supervisor and "His first-hand testimony was limited". Although SAF reports that Mr. Edwards wasn't my supervisor during the period that I required mental health treatment, this claim isn't present in Commissioner Barden's "Request for Proposed Order". Mr. Edwards as Supervisor evidence: Claimant's APA "A" pages 4-8 supervisor signed leave slips which documents the reason for the leave; Claimant's APA "C" pages 53 and 57; Claimant's APA "D" pages 109-111 and page 112; Claimant's "H" pages 252-253 and 255; and Worker's Compensation Hearing page 54, pages 68 – 71. Mr. Edwards was the Defendant's witness; however, as noted by SAF, Mr. Edwards was unable to provide limited testimony regarding the 2013 incident because Defendant to include him in the investigation. The client visited the clinic reporting that I told the housing provider that his Case Manager was going to relocate him to another placement. According to the client, once I provided the housing provider with this information, which is totally untrue and there's nothing that the client's case Manager documented into the in the client's file stating that he was going to relocate the client, the client reports the housing provider cursed him out and hurt his feelings in front of his roommates. The client reports that he was cursed out and feelings hurt and Ms. Marin goes to Senior Management regarding this complaint rather than following the Defendant's policies and directives (Claimant's Yellow Folder submitted into evidence Commissioner Barden's signed order (page 2): Client Concern/Complaint Protocol, Client's Rights and Policy of Ethical Principles. Rather the Defendant maliciously employed the "Abuse, Neglect, Or Exploitation of Patients and Clients Prohibited" directive (Claimant's Yellow Folder submitted into evidence Commissioner Barden's signed order (page 2) even though they knew it was the wrong directive to employ via myself provided the policies to Dr. McNeil via email (Claimant's APA "H" pages 290-298).

10. Please review (Claimant APA "G", pages 218-225) which also is an example of how the investigative process should be conducted when a client verbalizes a concern or complaint. Surely, we take the client's concerns seriously; however, we also are acutely aware of the population of which the Defendant serves of which the concern or complaint may be a delusional expression or a tactic used to achieve a certain outcome; nevertheless, the Defendant has a process that addresses this matter via the Patient Advocate program of which Defendant has Patient Advocates throughout the State to investigate claims made by adult clients (Claimant APA "J", pages 394-397).

Why did Commissioner Barden sign the order which depicted false claims by the Defendant?

Mr. Edwards was the Defendant's witness not mine and demonstrated that the Defendant did not and refused to adhere to their own policies and directives within addresses concerns/complaints

verbalized by clients. Mr. Edwards also verbalized that he was my supervisor during the period that I required intensive partial mental health hospitalization. Mr. Edwards as Supervisor evidence: Claimant's APA "A" pages 4-8 supervisor signed leave slips which documents the reason for the leave; Claimant's APA "C" pages 53 and 57; Claimant's APA "D" pages 109-111 and page 112; Claimant's "H" pages 252-253 and 255; and Worker's Compensation Hearing page 54, pages 68 – 71. It's like I'm being victimized all over again.

Why was Dr. Chuck Roundy, affectionately called "Chuck"/my Palmetto Health Behavioral Care Day Treatment Patient Advocate uncommon statement outweighed the overwhelming medical evaluations and reports from several of the medical and psychiatric service providers when clarity to his statement was clear?

In addition, it appears that one statement from Dr. Chuck Roundy, Patient Advocate outweighs the medical opinion and decision of both Dr. Thornton McKinney and Dr. James Kirkland (psychiatrists); Dr. Donna Upchurch, that my mental injury which ultimately lead to my mental illness was the result of work-related stress. In addition, the Defendant's witness wasn't involved in the investigative process from its' inception to its' conclusion; moreover, the Defendant's witness written statement confirms that I followed the agency's policies and directives within performing my job duties.

Commissioner Barden, I clearly do not understand this rationale. I clearly and consistently met my burden of proof based on the law, mental health services received and ongoing which to include daily medication administration prescribed by Dr. Bell, Dr. McKinney and Dr. Kirkland, documentation, and even your own assessment. South Carolina Code 42-1-160. "Injury" and "personal injury" defined Section B does not require modifiers of stress as predominant or dominant, it simply states "Stress". Nevertheless, according to ongoing documentation and verbal communications via assessments, deposition, hearing, etc., etc., etc., I only and consistently reported and demonstrated that my mental injury and illness was caused by work-related stress which was consistently corroborated by service providers.

South Carolina Code 42-1-160: (1) "that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment":

The Defendant's policies and directives governs the agency. The Defendant allowed, enabled, encouraged and condoned Ms. Marin's ongoing illegal and unethical attacks against me which eventually caused my mental injury and illness. Moreover, the Defendant refusal to appropriately intervene to cease these ongoing illegal and unethical attacks that I experienced could have been ceased if the Defendant would have correctly employed and adhered to their own policies and directives of which you did not review nor reference in your "Request For Proposed Order". Surely, if the Defendant would have correctly employed and adhered to the Defendant's own policies and directives that governs the agency which would allowed the Defendant to treat me fairly, my mental injury and illness would not have been caused. In addition to the aforementioned, the clients that the Defendant serves wouldn't had to experienced missing essential treatment, a client overdosing on a control substance; moreover, a client almost dying to the reckless, intentional, and biased behavior of the Defendant and surely by all means the Defendant's behavior

which resulted in the above is "extraordinary and unusual in comparison to the normal conditions of the particular employment".

South Carolina Code 42-1-160: (2) the medical causation between the stress, mental injury, or mental illness, and the stressful employment conditions by medical evidence. The trained, skilled, and experienced medical providers after their assessment, was acutely aware that I required mental health treatment to gain maximum medical benefits; moreover, to sustain life; hence the reason that they provided treatment which to include medication regiment and monitoring. Surely none of the providers that provided treatment wouldn't say that I needed it of which they documented the causer of my condition. Surely these providers wouldn't commit insurance fraud and place their and their family's livelihood in jeopardy. In fact, if your review your Finding of Fact 17 rationale, you will discover that you did not include Dr. Thornton McKinney's assessment of my condition on the FMLA completed by Palmetto Behavioral Care which is one the supportive documents missing from SAF's Pre-Hearing Brief that was included in Commissioner James packet; however, not included in yours. SAF was perfectly aware that the Defendant engaged in illegal and unethical behavior which resulted in my mental injury and illness; therefore, they disposed of the supportive medical documentation. Nevertheless, the missing information and others are presented in the Claimant's 618 page supportive documentation. Now certainly I can understand SAF including additional information to refute my claim, of which they did not; however, SAF purposely disposed of essential medical documentation that consistently substantiated my claim. Much like SAF, I'm including additional supportive documentation to continue substantiating my claim; however, I will not under any circumstance remove supportive medical documentation to mislead the Commission like SAF and the Defendant did.

Although, I consistently met my burden ongoing documentation, Commissioner Barden you referenced the following documents to refute my claim; therefore, let's examine the following documents that you referred to: Claimant's APA "B," pages 31-32: Clearly meets medical causation and identified the causer of my stress which resulted in my mental injury and illness which did not manifest in one day; however, over time due to the Defendant's ongoing failure to appropriately intervene, refusing to treat me fairly like they treated other employees and correctly employing and adhering to their own policies and directives.

Claimant's APA C: Pages 54 and 56: Not only is it essentially important that all of the Defendant's and Claimant's documentation be reviewed and considered before rendering a decision, but it's extremely important that the dates of the documentation be reviewed and considered as well. With that being said, after I received partial hospitalization for my work-related injury and illness which enable me to return to work only with continued ongoing mental health treatment to prevent relapse; moreover, self-harm, Dr. Roundy referred me to Dr. Upchurch. Claimant's Section , pg...DC Summary. Upon being evaluated by Dr. Upchurch, she deduced that I could return to work with restrictions based on her rationale in Section C, pg. 54; #4 and #5a-c.

Commissioner Barden, Page 53 was omitted from your Fact of Finding that Dr. Upchurch requested a reduction in my productivity which resulted in the Defendant defining the request as "Light Duty". Claimant's Section C, pg. 60 and Defendant's Directive: Leave Policies, pg. 84; XVI: Performance of Duties While Injured". Clearly the Defendant approving FMLA Leave and

offering Light Duty acknowledged the illness and my inability to return to full duty based on my mental injury and illness as diagnosed by doctors.

Pages 78-80: These documents continues to support that my mental injury and illness was caused by work-related stress, ongoing illegal and unethical conduct by the Defendant which exacerbated my condition to the point Dr. Upchurch recommended visiting my primary care doctor for additional antidepressant medications. You will also note in Dr. Upchurch's documentation, she never assigned a diagnosis of Malingering and didn't note that I conducted myself in a manner that was unusual and proportionate of the situation. In fact, out of all of the medical service providers that I encounter during this period, only Dr. Roundy, therapist, made such an evaluation; however, he didn't stop essential mental health treatment, he referred me to Dr. Upchurch for ongoing treatment.

On November 26, 2013, Dr. Upchurch made an assessment that also attributed to my mental injury and illness and would have never been an issue if the Defendant would have treated me fairly, with a sense of dignity, loyalty and respect afforded to other of the Defendant's employees; moreover, correctly employed and adhered to their own policies and directives. If the Defendant would have engaged in the aforementioned, this entire ordeal would have been nipped in the bud in 2010 when evidence was presented to the Defendant that refuted Ms. Marin's claims against me and the disciplinary action report wouldn't still be present in my employment file; moreover, the disciplinary action taken against me would have been rescinded.

Claimant's APA "D":

Pages 82-83: Palmetto Health Day Treatment Physician Psychiatric Evaluation – clearly notes the chief complain and billable causes for the need for treatment: Depression, Anxiety, and stress and the specific causer of the need for mental health treatment – job stress (pg. 83). In addition, the doctor also prescribed additional psychotropic medications: Celexa and Trazadone. After evaluating me on September 27, 2013, Dr. Thornton knew that it was imperative that he excuse me from work and receive and continue receiving mental health treatment; hence, the reason that he approved Dr. Roundy's assessment of my mental status and signed the FMLA form which again is missing from SAF Pre-Hearing Brief. Please review Claimant's Section D, pgs. 92-94. You will also note that Dr. Thornton never assigned me a diagnosis of Malingering.

Pages 87-90: I truly think that this process is truly an injustice to anyone that's not represented by an attorney during the worker's compensation hearing. Out of all the medical data provided which included the causer for the need on treatment and continued even after I was present at work due to receiving essential mental health treatment, the medications prescribed, the medical officials that concurred with the report, the referral source – Dr. Gary Bell, referral made for additional mental health treatment by the provider, etc., the only statement that was considered and noted by the Commissioner was my personal goal – "To learn how to better take care of myself so that I can handle job stress". The fact to the matter is, if it wasn't for the Defendant's illegal and unethical behavior and conduct, I wouldn't have experienced work-related stress which was concluded by all service interdisciplinary providers and including the Commissioner which resulted in my mental injury and illness; consequently, hindering, preventing, impeding, etc., etc., etc., me from taking care of myself. As you will observed in any documentation that I presented, the deposition, and the hearing, I never disclosed to anyone that my job responsibilities stressed me out; however,

I attributed the causer of my work-related stress that resulted in my mental injury and illness to illegal and unethical conduct and behaviors of the Defendant.

Page 92: Certification of Physician or Practitioner (Family and Medical Leave Act of 1993) completed by Palmetto Health Behavioral Care Day Treatment confirms the causer of the stress (#4), my efforts to receive essential services and referral source (#5a), treatment modality (#5b), and the service provider's referral after successful completion of the Partial Hospitalization and Intensive Outpatient Program which specifies the duration of the treatment with the service provider 4 to 6 weeks.

Page 95: October 8, 2013 while still receiving essential mental health treatment: I was so desperate for assistance within ceasing the Defendant's ongoing illegal and unethical assaults against me that I sought the assistance of the Palmetto Health Behavioral Care Day Treatment to aid in ceasing the assaults against me which is documented on pg. 95 which the Defendant consistently failed to offer, provide, etc., etc., etc. although the Defendant's policies and directives requires of the Defendant. I was exhausted of the stress and powerless against the Defendant who controlled my faith with the agency. In addition, Dr. Roundy again notes that the causer and the need for essential mental health treatment was "Are a direct result of "job-related stress". Dr. Roundy, in the same clinical documentation, also concludes that the Defendant treated me unfairly. However, Dr. Roundy's assessment of..."Uncommonly out of proportion to the situation" allowed you to deduce that I did not meet my burden of proof. Again, as you will note in Dr. Roundy's clinical documentation, he didn't deduce that I was malingering; in that, he wanted me to "continue" with treatment; so that, he could explore why I took the Defendant's actions (illegal and unethical) against me personally.

Upon stating facts, the Defendant asked me if was I interpreting Dr. Roundy's medical records Transcript 87, Lines 14-17. Both Commissioner Barden and the Defendant interpreted the medical record as evidence that Commissioner used Dr. Roundy's statement to deny my case when in fact a number of context clues was present to orient both the Commissioner and the Defendant for the need for ongoing treatment – (1) "take it personal" – just like Dr. Upchurch noted I was devastated fighting for my good name – Commissioner Barden Finding of Fact #19, I never should be placed in a position at my place of employment to take anything personal which was as a result of the Defendant's ongoing illegal, attacks, and assaults against me as well as constant unfair treatment as consistently verbalized and also noted by attorney Joseph Henry in his correspondence to the Defendant; (2) "advocate will attempt to discover" – advocate didn't stop treatment; however, continue to provide therapy which is reflected in Claimant's APA D to to ascertain why I take it so personally; (3) no service provider assigned the diagnosis of Malingering (Claimant's APA A-D); moreover, (4) the Palmetto Health Baptist treatment team which is inclusive of the Patient Advocate – Dr. Roundy referred me to Dr. Upchurch for ongoing treatment who recommended me to visit my primary care doctor for medications.

As Commissioner Barden as shared with you in the hearing, via multiple examples, my mental injury and illness was caused by the Defendant's years of illegal and unethical assaults against me which resulted in me seeking and securing essential mental health treatment to address the conditions that I was experiencing; moreover as noted by the professional medical providers, to sustain life.

Page100: October 17, 2013 Yes, Dr. Roundy states that I could return to work as usual after I had completed the program; however, he was acutely aware of the need for ongoing mental health treatment to prevent relapse (re-hospitalization) and to sustain life; therefore, he arranged and referred me to Dr. Upchurch and encouraged my active involvement in treatment. After being evaluated by Dr. Upchurch from a referral from Dr. Roundy, she also concurred with Dr. Roundy's assessment of returning to work; however, due to my condition at that time, with restrictions – "Reduce productivity to 40 hrs./mo. Or more likely less". Surely, Dr. Roundy was knowledgeable of Dr. Upchurch's credential, experiences, and successes with clients otherwise, he wouldn't have referred me to her.

South Carolina Code 42-1-160. "Injury" and "personal injury" does not define any duration of the stress, it merely states that: (1) "that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment" and (2) the medical causation between the stress, mental injury, or mental illness, and the stressful employment conditions by medical evidence. I've surely met both of the law's requirements with merely one incident: Accusing me of Causing harm to a client and a HIPPA violation which lead to the Defendant refusing to adhere to their own policies and directives, refusal to employ the correct policy even when I provided both policies to the Defendant via email, jeopardizing my employment and potential for securing employment via a DSS/SLED investigation of causing harm to a client which would be included to my arrest record, jeopardizing mine and my family's livelihood based on the fact that they refuse to treat me fairly as they treat other employees for years, threatening to suspend me for 3 days without pay although evidence which included the client's mother and grandmother could refuted the client's allegation against me but Dr. Bank refused to talk to the family members, investigating me without including me in the investigation, placing client's in harms way of which one of the client's almost died, Ms. Marin informing and describing me as a "Crook and destroying client's lives to a party that's not an employee of the Defendant, but a housing provider, receiving mental health treatment and psychotropic medications due to a work-related injury and illness that could have been prevented if the Defendant would have treated me fairly and correctly employed and adhered to their own policies and directives of which you did not review or reference in you "Request for Proposed Order", etc. All of the aforementioned resulted from the fact that the Defendant refused to treat me fairly, believed the false allegation made by Ms. Marin's false claim against me of having a dual relationship with a housing provider even when the Defendant's own investigation exonerated me and is documented; however, the false claim is embedded in their head which would not allow or enable the Defendant to be objective when investigating the client's allegation and is surely was extraordinary and unusual in comparison to the normal conditions of the particular employment – the Defendant's policies and directives governs the agency. Perhaps the SC Legislature could modify the law to include and require timeframes when evaluating work-related stress claims. After Chuck completed his assessment of me, he was able to relevantly complete the October 2013 FMLA form of which identified the cause of my mental injury and illness was due to ongoing work-related stress please see the attached document labeled Dr McKinney. Upon his completion of the FMLA for he presented it to my attending psychiatrist – Dr. Thornton McKinney for his review and conclusion. Upon the psychiatrist evaluation and review of the FMLA form, Dr. McKinney was able to excuse me from work under FMLA designation. I've attempted to have Dr. McKinney to verify my claim; however, he hasn't responded. Now that Dr. McKinney is employed

by the Defendant, he may want to avoid this matter; therefore, please compare the clinical documentation and signature of the psychiatrist documentation on the FLMA form to that of the clinical documentation of Claimant's APA "D", page 86 and Claimant APA "D", page 92. You will discover that the handwriting on the FMLA form is different to writing on the aforementioned documents; however, the psychiatrist signatures are identical.

Documented evidence demonstrated that I exhausted all efforts to resolve matters that were reported with malicious intent; i.e., meeting to get all the facts, communicating with the client's family members, consistently requesting grievances and meetings with the Columbia Area Mental Health Center's board and Mr. Magill and I was consistently denied these efforts. Evidence was presented demonstrating that the agency did not follow their own policies which aiding in consistently causing stress that ultimately lead to my mental injury and mental illness; however, the policies that were presented aren't mentioned in your findings.

The evidence previously admitted into evidence coupled with additional evidence that will be presented and testimony from the individuals requested, will truly demonstrate that the Defendant systematically breached their policies and directives, that I systematically experienced ongoing harassment, retaliation, defamation of character, and slander. The Defendant consistently retaliated against me because I presented my concerns in writing and requested assistance from the SCDMH Director (Mr. Magill); however, I was unfortunately denied assistance from him of which he informed his executive assistant to inform me that..."He don't like to be involved in stuff like that" even when a client almost lost his life. Claimant's APA, H pg. 323 & 327; Claimant's APA M, pg. 455, 5th para, Lines 13-16.

Reprimands was consistently upheld even when I demonstrated under the Defendant's policies and directives that I did nothing wrong of which the Defendant's ongoing investigations about me without me cleared me of any wrongdoings; moreover, the assessment of attorney Joseph Henry which is not included in Commissioner Barden's final order – Claimant APA, "H" pages 315-317. Rather than receiving fair treatment like other employees of the Defendant, I was ignored and treated like a second class citizen.

My ongoing efforts to secure an attorney to assist me with this matter produced no favorable outcome which is the reason that the Defendant and SAF conducted in such an egregious manner. As noted in her findings that Commissioner James informed me that I could have legal representation during the hearing. I exhausted all efforts to seek and secure legal representation; however, was unable to do so. In the evidence that I provided to both the State Accident Fund and The Workers Compensation Board in Section S – Mr. George Sink, Attorney; page 618, you will clearly be made aware as to the reason that my efforts to secure an attorney did not produce a favorable outcome. According to the only attorney that responded to my request for legal assistance, he states that..."It would cost more to represent you in this matter than you are likely to recover". It is in my opinion that is the central themes of all the attorneys that I contacted. But please note, after reviewing my case, Mr. Sink didn't say I didn't have a case rather he simply said in a nut shell – he wasn't going to make any money from the case. It wasn't like I arbitrarily wanted to represent myself in this tedious matter. I exhausted all efforts to secure legal representation including contacting and discussing my case with Ms. Holly Atkins, Former Chairman of the SC Workers Compensation Commission. I guess she too thought that there wasn't

enough money to make in representing my case much like Mr. Sink (Claimant APA, "S", page 618) which is not included in Commissioner Barden's final order.

Because I was treated so unfairly, I had to seek aid from Senator Harvey Peeler's office of which he was present at the time of my visit; therefore I met with one of his assistant that eventually referred me to Ms. Rochelle Caton, SCMDH Advocate. Ms. Caton was willingly to listen to the concerns that were presented about the clients; however, upon discussing concerns about me, she immediately shut me down. Ms. Caton informed me that the reason that I was experiencing so much hardship from the Defendant was because I supported the New Alpha Foundation program

Do I need to provide a copy of the documented evidence already presented into evidence to the appealing Commissioners or will they review the evidence already on file with the Commission?

Since the Defendant I experienced ongoing assaults and attacks since 2010 which eventually lead to me requiring intensive partial hospitalization due to the Defendant's failure to protect me under their policies and directives (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Workplace Violence and Harassment Free Workplace"), shouldn't this be considered repetitive trauma especially after I received intensive partial hospitalization in 2013 and had to return for additional treatment due to Ms. Marin attack on me regarding a matter that she created?

I only started receiving derogatory, slanderous, and defaming reports and claims against me consistently faced retaliation from the Defendant only after I provided Ms. Marin my April 9, 2010 notarized letter of which she informed me that if I provided her with anything in writing that I was going to face hardship (Claimant APA "F" pages 149 158 . Ms. Marin's threat prove to be valid in that I've been facing hardship every since I provided her with the notarized letter. Please be mindful, that after email all of my claims to the Defendant, not one time did they dispute my claims nor did I face any disciplinary actions due to emailing false reports. I've been supervised by several individuals, but only discipline by Ms. Marin or as the result of Ms. Marin. I could have lost my livelihood due to the Defendant's illegal and malicious attacks against me and their unwillingness to uniformly employ, adhere, to their own policies. Sometime ago I received my license in Social Work, based on the Defendant's illegal behavioral I wouldn't have been able to achieve this task; moreover, work in any human service field of which I'm educated.

What would have happened to me if I would have assaulted Ms. Marin after she bullied me especially after her ongoing illegal attacks against me that has overwhelmingly produced extreme hardship?

I would have been incarcerated and my livelihood would have immensely suffered.

I've also discussed during my deposition with SAF that Mr. Broderick Anderson, who's now SCMDH's Employee of the Year", assaulted a client which was confirmed via clients in writing. Reese SCWCC Questions & Responses Page 17 of 21

Since client's submitted the concern/complaint, Dr. Arnold should have investigated the concern/complaint. However, a van driver, who's not a client of the Defendant and witnessed the assault and submitted her complaint in writing, PSO, DSS, and SLED should have investigated the manner and based on the witness, who's not a mental health client, Mr. Anderson would have been terminated; moreover incarcerated and the Defendant would have been on the daily news defending itself. Rather than adhering to the policy, the Defendant protected itself and minimize the incident. I'm requesting that Mr. Nickles present the notarized letters in writing. The Employee of the year assaulted a client and the manner was minimize; whereas, I was falsely accused of informing the housing provider of information that I couldn't have known; moreover, is not documented in the client's medical record as to the intent of the client's Case Manager – Mr. Malone was moving him, and I was treated unfairly and faced hardship.

Again if the Defendant, which to include Dr. Bank Ms. Odom would have appropriately intervene in 2010, I wouldn't have experienced ongoing work-related stress that caused my mental injury and illness, tax dollars wouldn't have been wasted, clients wouldn't have missed essential mental health treatment; moreover, clients would have been placed in harms way to the point that it almost cost a client his life – surely this is extraordinary and not usual to normal conditions. The August 23, 2014 incident took place regarding Ms. Marin bullying me due to the fact the she failed to adhere to the Defendant's directives and policies within closing a client's case that's court order for mental health treatment; moreover, because the Defendant did nothing to stop her illegal behaviors against me. If Ms. Marin would have followed the Defendant's policy regarding closing a client's case that's court order for mental health treatment, the court would have no need to contact me; moreover, Ms. Marin wouldn't have attacked me (Claimant's Yellow Folder submitted into evidence – page 2 of Commissioner's Barden's signed order: "Client Follow-up and Case Closure". Please see example of this process Claimant APA "M", pages 461-463). Bases on Ms. Marin's reckless and illegal behavior, the client faced hardship as well in that he was arrested and is currently now receiving inpatient psychiatric treatment in Richland Springs.

Due to the Defendant's reckless, negligent, illegal, unprofessional, and unethical behavior and conduct in condoning Ms. Marin's illegal behavior and not doing anything to cease her behavior, Ms. Marin publically humiliated me to a housing provider calling me a crook and that I was destroying client's lives, Claimant's Section H, pgs. 293-294.

This is another incident of which the Defendant protected itself based on reckless behavior by Ms. Marin which case a client to decompensate and Ms. Marin falsified document into the client's medical record even after management which included Ms. Marin discussed this matter (Claimant APA "L" pages 420-427). It's truly and extraordinary and unusual that Ms. Marin would purposely elected to employ the incorrect policy to appropriately investigate and resolve the client's father's concern of the client decompensation. The client's father is and was not a client of CAMHC and was in his right frame of mind and competent when presenting his complaint to Ms. Marin (the client's father is currently deceased); therefore, the Defendant's "Abuse, Neglect, or Exploitation of Patients and Clients Prohibited policy (pg. 44) should have been employed. The reason that Ms. Marin elected to employ the incorrect policy to investigate and resolve the client's father compliant of which the Defendant allowed her to do so, is because based on the Defendant's policy, PSO would have been involved to take the report, DSS/SLED would have investigated the complaint via a comprehensive and inclusive approach and discovered that Ms. Marin, which the

Defendant allowed, neglected the client causing him to consistently missed essential mental health treatment which to include the client receiving his monthly injection; ultimately, causing the client to terrorize his parents, the need for a Judicial Pick-Up Order, and hospitalization. The DSS/SLED report would have been placed on Ms. Marin's record and the Defendant could have faced a liability suit if the client would have caused physical harm to his parents or if the client's father would have been told of the truth, that the Defendant's negligent caused the client's decompensation. Not only did Ms. Marin neglect the client, mislead the father, employ the incorrect policy to protect herself, but maliciously and falsely accused me of neglect – surely this is extraordinary and unusual conditions of employment.

Upon reviewing the WCC website under the forms section, may I use Form 27 to request the appearance or documentation from certain individuals to present to the appealing Commissioners to continue substantiating my case? I'm not an attorney and was unable to secure an attorney for the hearing; therefore, I can't sign the document. If I'm able to use Form 27, I would like to request the appearance or documentation from the following individuals:

Individual	Address & Contact	Reason
Mr. John Magill	SCDMH 2414 Bull Street Columbia, SC 29202 (803) 898-8319	To provide testimony as to the reason he wouldn't intervene after multiple request both on the client's and my behalf
Ms. Eleanor Odom	SCDMH 2414 Bull Street Columbia, SC 29202 (803) 898-8610	To provide testimony as to the reason didn't intervene; why my grievance rights were denied; why was reprimands upheld when I was cleared of any wrongdoings; why weren't the Defendant forced to adhere to their own policies and directives; etc.
Ms. Rochelle Caton	SCDMH 2414 Bull Street Columbia, SC 29202 (803) 898-3035	To provide testimony regarding my meeting with her after being referred by Senator Peeler's office; etc.
Dr. Robert Bank	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4802	To provide testimony as to the reason he wouldn't intervene after multiple request both on the client's and my behalf since 2010
Ms. Maria Marin	CAMHC 90 Brighton Hill Road Columbia, SC 29223 (803) 898-0200	For questioning regarding 2010 – 2014 incidences
Dr. Deanna McNeil	CAMHC 1800 Colonial Drive Cottages B & C	To discuss the Lt. Baker claim – SLED; questioning

	Columbia, SC 29203 (803) 898-0123	regarding the 2013 incident; etc.
Ms. Vicki Brown	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4830	To discuss the meaning of "I only did what I was told to do"; as a Human Resource officer, why she didn't intervene and didn't discuss my benefit options; why was my Annual and Sick Leave was used without my authorization – verbal or written; etc.
Dr. Shelia Arnold	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4809	To discuss the Patient Advocate Program; etc.
Ms. Rhonda Sims	CAMHC 2715 Colonial Drive Suite 100 Columbia, SC 29203 (803) 898-4859	To provide testimony surrounding dual relationship claim/2013 incident; etc.
Mr. Herbert Toney	CAMIIC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-8132 (C) (803) 530-0110	To provide details surrounding the 2013 incident reported to you by Ms. Marin; to discuss documents reviewed on the agency's computed used and to authenticate your signature on documents provided to WCC/SAF etc.
Mr. Ervin Jefferson	CAMHC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-9814 (C) (803) 391-1360	To discuss documents reviewed on the agency's computed used and to authenticate your signature on documents provided to WCC/SAF; etc.
Mr. Tom Mercer	CAMHC 1135 Carter Street Columbia, SC 29204 (803) 786-1183	To discuss documents reviewed on the agency's computed used and to authenticate your signature on documents provided to WCC/SAF; etc.
Mr. Melvin Malone	CAMHC 2715 Colonial Drive Bldg. 200 A	To provide testimony regarding the 2013 incident; to discuss the referral process for

	Columbia, SC 29203 (803) 898-8320 (C) (803) 240-3624	clients received from other CAMHC's programs; etc.
Mr. Broderick Anderson	CAMHC 90 Brighton Hill Road Columbia, SC 29223 (803) 898-0200	To provide testimony as to the method that the Defendant employed within investigating a report made against you for assaulting a client.
Ms. Joan Boards	CAMHC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-9825	To provide testimony as to the method of investigating a client claim that you put your hands on her; to discuss the referral process for clients received from other CAMHC's programs; etc.
Mr. Harold Edwards	CAMHC 2715 Colonial Drive Bldg. 200 A Columbia, SC 29203 (803) 898-9816 (C) (803) 667-2758	To provide testimony as to your capacity during the 2013 incident; to discuss the You Made A Difference Award received for assisting a client in the Link program; to discuss the referral process for clients received from other CAMHC's programs; etc.
Dr. Thornton McKinney	SCDMH 1800 Colonial Drive Columbia, SC 29203 (803) 898-1662	To authenticate your signature on the FMLA for completed by Chuck and presented to you for your review, your consensus, and signature
Dr. Chuck Roundy	1658 Jackson Creek Rd, Winnsboro, SC 29180-8540 (803) 635-1437	To provide testimony regarding your uncommon statement; to authenticate and confirm your completion of the FMLA form after evaluating me
Mr. Rick Nickles	New Alpha Foundation 312 Pineview Road (803) 353-8040 (C) 318-7225	To provide testimony regarding a dual relationship; notarized letters of Mr. Broderick Anderson assaulting a client; to provide testimony regarding your experience with myself and the Defendant; etc.

My objections to Commissioner Barden's final order is forthcoming which highlights an array of concerns and continues to demonstrate that the Defendant's illegal and malicious behavior and

conduct caused my mental injury and illness as medically documented. In addition, I will also present other documentation to continue substantiating my case; however, I will never remove documentation as did by the SAF and the defendant. It was my intent to have my objections to Commissioner Barden of which she allowed me time to; however, after reviewing Ms. Snyder's response to Commissioner Barden's Proposed Finding of Facts, it just was no reason too especially after receiving the signed order which reflects inaccuracies.

If the Commissioners findings are upheld by the appeals process, what's my other recourse?

Summary

Again, I've consistently proven by the preponderance of the evidence which to include medical records and opinions that the mental injury that I sustained was solely due to the significant and ongoing work-related stress caused by the Defendant's ongoing illegal, intentional, reckless, and malicious behavior. I overwhelmingly demonstrated that the Defendant placed their personal discretions, vendettas, and bias over the need of the clients to unjustly continue their attacks and assaults against to the point the Defendant placed clients in harms way of which a client almost dies and the State Director merely replies after several attempts to receive his assistance within intervening replies via his administrative assistance....He don't like to be involved in stuff like that. I've demonstrated that both the Defendant and the Commissioner engaged in illegal, egregious, intentional and deceptive behavior merely to deny my case and protect a government agency whose mission is to help aid in the recovery of the population it serves.

Relief Sought

- The immediate reverse of Commissioner Barden's fraudulent order and award me compensatory damages
- The Defendant to re-instate my annual and sick leave time
- Pay all existing and future medical/psychiatric services expenses and medication co-pays relating to this matter which to include any and all
- Reimburse the insurance company for psychiatric and medical services received
- Reimbursed taxpayers for co-pays that were paid by Voc Rehab under the Defendant's Employee Assistance Program
- Reimbursement of attorney fees
- Reimbursement of treatment and medication co-pays (Medications – Exhibit 16)
- Reimbursement of SWCC fees
- Pay the cost of increase in future life insurance premiums due to the mental illness diagnosis that's currently reflected on my medical profile and wasn't present when I purchase the Life Insurance policy via Primerica, Inc. on September 24, 1997 – additional evidence of no preexisting mental illness; Also Deposition pg. 57, Lines 17-19.
- Permission to communicate with clients and their families that were affected by the Defendant's gross negligence
- Transportation Reimbursement
- Printing Cost
- Transcript Cost - Exhibit 21

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND) BEFORE THE
) SOUTH CAROLINA WORKERS'
) COMPENSATION COMMISSION

Harry Reese,)
Claimant,) WCC File No.: 1322039
) and)
) S.C. Department of Mental Health,)
Employer,) NOTICE OF WITNESSES AND
vs.) WRITTEN MEDICAL REPORT(S)/
) PHYSICIAN OR OTHER EVIDENCE
) TO BE INTRODUCED ON BEHALF
) OF DEFENDANTS
State Accident Fund,)
Carrier/Defendants.)
_____)

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
AND HARRY REESE, PRO-SE

YOU ARE HEREBY NOTIFIED, that the Defendants, pursuant to the provisions of the SC Workers' Compensation Act and SC Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the employer/carrier, to wit:

<u>APA NO.</u>	<u>NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE</u>	<u>DATE OF REPORT(S)</u>	<u>NO. OF PAGES</u>
A	Palmetto Health Behavioral Care	09/26/13 - 10/25/13	1-17
B	Donna W. Upchurch, Ph.D.	11/27/13 - 12/19/13	18-20
C	Carol Anderson, LISW	07/17/14	21

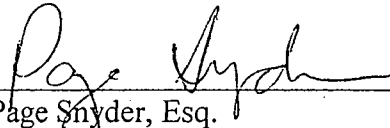
YOU ARE FURTHER HEREBY NOTIFIED, that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED, that the originals of the documents referred herein, or photocopies received from said physicians/others, will be submitted at the hearing as evidence on behalf of the employer/carrier.

YOU ARE FURTHER NOTIFIED, that the following witnesses may be called on behalf of the employer/carrier:

Harry Reese, Claimant

Harold Edwards



Page Snyder, Esq.
FOR: State Accident Fund

Columbia, SC
March 27, 2015

DEFENDANTS'
INDEX OF MEDICAL SUBMISSIONS

HARRY REESE vs. S.C. DEPARTMENT OF MENTAL HEALTH
W.C.C. FILE NO.: 1322039

APA A	Palmetto Health Behavioral Care	09/26/13 - 10/25/13	1-17
APA B	Donna W. Upchurch, Ph.D.	11/27/13 - 12/19/13	18-20
APA C	Carol Anderson, LISW	07/17/14	21

PHP-IOP Social History

09/26/13 12:25 pm Performed by Taylor LISW-CP, Cheryl C
Entered on 09/26/13 12:56 pm

Updated on

09/26/13 05:21 pm by Taylor LISW-CP, Cheryl C

Informant's Perception

Psych SW Inform Beh Grid

Psych Informant

Psych Symptoms

Patient
Agitation, Anger,
Anxiety, Appetite
Decrease, Currently
Denies A/V
Hallucinations,
Currently Denies
SI/HI, Employment
Prob, Headaches,
Hypervigilance,
Irritability, Sleep
Decrease, Weight Loss

PHP Informant Comments: 45 y.o. divorced, AA male, referred by Dr. Gary Bell for mental health day treatment. Pt states he has been suffering from depression, and anxiety secondary to current employer. Reports working as a mental health counselor and expresses difficulty Comment: with his manager. Pt states that he prides himself on his work performance, and admits he neglects his own self care ie. hobbies etc. for work. Reports that he enjoys working with his clients who are chronically mentally ill, however feels at work "I'm damned if I do, and damned if I don't." Reports being out of work directed by Dr. Bell over the last 2.5 weeks. Pt denies SI/HI/Psychosis. Denies previous mental health treatment or complaints. Reports anhedonia, irritability, "road rage", headaches, decreased sleep, and decreased appetite with wt loss. Reports hopeless thoughts, and presents as tearful throughout assessment. Admits to lying in bed during the day watching television "that's not me." Reports that he established a non-profit called "put back" and has been neglecting duties for this. Pt is open to treatment, and voices that he feels some remorse about being in treatment. "I teach people skills, I don't know how it got to this point. I am tired of doing my job, and getting in trouble for doing my job." Was started on Xanax, and antidepressant several days ago by Dr. Bell. Axis I-MDD, Single episode, severe without psychosis Axis II-defer Axis III-NIDDM Axis IV-occupational Axis V-40

Substance Use Hx:

PSW Substance Use: Denies alcohol or drug use

Response To Previous Tx

Psych Previous Tx.: No Previous Tx

Pt Info

Psych Marital Status: Divorced, Other: divorced 20 yrs

Psych Living Arrangement: Other: Mother moved in when husband passed away. Sister and her two children recently moved in.

Psych Leisure Activity: Loss Of Interest, Other: music. not typically doing leisure.

Education

Psych Educ: Grad Degree, Other: Masters of social work

Psych Enroll: No

Income Source

Psych Income: Employed

Employment/Military

Psych SW Full Employ: Camh-full time mental health counselor since 2008 (modified)

Psych SW Prior Employ: Head Start

Psych Employ Prob: Job Stress, Management

Legal Issues

PSW Legal Issues Grid

Psych Legal Status

Past
Comment: 80's-
malicious
damage of
personal
property

Sexual Orientation

Sexual Orientation: Heterosexual

Bag Behavioral (Location: BH Partial Hospitali , ;)

Patient Name: REESE, HARRY EUGENE DOB / AGE / SEX: 10/01/67 45 Years Male

Admitting Physician: McKinney MD, Thornton S

Admission Date / MRN / Financial Num: 09/26/13 25892 1326901067

Page 1 of 2

Print Date: 09/26/13

Print Time: 17:22

Printed by: Taylor LISW-CP,
Cheryl C

PHP-IOP Social History

09/26/13 12:25 pm Performed by Taylor LISW-CP, Cheryl C
Entered on 09/26/13 12:56 pm

Religious/Spiritual

Psych Religious-Spiritual: Active Spiritual Beliefs

Psych Specific Beliefs: Baptist

Abuse/Neglect:

PSW Abuse-Neglect Grid

Psych SW PSW Abuse

Denies Any Abuse,
Denies Any Neglect

Family Info

PSW Birth Order Grid

Biological Sibs

4

Deceased Sibs

1

Pt's Children

2

Psych Family Demo: Mother Living, Father's Whereabouts Unknown

Mother's Rx of MI/SA: Mother has been living with pt 8 months

Father's Rx of MI/SA: Stepfather passed away-January 2013

Pt does not know bio father

Siblings Rx of MI/SA: twin

younger sister

deceased brother

older brother

Extended Family Rx of MI/SA: Children -22, and 21

Loss/Change

Psych Loss-Change: Employment, Other: Difficulty's with manager

Weaknesses/Strengths:

Psych Ind Weakness: Poor Coping Skills, Other: older sister substance abuse (modified)

Psych Ind Strengths: Educated, Employed, Social Skills, Job Skills, Motivated For Treatment, Stable

Residence

Family Goals:

Psych Family Goals: No Family Involvement

Disposition:

Psych SW Discharge Plan: To Own Home

Psych SW Aftercare: Other: Possibly return to EAP therapist. If not pt will need referral to outside providers.

Psych SW Transportation: Own Car

Contact Info:

PSW CONTACT INFO GRID

Name To Notify

Gloria Belton

Psych Relationship

Mother

Mobile Phone

803-929-0443

Psych Legal Custodian: Self

PHP Referral Information Grid

PHP Referred By

Dr. Gary Bell

PHP Current Psych

n/a

PHP Current Therapist

EAP for Voc Rehab-

Don Helms

PHP PCP

Dr. Gary Bell

Bad Behavioral (Location: BH Partial Hospital ; ;)
Patient Name: REESE, HARRY EUGENE DOB / AGE / SEX: 10/01/67 45 Years Male
Admitting Physician: McKinney MD, Thornton S
Admission Date / MRN / Financial Num: 09/26/13 25892 1326901067

Page 2 of 2
Print Date: 09/26/13
Print Time: 17:22
Printed by: Taylor LISW-CP,
Cheryl C

Admission History-Psych
09/26/13 11:18 am Performed by Lyn K Parks, RN
Entered on 09/26/13 11:50 am

Risk Assessment

Suicidal Ideation: No
Hx of Past Suicide Attempts: denies
Mutilating Behavior: denies
Homicidal Ideation: No
Homicidal Ideation- Explain: denies
Hx of Violent Behavior: No
Behavior Stabilizing Actions: None
Pt-Fam Inform. Seclus-Restraint Policy: N/A
Guard Wants to Know Seclus-Restraint: No
Pt Wants Fam-SO Notified?: NA
General Observations: Appearance
Manner of Dress: Neatly Groomed, Age Appropriate
Present Sleep Patterns: Hard To Get To Sleep, Awakens Easily/Interrupted Sleep
Hygiene: Clean

Overt Motor Behavior: Appropriate

Sensorium and Intelligence

Psych Level of Consciousness: Awake
Psych Orientation: Person, Place, Situation, Time
ClinPsyc Memory: Impaired Recent Memory, Past Memory Intact
Attitude: Cooperative
ClinPsyc Eye Contact: Good
Judgement: Appropriate
Mood-Thought Process

Mood: Agitated, Anxious, Depressed, Irritable, Sad
Affect Range: Constricted
Affect Quality: Appears depressed
Affect Congruence: Congruent with mood
ClinPsyc Speech Patterns: Clear, Soft
ClinPsyc Thought Content-Process: Coherent, Concrete, Denies Hallucinations, Helpless, Hopeless, Poor Concentration

Goals-Work-Leisure

Pt-Family Anticipated D-C Needs: Follow up with outside providers
Aftercare Program

Psychological-Environmental Info: Mother and sister supportive

Patient Strengths-Limitations: S -"I really care about people and work hard to see that their needs are met"

"W -"Feeling like this"

Goals for Hospitalization: Learn new coping skills to manage stressors more effectively

Occupation: Mental Health counselor

Use of Free Time: nothing, like music

Ancillary Referrals-Psych

Referral Functional: No Referral Indicated

Referral Nutrition: No Referral Indicated

Referral Spiritual Care: No Referral Indicated

Patient & Family Education

Charting Department: Nursing

Person Educated: Patient

Comment: Discussed groups offered, Aftercare Program and wearing apparel. Acknowledged understanding

Name of Person Educated: Harry

Charting Department: PHP-IOP Nursing

Able to Read: Yes

Patient Learning Preferences: Verbal, Written

Patient Willingness To Learn: Consents to Education

Patient Readiness to Learn: No Barriers

Patient Outcomes-Participation: Performs Independently

Education Method: Group Class, Individual

Patient Follow Up Needed: None Needed

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided: Medication Teaching

Medication Teaching: Self-Administration

Name of Medication: Aware of medications. Denies side effects at present.

Pneumococcal and Influenza Evaluation

Pneumococcal Vaccine Status: Not received

Influenza Vaccine Status: Not received

Bap Behavioral (Location: BH Partial Hospital ; ;)
Patient Name: REESE, HARRY EUGENE DOB / AGE / SEX: 10/01/67 45 Years Male
Admitting Physician: McKinney MD, Thornton S
Admission Date / MRN / Financial Num: 09/26/13 25892 1326901067

Page 3 of 3
Print Date: 09/26/13
Print Time: 12:30
Printed by: Lyn K Parks, RN

Admission History-Psych

09/26/13 11:18 am Performed by Lyn K Parks, RN

Entered on 09/26/13 11:50 am

Health History-Psych (cont.)

Location denies

Disposition of Medications: Brought medications in for verification

Special Procedures-Treatments Details: denies

Last Tetanus Date: > 5 years

ClinPsych Pediatric Immunizations: N/A

PPD Date: 9/2013

History of Positive PPD: Yes

History of Active TB: No

History of Treatment: No

Pregnant: N/A

Gynecological Status: N/A

Uses Birth Control: No

Communicable Disease Exposure: None

Foreign Travel: denies

Past Medical History

Past Medical History

Hypercholesterolemia (SNMCT: SCC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A)

Onset Age - 0 Days

Status: Active

HYPERTENSION (ICD9: 997.91)

Onset Age - 0 Days

Status: Active

Asthma (ICD9: 493.90)

Onset Age - 0 Days

Status: Active

Exzema marginatum (ICD9: 110.3)

Onset Age - 0 Days

Status: Active

Procedure History

Procedure History

none

Functional Status-Psych

Assistive Devices: Glasses

Implantable Devices: None, Caps/Crowns

Energy Level: Decreased

Mobility: Independent

Appetite: Poor

Recent Wt. Loss (lbs): 11 lb

Recent Wt Gain (lbs): 0 lb

Special Diet: denies

Hydration: Good

Advanced Directives

Advanced Directives: No Living Will, No Health Care Power of Attorney, Info Offered/Pt Refused

Treatment Restrictions: No Restrictions

Latex Screen

Diagnosed as Latex Allergic: No

Problem/Allergic Rxn to Rubber: No

Medical Cond. Requiring Many Surgeries: No

Allergic Reaction to Foods: None listed below

History of Spina Bifida: No

Allergic Rxn during Procedure: No

Allergies

Allergy

Reaction

1. lisinopril

Allergy Information: Allergy Information Complete

Bay Behavioral (Location: BH Partial Hospital ; ;)

Patient Name: REESE, HARRY EUGENE DOB / AGE / SEX: 10/01/67 45 Years Male

Admitting Physician: McKinney MD, Thornton S

Admission Date / MRN / Financial Num: 09/26/13 25892 1326901067

Page 2 of 3

Print Date: 09/26/13

Print Time: 12:30

Printed by: Lyn K Parks, RN

Admission History-Psych

09/26/13 11:18 am Performed by Lyn K Parks, RN
Entered on 09/26/13 11:50 am

Updated on

09/26/13 12:30 pm by Lyn K Parks, RN

Height and Weight:

Weight lbs: 183 lb
Clinical Weight kg: 83.18 kg
Height in feet: 5 ft
Height in: 5 inch
Clinical Height cm: 165.1 cm
BSA calc: 1.95313 m2
BMI: 30.5158

Weight Equipment: Stated

General Information-Psych:

Chief Complaint: "Work related stress. Feels depressed, and anxious. Overwhelmed. Having heart palpitations related to anxiety."

Reason for Admission: Learn new coping skills by attending groups offered in PHP

Meds Given 24hrs Prior to Hosp Arrival: Aspirin

Mode of Arrival: Ambulatory

Admitted From: Home

Comment: Referred self

Voluntary: Voluntary

Primary Care Physician: Dr. Bell

Information Obtained from: Patient

Contact Numbers: Gloria -Mother 803-705-0155

Keep Family Informed re: Care: No

Type of Housing: Home

Lives With: Family, Pet

Comment: Mother, sister and her 2 children

Orientation: Hospital, Unit, Orientation Packet, Patient rights-responsibilities

Who Was Oriented: Patient

Education Level: Can Read and Write

Highest Grade Completed: Master's in Social Work

Child-Adol Grade in School: n/a

School Name: n/a

Special Ed Classes (Specify): n/a

Patient's Preferred Language: English

Patient's Preferred Language: English

Mode of Communication: Verbal

Communication Barriers: None

Valuables or Belongings Collected: None Collected

Psychosocial-Cultural-Psych:

Legal Issues: No

DSS or Police Involvement: No

History of Abuse: Denies sexual, physical, emotional abuse. No trauma, exploitation or neglect

Partner Emotional/Physical Abuse Ex: No

Other Physical Abuse: No

Sexual Abuse: No

Restrictions on Visitors: No

Religion: None

Cultural-Religious Practices: denies

Religion: Baptist

Alcohol Use Grid

Alcohol Use None

ClinPsyco BAC on Admit: No

Smoking Status: Never smoker

Recreational Drug Use Grid

Recreational Drug Use None

Health History-Psych:

Emotional-Behavioral Cond (inpt) Grid

Location denies

Emotional-Behavioral Cond (outpt) Grid

Sup Behavioral (Location: BH Partial Hospitali ;)

Patient Name: REESE, HARRY EUGENE DOB / AGE / SEX: 10/01/67 45 Years Male

Admitting Physician: McKinney MD, Thornton S

Admission Date / MRN / Financial Num: 09/26/13 25892 1326901067

5

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

Result type: PHP IOP Progress Notes
Result date: 27 September 2013 15:02
Result status: Auth (Verified)
Result title: Integrated Summary
Performed by: Roundy, Charles W on 27 September 2013 15:02
Verified by: Roundy, Charles W on 27 September 2013 15:02
Encounter Info: B1326901067, Bap Behavioral, PCB-Mental H lth Series, 09/28/13 - 09/30/13

PHP-IOP Progress/Clinical Notes

INTEGRATED SUMMARY

Harry Reese was admitted to the Palmetto Health Behavioral Intensive Outpatient Program on September 27, 2013 with a diagnosis of Major Depressive Disorder, single episode, without psychosis. He was referred by Dr. Gary Bell. The patient states that he is here because of "work-related stress." He will be followed by Thornton McKinney, MD, Jeanette Spence, AFNP, and Chuck Roundy, Ph.D. while in Palmetto Health Behavioral Care Day Treatment. He has been advised of his right to confidentiality and has been given the Patient's Bill of Rights. Harry is a 45 year-old divorced AA male who is currently living in his own home, with his mother, a sister, and her two children. He describes a period of distress which began in April of 2010, when changes in structure and management took place at his place of employment. He has found himself in continuous conflict with his supervisors after having been accused of "ethical violations," which he insists were not true. Recently he received a "notice of intent to suspend." He prides himself on his work ethic and his devotion to duty, and this conflict has been very difficult for him. He began to experience symptoms of depression, frequent crying spells, anger and irritability, "road rage," decreased appetite, loss of sleep, loss of

Printed by: Roundy, Charles W
Printed on: 10/25/13 15:21

Page 1 of 3
(Continued)

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

energy, anhedonia and loss of interest, depressed mood, agitation and anxiety, increasing irritability and discomfort when anyone else is around. He has had no previous admissions. He works as a Mental Health Counselor, so he is "very embarrassed" that he should require Day Treatment. He denies an alcohol or drug problem, denies a history of abuse or neglect, and denies legal problems. He denies A/VH and denies SI and HI. The estimated length of stay in current level of care is 3-4 weeks. Dr. Bell has put him on an anti-depressant and Xanax.

The patient has identified his mother, Gloria Belton, as the person to notify in case of emergency; she can be reached at 803-929-0443

Specific goals with this patient will include developing coping skills to deal with current life stressors with particular emphasis on dealing with chronic pain and sustaining the will to live. The patient has identified the following goals to be of emphasis during treatment: "To learn how to take better care of myself, so that I can deal with the job stress. The patient is having difficulty separating himself from his anger at being accused of something he didn't do, and it is affecting him "24/7." The Day Treatment multidisciplinary treatment team will provide the following interventions - M.D. will have 1:1 with the patient one or more times per week to monitor medication and to direct treatment team. Licensed Professional Counselors, Licensed Marriage and Family Therapists, Social Workers, Nurses, Activity Therapists, and Chaplains will facilitate groups to increase patient's overall coping ability emphasizing cognitive restructuring. At time of discharge, the Palmetto Health Day Treatment Program will assist in connecting the patient with outpatient providers for follow-up care.

Completed Action List:

Printed by: Roundy, Charles W
Printed on: 10/25/13 15:21

Page 2 of 3
(Continued)

NO CLINICAL
INFORMATION
ON PAGE 3 OF 3
10/25/13

Result type: PHP IOP Progress Notes
Result date: 02 October 2013 12:18
Result status: Auth (Verified)
Result title: Individual Session.
Performed by: Roundy, Charles W on 02 October 2013 12:37
Verified by: Roundy, Charles W on 02 October 2013 12:37
Encounter info: B1327401204, Bap Behavioral, PCB-Mental Hlth Series, 10/01/13 - 10/08/13

PHP-IOP Progress/Clinical Notes

Advocate met with this patient for about 45 minutes on this day to review his progress in Day Treatment and discuss follow-up care. The patient states that he has tried very hard to "be a patient," and is finding that it is not easy. He also states that he is having difficulty "suspending" his anger, even though he recognizes that his anger is a problem for him. He notes with some chilling humor that the target of his anger "can sleep at night, and I can't." This was discussed at length. The patient was able to acknowledge that as a "strategy" for coping, this long-term resentment is not helping. He noted that his Blood Sugar was over 500, and has resolved to take better care of himself in terms of diet, sleep hygiene and exercise. He also stated that he would try to keep his focus on "solutions," and put his energy into more useful pursuits. (One idea was to "check out" with the licensing board what he would need to pursue LPC status.) The patient was asked "what is it like to be a patient?" The patient stated that he is having difficulty maintaining the humility to be a patient, but responded well to the idea that "learning what it feels like to be a patient" may be invaluable in his "ongoing training as a clinician."

The patient stated that he wished to "get all the help I can" while a patient here, and did not want to "hurry through." He agreed that two weeks in PHP felt appropriate, followed by another two weeks in IOP. He signed POI forms to allow the Advocate to pursue follow-up outpatient care.

Completed Action List:

- * Perform by Roundy, Charles W on 02 October 2013 12:37
- * Sign by Roundy, Charles W on 02 October 2013 12:37
- * VERIFY by Roundy, Charles W on 02 October 2013 12:37

Printed by: Sanders, Ouida
Printed on: 10/16/14 15:32

Page 1 of 1
(End of Report)

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

spent a lot of time presenting (to the Advocate) his "side of the story" in the disciplinary case. Nevertheless, he was able to arrive at a state of emotional regulation that made it possible for him to return to work, and he gained some perspective on the purpose of the disciplinary action. He developed a willingness to accept some responsibility for his conflict at work. He was able at discharge to "go back to work, present myself as professionally as possible to the review board, and move on."

SUMMARY OF SERVICES RENDERED: This patient was admitted on September 27, 2013. He attended 8 sessions of PHP, and was transitioned to IOP on October 9, 2013; he attended 8 sessions of IOP. He grew to recognize the value of his commitment to his job and his work ethic, and was able to imagine himself functioning effectively "whatever happens." He developed a good relationship with his Advocate, and received validation as a professional. After learning that his HTN and NIDDM were adversely affected by his working long hours beyond his job description, he became more attentive to taking care of himself with respect to diet and sleep.

REASON FOR TERMINATION OF SERVICE : Patient has met all treatment goals, and has successfully completed the Day Treatment program.

FINAL ASSESSMENT: Patient made some improvement in emotional regulation, and was able to gain some perspective on his work status. Patient fully oriented to person, time and place on discharge and presents no suicidal risk.

DISCHARGE DIAGNOSIS: Major Depressive Disorder NOS

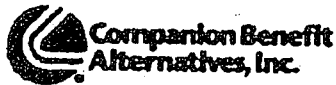
RECOMMENDATIONS FOR CONTINUING CARE AND FOLLOW-UP PLAN: The patient will follow-up with Dr. Gary Bell, who referred him. He will continue in outpatient counseling with Dr. Donna Upchurch.

Completed Action List:

- * Perform by Roundy, Charles W on 25 October 2013 15:20
- * Sign by Roundy, Charles W on 25 October 2013 15:20
- * VERIFY by Roundy, Charles W on 25 October 2013 15:20

Printed by: Sanders, Ouida
Printed on: 10/16/14 15:32

Page 2 of 2
(End of Report)



Facility-Based Treatment Form Receipt

Date Received: 10/8/2013

Facility Information

This Facility-Based Treatment is: Initial
Attending MD's First Name: Thornton
Attending MD's Last Name: McKinney
Phone: 8032968765
Fax: 8035511254
Facility's NPI: 1881617660
UR Name: Merrillyn Sease, RN
UR Contact Number: 8034344893
UR Fax Number: 8035511254
Facility's Physical Address
Address 1: 1330 Taylor St.
City: Columbia
State: SC
ZIP Code: 29201

Patient Information

Patient's First Name: Harry
Patient's Last Name: Reese
Date of Birth: 10/1/1967
ID Card Number: ZCS63495762
Phone: 8037831801

Clinical Information

Level of care: IOP-Psych
Duration of session: 08:30 AM to 10:00 PM (Mon Tue Wed Thu Fri)
Date of admission: 10/9/2013
Estimated date of discharge: 10/22/2013
Axis I: 311.0
Axis II: V71.09
Axis III: HTN, NIDDM, Asthma; High cholesterol;
Axis IV: Moderate; job stress, Mom and Sister wit
Axis V: 48

Legal Commitment Papers: No

Current Symptoms: Md note 10/8: Pt says that he did become tearful in group after we met on Friday. He says he got a letter from work which offered him the opportunity to come in and "tell his side of the story". He says that he has been stressed and tearful over the weekend. Poor sleep last night only slept 4 hrs. Appetite is decreased. Energy is tired, Mood is stressed and concentration is fair. Affect is sad. Pt symptoms 10/8: My identifies moderate to severe amounts of psychological pain, stress, agitation and hopelessness today. Says his self worth is low. Had 6 hrs of broken and restless sleep last night. Fair appetite and energy. Mood is 5/10 with 10 the best mood. Pt has lack of motivation re: doing ADL's and things around the house. Poor self care, admitted by pt. Mood today is anxious and depressed. Had panic attack last night. Is withdrawing socially and worrying about the present and future especially as it relates to his job. Crying spells daily. Is having attention and concentration pxs. Identifies main stressor as his work problems.

Treatment Plan: see tx hx area-space not big enough here

Treatment History: Tx Hx: Dr. Gary Bell, and an outpatient therapist Tx plan: To learn how to take better care of myself so that I can handle job stress." Patient may find it difficult to "be a patient," as he is an MH Counselor. He may have difficulty separating his job-related anger from his depression to address his need to take care of himself. Pt wants to work on his self-worth. Therapist note 10/2 Advocate met with this patient for about 45 minutes on this day to review his progress in Day Treatment and discuss follow-up care. The patient states that he has tried very hard to "be a patient," and is finding that it is not easy. He also states that he is having difficulty "suspending" his anger, even though he recognizes that his anger is a problem for him. He notes with some chilling humor that the target of his anger "can sleep at night, and I can't." This was discussed at length. The patient was able to acknowledge that as a "strategy" for coping, this long-term resentment is not helping. He noted that his Blood Sugar was over 500, and has resolved to take better care of himself in terms of diet, sleep hygiene and exercise. He also stated that he would try to keep his focus on "solutions," and put his energy into more useful pursuits. (One idea was to "check out" with the licensing board what he would need to pursue LPC status.) The patient was asked "what is it like to be a patient?" The patient stated that he is having difficulty maintaining the humility to be a patient, but responded well to the idea that "learning what it feels like to be a patient" may be invaluable in his "ongoing training as a clinician."

Prior Medications

Medication Name: Celexa

Dose: 20mg

Frequency: daily

Medication Name: Trazadone

Dose: 50mg

Frequency: at bedtime

Current Medications

Medication Name: see above

Dose: see above

Frequency: see above

Anticipated Changes: see above

Support System/Family Involvement: Pt is agreeable to have a family session with his mother. He identifies a friend as his primary support.

Discharge Plan: dc from IOP on 10/22/13 and then fu with outpt providers.

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

Result type: PHP IOP Progress Notes
 Result date: 08 October 2013 11:55
 Result status: Auth (Verified)
 Result title: Individual Session
 Performed by: Roundy, Charles W on 09 October 2013 12:19
 Verified by: Roundy, Charles W on 09 October 2013 12:19
 Encounter info: B1327401204, Bap Behavioral, PCB-Mental Hlth Series, 10/01/13 - 10/08/13

PHP-IOP Progress/Clinical Notes

Advocate met with patient for extended session to discuss patient's progress in Day Treatment and to discuss follow-up care. This patient continues to have difficulty accepting his need for behavioral health care. He "insists" that his depression and anxiety, while he accepts the validity of the diagnosis, are a direct result of "job-related stress." He will go on at great length about this, and energetically resists redirection. This results in an impediment to treatment, as it makes it difficult for him to access "things that he can change." He appears to miss the point that the staff at Day Treatment will not be intervening in his behalf with the employer who has treated him unfairly. Quite often in this session, the patient was "presenting his case" as though the advocate were a member of the adjudicating committee. This was often pointed out to him, and the patient was unable to move away from this "job-related stress" issue. His response to this not uncommon personnel issue is uncommonly out of proportion to the situation, and the advocate will attempt to discover why the patient takes it so personally. The patient is to step down to IOP on 10/9/13.

Completed Action List:

- * Perform by Roundy, Charles W on 09 October 2013 12:19
- * Sign by Roundy, Charles W on 09 October 2013 12:19
- * VERIFY by Roundy, Charles W on 09 October 2013 12:19

Printed by: Sanders, Ouida
 Printed on: 10/16/14 15:32

Page 1 of 1
 (End of Report)

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

Result type: PHP IOP Progress Notes
Result date: 17 October 2013 15:21
Result status: Auth (Verified)
Result title: Case Management
Performed by: Roundy, Charles W on 22 October 2013 15:27
Verified by: Roundy, Charles W on 22 October 2013 15:27
Encounter info: B1328300932, Bap Behavioral, PCB-Mental Hlth Series, 10/09/13 - 10/22/13

PHP-IOP Progress/Clinical Notes

Advocate met with this patient to discuss discharge plan. Patient chose October 22, 2013. He continues to express anger at the people responsible for the disciplinary action, because "I was only doing my job." He has been told that he will go into work on 10/28/13 (as usual) and they will arrange for a hearing to settle this action. He has appointment on 10/24/13 at 11:00 AM with Dr. Donna Upchurch, and with Dr. Gary Bell on 10/23/13 at 2:00 PM.

Completed Action List:

- * Perform by Roundy, Charles W on 22 October 2013 15:27
- * Sign by Roundy, Charles W on 22 October 2013 15:27
- * VERIFY by Roundy, Charles W on 22 October 2013 15:27

Printed by: Sanders, Ouida
Printed on: 10/16/14 15:32

Page 1 of 1
(End of Report)

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

Result type: PHP IOP Progress Notes
 Result date: 25 October 2013 15:20
 Result status: Auth (Verified)
 Result title: Discharge Summary
 Performed by: Roundy, Charles W on 25 October 2013 15:20
 Verified by: Roundy, Charles W on 25 October 2013 15:20
 Encounter info: B1328300932, Bap Behavioral, PCB-Mental Hlth Series, 10/09/13 - 10/22/13

PHP-IOP Progress/Clinical Notes

DISCHARGE SUMMARY

Client Name : Harry Eugene Reese

Date of Discharge: October 22, 2013

Initial Diagnosis:(es)

AXIS I: Major Depressive Disorder NOS

AXIS II: Deferred

AXIS III: HTN, NIDDM, elevated cholesterol, Asthma

AXIS IV Severe job stress

AXIS V: 40.

IDENTIFIED PROBLEMS/OUTCOMES:

This patient presented with characteristic symptoms of depression; frequent crying spells, loss of interest with anhedonia, irritability, loss of energy, poor sleep, loss of appetite, inattention to ADLs, depressed mood, most of the day, nearly every day. He clearly attributed this to job-related stress. He stated that the symptoms began in 2010 when he came under the supervision of a particular person with whom he had unending conflict. When he received a disciplinary action "for doing my job," he lost some control ("road rage") and asked for help. He was referred by his PCP Dr. Gary Bell. The patient struggled with his anger throughout this treatment episode. He also had difficulty accepting the "role" of patient, as he is a therapist himself. He could acknowledge that his anger was not conducive to a healthy response to disciplinary action, and he found some comfort when he could think about "other job opportunities." He rarely was able to separate himself from his anger, and in individual sessions

Printed by: Sanders, Ouida
 Printed on: 10/16/14 15:32

Page 1 of 2
 (Continued)

PALMETTO HEALTH BAPTIST

Partial Hospitalization Program
And
Intensive Outpatient Program

DISCHARGE NOTIFICATION

Name of Patient: Reese, Harry E.

TREATMENT OUTCOME

- ☒ Successfully completed treatment
- ☐ Referred to Psychiatrist and/or Therapist
- ☐ Referred to PCP or other source
- ☐ Patient transferred to higher level of care at _____
- ☐ Patient terminated treatment (against medical advice)
- ☐ Other: _____

Comments

Last Date of Service: 12/22/13

Date Chart Closed: 1/14/14


Therapist's Signature

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

Result type: PHP IOP Progress Notes
Result date: 25 October 2013 15:20
Result status: Auth (Verified)
Result title: Discharge Summary
Performed by: Roundy, Charles W on 25 October 2013 15:21
Verified by: Roundy, Charles W on 25 October 2013 15:21
Encounter info: B1328300932, Bap Behavioral, PCB-Mental Hlth Series, 10/09/13 - 10/22/13

PHP-IOP Progress/Clinical Notes

DISCHARGE SUMMARY

Client Name : Harry Eugene Reese
Date of Discharge: October 22, 2013

Initial Diagnosis:(es)

AXIS I: Major Depressive Disorder NOS
AXIS II: Deferred
AXIS III: HTN, NIDDM, elevated cholesterol, Asthma
AXIS IV Severe job stress
AXIS V: 40.

IDENTIFIED PROBLEMS/OUTCOMES:

This patient presented with characteristic symptoms of depression; frequent crying spells, loss of interest with anhedonia, irritability, loss of energy, poor sleep, loss of appetite, inattention to ADLs, depressed mood, most of the day, nearly every day. He clearly attributed this to job-related stress. He stated that the symptoms began in 2010 when he came under the supervision of a particular person with whom he had unending conflict. When he received a disciplinary action "for doing my job," he lost some control ("in a rage") and asked for help. He was referred by his PCP Dr. Gary Bell. The patient struggled with his anger throughout this treatment episode. He also had difficulty accepting the "role" of patient, as he is a therapist himself. He could acknowledge that his anger was not conducive to a healthy response to disciplinary action, and he found some comfort when he could think about "other job opportunities." He rarely was able to separate himself from his anger, and in individual sessions

Printed by: Roundy, Charles W
Printed on: 10/25/13 15:20

Page 1 of 2
(Continued)

PHP IOP Progress Notes

REESE, HARRY EUGENE - B000025892

spent a lot of time presenting (to the Advocate) his "side of the story" in the disciplinary case. Nevertheless, he was able to arrive at a state of emotional regulation that made it possible for him to return to work, and he gained some perspective on the purpose of the disciplinary action. He developed a willingness to accept some responsibility for his conflict at work. He was able at discharge to "go back to work, present myself as professionally as possible to the review board, and move on."

SUMMARY OF SERVICES RENDERED: This patient was admitted on September 27, 2013. He attended 8 sessions of PHP, and was transitioned to IOP on October 9, 2013; he attended 8 sessions of IOP. He grew to recognize the value of his commitment to his job and his work ethic, and was able to imagine himself functioning effectively "whatever happens." He developed a good relationship with his Advocate, and received validation as a professional. After learning that his HTN and NIDDM were adversely affected by his working long hours beyond his job description, he became more attentive to taking care of himself with respect to diet and sleep.

REASON FOR TERMINATION OF SERVICE: Patient has met all treatment goals, and has successfully completed the Day Treatment program.

FINAL ASSESSMENT: Patient made some improvement in emotional regulation, and was able to gain some perspective on his work status. Patient fully oriented to person, time and place on discharge and presents no suicidal risk.

DISCHARGE DIAGNOSIS: Major Depressive Disorder NOS

RECOMMENDATIONS FOR CONTINUING CARE AND FOLLOW-UP PLAN: The patient will follow-up with Dr. Gary Bell, who referred him. He will continue in outpatient counseling with Dr. Donna Upchurch.

Completed Action List:

- * Perform by Roundy, Charles W on 25 October 2013 15:20
- * Sign by Roundy, Charles W on 25 October 2013 15:20
- * VERIFY by Roundy, Charles W on 25 October 2013 15:20

Printed by: Roundy, Charles W
Printed on: 10/25/13 15:20

Page 2 of 2
(End of Report)

Certification of Physician or Practitioner
(Family and Medical Leave Act of 1993)

1. Employee's Name: Harry E. Reese
2. Patient's Name (if different from employee):
3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act (see Attachment A). Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.
 (1)___ (2) ☒ (3)___ (4)___ (5)___ (6)___, or None of the above ___
4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories: Work related stress intolerance accompanied by anxiety and depression; difficulty concentrating and focusing attention. After missing work Mr. Reese initiated individual counseling to address these symptoms. Referred by Baltimore Behavioral Care.
5. a. State the approximate date the condition commenced and the probable duration of the condition (and also the probable duration of the patient's present incapacity² if different):
 Commenced: ~~11/13/04~~ 07/13.
 Probable duration: ~~6 months~~ Approximately 10mo.
- b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)? ☒
- If yes, give probable duration:
Reduce productivity to 40 hrs./mo. or more likely less.
- c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:
Not chronic
6. a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments.
Regular counseling sessions taking place every 1-2 wks.

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

Donna L. Yedman PhD Counseling
 (Signature of Health Care Provider) (Type of Practice)

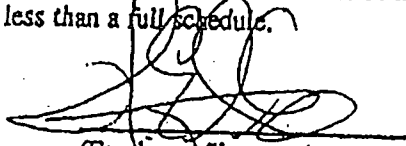
1401 1/2 Calhoun St.

Columbia, SC 29201
 (Address)

803-252-1846
 (Telephone Number)

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.


 (Employee Signature)

11/27/13
 (Date)

Donna W. Upchurch

1401 1/2 CALHOUN STREET
COLUMBIA, SOUTH CAROLINA 29201

TELEPHONE: 803-252-1866
FAX: 803-252-1177

December 19, 2013

Columbia Area Mental Health Center
P.O. Box 4440
Columbia, SC 29203

Re: Mr. Harry Reese
8408 Little John Drive
Columbia, SC 29209

I am writing to request workplace accommodation for Mr. Harry Reese under the Americans with Disability Act (ADA).

Mr. Reese suffers from work related stress intolerance accompanied by anxiety and depression. He has difficulty focusing his attention and suffers insomnia as well. After missing work due to this condition, which commenced on or about 07/2013, Mr. Reese participated in a partial hospitalization program through Palmetto Baptist Hospital from 09/27/2013 until his discharge on 10/25/2013. At that time he was referred to me for outpatient follow up and treatment. He is diagnosed with Major Depressive Disorder and continues to be treated for depression, anxiety, and stress intolerance. He is seen in counseling every one to two weeks and is likely to need to continue in this treatment for at least another six months. This is not expected to be a chronic condition.

Mr. Reese should be able to continue to function in his normal capacity if productivity requirements can be reduced to 40 hours or less a month.

I will be most appreciative of your attention to Mr. Reese's need for workplace accommodation. Please advise if I can be of further assistance.

Sincerely,

Donna W. Upchurch PhD

Donna W. Upchurch, Ph.D.
APRN #4010; LMFT #187

Clinical Progress Note

Name: Harry Reese

Date: 7/17/14

Counseling Progress Narrative:

He took a vacation last wk to try to rest & work on his man profit.
Kept finding himself nodding off then waking up. At a retirement dinner for
coworker. He caught himself saying "I'll be back @ jail next wk." He struggling
to get out of bed, falling asleep in front of t.v. He struggling b/c can't seem to help
himself & fears bill leave his job & a backup. Extreme sense of dread re: work b/c
feels "targeted." He doesn't want to "give up". Perceived effect of his cont. to email supervisor. He says
he's the only one being motivated in the bldg. He says he "refuses" to "not defend himself"
against those he believes are making "false accusations". He assessed his desire
to cont. pursuing upper mgf. for responses vs moving forward w/ personal goals & problems
of sick.

New Medications/Side Effects: Yes No If yes, describe: _____

Mental Status Exam: Sleep poor Appetite _____
 Thought Content: appropriate confused helpless hopeless worthless suicidal homicidal
hallucinations delusions overvalued paranoid ideation ideas of reference
magical obsessions phobias
 Thought Processes: appropriate illogical flight of ideas racing derailment circumstantial
concrete blocking disorganized frustrated
 Mood: euthymic dysphoric elevated expansive irritable/angry
 Affect: constricted blunted flat apathetic tearful labile anxious
mood congruent mood incongruent
 Speech: normal monotone stuttering loud soft talkative slow pressured
 Appearance: neat casual poor hygiene unkempt disheveled bizarre
 Motor Activity: normal fidgety hyper slowed stereotyped repetitive
 Concentration: fair to interview easily distracted
 Memory: recent intact remote intact

Assessment and Dx:

MD Dlo Md, ANX Dlo DloS - He very fearful and anxious - up upset when counselor
asked if any emails to supervisor were "poking the hornet's nest" or promoting his goals
 Plan: 1) focus on planning to meet LT goals 2) stress mgf while @ work
& plans to address bar life - not sitting on couch @ all.

Discharge planning/ follow up care discussed this visit: Yes No If yes, what was discussed? _____

Signature: Carroll Anderson, MSW-C

Session Time: 60 mins

South Carolina
Department of
Mental Health

2414 Bull Street
Columbia, South Carolina 29202
**Written Warning For Inappropriate Behavior,
Misconduct or Violation of Rules**

Prepare in triplicate. Distribute original to employee, duplicate to HRS, and triplicate to the Field Personnel Folder.

Name Harry Reese	Position Title MHC III	Social Security No.
Facility/Center/Division Lower Richland Clinic/New Horizons	Organizational Component CAMH	

1. Reason(s) For Written Warning (Nature of offense/dates of counseling).

Insubordination:

On 5-12-10 we met concerning a client's recent complaint about comments in which you joked with her that you would "throw water on her." She reported that this made her uncomfortable. These comments were made while conducting your groups of which this client is a member. We discussed the client's concerns and expressed to you that we felt that your comments were inappropriate and not conducive to a healthy treatment environment. It is imperative that we provide an environment that will assist the client in feeling comfortable and to ensure that she does not escalate. At this meeting, you were told not to communicate with the client nor be alone with the client so as to ensure that no further incidents occurred. This was also done to provide a measure of safety for you as well as the client. However on the next morning (5-13-2010), you had the client in your office, which potentially escalated the client's tension. Despite my request, your actions have made this a violation of insubordination.

(Continue on reverse side if necessary)

2. Consequences of Future Violations or Misconduct:

Further disciplinary action.

3. Employee Comments:

*This statement is untrue
I had spoken with Mrs. Jensen prior to
Mrs. Marin communicating w/me not to
communicate w/consumer*

Type/Print Name of Supervisor Taking Action

Maria Marin, LPC, CAC II

Signature of Supervisor Taking Action

Date

5/19/10

Signature indicates that I have received and understand this Written Warning.

Signature of Employee

Signature of Witness (if applicable)

Puckett & Brown

Date

5/20/10

**DEFENDANT'S
EXHIBIT**

Reporting Form
(Continued)

This is in response to a report dated 11/8/12 that was reported on the DMII Compliance Hotline on 10/22/12 (CAMIIC Report 10.22.12)

I spoke with the following staff regarding the allegations in the report including Harry Reese, Mental Health Counselor, [REDACTED]

I also reviewed medical records and SPD notes of multiple clients in the Adult Intensive Service Programs as well as Transportation Requests completed by the Administrative Support Staff

I found no evidence of a dual relationship between Harry Reese and Rick Nichols of New Alpha. I did find that several staff in the Adult Intensive Programs refer clients to the New Alpha Boarding Home because of the level of structure and the location of the home. The staff has found that these factors positively contribute to the client's continued sobriety. In reading the SPD notes of several clients that were transferred from Harry Reese's caseload to another program, there was a recommendation that for some clients to remain in current living situations and with current treatment regimen. There was some disagreement among the staff and clients regarding living arrangements. These issues should be addressed in treatment teams and through clinical and administrative supervision.

In talking with [REDACTED] makes the transportation arrangements for clients based on their scheduled appointments. She also makes transportation arrangements for some LIRADAC appointments. While Logisticare (Transportation Provider) does not allow requestors to specify providers, she does request New Alpha when she schedules for these clients because the owner is a transportation provider. She does this for all of the New Alpha clients regardless of who the Case Manager is.

One thing I did note was that transportation is arranged through Logisticare for clients attending the Double Trouble Group. Since Double Trouble is not a medicaid billable service, transportation should not be arranged for clients to attend this group if clinical staff is not billing the service.

The Senior Manager and [REDACTED] were informed of this and the practice is being discontinued.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMPLIANCE

REPORTING FORM

Facility/Center/Administration & Location: Columbia Area MHC
Date: 11/8/12
Identification Number: 10.22.12

Suspected Violation of Compliance Policy, Regulation or Statute (Please be specific. Include full names of people involved, events as they appeared to you and any actions you have taken.):

Received an anonymous call 10/22/12 on the DMH Compliance Hotline asking for an investigation of an alleged "dual relationship" between Harry Reese (counselor), Columbia Area MHC, and Rick Nichols, New Alpha. Reporter alleged that counselor has a "silent partner" relationship with New Alpha and routinely refers clients to New Alpha. The reporter said that SPDs for counselor's clients need to be reviewed. The reporter alleged Medicaid fraud regarding transportation of counselor's clients to New Alpha.

On 10/23/12, the reporter called again and stated, the Quality Assurance Department at the Center cannot be trusted and should not be involved with the investigation, because one worker is a very close friend of the counselor. The reporter further alleged that counselor and New Alpha have worked together to create more transportation for counselor's clients.

If additional space is needed please use the "Continued" section following this form.

Every employee has an obligation to make a good faith report of any activity within the agency that appears to violate compliance policies, regulations or statutes.

When an employee uses one of these options to make a good faith report of an apparent violation, there will be no retribution.

You may request responsive, non-confidential information resulting from your report by contacting your Corporate Compliance Officer or the Director of Corporate Compliance.

I have read and understand the above and voluntarily submit this information. I understand that discretion will be utilized in investigating my concern.

Albert Patrick
Employee Name (printed)

11/8/12
Employee Signature and Date

Legend: White - Compliance Officer Pink - Director Canary - Reporting Employee

CC:

SCDMH FORM FEB. 99 CC-1

11/8/12 Compliance, Compliance Issues, Center Services, Columbia Area MHC, New Alpha Reporting Form 10/22/12, 11/08/2012, 11/12/12



South Carolina
Department of
Mental Health

2414 Bull Street
Columbia, South Carolina 29202

RECORD OF EMPLOYEE COUNSELING

Prepare in duplicate. Distribute original to employee and duplicate to Field Personnel Folder.

Name Harry Reese	Position Title Human Service Coordinator I	Social Security No. 790-8
Facility / Center / Division Adult Intensive Services	Organizational Component Columbia Area Mental Health Center	

1. Reason(s) for Employee Counseling: (Details of the offense / dates of counseling.)

On August 15, 2013 you received verbal counseling that you committed a Class I HIPAA offense by using the EMR to access protected health information that you did not need to know to perform your duties. You were also given information by our HIPAA Officer and the Clinical Support Director regarding the proper use of the EMR in the performance of your duties. On August 29, 2013 you sent me an email detailing information that you received from a boarding home owner on a client that was not assigned to you or any member of your Clinic. You proceeded to commit another Class I HIPAA Offense which amounts to a Class II Offense by discussing confidential information with an unauthorized person. You also at the end of the email made recommendations regarding the clinical care of a client not assigned to you or any member of your clinic based on unauthorized information that you received. This constituted your second Offense under our HIPAA statutes

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

2. Consequences of Future Violations or Misconduct:

Your offense is considered to have been without malicious intent. This document is a written warning and will be copied to the Executive Director of the Center. Based on the violations noted above you will be required to attend additional training on privacy practices by a member of the Clinical support staff and re-sign the SCDMH policy on privacy practices. You should also review and sign that you have received the SCDMH ethics policy. Future HIPAA violations will be handled in accordance with the Employee Disciplinary Standards.

3. Employee Comments:

Type / Print Name of Supervisor Taking Action

Deanna McNeil, MD

Signature of Supervisor Taking Action

Date

9/5/13

Signature indicates that I have received and understand this Employee Counseling

Signature of Employee

The employee refused to sign

Signature of Witness (if applicable)

Date

09/05/2013



State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Beverly Cardwell
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
Sharon L. Wilson

STATE DIRECTOR

John H. Magill

Columbia Area
Mental Health Center

P.O. Box 4440

2715 Colonial Drive

Columbia, SC 29203

Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

November 6, 2013

Harry Reese
8408 Little John Drive
Columbia, SC 29209

Dear Mr. Reese:

After our meeting on Monday, November 4, 2013, and reviewing the information that led your supervisor to issue a "Notice of Intent to Suspend", it is my recommendation that your "Notice of Intent to Suspend" be reduced to a "Written Warning".

Dr. McNeil will be in contact with you regarding this action.

Sincerely,

Robert L. Bank, M.D.
Executive Director

Cc: Human Resources

Employee's signature of acknowledgement: _____

MISSION STATEMENT

To support the recovery of people with mental illnesses.





South Carolina
Department of
Mental Health

2414 Bull Street
Columbia, South Carolina 29202
**Written Warning For Inappropriate Behavior,
Misconduct or Violation of Rules**

Prepare in triplicate. Distribute original to employee, duplicate to HRS, and triplicate to the Field Personnel Folder.

Name Harry Reese	Position Title Human Service Coordinator I	Social Security No. 790-8-
Facility/Center/Division Adult Intensive Services	Organizational Component Columbia Area Mental Health Center	

1. Reason(s) For Written Warning (Nature of offense/dates of counseling),

Insubordination: On September 6, 2013, I discovered that you made two entries in the EMR chart of a client you were verbally informed on 8/15/13 during normal work hours to have no further access or to view the record. This client was not on your assigned caseload and you did not require access to his chart to perform your duties. Your entries were dated August 15, 2013 after 5:30pm which showed evidence that you accessed that chart after the verbal counselling. Your actions were clear evidence of insubordination.

(Continue on reverse side if necessary)

2. Consequences of Future Violations or Misconduct:

Future evidence of insubordination will be handled in accordance with the Employee Disciplinary Standards.

3. Employee Comments:

Type/Print Name of Supervisor Taking Action

Deanna McNeil, MD

Signature of Supervisor Taking Action

Date

11/19/13

Signature indicates that I have received and understand this Written Warning.

Signature of Employee

Signature of Witness (if applicable)

Date

Employee refused to sign

11/14/13

Harry Reese

From: Zina Hampton
Sent: Tuesday, November 26, 2013 5:43 PM
To: Harry Reese
Cc: Robert Bank; Deanna McNeil; Vickie Brown
Subject: Disciplinary Action

Mr. Reese,

I am responding to your communication to Dr. Bank sent on Monday, November 25, 2013.

The Written Warning issued to you in lieu of a suspension in November will stand as issued.

This action is not subject to employee grievance.

Thank you.

Zina Hampton

Zina F. Hampton, MSM, MBA
Director, Administrative Operations | Human Resource Services
2414 Bull Street | DOAS Rm. 203 | Columbia SC 29203-3220
Voice: (803) 898-8587 | Fax: (803) 898-0199
zfh72@scdmh.org



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State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

Allison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Beverly Cardwell
Jane B. Jones
Everard Rulledge, PhD
J. Buxton Terry
Sharon L. Wilson

STATE DIRECTOR
John H. Magill

April 24, 2014

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Suspension Pending Investigation

Dear Harry,

An adverse incident report has been made that you have demonstrated a failure to maintain harmonious working relationships with other employees and exhibited actions that disrupted the normal operations at CAMHC. This incident is in the process of being investigated. Therefore, you are being suspended, effective immediately, without pay pending completion of the investigation. Please provide a written statement regarding this incident.

I wish to emphasize that this suspension is being administered as a precautionary measure, and not as a disciplinary measure. A decision regarding whether disciplinary action will be taken against you will be made upon review of the results of the investigation.

Although this suspension is not a disciplinary action, it is nevertheless a grievable action. Should you wish to file a grievance appeal, you must do so within fourteen (14) calendar days from the first day of the suspension. Your grievance review request must be received by SCDMH, Human Resource Services, Employee Relations Section, 2414 Bull Street, Columbia, SC, 29202, within the fourteen (14) calendar day deadline.

I have attached a copy of the State Employee Grievance Policy.

Until the investigation is completed, you are required to return all keys and your I.D. badge to General Services. You are not allowed on the premises of Adult Intensive Services, Building 200-A, nor are you to have contact with any employees of Adult Intensive Services or clients, except for me.

If you have questions during this investigation period, feel free to contact me at (803) 898-0275.

Sincerely,

Deanna McNeil
Deanna McNeil
Psychiatric Service Chief

cc: Robert Bank, M.D., Executive Director
Vickie L. Brown, Human Resource Services

MISSION STATEMENT

To support the recovery of people with mental illnesses.

Attachments: DMH Grievance Policy





State of South Carolina
Department of Mental Health
May 16, 2014

MENTAL HEALTH COMMISSION:

Allison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry

STATE DIRECTOR
John H. Magill

Columbia Area
Mental Health Center
P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203
Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Return to Duty/Reassignment

Dear Mr. Reese,

On Thursday, April 24, 2014, you were suspended from duty pending the outcome of an investigation due to a report that you demonstrated a failure to maintain harmonious working relationships with other employees and exhibited actions that disrupted the normal operations at CAMHC. The investigation has concluded and it was determined that there was a demonstrated failure to maintain harmonious working relations and the actions were disruptive to normal operations.

You are scheduled to meet with Ms. Shannon Britt on Monday, May 19, 2014, at 9:00 a.m. in Human Resources for coordination of your schedule and assignment.

We will be re-instating your pay for the time lost due to the suspension. Please contact Human Resources at 898-4830 to complete all necessary paperwork.

Sincerely,

Deanna McNeil, M.D.
Deanna McNeil, M.D.
Psychiatric Service Chief

Employee Signature

Date

cc: Robert Bank, M.D., Executive Director
Vickie L. Brown, Human Resource Services

As previously discussed via written and verbal communications, I vented my frustration because I had no support within combating Ms. Marin Marin's ongoing attacks and assaults against me of which I did not verbalize any threatening or abusive language towards any staff member which to include Ms. Marin.

MISSION STATEMENT

To support the recovery of people with mental illnesses.

DMH South Carolina
Department of Mental Health



State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

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Sharon L. Wilson

STATE DIRECTOR

John H. Magill

May 17, 2014

**Columbia Area
Mental Health Center**

P.O. Box 4440
2715 Colonial Drive
Columbia, SC 29203

Information: (803) 898-4800
Robert L. Bank, M.D., Executive Director

Amended Return to Duty/Reassignment

Harry Reese
8408 Little John Drive
Columbia, SC 29209

RE: Return to Duty/Reassignment

Dear Mr. Reese,

On Thursday, April 24, 2014, you were suspended from duty pending the outcome of an investigation due to a report that you demonstrated a failure to maintain harmonious working relationships with other employees and exhibited actions that disrupted the normal operations at CAMHC. The investigation has concluded and it was determined that there was a demonstrated failure to maintain harmonious working relations and the actions were disruptive to normal operations.

You are to report to Monica McConnell, Ph.D. at CAF on Thursday, April 22, 2014. Please contact her at 898-4777 for coordination of your schedule and assignment.

We will be re-instating your pay for the time lost due to the suspension based on the outcome of the pre-suspension conference. Please contact Human Resources at 898-4830 to complete all necessary paperwork.

Sincerely,

Robert L. Bank, M.D.,
Executive Director

cc: Vickie L. Brown, Human Resource Services

MISSION STATEMENT

To support the recovery of people with mental illnesses.



SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1322039

 **COPY**

EMPLOYEE/CLAIMANT: HARRY REESE

EMPLOYER: SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

INSURER: STATE ACCIDENT FUND

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE
WITHIN HEARING WAS TAKEN ON THE 6TH DAY OF APRIL, 2015, COMMENCING
AT THE HOUR OF 1:41 P.M. IN COLUMBIA, SOUTH CAROLINA, BEFORE THE
HONORABLE SUSAN S. BARDEN, ATTENDED BY COUNSEL AS FOLLOWS:

SALLYE DEANNE NELSON
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

HARRY REESE, PRO SE'
8408 LITTLEJOHN DRIVE
COLUMBIA, SOUTH CAROLINA 29205

CLAIMANT, PRO SE'

PAGE P. SNYDER, ESQUIRE, OF THE FIRM
STATE ACCIDENT FUND
800 DUTCH SQUARE BOULEVARD
COLUMBIA, SOUTH CAROLINA 29210

ATTORNEY FOR THE EMPLOYER/INSURER.

LARA N. HURVITZ, ESQUIRE, OF THE FIRM
STATE ACCIDENT FUND
800 DUTCH SQUARE BOULEVARD
COLUMBIA, SOUTH CAROLINA 29210

ATTORNEY FOR THE EMPLOYER/INSURER.

ATTENDING:
HAROLD EDWARDS

I N D E X

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1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * * *

6 BY COMMISSIONER BARDEN:

7 TODAY'S DATE IS APRIL 6TH, 2015. THIS IS SOUTH
8 CAROLINA WORKERS' COMPENSATION COMMISSION FILE
9 NUMBER 1322039. THIS IS THE CASE OF THE CLAIMANT
10 MR. HARRY REESE WHO IS PRESENT TODAY AND APPEARING
11 PRO SE' VERSUS THE EMPLOYER THE SOUTH CAROLINA
12 DEPARTMENT OF MENTAL HEALTH AND ITS CARRIER THE
13 STATE ACCIDENT FUND, BOTH OF WHICH ARE REPRESENTED
14 BY ATTORNEY PAGE SNYDER. THE PURPOSE OF TODAY'S
15 HEARING IS TO DETERMINE ISSUES RAISED IN FORMS 50
16 AND 51. THIS IS A DENIED CLAIM; HOWEVER, THE
17 PARTIES DO AGREE AND STIPULATE THAT MR. REESE'S
18 AVERAGE WEEKLY WAGE IS \$701.61 YIELDING A
19 COMPENSATION RATE OF \$467.76. THE DATE OF THIS
20 ALLEGED ACCIDENT WAS OCTOBER 18TH, 2013.

21 ARE THERE ANY OBJECTIONS TO -- WELL, LET ME
22 PREEMPT MS. SNYDER; SHE DOES HAVE AN OBJECTION. IN
23 SOME OF THE SUBMISSIONS FROM MR. REESE, THERE ARE
24 SOME EMAILS, AND THEN ON THOSE EMAILS ARE SOME
25 HANDWRITTEN NOTES, AND MS. SNYDER ON BEHALF OF HER

1 CLIENTS OBJECTS TO THE HANDWRITTEN NOTES ON THE
2 EMAILS, NOT THE EMAILS THEMSELVES, CORRECT?

3 BY MS. SNYDER:

4 YES, MA'AM.

5 BY COMMISSIONER BARDEN:

6 BUT THE HANDWRITTEN NOTES. AND BECAUSE I
7 HAVEN'T SEEN ANY OF THEM, AND I DON'T REALLY KNOW
8 WHERE THIS IS GOING, I'M GOING TO HAVE TO HOLD THAT
9 OBJECTION IN ABEYANCE, BUT I WILL ADDRESS IT IN MY
10 ORDER INSTRUCTIONS IN SOME FORM OR FASHION. IN ANY
11 EVENT, MR. REESE COULD PROFFER THOSE. IT'D BE A
12 LITTLE BIT DIFFICULT SINCE THEY'RE NOT SEPARATE
13 DOCUMENTS. SO I MIGHT JUST HAVE TO GO AHEAD AND
14 MAKE A DECISION ONE WAY OR THE OTHER ON THAT. ALSO,
15 MS. SNYDER, ON BEHALF OF HER CLIENTS, OBJECTS IN THE
16 SMALLER NOTEBOOK OF ARTICLES THAT MR. REESE HAS
17 SUBMITTED ON HIS BEHALF, INCLUDING BUT NOT LIMITED
18 TO SOME WIKIPEDIA ARTICLES, MAYO CLINIC ARTICLES,
19 WEB M.D. IT IS THE CLAIMANT'S -- OR THE DEFENDANTS'
20 POSITION IS THAT THESE ARE NOT MEDICAL RECORDS, AND
21 THEY DON'T PERTAIN TO MR. REESE'S CASE OR TO MR.
22 REESE, THEY ARE JUST ARTICLES. AND SO WHILE THEY
23 ARE -- I'M CERTAINLY GOING TO OVERRULE THAT *
24 OBJECTION AND ALLOW THEM INTO EVIDENCE, I HAVE
25 ADVISED THE PARTIES THAT THIS IS NOT EVIDENCE. IT

1 CERTAINLY IS NOT GOING TO BE THE LINCHPIN OF
2 ANYBODY'S CASE. IT'S NOT EVEN GOING TO BE PIVOTAL,
3 BUT THEY ARE JUST FOR INFORMATIONAL PURPOSES, BUT
4 I'M GOING TO ALLOW THEM INTO EVIDENCE OVER YOUR
5 OBJECTION. BUT THE -- THE HANDWRITTEN NOTES, THAT
6 REMAINS IN ABEYANCE. ALL RIGHT. ARE THERE ANY
7 FURTHER OBJECTIONS OR ANY OBJECTIONS TO
8 JURISDICTION, VENUE, OR ANY OTHER ITEMS? DO YOU
9 HAVE ANY OBJECTIONS, MS. SNYDER?

10 BY MS. SNYDER:

11 NO, MA'AM.

12 BY COMMISSIONER BARDEN:

13 DO YOU HAVE ANY OBJECTIONS?

14 BY MR. REESE:

15 NO, MA'AM.

16 BY COMMISSIONER BARDEN:

17 THANK YOU. WITHOUT OBJECTION, OR WITHOUT
18 FURTHER OBJECTION THE COMMISSION FILE BECOMES A PART
19 OF THE RECORD WITH THE EXCEPTION OF SELF SERVING
20 DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS.

21 PRIOR TO GOING ON THE RECORD, WE HELD A
22 PREHEARING CONFERENCE. IT'S THE POSITION OF THE
23 CLAIMANT THAT HE SUFFERED A COMPENSABLE INJURY BY
24 ACCIDENT ARISING OUT OF AND IN THE COURSE AND SCOPE
25 OF HIS EMPLOYMENT ON OR CULMINATED ON OCTOBER 18TH,

1 2013, ON WHICH DATE HE SUSTAINED A PSYCHOLOGICAL ...
2 INJURY OR A MENTAL MENTAL INJURY BECAUSE OF THE
3 TACTICS HIS SUPERVISOR OR SUPERVISORS ENGAGED IN
4 INCLUDING BUT NOT LIMITED TO BULLYING, SLANDERING
5 HIM, DEFAMATION, AND RETALIATION. IT IS HIS
6 POSITION THAT THESE WERE NOT ORDINARY EMPLOYMENT
7 ISSUES OR ORDINARY PERSONNEL ACTION BUT EMPLOYMENT -
8 - OR IN OTHER WORDS TACTICS TAKEN IN A VERY
9 EXTRAORDINARY AND UNUSUAL MANNER, EVEN IF THEY ARE
10 DISCIPLINE ISSUES, THAT THEY WERE TAKEN IN
11 EXTRAORDINARY AND AN UNUSUAL MANNER AND NOT ORDINARY
12 BY ANY MEANS. SO LET'S GO OFF THE RECORD, SIR.

13 (OFF THE RECORD)

14 BY COMMISSIONER BARDEN:

15 WE ARE BACK ON THE RECORD, AND THE CLAIMANT IS
16 NOT CERTAIN OF THE DATES THAT HE WAS WRITTEN OUT OF
17 WORK, BUT HE DOES SEEK TEMPORARY DISABILITY
18 BENEFITS, AND HE BELIEVES THAT THE EVIDENCE WILL
19 HAVE THOSE OR PROVIDE THOSE DATES. HE SEEKS
20 REIMBURSEMENT FOR EXPENSES HE'S INCURRED THUS FAR
21 WITH REGARD TO THE EVALUATION AND TREATMENT OF HIS
22 CONDITION, INCLUDING BUT NOT LIMITED TO THE BILLS
23 THAT HE HAS INCURRED WITH DR. KIRKLAND AND CAROL
24 ANDERSON, BUT ANY BILL CAUSALLY RELATED TO HIS WORK-
25 RELATED INJURY, HE WOULD LIKE THE DEFENDANTS TO BE

1 REQUIRED TO REIMBURSE HIM FOR THAT. AS HE HAS NOT
2 REACHED MAXIMUM MEDICAL IMPROVEMENT, ANY
3 DETERMINATION OF PERMANENCY WOULD BE PREMATURE. HE
4 ALSO ASKS THAT HIS ANNUAL AND SICK LEAVE BE
5 REINSTATED. COMMISSIONER JAMES SIGNED AN ORDER IN
6 JANUARY OF 2015 ADVISING MR. REESE OF HIS RIGHT TO
7 SECURE COUNSEL, AND SHE ACTUALLY POSTPONED THE
8 HEARING. AND, OF COURSE, MR. REESE, YOU ARE HERE
9 REPRESENTING YOURSELF TODAY. IS THAT -- I JUST WANT
10 TO MAKE SURE THE RECORD IS CLEAR THAT COMMISSIONER
11 JAMES DID ADVISE YOU OF THAT RIGHT AND THERE IS AN
12 ORDER IN THE FILE.

13 BY MR. REESE:

14 YES, MA'AM.

15 BY COMMISSIONER BARDEN:

16 AND YOU UNDERSTAND THAT YOU HAVE APPEAL RIGHTS
17 AS WELL. IF YOU'RE DISSATISFIED OR UNHAPPY WITH
18 WHAT I DO HERE TODAY -- OR THE DECISION WON'T BE
19 MADE TODAY, 'CAUSE YOU CAN SEE IT'S GOING TO TAKE
20 SOME TIME TO READ THROUGH ALL OF THIS. I CAN'T
21 POSSIBLY DO THAT TODAY.

22 BY MR. REESE:

23 YES, MA'AM.

24 BY COMMISSIONER BARDEN:

25 BUT HOPEFULLY IN THE NEXT WEEK OR TWO Y'ALL

1 WILL GET SOMETHING. BUT YOU UNDERSTAND THAT YOU
2 HAVE A RIGHT TO AN APPEAL JUST LIKE MS. SNYDER'S
3 CLIENTS DO, AND I EXPLAINED THAT TO YOU, CORRECT?

4 BY MR. REESE:

5 YES, MA'AM.

6 BY COMMISSIONER BARDEN:

7 ALL RIGHT. ALL RIGHT. IT IS THE POSITION OF
8 THE DEFENDANTS THAT BENEFITS UNDER THE ACT SHOULD BE
9 DENIED, AND THE DEFENDANTS BELIEVE THAT THE CLAIMANT
10 CANNOT MEET HIS BURDEN OF PROVING AN EXTRAORDINARY
11 UNUSUAL CIRCUMSTANCES OR CONDITIONS OF EMPLOYMENT
12 VIS-A-VIS THE ORDINARY CONDITIONS OF THE CLAIMANT'S
13 PARTICULAR EMPLOYMENT. THE DEFENDANTS WOULD CONTEND
14 THAT ANY PROBLEMS WHICH THE CLAIMANT POINTS TO ARE
15 TYPICAL EMPLOYMENT ISSUES, NOT TAKEN IN AN
16 EXTRAORDINARY AND UNUSUAL MANNER, WHETHER IT WAS
17 DISCIPLINE OR DEMOTION I'M NOT SURE. OBVIOUSLY,
18 THIS WILL BE DRIVEN BY THE TESTIMONY AND WHATEVER
19 WRITTEN RECORDS WE HAVE. AND AS COMMISSIONERS DON'T
20 RECEIVE ANY RECORDS UNTIL THE TIME OF THE HEARING, I
21 AM NOT CERTAIN AS TO WHAT THOSE EMPLOYMENT ISSUES
22 WOULD BE, BUT I'M SURE THAT WILL BE EXPLORED. THE -
23 - WE'VE COVERED THE OBJECTIONS THAT THE DEFENDANTS
24 HAVE. BUT THE DEFENDANTS BELIEVE THAT BENEFITS
25 UNDER THE ACT SHOULD BE DENIED, THAT THE CLAIMANT

1 CANNOT MEET HIS BURDEN OF PROOF, AND, THEREFORE, HIS
2 CLAIM SHOULD FAIL. ALL RIGHT. IS THAT A FAIR,
3 ALBEIT, NUTSHELL SUMMARY OF YOUR RESPECTIVE
4 POSITIONS BEFORE WE HEAR FROM MR. REESE AND POSSIBLY
5 MR. EDWARDS? ARE YOU SATISFIED WITH THAT LITTLE
6 SUMMARY?

7 BY MR. REESE:

8 YES, MA'AM.

9 BY COMMISSIONER BARDEN:

10 I'M NOT TALKING ABOUT WHERE YOU GET TO MAKE A
11 STATEMENT, BUT YOU'RE SATISFIED WITH THAT?

12 BY MR. REESE:

13 YES, MA'AM.

14 BY COMMISSIONER BARDEN:

15 MS. SNYDER, ARE YOU, OR IS THERE SOMETHING YOU
16 WISH TO ADD?

17 BY MS. SNYDER:

18 NO, MA'AM. YOU'VE COVERED IT.

19 BY COMMISSIONER BARDEN:

20 OKAY, ALL RIGHT. THANK YOU. ALL RIGHT. MR.
21 REESE, YOU'RE TESTIFYING ON YOUR BEHALF. YOU TOLD
22 ME YOU DON'T HAVE ANY WITNESSES, CORRECT?

23 BY MR. REESE:

24 YES, MA'AM.

25 BY COMMISSIONER BARDEN:

1 OKAY. IF YOU WILL RAISE YOUR RIGHT HAND,
2 PLEASE.

3 * * * * * * * * * * * *

4 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
5 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
6 MATTER HEREIN:

7 HARRY REESE

8 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS
9 FOLLOWS:

10 BY COMMISSIONER BARDEN:

11 PLEASE STATE YOUR FULL NAME FOR THE RECORD.

12 BY THE CLAIMANT:

13 HARRY EUGENE REESE, SENIOR.

14 BY COMMISSIONER BARDEN:

15 THANK YOU SO MUCH. PLEASE ANSWER ANY QUESTIONS
16 THAT MS. SNYDER MAY HAVE FOR YOU.

17 DIRECT EXAMINATION BY MS. SNYDER:

18 Q. MR. REESE, I'M JUST GOING TO GO THROUGH SOME
19 BACKGROUND STUFF FIRST AND GET THAT OUT OF THE WAY.
20 YOU'VE ALREADY SAID -- YOU'VE STATED YOUR FULL NAME,
21 BUT CAN YOU TELL US HOW OLD YOU ARE?

22 A. FORTY-SEVEN.

23 Q. AND HOW FAR DID YOU GET IN SCHOOL?

24 A. A MASTER'S DEGREE.

25 Q. AND WHERE DID YOU GET YOUR MASTERS FROM?

1 A. UNIVERSITY OF SOUTH CAROLINA.

2 Q. AND WHAT -- WHAT AREA IS YOUR MASTERS IN?

3 A. SOCIAL WORK.

4 Q. OKAY. AND WHEN DID YOU RECEIVE THAT DEGREE?

5 A. MY ---

6 BY COMMISSIONER BARDEN:

7 AND I'M GOING TO ASK YOU IF YOU'LL MOVE YOUR
8 HAND, BECAUSE IT -- IT BLOCKS THE SOUND FOR US.

9 BY THE CLAIMANT:

10 OKAY.

11 BY COMMISSIONER BARDEN:

12 THERE YOU GO.

13 THE WITNESS ANSWERS:

14 A. I THINK IT'S -- I CAN'T REMEMBER. IT'S 2000-AND-
15 SOMETHING. I CAN'T REMEMBER.

16 BY COMMISSIONER BARDEN:

17 IN THE 2000s YOU GOT IT?

18 BY THE CLAIMANT:

19 YEAH. UH-HUH.

20 BY COMMISSIONER BARDEN:

21 THAT'S GOOD ENOUGH. GO AHEAD. AND IT MIGHT BE
22 IN HERE SOMEWHERE ELSE.

23 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

24 Q. AND ARE YOU A LICENSED SOCIAL WORKER?

25 A. NO, MA'AM.

1 Q. YOU JUST HAVEN'T COMPLETED THE CERTIFICATION FOR
2 THAT YET?

3 A. NO, MA'AM.

4 Q. ARE YOU WORKING TOWARDS THAT?

5 A. YES, MA'AM.

6 Q. OKAY.

7 A. I'M TRYING TO.

8 Q. OKAY. AND YOU ARE AN EMPLOYEE AT THE DEPARTMENT OF
9 MENTAL HEALTH; IS THAT RIGHT?

10 A. YES, MA'AM.

11 Q. WHAT IS YOUR POSITION AT THE DEPARTMENT OF MENTAL
12 HEALTH?

13 A. HUMAN RESOURCES COORDINATOR ONE, A MENTAL HEALTH
14 PROFESSIONAL.

15 Q. OKAY. AND CAN YOU EXPLAIN TO US WHAT THAT -- WHAT
16 YOU DO IN THAT POSITION?

17 A. PROVIDE THERAPY TO THOSE WHO -- WHO HAVE A SEVERE
18 MENTAL ILLNESS OR -- OR -- OR A SUBSTANCE DISORDER
19 OR DUAL, WHO THOSE WHO ARE DUALY DIAGNOSED.

20 Q. AND DUALY DIAGNOSED MEANS THAT THEY WOULD HAVE A
21 MENTAL ILLNESS AND A SUBSTANCE ABUSE ISSUE?

22 A. YES, MA'AM.

23 Q. AND YOU TAUGHT ME THAT IN YOUR DEPOSITION. OKAY.
24 HOW LONG HAVE YOU BEEN AT THE DEPARTMENT OF MENTAL
25 HEALTH?

1 A. MAYBE -- I THINK THIS YEAR WOULD BE SEVEN YEARS.

2 BY COMMISSIONER BARDEN:

3 AND ARE YOU THERE NOW? ARE YOU EMPLOYED WITH
4 THEM NOW?

5 BY THE CLAIMANT:

6 YES, MA'AM.

7 BY COMMISSIONER BARDEN:

8 OKAY.

9 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

10 Q. ARE YOU MARRIED?

11 A. NO, MA'AM.

12 Q. WHERE DO YOU LIVE?

13 A. DO YOU WANT THE ADDRESS?

14 Q. YES, PLEASE.

15 A. 8408 LITTLEJOHN DRIVE, COLUMBIA, 29209.

16 Q. AND WHO LIVES THERE WITH YOU?

17 A. RIGHT NOW, IT'S MY SISTER -- MY OLDEST SISTER, HER
18 TWO CHILDREN, MY YOUNGEST SISTER AND HER SON.

19 Q. IS YOUR MOM NOT LIVING WITH YOU ANYMORE?

20 A. NO, MA'AM. SHE -- SHE LEFT. SHE LEFT I THINK MAYBE
21 TWO MONTHS AGO. YEAH.

22 Q. OKAY. DO YOU HAVE ANY CHILDREN?

23 A. YEAH. ALTHOUGH MINE ARE GROWN. LITTLE CHRIS IS 22,
24 AND HARRY IS 24.

25 Q. AND ONE OF YOUR CHILDREN IS INCARCERATED; IS THAT

1 RIGHT?

2 A. CORRECT.

3 Q. AT KERSHAW?

4 A. CORRECT.

5 Q. OKAY. SO WE'RE HERE ON YOUR FORM 50 THAT YOU FILED,
6 AND ON YOUR FORM 50 YOU INDICATED A DATE OF INJURY
7 OF OCTOBER 18TH, 2013. CAN YOU TELL ME WHAT
8 HAPPENED ON THAT DATE?

9 A. WELL, I'M SO SICK OF THIS. WELL ---

10 BY COMMISSIONER BARDEN:

11 AND I -- BUT I HAVE TO KNOW OR I CAN'T MAKE A
12 DECISION. AND I -- AND I KNOW THAT IT -- PARTS OF
13 IT MAY BE PAINFUL FOR YOU TO TALK ABOUT, BUT I --
14 THE BURDEN OF PROOF IS ON YOU. YOU'RE GOING TO HAVE
15 TO EXPLAIN THIS STUFF TO ME. AND I -- YOU KNOW, AND
16 I'M NOT TRYING TO MAKE YOU UNCOMFORTABLE OR THIS TO
17 BE AN UNPLEASANT EXPERIENCE, BUT THEY -- THEY HAVE
18 NO BURDEN, IT'S ON YOU.

19 A. OKAY.

20 Q. SO YOU'VE GOT -- YOU GOT TO TELL ME IF YOU WANT TO
21 PURSUE THE CLAIM WHAT HAPPENED.

22 A. YES, MA'AM.

23 Q. JUST AS BEST YOU CAN.

24 A. WELL, PRIOR TO OCTOBER, I WENT TO NEW ALPHA, WHICH
25 WAS -- IS A ---

1 Q. NEW WHAT? I'M SORRY.

2 A. NEW ALPHA.

3 Q. NEW ALPHA?

4 A. YES, MA'AM.

5 Q. OKAY.

6 A. YES. YES, MA'AM. EXCUSE ME.

7 Q. THAT'S OKAY. NEW ALPHA, YOU WENT TO NEW ALPHA PRIOR
8 TO OCTOBER 2013, AND WHAT IS NEW ALPHA?

9 A. NEW ALPHA IS A BOARDING HOME, WHICH THE COURT,
10 PROBATE COURT, OFTEN TIMES SEND CLIENTS THERE FOR
11 RESTRICTIVE OR STRUCTURED PLACEMENT. IT IS SIMILAR
12 TO THAT OF A COMMUNITY RESIDENTIAL CARE FACILITY,
13 BUT IT IS VERY SUCCESSFUL WITH THEM WORKING WITH THE
14 CLIENTS THAT WE ACTUALLY ASSIST IN GETTING PLACEMENT
15 THERE.

16 Q. OKAY.

17 A. WELL, AND I CAN'T REMEMBER THE EXACT DATE. I WENT
18 TO COURT WITH THIS CLIENT WHO WAS NON-COMPLIANT OF
19 HIS COURT ORDER. SO, MR. RICK NICHOLS WHO WAS THE
20 OWNER OF NEW ALPHA ACTUALLY WENT TO COURT WITH --
21 CAME TO COURT, AND HE TOOK THE CLIENT ON DOWN --
22 WELL, HE HAD ONE OF HIS VAN DRIVERS TAKE THE CLIENT
23 DOWN TO THE PLACEMENT. WELL, IN ANY PLACEMENT THAT
24 WE REFER A CLIENT TO, WE HAVE TO MAKE SURE THAT THE
25 MOST IMPORTANT THING THAT THE CLIENT HAS WITH THEM

1 IS THEIR MEDICATIONS.

2 Q. OKAY.

3 A. WELL, UNFORTUNATELY THIS CLIENT DID NOT HAVE HIS
4 MEDICATIONS. HE HAD HIS MEDICATIONS AT HIS MOTHER'S
5 HOME, AND AFTER COURT I WENT BACK TO WORK. AND I
6 WAS DOING MY DOCUMENTATION. AND THEN I HAPPENED --
7 AND I JUST HAPPENED TO LOOK AT THE CLOCK; IT WAS
8 4:30. I STOPPED WHAT I WAS DOING, AND I GOT IN ONE
9 OF THE AGENCY CARS, AND I WENT TO THE CLIENT'S
10 MOTHER'S HOUSE ON BUSH RIVER -- OFF OF BROAD RIVER
11 ROAD, AND SHE WAS BASICALLY TELLING ME SOME THINGS
12 THAT WAS GOING ON WITH THE CLIENT, WHICH WAS REALLY
13 BIZARRE. SO I LEFT IT, YOU -- AFTER TALKING WITH
14 HER, I LEFT THE HOME, AND I WENT TO -- BACK TO THE
15 JOB TO DROP THE CAR OFF, THE AGENCY CAR. AND GOT IN
16 MY PERSONAL VEHICLE AND WENT TO THE CLIENT'S AUNT'S
17 HOUSE. AND I KNOW THIS IS A LONG DRAWN OUT STORY,
18 AND ---

19 Q. THAT'S OKAY.

20 A. I WENT ---

21 Q. SO YOU -- YOU GOT YOUR OWN CAR AT THAT POINT?

22 A. YEAH.

23 Q. AFTER YOU LEFT THE MOM'S HOUSE, YOU WENT BACK TO THE
24 AGENCY, DROPPED OFF THE STATE CAR, AND THEN GOT YOUR
25 OWN CAR?

1 A. YES, MA'AM.

2 Q. ALL RIGHT. AND THEN TELL ME WHAT HAPPENED.

3 A. THEN I WENT TO GONZALES GARDEN WHERE HIS AUNT LIVES.

4 Q. GONZALES GARDEN?

5 A. YES, MA'AM.

6 Q. OKAY.

7 A. 'CAUSE HE SAID FOR SOME STRANGE REASON HE LIVED WITH
8 HIS MOM, BUT HIS CLOTHES WAS AT HIS AUNT'S HOUSE.
9 WHEN I GOT TO HIS AUNT'S HOUSE, I MET WITH THIS
10 DISTINGUISHED GENTLEMAN WHO SAID, WELL, HE DIDN'T
11 KNOW ANYTHING WHAT I WAS TALKING ABOUT. SO I HAD TO
12 COME BACK AND TALK WITH THE AUNT LATER ON. SO I
13 LEFT THERE, AND I WENT DOWN TO HOPKINS, 1436 LOU ←
14 DOBSON ROAD, WHERE NEW ALPHA WAS, AND I JUST SAT
15 THERE 'TIL -- 'TIL IT HIT ME, YOU KNOW, THESE GUYS
16 HAVE MOVED TO EASTOVER. SO THEN I WENT DOWN TO
17 EASTOVER, AND MY ONLY -- AND I -- AND I -- I SHARE
18 WITH EVERYBODY, MY ONLY -- MY ONLY REASON FOR GOING
19 DOWN TO NEW ALPHA WAS TO PROCESS THAT CLIENT INTO A
20 PLACEMENT AND GIVE HIM HIS MEDICATION. WELL, WHEN I
21 GOT THERE, I WENT UPSTAIRS AND -- AND -- AND MR.
22 NICHOLS WAS THERE, AND HE WAS SHOWING ME SOME OF THE
23 STRUCTURAL THINGS THAT HE MADE TO THE HOUSE TO MAKE
24 SURE THAT THE HOUSE WAS SAFE FOR THE CLIENT. THEN
25 I'M -- AS I'M SITTING THERE TALKING WITH HIM, A -- A

1 CLIENT COMES OUT, AND HE'S FRUSTRATED. SO MR.
2 NICHOLS -- AND ALL OF THIS IS DOCUMENTED -- MR.
3 NICHOLS SAID SOMETHING TO HIM, AND -- AND HE ASKS
4 HIM WHAT WAS WRONG WITH HIM. AND THEN THE -- THE
5 CLIENT SAYS HE WANTED HIS MONEY BACK BECAUSE MENTAL
6 HEALTH WAS GOING TO MOVE HIM AND ET CETERA, ET
7 CETERA, ET CETERA. WELL, WE TRIED TO CALM THIS
8 CLIENT DOWN, AND -- AND IN FACT, HIS MOM AND HIS
9 GRANDMOTHER WAS THERE VIA TELEPHONE, AND -- BUT WE
10 TRIED TO CALM THIS CLIENT DOWN, AND HE GOT, HE WAS
11 SO AGITATED, BECAUSE HE KEPT SAYING THAT HIS CASE
12 MANAGER WAS GOING TO MOVE HIM. SO WE FINALLY GOT
13 THIS YOUNG MAN CALMED DOWN, AND WHEN I LEFT -- WELL,
14 PRIOR TO LEAVING, MR. NICHOLS SHOWED ME A -- A TEXT
15 SAYING, FROM -- FROM THE YOUNG MAN'S MOM, 'CAUSE
16 EVEN HIS MOM AND HIS GRANDMAMA TRIED TO -- TO CALM
17 THIS YOUNG MAN DOWN, AND IT -- IT WASN'T -- IT
18 WASN'T WORKING. AND SO PRIOR TO ME LEAVING, MR.
19 NICHOLS SHOWED ME AN EMAIL SAYING WHERE THE MOTHER
20 SENT HIM SAYING, WE TOLD MELVIN WE DIDN'T WANT TO
21 MOVE THIS CLIENT BECAUSE OF SUCH AND SUCH AND SUCH,
22 WHETHER, YOU KNOW, AND THE CLIENT WHAT DID. WELL,
23 FRIDAY WHEN I GET TO WORK, YOU KNOW, 'CAUSE THE
24 CLIENT ASKED ME, HE SAID, RICK -- AND RICK SAID,
25 'WELL, I'M NOT GIVING YOU YOUR MONEY BACK, BECAUSE I

1 DIDN'T GET A THIRTY DAY NOTICE," DA DA DA DA DA DA
2 DA. AND THE CLIENT GOT INCREASINGLY AGITATED. AND
3 THE MOM KEPT -- AND THE MOM KEPT SAYING, "WELL,
4 MELVIN DID TELL US HE WAS GOING TO MOVE THE CLIENT."
5 WELL, WHEN I GET BACK TO THE OFFICE, THE CLIENT
6 COMES IN THAT FRIDAY MORNING AND TOLD HIS CASE
7 MANAGER THAT HARRY SAID -- HARRY WENT DOWN TO NEW
8 ALPHA AND TOLD RICK THAT HE -- HE WAS GOING TO MOVE
9 ME, AND -- AND THAT'S WHEN RICK VERBALLY ABUSED ME
10 TO THE POINT THAT HE WAS CRYING AND ALL THIS OTHER
11 STUFF, WHICH IS TOTALLY UNTRUE. SO AND MIND YOU,
12 WHEN I'M -- WHEN I'M -- WHEN I -- WHEN I GET THE
13 INFORMATION, IT'S NOT FROM -- FROM THE -- THE
14 CLIENT'S CASE MANAGER, IT'S NOT FROM THE CASE
15 MANAGER SUPERVISOR, IT'S FROM ANOTHER EMPLOYEE THAT
16 COMES TO TELL ME, SAID, HEY, "THIS IS WHAT'S GOING
17 ON I THINK YOU NEED TO BE AWARE OF." I SAID,
18 "OKAY." WELL, WHAT I DID TO TRY TO MINIMIZE ANY
19 CONFUSION, 'CAUSE I KNOW THIS YOUNG LADY, AND ALL
20 THE HISTORY IS HERE. SO WHEN THEY SAY THIS IS SELF
21 SERVING, IT IS FACTS, ALL THE HISTORY. AND THESE
22 PEOPLE DID NOTHING TO HELP. WHEN I SAY NOTHING TO
23 HELP, THEY DID NOTHING TO HELP. THEY ALLOWED THIS
24 YOUNG LADY TO CONTINUE HER NONSENSE 'TIL I'M IN THE
25 POSITION I'M IN NOW.

1 Q. WHO IS THE YOUNG LADY WE'RE TALKING ABOUT?

2 A. MS. MARIA MARIN.

3 Q. DO YOU KNOW HOW TO SPELL MARIA'S LAST NAME?

4 A. M-A-R-I-N.

5 Q. OKAY. MARIA MARIN.

6 A. AND WHEN ---

7 Q. ALL RIGHT. AND WHERE DOES SHE FIGURE IN? BECAUSE
8 LET ME TELL YOU, I'M GOING TO GO BACK YOU UP A
9 LITTLE BIT, BECAUSE WE'RE TALKING ABOUT TWO
10 DIFFERENT CLIENTS I THINK. YOU WENT TO NEW ALPHA,
11 BECAUSE YOU WERE ORIGINALLY TRYING TO PROCESS THIS
12 FIRST PERSON YOU WERE TALKING ABOUT TO GET HIS MEDS.
13 BUT THE PERSON THAT CAME OUT AND WAS AGITATED IS THE
14 -- IS NOT THE SAME PERSON?

15 A. IT'S NOT THE SAME PERSON.

16 Q. IS THAT ANOTHER ---

17 A. NO, MA'AM.

18 Q. OKAY. AND SO THE WHOLE INCIDENTS AROUND THIS PERSON
19 THAT CAME OUT THAT WAS AGITATED WHILE YOU WERE AT
20 NEW ALPHA?

21 A. YES, MA'AM.

22 Q. AND TELL ME WHAT MARIA MARIN DID, AND WHO IS MARIA
23 MARIN?

24 A. LET -- LET -- WELL, MARIA MARIN IS ---

25 Q. SEE, I DON'T GET ANY OF THIS STUFF AHEAD OF TIME.

1 SO I -- I WISH I WERE PREPARED TO KNOW WHAT YOU'RE
2 TALKING ABOUT, BUT I'M NOT. I'M GOING TO HAVE TO
3 READ IT AFTER THE FACT.

4 A. YEAH.

5 Q. THEY DON'T GIVE ME STUFF UNTIL THE TIME OF THE
6 HEARING. SO YOU'RE -- YOU'RE EDUCATING ME RIGHT NOW
7 IS WHAT YOU'RE DOING. AND I KNOW YOU'RE HAVING TO
8 GO THROUGH ALL OF THIS, AND I HATE THAT, BUT I -- I
9 HAVE TO UNDERSTAND ---

10 A. YES, MA'AM.

11 Q. --- SO I CAN MAKE A DECISION. ALL RIGHT. SO TELL
12 ME ABOUT MARIA MARIN?

13 A. WELL, MARIA MARIN WAS MY -- WELL, WHEN I FIRST
14 STARTED IN 2008 -- AND I HATE TO KEEP GOING BACK.
15 WHEN I FIRST STARTED IN 2008, I WAS ASSIGNED TO
16 INDEPENDENCE HOUSE. I HAD MS. ^{sh}ANITA LEE, ^{Barbara}ROBERT
17 ^{minli}FELDER, MR. HANK EDLANDS, MS. CHERYL MCCLINTON, ALL
18 SERVED AS MY SUPERVISOR. AND WHEN AN OPENING CAME
19 UP AT NEW HORIZONS, OF WHICH MARIA MARIN WAS THE
20 SUPERVISOR, I APPLIED FOR IT. EVERYBODY KEPT
21 TELLING ME, "HARRY, DON'T YOU GO DOWN THERE, 'CAUSE
22 -- 'CAUSE THAT LADY CRAZY." I SAID, "OKAY." NO.
23 BECAUSE THE REASON WHY I WANTED TO GO DOWN THERE IS
24 BECAUSE IT'S CLOSER TO WHERE I LIVE, AND THE PROGRAM
25 THAT I HAD WORKING UNDER -- PUT BACK, I GET -- WHEN

1 I GOT OFF AT -- AT WORK AT FOUR, I COULD IMMEDIATELY
2 GO DOWN TO THE PROGRAM AND WORK THAT PROGRAM. SO IT
3 WAS ---

4 Q. SO YOU APPLIED FOR WORK AT NEW HORIZONS OR YOU
5 APPLIED TO BE AT THAT FACILITY?

6 A. YES, MA'AM.

7 Q. AND MARIA MARIN WAS THE SUPERVISOR?

8 A. YES, MA'AM.

9 Q. IS MARIA MARIN ONE OF THE PEOPLE THAT YOU ARE
10 ALLEGING HAS BULLIED YOU?

11 A. OH, YES, MA'AM.

12 Q. OKAY. SO SHE -- IS SHE THE MAIN PERSON, THE ONLY
13 PERSON?

14 A. SHE'S ONE OF THE MAIN PERSONS.

15 Q. OKAY.

16 A. SHE IS THE MAIN PERSON, BUT THE ---

17 Q. THE MAIN PERSON?

18 A. YES, MA'AM.

19 Q. OKAY, ALL RIGHT. GO AHEAD, SIR. I'M -- I'M JUST
20 TAKING NOTES.

21 A. WRAP IT UP?

22 Q. I APOLOGIZE. I'VE -- I'VE MESSED YOU UP AS FAR AS
23 YOUR TRAIN OF THOUGHT. LET ME TELL YOU WHERE YOU
24 WERE. YOU WERE -- SAID, WELL, WE TALKED ABOUT THE
25 CLIENT CAME OUT AND WAS AGITATED, HE THOUGHT HE WAS

1 BEING MOVED AROUND. AND THEN YOU WENT TO MARIA
2 MARIN. SHORTLY AFTER THAT YOU WERE TALKING ABOUT
3 WHAT THIS LADY DID.

4 A. OH. I -- I WENT TO NEW HORIZONS. I APPLIED FOR
5 THAT JOB ---

6 Q. RIGHT.

7 A. --- AT NEW HORIZONS.

8 Q. RIGHT.

9 A. AND I GOT IT. WELL, I WORKED THAT JOB FOR SIX
10 MONTHS, AND ALL OF A SUDDEN, APRIL FOOLS, THE -- THE
11 -- THE STAFF OVER THERE WROTE ON AGENCY STATIONARY
12 THAT I WAS TERMINATED FOR BEING LATE AND SOME OTHER
13 ODD -- ODD THINGS. AND -- AND, YES, I WAS
14 DISTRAUGHT. I WENT BACK TO MY OFFICE AND I -- AND I
15 LOOKED AT THAT LETTER, AND I NOTICED THAT, YOU KNOW
16 WHAT? THIS LETTER'S NOT SIGNED BY ANYBODY. SO
17 LIKE, I FIGURED IT WAS A JOKE. AND THEN EVERYBODY
18 ELSE SAID IT WAS A JOKE. AND AT THAT TIME, MS.
19 MARIN WAS NOT THERE.

20 Q. SO SHE'S NOT THE ONE THAT -- THAT PLAYED THE JOKE?

21 A. NO, MA'AM.

22 Q. OKAY.

23 A. BUT WHEN SHE GOT ---

24 Q. SO THESE ARE JUST CO-WORKERS THAT PLAYED THE JOKE?

25 A. YES, MA'AM.

1 Q. OKAY.

2 A. BUT WHEN SHE GOT WIND OF IT, SHE CAME AND TALKED TO
3 ME, AND SHE SAID, "WELL, HARRY, ARE YOU ALL RIGHT?"
4 I SAID, 'MARIA, I'M ALL RIGHT. IT WAS JUST A JOKE."
5 THEN SHE SAID -- AND THAT -- THAT WAS A FRIDAY. SHE
6 SAID, "OKAY. ALL IS WELL, DONE."

7 Q. SO SHE ASKED YOU IF YOU WERE OKAY?

8 A. YEAH. AND I WAS OKAY.

9 Q. OKAY.

10 A. SO MONDAY, WHEN I GOT BACK TO WORK, THE FIRST THING
11 THIS YOUNG LADY COMES TO ME, MS. MARIN, IF YOU WILL,
12 COMES TO ME AND SAID, "OH, I GOT TO DO SOMETHING
13 ABOUT THIS, 'CAUSE THEY SHOULDN'T HAVE." "WELL,
14 LISTEN, IF I SAID ON FRIDAY I'M FINE WITH IT, LEAVE
15 ME ALONE WITH IT." I HAD NOTHING ELSE TO DO WITH
16 IT. IT SHOULD HAVE JUST BEEN STOPPED. AND WHATEVER
17 YOU WAS GOING TO DO WITH THOSE INDIVIDUALS WHO DID
18 THIS, YOU HANDLE THAT. BUT DON'T -- YOU DON'T --
19 YOU TELL ME THAT THIS IS WHAT YOU'RE GOING TO DO.
20 BUT A -- A CONVERSATION ---

21 Q. SO SHE TOLD YOU SHE WAS GOING TO PUNISH THEM?

22 A. YEAH. SHE WAS GOING -- SHE HAD TO DO SOMETHING
23 ABOUT IT, 'CAUSE SHE TALKED TO HUMAN RESOURCES AND
24 TO SEE WHAT YOU -- WELL, I AIN'T GOT NOTHING TO DO
25 WITH THAT.

1 Q. ALL RIGHT.

2 A. AND I SAID I'M FINE WITH IT ON FRIDAY. SO -- SO BUT
3 SHE SAID -- SHE SAID, "I THOUGHT ABOUT IT OVER THE
4 WEEKEND, AND I HAVE SOMETHING THAT, YOU KNOW, I
5 TALKED TO HUMAN RESOURCES." AND SHE SAID, "I -- I
6 HAD TO DO SOMETHING." OKAY. I SAID, "OKAY, FINE."
7 SO A CONVERSATION FOR HER TO TELL ME THAT PROBLEM
8 COULD HAVE LASTED NO MORE THAN FIVE OR TEN MINUTES.
9 I'M SITTING IN THIS YOUNG LADY'S OFFICE TWO HOURS.
10 AND THIS YOUNG LADY IS GOING DOWN A LAUNDRY LIST OF
11 -- OF THINGS THAT SHE'S TALKING ABOUT OTHER
12 EMPLOYEES AND HOW OTHER EMPLOYEES HAD CAME AND TOLD
13 -- TOLD HER THAT ME AND A RECEPTIONIST WAS HAVING AN
14 AFFAIR AND ALL THIS AND THAT.

15 Q. YOU AND THE RECEPTIONIST YOU WERE HAVING AN ---

16 A. ME AND MY ---

17 Q. OH. OH.

18 A. ME AND A RECEPTIONIST WAS HAVING AN A ---

19 Q. YOU AND A RECEPTIONIST? OKAY.

20 A. --- AFFAIR. AND I SAID, "OKAY." I SAID, "MARIA,
21 THIS IS WHAT I'M GOING TO DO, I'M ---

22 Q. ARE -- WERE YOU -- WERE YOU HAVING AN AFFAIR WITH
23 THE RECEPTIONIST?

24 A. NO, MA'AM.

25 Q. OKAY. I'M -- AND I GOT TO ---

1 A. AND BUT I'M NOT EVEN -- I WASN'T EVEN, I'M -- I'M
2 STILL NOT MARRIED. I'M NOT EVEN MARRIED.

3 Q. OKAY. SO SOMEBODY ---

4 A. AND THE YOUNG LADY IS NOT MARRIED.

5 Q. SOMEBODY TOLD MS. MARIN THAT YOU WERE HAVING AN
6 AFFAIR WITH THE RECEPTIONIST?

7 A. YEAH.

8 Q. OKAY.

9 A. AND ALL THIS OTHER STUFF.

10 Q. OKAY.

11 A. AND SO I SAID, "MS. MARIN, I DO NOT -- I DON'T
12 APPRECIATE YOU ALLOWING INDIVIDUALS JUST TO COME IN
13 AND TELL YOU ANYTHING ABOUT ME. SO WHAT I'M GOING
14 TO DO, MS. MARIN, I'M GOING TO GIVE YOU A CERTIFIED
15 LETTER -- AND WELL, EXCUSE ME -- A NOTARIZED LETTER
16 OUTLINING MY CONCERN," AND THAT YOUNG LADY TOLD ME,
17 SHE SAID, IF I DID THAT, YOU'RE GOING TO FACE MORE
18 HARDSHIP THAN I WOULD. AND -- AND I'VE BEEN FACING
19 HARDSHIP EVER SINCE THEN. BUT I DID GIVE HER THAT
20 LETTER. AND THEN THE NEXT THING I KNOW, HERE IT
21 COMES, MARIA ---

22 Q. SO SHE DIDN'T WANT THE LETTER; IS THAT RIGHT?

23 A. NO. SHE GOT THE -- SHE TOOK THE LETTER.

24 Q. OKAY. BUT SHE -- DID SHE ---

25 A. I HAD DELIVERED IT.

1 Q. BUT SHE SAID YOU WOULD -- I DIDN'T HEAR WHAT -- I
2 CAN'T REMEMBER THE EXACT WORDS YOU USED, BUT SHE
3 TOLD YOU THAT THAT WOULD CAUSE HARDSHIP?

4 A. AND SHE SAID WE'RE GOING TO CAUSE HARDSHIP TO ME IF
5 I GAVE HER THAT LETTER.

6 Q. OKAY. ALL RIGHT.

7 A. THEN THE NEXT THING I KNOW THIS YOUNG LADY TELLS ME,
8 "OH, WHILE YOU WAS AT INDEPENDENCE HOUSE, WE GOT A
9 REPORT THAT YOU SEXUALLY HARASSED A -- A -- A STAFF
10 MEMBER." NOW, AND ALL OF THIS IS DOCUMENTED, AND I
11 WANT -- I WANT -- I WANT THE COURT, WHEN THEY SAY
12 THIS IS SELF SERVING, I REALLY WANT THEM TO LOOK AT
13 THE CALENDARS. I STARTED IN 2008. THEY KEPT --
14 NEVER TOLD THEM WHEN THE ACTUAL CLAIM WAS MADE PRIOR
15 TO ME GETTING TO A -- A -- NEW HORIZONS. THEY NEVER
16 DID A FORMAL INVESTIGATION OR INFORMAL INVESTIGATING
17 FOR THAT MATTER. THEY NEVER SAID ANYTHING TO ME
18 ABOUT AND ONLY UNTIL, WHICH IS SUSPECT IF YOU WILL,
19 UNTIL I GAVE THIS YOUNG LADY THIS APRIL THE 19TH,
20 2010, LETTER, THIS NOTARIZED LETTER. SO IT'S LIKE
21 IF I STARTED IN 2008, AND WE'LL JUST SAY WE'LL LET
22 2008 -- EIGHT ALONE, LET'S SAY 2009, THE INCIDENT
23 ALLEGEDLY HAPPENED. YOU GOING TO WAIT A YEAR AND
24 SEVEN MONTHS TO NOW COME TELL ME SOMETHING ABOUT I
25 SEXUALLY HARASSED A -- A STAFF MEMBER. THAT'S

1 NONSENSE. SO WHEN THAT NONSENSE DIDN'T WORK OUT,
2 THEN SHE WENT ON AND SAID, OH. I ABUSED A -- A
3 CLIENT, MADE A -- A COMPLAINT THAT I ABUSED THEM.
4 THIS IS ABSOLUTELY ABSURD. AND ALL THIS IS IN THIS
5 DOCUMENT -- DOCUMENT -- DOCUMENT, YOU WILL SEE FOR
6 YOURSELF. THIS CLIENT MADE -- ALLEGEDLY MADE THE
7 CLAIM ON I THINK LIKE APRIL THE 6TH. AND ALL THE
8 WHILE THIS CLIENT HAS BEEN IN MY -- MY GROUP FROM
9 APRIL THE 6TH TO APRIL THE 23RD, WHEN MS. DR. SHEILA
10 ARNOLD CAME IN AND INQUIRED ME -- INQUIRED ABOUT
11 WHAT HAPPENED. I -- AND -- AND -- AND I HAVE NO
12 EARTHLY IDEA WHAT YOU'RE TALKING ABOUT, MS. ARNOLD.
13 WELL, THIS CLIENT HAS SAID, AND -- AND MADE A CLAIM
14 AGAINST YOU, AND SHE WROTE THE CLAIM UP, AND DID --
15 AND SHE DID THE INVESTIGATION, AND THE ONLY THING
16 THAT I COULD THINK OF, AND THIS IS IN MY
17 DOCUMENTATION, IS WHY THIS CLIENT WILL POSSIBLY MAKE
18 A COMPLAINT AGAINST ME, IT WAS THAT WHEN CLIENTS
19 WASN'T PAYING ATTENTION, I JUST USED THIS AS
20 HUMOROUS, 'CAUSE WE ALL WAS LAUGHING. IN FACT,
21 MARIA WAS IN -- IN THE GROUP ONE -- ONE -- ONE DAY
22 WHEN I DID IT. AND I WOULD SAY, "IF YOU'RE NOT
23 PAYING ATTENTION, I WILL THROW COLD WATER ON YOU."
24 SO I THOUGHT MAYBE THAT WAS TO THE POINT WHY THIS
25 CLIENT MADE THIS COMPLAINT AGAINST ME. BUT WHATEVER

1 WHEN -- WHEN -- WHEN DR. ARNOLD DID HER
2 INVESTIGATION, SHE SENT IT TO MS. ROCHELLE KATON,
3 WHO IS THE -- SHOOT -- SHE IS THE -- THE CLIENT
4 ADVOCATE. SHE -- SHE WAS OVER THE CLIENT ADVOCATE
5 PROGRAM FOR THE DEPARTMENT OF MENTAL HEALTH, AND
6 SHE'S ALSO AN ATTORNEY. WELL, THEN SHE GETS THE
7 REPORT, AND SHE TALKS WITH THE CLIENT. THE -- THE
8 REPORT THAT MARIA SENT IN WAS SO EMBELLISHED AND HAD
9 NOTHING TO DO WITH ME VIOLATING THE -- WHEN -- WHEN
10 -- WHEN IT ALL -- WHEN IT WAS ALL SAID AND DONE,
11 THEY SAID THE CLIENT SAID THAT, HARRY, YOU -- THE
12 CLIENT SAID, YOU AND HER DON'T SEE EYE TO EYE. AND
13 YOU WOULD SAY, WELL, THAT'S A -- WE GOT A PROBLEM.
14 WELL, NO. THEY SAID, "NO. THE CLIENT SAYS WHEN
15 YOU'RE DOING YOUR GROUPS, YOU DON'T LOOK HER IN HER
16 EYES." WELL, I GOT SEVERAL PEOPLE IN THE ROOM. IN
17 FACT -- AND SEE THESE PEOPLE -- IN FACT, BACK THEN
18 OUR RATIO WAS ONE TO TWELVE. I HAD LIKE 28, 30
19 CLIENTS IN A -- IN A GROUP AT ONE TIME, AND I CAN'T
20 LOOK AT EVERY CLIENT. I TRY TO BRIEFLY LOOK AT
21 EVERY CLIENT IN THE EYE. BUT I CAN'T LOOK AT EVERY
22 CLIENT IN THE EYE. BUT THE CLIENT SAID, I DON'T
23 LOOK HER -- LOOK HER IN THE EYE. AND THIS CLIENT,
24 BECAUSE MARIA KEPT DRAGGING THIS CLIENT. THIS
25 CLIENT MADE A STATEMENT THAT SHE WAS GOING TO KILL

1 ME. BECAUSE AT ONE DAY THAT I SAW HER -- AND I SAW..
2 -- BECAUSE MARIA KEPT TELLING ME, "OH, THERE WAS
3 ANOTHER COMPLAINT. THERE WAS ANOTHER COMPLAINT." .
4 SO I EMAILED DR. ARNOLD. I SAID, "DR. ARNOLD,
5 THERE'S ANOTHER COMPLAINT?" DR. ARNOLD, SAID, "NO."
6 AND ALL OF THIS IS DOCUMENTED -- ALL OF THIS. SHE
7 SAID, "NO, THERE IS NOT ANOTHER COMPLAINT," BUT
8 MARIA KEPT RUSHING THIS CLIENT INTO THE ROOM, AND IF
9 YOU WANT TO SAY THIS IS NORMAL, AND THIS IS
10 INCIDENTAL, MA'AM, YOU ARE SADLY MISTAKEN. THIS IS
11 NOT NORMAL. THIS IS NOT NORMAL BEHAVIOR FOR A
12 SUPERVISOR TO CONDUCT HERSELF LIKE THIS. BUT WHEN
13 THAT, WHEN THE SEXUAL HARASSMENT CLAIM DIDN'T --
14 DIDN'T WORK OUT, THE CLIENT NONSENSE DIDN'T WORK
15 OUT, THEN THEY HAD -- AND HAROLD WILL TELL YOU, I --
16 I HAD TO HAVE A MEETING WITH THESE FOLKS, WITH DR.
17 BANK, MS. MARIN, AND -- AND -- AND CARLA CANNON. *Demo*
18 AND I'M SITTING IN THAT MEETING, AND I'M LISTENING
19 TO THESE FOLK, AND TO THE POINT WITH THE STUFF THAT
20 THEY WERE SAYING WAS SO SO CRAZY, I HAD TO STOP THAT
21 MEETING AND LOOK DR. BANK IN HIS EYE, AND I SAID,
22 "Y'ALL MUST THINK I'M STUPID. THIS IS NOT NORMAL.
23 THIS -- YOU DON'T TELL ME THAT I SEXUALLY HARASSED A
24 -- AN EMPLOYEE A YEAR-AND-SOME-MONTHS EARLIER, AND
25 NOW YOU WANT TO BRING IT TO MY ATTENTION. NO. YOU

1 DON'T TELL ME I -- I ABUSED A CLIENT TWO OR THREE
2 WEEKS AGO AND SHE'S STILL AROUND ME, BECAUSE SHE'S A
3 SO AFRAID OF ME, BUT YET, YOU STILL GOT THIS CLIENT
4 AROUND," AND TO THE POINT WHERE WHEN I WAS TRYING
5 TO SEND MY DOCUMENTATION EVIDENCE, UNTIL THAT,
6 "LISTEN, THIS CLIENT HAS BEEN IN MY GROUPS ALL THIS
7 TIME, HADN'T HAD NO PROBLEMS. MARIA FORCED ME. SHE
8 SAID, NO, I COULD NOT SEND IT TO ---

9 **BY MS. SNYDER:**

10 I DON'T REALLY KNOW HOW TO DEAL WITH THE
11 HEARSAY OBJECTIONS THAT ARE GOING ON.

12 **BY COMMISSIONER BARDEN:**

13 WELL, MARIA IS -- OR MARIA IS A SUPERVISOR.
14 NOW, IF HE TALKS ABOUT A PHYSICIAN OR SOMEBODY ELSE
15 WHO IS NOT AN AGENT OF THE EMPLOYER OR EVEN A CO-
16 WORKER, I WOULD SUSTAIN THOSE OBJECTIONS. BUT RIGHT
17 NOW WE'RE TALKING ABOUT A SUPERVISOR, CORRECT?

18 **BY MS. SNYDER:**

19 BUT IT'S STILL HEARSAY. I MEAN, HE'S REPORTING
20 THAT IT'S ---

21 **BY COMMISSIONER BARDEN:**

22 WELL ---

23 **BY MS. SNYDER:**

24 --- FACT.

25 **BY COMMISSIONER BARDEN:**

1 I DON'T KNOW WHERE MS. MARIN IS. I GUESS SHE'S
2 NOT HERE TODAY.

3 BY MS. SNYDER:

4 AND I DID NOT THINK IT WOULD BE A GOOD IDEA TO
5 BRING HER.

6 BY COMMISSIONER BARDEN:

7 BUT SINCE ---

8 BY THE CLAIMANT:

9 MA'AM, COULD I SAY SOMETHING?

10 BY MS. SNYDER:

11 WE'RE JUST -- I'VE GOT -- AND DO YOU WANT A
12 LITTLE DIRECTION? THERE, THE INCIDENT REPORT FROM
13 THIS DATE IS APA ONE OF OURS.

14 BY COMMISSIONER BARDEN:

15 OKAY. WELL, I'M GOING TO LET HIM GO A LITTLE
16 BIT FURTHER WITH THIS.

17 BY MS. SNYDER:

18 OKAY.

19 BY COMMISSIONER BARDEN:

20 AND THEN -- AND BUT SO YOU -- YOU HAVE A
21 RUNNING OBJECTION TO HIS TESTIMONY.

22 BY MS. SNYDER:

23 OKAY.

24 BY COMMISSIONER BARDEN:

25 BUT I'M GOING TO ALLOW HIM TO JUST KEEP GOING A

1 LITTLE BIT AND TELL ME.

2 BY THE CLAIMANT:

3 MA'AM, COMMISSIONER BARDEN, AND -- AND I
4 RESPECT YOU RIGHT THERE. BUT ALL OF THIS STUFF I'M
5 SAYING NOW, I SAID IT IN MY DISPOSITION [SIC]. BUT
6 FOR SOME REASON, IF YOU WILL, THEY GOT HAROLD
7 EDWARDS SITTING HERE, NOT DR. MCNEILL, NOT MS.
8 MARIA, NOT A -- A -- A DR. BANK; BUT ONLY HAROLD
9 EDWARDS. FOR SOME STRANGE REASON, HE'S THE ONLY ONE
10 THAT'S SITTING HERE.

11 BY MS. SNYDER:

12 THE DIRECTOR OF THE AGENCY WASN'T GOING TO COME
13 TESTIFY ON -- ABOUT THIS.

14 BY THE CLAIMANT:

15 WELL, IT -- IT ---

16 BY COMMISSIONER BARDEN:

17 THE DIRECTOR OF THE AGENCY, WHAT?

18 BY MS. SNYDER:

19 IS -- WASN'T -- HAS NOTHING TO DO WITH COMING
20 TO TESTIFY AT THIS HEARING.

21 BY COMMISSIONER BARDEN:

22 Q. ALL RIGHT. WELL, LET -- GO AHEAD. SO LET ME SEE
23 WHERE YOU WERE. YOU WERE TALKING ABOUT YOU -- YOU
24 FELT LIKE WHAT YOU TESTIFIED TO IS LIKE YOU WERE
25 ACCUSED OF SEXUAL HARASSMENT, BUT IT WAS A LONG TIME

1 COMING, AND THEN THERE WAS A CLIENT THAT SAID --
2 MADE A REPORT, BUT IT WAS WEEKS, AND THEN YOU WERE
3 CONTINUING TO BE AROUND THE CLIENT. YET, THEY WERE
4 BRINGING ALL THIS STUFF UP, AND FROM WHAT YOUR --
5 WHAT YOU'RE TELLING ME ---

6 A. YEAH.

7 Q. --- IS WELL AFTER IT WAS HAD ALLEGEDLY OCCURRED; IS
8 THAT WHAT YOU WERE SAYING?

9 A. YES, MA'AM.

10 Q. OKAY.

11 A. AND THE FACT TO THE MATTER ---

12 Q. AND I'M NOT TRYING TO PUT WORDS IN YOUR MOUTH. I'M
13 JUST TRYING TO UNDERSTAND.

14 A. WELL, THE FACT TO THE MATTER IS ---

15 Q. IS THAT CORRECT ---

16 A. IT ---

17 Q. --- WHAT I SAID?

18 A. YES, MA'AM. IT -- AND THEY ALLEGED THIS STUFF, IF
19 YOU WILL, ONLY AFTER I GAVE MARIA THE APRIL 19TH,
20 NOTE. AND I THINK ---

21 Q. OKAY.

22 A. --- APRIL 19TH LETTER. THAT'S WHEN THEY START
23 ALLEGING THIS STUFF.

24 Q. OKAY.

25 A. THAT'S NOT NORMAL. THAT'S NOT INCIDENTAL. EVEN

1 TELLING ME YOU'RE GOING TO HAVE SOMEBODY SEXUAL
2 HARASS SOMEBODY, BUT YOU'RE WON'T SAY ANYTHING 'TIL
3 A YEAR-AND-SOME-ODD-MONTHS LATER. NO. THAT ---

4 Q. AND THIS WAS AFTER THEY -- SOMEBODY ACCUSED YOU OF
5 HAVING THE AFFAIR WITH THE RECEPTIONIST THAT YOU DID
6 THAT LETTER, AND ALL THIS STUFF OCCURRED THAT YOU'RE
7 TALKING ABOUT NOW OCCURRED AFTER YOU SUBMITTED THE
8 NOTARIZED NOTE?

9 A. WELL, THE -- THE ---

10 Q. I'M TRYING TO FOLLOW HERE SO...

11 A. 'CAUSE IT'S SO -- IT'S SO -- OR -- BUT FROM APRIL
12 THE 1ST TO APRIL THE 19TH ---

13 Q. OKAY.

14 A. --- THAT'S WHERE ALL THIS STUFF CAME ABOUT WHERE THE
15 SEXUAL HARASSMENT, ---

16 Q. RIGHT.

17 A. --- YOU SEXUALLY HARASSED SOMEBODY AT -- AT
18 INDEPENDENCE HOUSE, AND THEN SOMETIME BETWEEN THE --
19 THE SIX MONTHS THAT I WAS ACTUALLY AT NEW HORIZONS
20 UP UNTIL APRIL THE 19TH, SHE ALLOWED EMPLOYEES TO
21 COME IN INTO HER OFFICE AND SIT AND SAY, WELL, AND
22 THIS IS ACCORDING TO HER, AND SAY, "WELL, YOU AND
23 MS. ASHLEY ARE HAVING AN AFFAIR," WHICH WAS TOTALLY
24 UNTRUE, 'CAUSE NONE OF US ARE MARRIED. I WOULDN'T
25 EVEN -- AND -- AND WOULD -- WASN'T EVEN DATING THIS

1 YOUNG LADY. I -- THEY SAID, BECAUSE I WAS -- I WAS
2 GETTING SO ALONG WITH HER. I GET ALONG WITH
3 EVERYBODY, EVERYBODY. THAT'S MY -- AND MY
4 EMPLOYMENT RECORD WILL -- WILL SAY THIS. MY OWN
5 EMPLOYMENT RECORD WOULD ALSO SAY THAT OUT OF ALL MY
6 SUPERVISORS, AND I CAN GO AND LIST THEM: MS. FELDER,
7 HANK EDMONDS, CHERYL MCCLINTON, MS. LEE, MR. ROVE,
8 EVEN HAL EDWARDS, MR. GREG OATES, AND -- AND MR.
9 DANIEL OWENS, NEVER GOT WRITTEN UP FOR ANYTHING.
10 'CAUSE THAT'S NOT WHO I AM. I DO MY JOB. BUT
11 BECAUSE I GAVE THIS YOUNG LADY THIS APRIL THE 19TH
12 LETTER, THE INCIDENT -- IT ALL STARTED AROUND AN
13 APRIL FOOL INCIDENT THAT WAS DIRECTED TO ME.

14 Q. OKAY. SO THE LETTER YOU GAVE HER WAS ON APRIL 19TH.
15 OKAY. SO GO AHEAD.

16 A. AND SO ONCE I GAVE THEM THAT LETTER, AND THEN -- AND
17 YOU CAN SEE ROCHELLE KATON'S LETTER HAS NOTHING TO
18 DO WITH ME ABUSING MY -- AND -- AND BASICALLY WHAT
19 SHE SAID, MARIA EMBELLISHED IN THE LETTER, BECAUSE
20 WHAT THE CLIENT SAYS DOES NOT MATCH WHAT MARIA SAID.
21 NOW, THEY ALL SAY -- WELL, AND FOR SOME REASON THEY
22 TRANSFERRED ME TO THE COTTAGES, I GUESS BECAUSE
23 THERE WAS BAD BLOOD BETWEEN MS. -- MS. MARIN AND I.
24 BUT I DIDN'T HAVE ANY BAD BLOOD BETWEEN ANYBODY, AND
25 DOCUMENTATION WILL TELL YOU THAT. BUT THEY MOVED

ME, AND I FILED A GRIEVANCE WITH EVERYTHING THAT
WENT ON, AND ALL OF THIS IS DOCUMENTED.

Q. OKAY.

A. AND I -- I'M RECALLING ALL THIS INFORMATION ---

Q. OKAY.

A. --- BECAUSE THERE'S SO MUCH OF IT, BUT ---

~~Q.~~ SO WHAT HAPPENED WITH THE GRIEVANCE?

A. YOU KNOW, THESE PEOPLE SAID THAT THE ONLY REASON WHY
I FILED A GRIEVANCE IS BECAUSE MY FEELINGS WAS HURT.

Q. OKAY.

A. THEY DIDN'T THINK ABOUT ALL THE LEGAL ACTIVITY THAT
WAS GOING ON. THEY DIDN'T THINK ABOUT THESE FALSE
CLAIMS, BECAUSE MY FEELINGS WERE HURT.

Q. OKAY.

A. SO THEY MOVED ME TO THE COTTAGES, AND I WAS OVER
THERE, AND THAT'S WHEN GREG OATES, AND I ALSO HAD
MARJORY, AND WHO ELSE WAS MY SUPERVISOR? MARJORY
AND SOMEBODY ELSE. BUT THEN I WENT OVER TO GREG
OATES. I WORKED UNDER GREG OATES, NO PROBLEMS, AND
THEN ---

Q. SO THINGS WENT WELL AT THE COTTAGES?

A. THINGS WENT WELL. AND AT -- AT -- THINGS WENT WELL
AT INDEPENDENCE HOUSE. THINGS WENT WELL AT -- AT
NEW HORIZONS, ONLY UNTIL I GAVE MS. MARIA THE APRIL
19 NOTARIZED LETTER, THEN THAT'S WHEN ALL HELL BROKE

1 LOOSE.

2 Q. OKAY.

3 A. BUT ONCE I GOT TO THE COTTAGES, THINGS WENT WELL.
4 ONCE WE GOT INTO THE NEW BUILDING, THINGS WENT WELL.
5 IT WAS ONLY 'TIL WHEN MARJORY A -- A MARJORY I GUESS
6 WILSON LEFT, MARIA STARTED THIS NONSENSE ALL OVER
7 AGAIN. WHAT SHE SAID WAS SHE WENT AND TOLD THEM --
8 AND THEN SAY WELL, HARRY, HOW DO YOU KNOW SHE TOLD
9 YOU SOMETHING TO THAT? SHE SAID THAT, WELL,
10 SOMEBODY CALLED IT AND REPORTED TO THE CRISIS
11 HOTLINE SAYING THAT MYSELF AND RICK NICHOLS HAD A
12 DUAL RELATIONSHIP AND -- AND I WAS BENEFITTING FROM
13 THAT, AND BASICALLY I WAS BENEFITTING FROM
14 TRANSPORTATION. I WAS SETTING UP TRANSPORTATION
15 SCHEDULES FOR THE CLIENT TO GET ON TRANSPORTATION SO
16 RICK CAN TRANSPORT THEM, AND ALL THAT'S A LIE
17 BECAUSE I WASN'T DOING TRANSPORTATION. TONY MORRIS
18 WAS DOING THE TRANSPORTATION. WHAT ARE YOU TALKING
19 ABOUT?

20 Q. WAS THIS TO HELP RICK LIKE IN A BUSINESS SENSE?

21 A. YES, MA'AM.

22 Q. IS THAT WHAT THEY'RE SAYING?

23 A. YES, MA'AM.

24 Q. SO YOU WERE -- THEY WERE ACCUSING YOU OF THROWING
25 BUSINESS TO RICK?

1 A. YEAH. YES, MA'AM.

2 Q. OKAY.

3 A. AND UNETHICAL BEHAVIOR.

4 Q. OKAY.

5 A. WELL, IF THEY'D HAVE JUST STOPPED AND LISTENED TO
6 ME, THEY WOULD HAVE KNOWN THAT PRIOR TO THAT WE WAS
7 ACTUALLY IN A POSITION TO MOVE OUR CLIENTS. BECAUSE
8 A CLIENT CAME TO ME, AND SAID, HARRY -- HE HAD
9 CLAIMED SOME ABUSE ISSUES. SO WHAT CORNELL TOLD ME
10 TO DO, 'CAUSE I BROUGHT MR. EDWARDS AND MR. ROVE IN, *Cornell*
11 AND THEY LISTENED TO THE CLIENT, AND CORNELL, WHO
12 WAS MY SUPERVISOR AT THE TIME, HE SAID, "GET RICK IN
13 HERE AND LET'S HAVE A CONVERSATION." WE GOT MR.
14 NICHOLS IN THERE, BECAUSE THIS IS THE WAY THE POLICY
15 SAYS TO WORK IT. AND I'M SAYING THIS FOR A REASON.
16 THIS IS THE WAY THE POLICY SAYS THAT WE SHOULD DO
17 IT. ONCE A CLIENT COMES WITH A COMPLAINT, THEN WE
18 AS CASE MANAGERS NEED TO TRY TO ADDRESS THAT
19 COMPLAINT INITIALLY. IF WE'RE UNABLE TO ADDRESS
20 THAT -- THAT COMPLAINT, THEN WE GO TO OUR
21 SUPERVISOR. IF OUR SUPERVISOR IS UNABLE TO ADDRESS
22 THAT COMPLAINT, THEN IT GOES TO MS. SHEILA ARNOLD.
23 AND AGAIN, WE HAVE I THINK WITHIN THIS POLICY, I
24 THINK THERE'S LIKE FOUR POLICIES THAT TELLS US HOW
25 THIS SHOULD WORK, AND WE'LL GET BACK TO THE

1 SITUATION WITH THE CLIENT THAT WAS DOWN AT THE HOUSE
2 AND GOT AGITATED IN A MINUTE, BUT HOW THAT RELATES
3 TO HIM. BUT IT -- IT -- IF ^{MAKING} BEN HAD TALKED WITH ME -
4 - FIRST OF ALL, THERE WAS AN EMAIL THAT I SENT TO
5 JOHN BROWN ABOUT TRANSPORTATION, AND I TOLD JOHN.
6 BROWN I WAS UPSET SIMPLY BECAUSE THEY WAS TRYING TO
7 PREVENT ME FROM DOING MY JOB, BECAUSE MY JOB IS TO
8 TEACH THESE CLIENTS HOW TO USE COMMUNITY RESOURCES,
9 THAT TRANSPORTATION, ANY COMMUNITY RESOURCE THERE
10 IS. THAT'S MY JOB. BUT THEY WOULDN'T LET ME DO IT,
11 BECAUSE THEY WANTED TONI MORRIS TO SET UP
12 TRANSPORTATION ARRANGEMENT. WHY THEY WANTED TONI
13 MORRIS TO SET UP TRANSPORTATION, AND THEY WANTED TO
14 MAKE SURE, YOU KNOW WHAT, THE -- THE AGENCY BENEFIT
15 FROM THE CLIENTS BEING THERE. AND THAT'S GOOD.
16 THAT'S GOOD. THAT'S WHAT WE'RE THERE FOR. BUT IF A
17 CLIENT IS ABLE TO SET HIS OR HER TRANSPORTATION OR
18 BE -- OR IS TRAINABLE TO -- TO -- TO SET UP HIS OR
19 HER OWN TRANSPORTATION, THAT'S WHAT WE'RE THERE FOR
20 AS ^{CLIENTS} COMMISSIONS. WELL, I GOT NO WHERE OUT THERE.
21 AND I ALSO FORWARDED THAT SAME EMAIL TO DR. BANK.
22 SO THEY KNEW RIGHT AT THAT PARTICULAR TIME AND POINT
23 I HAD NOTHING TO DO WITH TRANSPORTATION. THEN WITH
24 THE -- WITH THIS CLIENT CAME IN AND MAKE THE -- THE
25 -- THE COMPLAINT THAT RICK NICHOLS WAS ABUSING HIM.

1 AGAIN, I CALLED MR. EDWARDS AND MR. CORNELL IN, AND
2 MR. CORNELL SAID, "GET RICK IN HERE." WE GOT RICK
3 AT THE TABLE. WE TALKED WITH -- TALKED WITH RICK.
4 AND BASICALLY, ONCE WE TALKED WITH RICK, WE WENT
5 DOWN TO THE PLACEMENT, AND WE INTERVIEWED EVERY
6 CLIENT THAT WAS IN HIS PLACEMENT. AND -- AND -- AND
7 NOBODY SAID ANYTHING ABOUT ABUSE, AND THE CLIENT
8 THAT MADE THE ABUSE COMPLAINT RETRACTED HIS
9 STATEMENT. AND HE SAID THE ONLY REASON WHY HE DID
10 IT WAS BECAUSE HE WANTED TO LEAVE NEW ALPHA, AND HE
11 COULDN'T -- HE COULD HAVE LEFT NEW ALPHA. BUT THE
12 PROBLEM WITH HIM, HE HAS A -- A -- A -- HE HAS TO
13 REPORT AS A SEX OFFENDER EVERY THREE MONTHS. SO HE
14 COULDN'T BE IN A THOUSAND FEET I BELIEVE IT WAS OF A
15 PLAYGROUNDS AND SCHOOLS, ET CETERA, ET CETERA. BUT
16 IF YOU WANT TO LEAVE YOU CAN LEAVE, AND I EVEN WROTE
17 THIS YOUNG MAN A LETTER. I SAID, "LISTEN, IF YOU
18 WANT TO LEAVE THAT'S FINE, THAT'S ON YOU," BUT BE
19 MINDFUL THAT YOU MUST ---

20 Q. RIGHT. WELL, TELL ME, LET'S -- TELL ME -- LET'S GET
21 TO YOU.

22 A. OKAY.

23 Q. TELL ME.

24 A. WELL, ALL THIS IS IS ---

25 Q. OKAY.

1 A. --- IS ABOUT ME, HOW THE PROCESS ---

2 Q. OKAY.

3 A. --- HOW THEY DID NOT FOLLOW THEIR OWN POLICIES.

4 Q. OKAY.

5 A. OKAY. WELL, AND IN FACT, MA'AM, AND -- AND -- AND
6 I'M TRYING TO TELL EVERYBODY THIS, AND I WANT FOLKS
7 TO UNDERSTAND THAT'S THE REASON WHY THESE -- WHY WE
8 HAVE THESE POLICIES. I THINK THE LEGISLATURE WAS
9 SMART ENOUGH TO SAY, LISTEN, WE KNOW THE POPULATION
10 OF WHO MENTAL HEALTH SERVES, AND THESE INDIVIDUALS
11 AT ANY TIME CAN COME IN AND SAY, YOU KNOW WHAT, THIS
12 PERSON ABUSED ME. THAT PERSON ABUSED ME. THAT
13 PERSON ABUSED ME, AND THEN WHAT WE WOULD HAVE TO DO
14 IS CALLS PUBLIC SAFETY. PUBLIC SAFETY WOULD TAKE
15 THE REPORT, AND THEN D.S.S. WOULD DO AN
16 INVESTIGATION. IF WE DID THAT WITH EVERY CLIENT WHO
17 CAME IN TO MAKE A -- MAKE A REPORT, IF YOU THINK
18 D.S.S. IS IN TROUBLE NOW, IF WE DID IT THAT WAY,
19 IT'D BE IN A TOTAL WRECK. SO WHAT THE -- THE -- THE
20 FOLK DECIDE TO DO, WAS SAID, OKAY. LET'S HAVE SOME
21 POLICIES. LET'S HAVE A WAY OF DOING THIS
22 APPROPRIATELY, SO IT MINIMIZE ANY DISTRACTIONS OR --
23 OR PREVENT ANYBODY ELSE FROM GETTING HURT. LET'S
24 HAVE THESE THREE POLICIES THAT DIRECTS THE PATHWAY
25 OR GOVERNS THE WAY WE DEAL WITH CLIENTS WHO MAKES

1 ABUSE CLAIM, AND THEY ARE -- THEY ARE IN PLACE, AND
2 THIS IS WHAT WE NEED TO DO. AND THEN WE HAVE A
3 SEPARATE POLICY IF SOMEBODY ELSE OTHER THAN THE
4 CLIENT, AND IT CAN EVEN BE A -- A STAFF MEMBER SAYS
5 "WE SAW HARRY REESE ABUSING A CLIENT," WELL, WHAT
6 HAPPENS THEN IS NOW IT AUTOMATICALLY GOES TO THE
7 SUPERVISOR. IT AUTOMATICALLY GOES TO P.S.O., AND
8 THEN P.S.O. MAKE A REPORT, AND I'M SAYING ALL OF
9 THAT FOR A REASON, 'CAUSE I -- AND I KNOW THIS IS A
10 LONG PROCESS, AND I KNOW MR. HAROLD GOT TO GO,
11 'CAUSE I THINK HE HAS APPOINTMENTS. BUT I'M SAYING
12 ALL OF THIS FOR A REASON, AND IT'S GOING TO COME
13 DOWN, AND I KNOW I'M TAKING LONG, 'CAUSE IT'S A LONG
14 TEDIOUS PROCESS. BUT THAT'S THE -- THAT'S THE
15 PROCESS THAT WE FOLLOW WHEN THE CLIENTS MAKE THIS
16 CONCERN, WE HAVE FOUR DIFFERENT POLICIES JUST TO ---

17 Q. RIGHT.

18 A. --- JUST TO WHAT WE SHOULD DO. WHEN THE CAT -- WHEN
19 THE STAFF MEMBER IS ACCUSED OF A -- OF A -- OF AN
20 ABUSE, NEGLECT, AND EXPLOITATION OF -- OF -- OF
21 CLIENTS, THIS IS THE POLICY THAT YOU FOLLOW. OKAY,
22 AND THAT'S FINE. BUT IF -- WELL, LET'S HIT WITH
23 THAT -- THIS DUAL RELATIONSHIP CAME OUT, A -- A
24 COMPLAINT AGAINST ME. FIRST OF ALL, WHEN THEY --
25 WHEN THEY CALLED AND REPORTED IT TO THE HOTLINE,

1 THEY SAID, NOT JUST -- I JUST CAN'T REMEMBER WHERE
2 THIS STUFF -- AND I DO APOLOGIZE. MY -- MY EFFORT
3 WAS TO GIVE YOU A GUIDELINE SO YOU WOULD HAVE ALL
4 THIS STUFF DOWN SO YOU WON'T GET CONFUSED AND ALL
5 THIS OTHER STUFF WON'T BE DISTRACTED, BUT I GOT SOME
6 INFORMATION OVER THE WEEKEND, AND I READ. AND --
7 AND I WAS TOLD I CAN'T PRESENT IT TODAY BECAUSE ALL
8 THIS OTHER STUFF, WHICH IS, YOU KNOW, AND IT -- IT
9 KIND OF LEADS TO, YOU KNOW, HEY, THEY -- YOU KNOW
10 YOU DID WRONG, BUT NOW YOU ---

11 Q. I'M GOING TO -- I'M GOING TO READ EVERYTHING YOU
12 GAVE ME.

13 A. WELL, I CAN'T GIVE YOU THE INFORMATION THAT SOMEBODY
14 SENT TO ME.

15 Q. WELL ---

16 BY MS. SNYDER:

17 FAIR -- JUST SHORTLY BEFORE THE HEARING HE
18 EMAILED ME SOMETHING THAT INCLUDED CORRESPONDENCE
19 FROM ME REGARDING SETTLEMENT NEGOTIATIONS, AND I
20 TOLD HIM ---

21 BY COMMISSIONER BARDEN:

22 YEAH. I CAN'T SEE THAT.

23 BY THE CLAIMANT:

24 OKAY.

25 BY COMMISSIONER BARDEN:

1 YOU CAN'T MENTION THAT, OR I CAN'T HEAR THE
2 CASE.

3 BY THE CLAIMANT:

4 OKAY.

5 BY COMMISSIONER BARDEN:

6 IT -- IT IS SOMETHING THAT I -- SO DON'T
7 MENTION ANY SETTLEMENT NEGOTIATIONS TO ME.

8 BY THE CLAIMANT:

9 OKAY. WELL...

10 BY COMMISSIONER BARDEN:

11 THAT TAKES ME OUT OF IT.

12 BY THE CLAIMANT:

13 OKAY. AND -- AND BUT -- BUT SEE, THAT'S UNFAIR
14 TO ME, 'CAUSE THEY ---

15 BY COMMISSIONER BARDEN:

16 Q. WHAT'S UNFAIR TO YOU?

17 A. THEY, WELL, WHEN YOU CAN'T DISCUSS THE SETTLEMENT --

18 -

19 Q. WELL, YOU -- THE REASON YOU CAN'T DO THAT ---

20 A. OH.

21 Q. --- IS BECAUSE YOU WANT ME TO BE VERY OBJECTIVE.

22 A. UH-HUH.

23 Q. YOU DON'T WANT ME TO -- TO KNOW WHAT'S BEEN OFFERED
24 TO YOU, BECAUSE LET'S SAY IT WAS SOMETHING REALLY
25 MINIMAL, THEN I'M LIKE THINKING, WELL, HE DOESN'T

Claim OK

1 REALLY HAVE A CLAIM; OR IF THEY OFFERED YOU
2 SOMETHING ASTRONOMICAL, AND I MIGHT SAY WELL, GEE,
3 THEY'RE AFRAID OF THIS CLAIM. THEY WANT -- THEY'RE
4 WORRIED THAT I'LL FIND IT COMPENSABLE. THERE ARE A
5 LOT OF REASONS WHY YOU DON'T WANT A COMMISSIONER TO
6 HAVE -- YOU WANT A COMMISSIONER TO HAVE A BLANK
7 CANVAS, A BLANK SHEET OF PAPER, AND TO HEAR
8 EVERYTHING AND TO READ ALL OF THIS AND THEN MAKE A
9 DECISION NOT BASED ON SOME NEGOTIATION. THERE'S A
10 REASON, THAT PROTECTS YOU, IT PROTECTS HER TOO. I
11 PROMISE YOU.

12 A. OKAY. WELL, AGAIN, LIKE I SAY, ACKNOWLEDGE THAT
13 THEY KNOW. THEY WILL ---

14 Q. WELL, NO, SIR. I WOULD JUST TELL YOU SETTLEMENTS
15 ARE -- 95 PERCENT OF THESE CASES SETTLE.

16 A. OKAY.

17 Q. FIVE PERCENT GO TO HEARINGS. SO SETTLEMENTS ARE NOT
18 UNUSUAL.

19 A. OKAY. BUT ---

20 Q. SO WE -- WE NEED TO BACK OFF OF THAT AND MOVE ON.
21 AND -- AND LET'S -- LET'S GO ON TO, YOU KNOW, WHAT
22 BRINGS YOU HERE TODAY, WHAT HAPPENED NEXT?

23 A. WELL, AGAIN, AND -- AND IT'S SORT OF LIKE THAT ---

24 Q. AND I NEED TO KNOW WHAT HAPPENED ---

25 A. --- AND WITH THAT ---

1 Q. --- THAT WAS EXTRAORDINARY AND UNUSUAL AFTER, AND
2 I'M TRYING TO THINK, WELL, YOU SAID THEY DIDN'T
3 FOLLOW THEIR OWN POLICY ---

4 A. UH-HUH.

5 Q. --- AS FAR AS THE COMPLAINTS, BUT ---

6 A. UH-HUH.

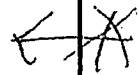
7 Q. --- TELL ME.

8 A. WELL, MA'AM, THIS IS YEARS OF ---

9 Q. OKAY.

10 A. --- ALLOWING THIS INDIVIDUAL TO ATTACK ME, AND I
11 KNOW I MAY HAVE TO GO THROUGH THE APPEAL PROCESS,
12 'CAUSE NOW I KNOW I NEED TO GET THIS BETTER -- I GOT
13 IT ORGANIZED TO THE POINT WHERE IF YOU SIT DOWN AND
14 VISUALLY READ IT YOU CAN UNDERSTAND WHAT I'M SAYING.

15 Q. WELL, THAT IS PRECISELY WHAT I'M GOING TO DO.

16 A. BUT MY EFFORTS THIS WEEKEND OR LAST WEEKEND WAS TO
17 HAVE A GUIDE SO EVERYONE CAN FOLLOW ALONG. BUT
18 AGAIN, WHEN I GOT THIS INFORMATION IT JUST -- IT
19 JUST DUMBFOUNDED ME, BECAUSE, YOU KNOW, ALL THESE
20 TIMES I -- EVEN -- EVEN MR. MCGILL HIMSELF, I
21 REQUESTED TO MEET WITH HIM. HE DIDN'T WANT TO TALK
22 WITH ME. I HAD TO GO TO SENATOR PEELER'S OFFICE, 
23 AND I SAT IN THIS YOUNG -- THE -- THE SENATOR
24 PEELER'S OFFICE, AND HE WASN'T THERE AT THE TIME.
25 SO ONE OF HIS ASSISTANTS TALKED TO ME. SHE REFERRED

ME TO ROCHELLE KATON. I'M SITTING IN ROCHELLE
KATON'S OFFICE. I MEAN -- I MEAN BAWLING, BECAUSE I
MEAN THIS HAS BEEN YEARS. THIS AIN'T JUST BEEN
YESTERDAY. THIS AIN'T JUST BEEN ONE INCIDENT. OH,
IT'S ONE INCIDENT, AND OH, I'M HAVING ALL THESE
PROBLEMS. IT'S BEEN YEARS, AND TRYING TO RESOLVE
THIS STUFF AS AMICABLY AS POSSIBLE. IT'S JUST LIKE
THE PEOPLE SAY, YOU KNOW WHAT? YOU'RE A NOBODY.
BUT I HAD TO GO TO HIS OFFICE. AND -- AND -- AND
THE YOUNG LADY REFERRED ME TO MS. KATON, AND I'M
SITTING IN ROCHELLE KATON'S OFFICE, AND I'M TELLING
YOU WHAT'S GOING ON, AND THEN, YOU KNOW, WHEN I'M
TELLING ABOUT ME PERSONALLY, I GET CUT OFF. BUT
LONG -- AS LONG AS I'M TALKING ABOUT THESE CLIENTS,
YOU KNOW, SHE'S WILLING TO LISTEN. SO IT WAS LIKE,
AGAIN, NOBODY LISTEN TO HARRY REESE. YOU JUST WANT
TO KEEP LISTENING TO THIS NONSENSE THIS YOUNG LADY
IS TELLING YOU ABOUT HARRY REESE, WITHOUT DOING YOUR
DUE DILIGENCE. IF YOU'RE GOING TO HAVE THESE
POLICIES, FOLLOW YOUR POLICIES. AND IF YOU'RE GOING
TO BE OBJECTIVE, AND THIS IS -- THIS IS THE PROBLEM,
THEY WERE NOT OBJECTIVE. THEY DIDN'T THINK, YOU
KNOW, AND I MEAN, BECAUSE THE SIMPLE FACT, IF -- IF
I WAS HAVING A DUAL RELATIONSHIP WITH THIS PROVIDER,
I CERTAINLY WOULD BRING -- WOULDN'T BE BRINGING

1 D.S.S. ATTENTION TO THIS PROVIDER'S -- THE
2 PROVIDER'S PLACEMENT. BUT NOBODY WANTED TO HEAR
3 THAT. WHEN JOHN BROWN, PRIOR TO THAT, SENT ME AN
4 EMAIL -- AND WHEN I SENT HIM AN EMAIL SAYING, "HEY,
5 LISTEN, I AM TIRED OF THIS AND THAT YOU ALL WON'T --
6 EVEN Y'ALL WON'T EVEN TALK -- TALK TO ME. Y'ALL
7 WILL JUST LET THIS YOUNG LADY SAY EVERYTHING,
8 ANYTHING SHE WANT."

9 Q. OKAY. WERE YOU DISCIPLINED BECAUSE OF THESE THINGS
10 YOU'RE TELLING ME ABOUT?

11 A. I WAS ---

12 Q. OR WAS IT JUST YOU FEEL LIKE IT'S JUST ALL THESE
13 EMAILS AND YOU'RE BEING HARASSED?

14 A. I -- I'VE BEEN HARASSED AND RETALIATED AGAINST.

15 Q. AND HOW WERE YOU RETALIATED AGAINST?

16 A. BECAUSE EVERY TIME THAT THIS YOUNG LADY WOULD SAY
17 SOMETHING THAT ---

18 Q. YOUNG LADY, BEING MS. MARIN?

19 A. MS. MARIN -- MARIN. THEY TOOK IT AT ITS FACE VALUE,
20 AND I WOULD GET PUNISHED. I WOULD GET PUNISHED AND
21 A TO THE POINT ---

22 Q. HOW WOULD YOU GET PUNISHED?

23 A. WELL, NOT TO THE POINT OF -- OF -- OF -- A -- A ---

24 Q. SEE, I DON'T KNOW THE BACKGROUND. SO YOU'VE GOT TO
25 TELL ME.

1 A. OKAY. NOT TO THE POINT OF BEING PUNISHED, BUT I'M
2 BEING WRITTEN UP AND SUSPENDED, BUT TO ---
3 Q. SO YOU WERE NOT WRITTEN UP?
4 A. --- BUT -- BUT TO THE POINT WHERE WHEN DOCTOR -- DR.
5 BANK GOT THE REPORT THAT HARRY'S HAD THIS
6 RELATIONSHIP WITH RICK NICHOLS. I'M SPEAKING WITH
7 THIS YOUNG MAN IN THE -- IN THE HALLWAY, AND THIS
8 YOUNG MAN DIDN'T EVEN WANT TO SPEAK TO -- SPEAK TO
9 ME BACK, AND SIMPLY BECAUSE HE DOESN'T -- AND I
10 CERTAINLY UNDERSTAND HE'S FED UP. MARIA, HARRY.
11 MARIA, HARRY. AND EVERYBODY A -- WELL, ALL YOU GOT
12 TO DO IS STOP AND LISTEN. BUT ---
13 Q. DO YOU FEEL LIKE THERE'S JUST A -- THE ENVIRONMENT
14 WAS -- WAS UNUSUAL, OR 'CAUSE YOU'RE SAYING YOU WERE
15 NOT WRITTEN UP FOR ANY OF THIS?
16 A. BUT ---
17 Q. YOU WERE NOT?
18 A. --- THE FACT TO THE MATTER IS, MA'AM, WHEN ---
19 Q. WHAT YOU CALL A DUAL RELATIONSHIP, YOU WEREN'T
20 WRITTEN UP FOR THAT, RIGHT?
21 A. THEY -- THEY INVESTIGATED ME FOR THAT.
22 Q. OKAY. THEY INVESTIGATED?
23 A. YEAH. BUT THE FACT OF THE MATTER IS ---
24 Q. AND WHAT HAPPENED AS A RESULT OF INVESTIGATION?
25 A. WELL, IT TOOK SOME, IT TOOK THEM A YEAR TO GIVE ME

1 THE REPORT, 'CAUSE I KEPT ASKING FOR THE REPORT.

2 Q. YEAH. AND WHAT -- WHAT HAPPENED?

3 A. REALLY, IT JUST BASICALLY -- THEY BOUGHT INTO THE
4 INCIDENT, AND WE'RE GOING TO GET TO -- AND ONCE YOU
5 READ THE DOCUMENT.

6 Q. WELL, I'M GOING TO READ THEM ALL.

7 A. OKAY.

8 Q. I JUST WANT YOU TO TELL ME QUICKLY.

9 A. ONCE THEY KEPT BUYING INTO THIS NONSENSE AND IT
10 MANIFESTED, AND ON HE -- IN THEY HAD THAT THIS IS
11 NEGATIVE BEHAVIOR THAT HARRY'S ENGAGED IN, THEN I
12 DON'T GET TREATED FAIRLY. I DON'T GET TO BE ABLE TO
13 COME AND SIT IN YOUR OFFICE OR PICK UP THE PHONE AND
14 CALL YOU, AND WHICH DOCUMENTATION WILL SHOW, AND --
15 AND HAVE A CONVERSATION WITH YOU TO TRY TO GET THESE
16 THINGS RESOLVED.

17 Q. WELL, DID THEY FIND THAT YOU DID ENGAGE IN THE
18 BEHAVIOR OR YOU DIDN'T?

19 A. I DIDN'T.

20 Q. NO. WHAT DID THE REPORT FIND?

21 A. THE -- THE REPORT SAID THAT THERE'S NO EVIDENCE ---

22 Q. NO EVIDENCE.

23 A. --- OF A DUAL RELATIONSHIP.

24 Q. OKAY.

25 A. AND -- AND IT'S I ---

1 Q. OKAY. SO IT -- SO IT CLEARED YOU?

2 A. BUT IT CLEARED. IT CLEARED ME IN THE WAY OF
3 DOCUMENTATION. BUT IN THE BACK OF THEIR HEAD, AND
4 THAT'S THE REASON WHY THIS LAST INCIDENT IN 2013 ---

5 Q. AND TELL ME ABOUT THE LAST INCIDENT.

6 A. --- BROUGHT UP. WELL, AGAIN I WAS OUT AT NEW ALPHA
7 BECAUSE I WAS TAKING THIS CLIENT'S MEDICATION TO
8 PROCESS HIM INTO THE PROGRAM.

9 Q. OKAY.

10 A. AND THIS CLIENT CAME IN, AND HE'S UPSET, BECAUSE HE
11 *22* SAYS THIS CAVEMAN WAS GOING TO WHOOP ME. MYSELF AND
12 MR. NICHOLS, WE TRIED TO CONSOLE THIS GUY. EVEN HIS
13 GRANDMOTHER AND MOTHER VIA TELEPHONE TRIED TO
14 CONSOLE THIS GUY. BUT BECAUSE THIS DUAL
15 RELATIONSHIP -- AND WHEN THIS CLIENT CAME IN AND
16 SAID, HARRY AND RICK, HARRY -- AND HARRY -- HARRY
17 TOLD RICK THAT THE CLIENT'S CASE MANAGER WAS GOING
18 TO MOVE HIM, AND THEN THE CLIENT CAME IN AND -- AND
19 SAID THAT -- THAT -- THAT RICK VERBALLY ABUSED HIM
20 OR WHATEVER IT WAS. BUT RATHER THAN THEM -- AT --
21 AT -- WELL, THIS IS WHERE THE CASE MANAGER SHOULD
22 HAVE BEEN INSTRUMENTAL, 'CAUSE THIS IS POLICY, TRY
23 TO RESOLVE THAT ISSUE WITH THE CASE MANAGER. WELL,
24 THE CASE MANAGER KNEW FOR A FACT I HAD NO KNOWLEDGE
25 THAT HE WAS GOING TO MOVE THAT CLIENT, SIMPLY

1 BECAUSE I'M NOT IN THEIR SESSIONS, I HAVE NO
2 INTERACTION WITH THAT CLIENT. BUT RATHER THAN HIM
3 ADDRESSING THAT ISSUE IN HIS OFFICE, HE GOES AND
4 TELL WHO? MARIA -- MARIA MARIN. RATHER THAN MARIA
5 MARIN TRYING TO RESOLVE THE ISSUE IN HOUSE AND
6 COMING TO TALK TO ME AND ASKING ME WHAT'S GOING ON,
7 NO ONE TALKED TO ME. THEY TALKED TO HERBERT TOLLY, *Tolly*
8 WHERE HERBERT TOLLY CAME AND SHARED THE INFORMATION
9 WITH ME. BUT BECAUSE MARIA WAS SO MESSY, AND -- AND
10 SHE WAS WAITING FOR SOMETHING JUST TO REPORT ON ME,
11 SHE IMMEDIATELY CALLED DR. MCNEILL AND DR. BANK.
12 WELL, IF YOU'D A FOLLOWED THAT POLICY, WHAT YOU
13 SHOULD HAVE DONE WAS PULLED ME TO THE SIDE AND ASK
14 ME WHAT WAS GOING ON, AND I WOULD HAVE SAID, "OKAY,
15 THIS IS WHAT HAPPENED." OR IF YOU DIDN'T WANT TO
16 TALK WITH ME, THAT'S MY SUPERVISOR, WHY DIDN'T YOU
17 GO TO MY SUPERVISOR? YOU IMMEDIATELY PICKED UP THE
18 PHONE AND CALLED DR. BANK AND DR. MCNEILL, AND WHEN
19 DR. MCNEILL CAME IN MY OFFICE, SHE CAME IN MY OFFICE
20 WITH SUCH AN AT -- I MEAN, THIS LADY BANGED ON MY
21 DOOR. AND I SAID, "DR. MCNEILL, LISTEN. I HAD NO
22 IDEA THE CLIENT WAS GOING TO -- THE CASE MANAGER WAS
23 GOING TO MOVE THE CLIENT." DR. MCNEILL STOOD UP IN
24 HER CHAIR. AND SHE SAID, "YOU COULD HAVE LOOKED AT
25 E.M.R." WELL, TO MY UNDERSTANDING, IF -- IF -- IF

1 YOU -- BEAR WITH ME IF YOU WILL, IF YOU'RE SAYING I
2 COULD HAVE LOOKED AT E.M.R., THEN YOU AUTOMATICALLY
3 KNOW IT'S OKAY THAT I GO AND LOOK AT E.M.R. ANYWAY.
4 BUT IF YOU SAID I COULD HAVE LOOKED AT THE E.M.R.,
5 THEN YOU ARE TELLING ME THAT THERE'S SOME
6 INFORMATION AT E.M.R. THAT SAYS THAT THE, ELECTRONIC
7 MEDICAL RECORD, THAT SAYS THAT THE CASE MANAGER WAS
8 GOING TO MOVE THE CLIENT. NOTHING IN THAT RECORD.
9 ABSOLUTELY NOTHING IN THAT RECORD SAID THAT THE CASE
10 MANAGER WAS GOING TO MOVE THAT CLIENT, AND THE
11 EVENING BEFORE DR. MCNEILL GOT IN MY OFFICE, I
12 EMAILED DR. BANK, AND I SAID, DR. BANK -- AND THAT
13 EMAIL IS IN HERE TOO, AND HIS -- HIS RESPONSE IS IN
14 HERE. I SAID, "LISTEN, LET'S ALL OF US SIT DOWN SO
15 ALL THE FACTS CAN BE ON THE TABLE SO THEY'LL BE NO
16 MISUNDERSTANDINGS." AND I EMAILED ANOTHER EMAIL TO
17 HIM, AND I SAY, "BY THE WAY, PLEASE TALK WITH THE
18 CLIENT'S MOTHER AND GRANDMOTHER, 'CAUSE THEY WERE
19 THERE VIA TELEPHONE." BUT DR. BANK EMAILED ME BACK
20 SAYING "THERE WILL BE NO MEETING UNTIL AFTER THE
21 INVESTIGATION." WELL, THAT DOESN'T SOUND RIGHT TO
22 ME, SIMPLY BECAUSE IF YOU'RE GOING TO HAVE AN
23 INVESTIGATION ABOUT ME, YOU NEED TO INCLUDE ME. AND
24 IF THERE'S EVIDENCE THAT CAN DISPROVE WHAT THIS
25 YOUNG LADY PICKED UP THE PHONE AND TOLD YOU, THEN

1 YOU SHOULD HAVE CALLED THE GRANDMOTHER -- AND THE
2 GRANDMOTHER AND RECEIVED THAT EVIDENCE. NOW THEN
3 YOU WOULDN'T HAVE P.S.O. P.S.O. COME IN AND TAKING
4 A REPORT, WHICH THEY DIDN'T INCLUDE TO ME INITIALLY.
5 THEN YOU WON'T HAVE D.S.S. COMING OUT DOING AN
6 INVESTIGATION WITH THIS DOCUMENTATION, AND HELD
7 THAT, BECAUSE THE CLIENT WAS BASICALLY FRABIGATE
8 (PHONETIC) -- FRABIGATING (PHONETIC) ALL THIS STUFF.

9 Q. OKAY.

10 A. BUT THE BOTTOM LINE IS, AND -- AND -- AND THESE --
11 THIS IS WHAT GETS ME, SO I JUST FOUND OUT THIS
12 INFORMATION IN DECEMBER 2014. DR. MCNEILL KEPT
13 TELLING ME A LIEUTENANT BAKER FROM S.L.E.D. WAS
14 GOING TO CALL -- WAS GOING TO HAVE -- WAS CALL -- OR
15 WAS GOING TO CALL AND HAVE ONE OF THE P.S.O.
16 OFFICERS CONTACT ME TO TAKE MY -- MY ACCOUNTS OF
17 WHAT HAPPENED. AND THIS AND -- AND -- AND THE ONLY
18 REASON WHY SHE DID IT, I SAID, DR. MCNEILL, I WANT
19 Y'ALL TO UNDERSTAND THIS. THIS CLIENT CAME IN AND
20 SAID ONE OF YOUR STAFF MEMBERS CAUSED HER TO BE ^{him}
21 ABUSED. NOW, THIS CLIENT GOT A VIABLE CLAIM IN
22 COURT, AND NOW YOU CAN'T HAVE NO DOCUMENTATION
23 MONTHS AND MONTHS DOWN THE ROAD SAYING, NO, WE HAVE
24 A STAFF MEMBER THERE WHO SAYS THERE WAS NO ABUSE.
25 WE HAVE A STAFF MEMBER WHO SAYS THE MOTHER AND

1 GRANDMOTHER WAS THERE BY VIA TELEPHONE. WE CONTACT
2 -- YOU CAN'T NOW THEN COME DOWN ON SOMEWHERE DOWN
3 THE ROAD, 'CAUSE THE -- THE JUDGE IS GOING TO SAY
4 THIS IS SUSPECT, AND THROW IT OUT, AND THE CLIENT IS
5 GOING TO WIN THE CLAIM. AND THAT'S WHEN SHE SAID,
6 OKAY. SHE'S GOING AGAIN CALL LIEUTENANT BAKER AND
7 HAVE LIEUTENANT BAKER CALL -- CONTACT P.S.O. AND
8 HAVE ONE OF THE P.S.O. OFFICERS CONTACT ME, AND IN
9 HINDSIGHT, I'M JUST SAYING, OKAY, ALL RIGHT, THAT'S
10 FINE, WASN'T THINKING NOTHING ABOUT IT. SO THIS IS
11 TWO WEEKS LATER. I'M THINKING I'M TALKING WITH A
12 P.S.O. OFFICER, 'CAUSE I -- I'M -- I'M HAVING THIS
13 CONVERSATION WITH THIS OFFICER, AND I'M GIVING MY
14 REPORT. SO WHEN I'M TRYING TO GET MY INFORMATION
15 READY FOR -- I THINK IT WAS DECEMBER THE SOMETHING -
16 - OR ANOTHER HEARING TO COME HERE, I JUST HAPPENED
17 TO GO UPSTAIRS, AND I TALKED WITH A -- A -- I CAN'T
18 REMEMBER THAT YOUNG MAN'S NAME, BUT HE'S A P.S.O.
19 OFFICER, AND I ASKED HIM HOW CAN I GET A COPY OF THE
20 POLICE REPORT, AND THIS IS AN EMAIL, EVEN THOUGH YOU
21 SAY IT'S SELF SERVING, BUT IT'S AN EMAIL COMING FROM
22 THE PERSON WHO MANAGED ALL THIS STUFF. SO HE GAVE
23 ME TWO NUMBERS. HE GAVE ME A -- A CAPTAIN SOMEBODY
24 AND A LIEUTENANT SOMETHING, AND I CALLED THE
25 CAPTAIN. I SPOKE WITH THE CAPTAIN, AND HE SAID HE

1 DON'T SEE ANY INFORMATION, AND THIS IS WHERE YOUR
2 POLICIES COME ALONG, BUT HE DON'T SEE NO INFORMATION
3 ABOUT ME. BUT HE SAID, "SPEAK WITH ANGELA ROBERTS,
4 SHE HANDLES ALL OF THE RECORDS." SO I CONTACT
5 ANGELA ROBERTS VIA EMAIL, AND I'M EMAILING HER, AND
6 I'M -- AND I'M SAYING, SUCH AND SUCH, DR. MCNEILL
7 SAYS LIEUTENANT BAKER OF S.L.E.D., HE WAS GOING TO
8 HAVE ONE OF THE P.S.O. OFFICERS CONTACT ME AND TAKE
9 A REPORT, MY ACCOUNTS OF WHAT -- WHAT ALLEGEDLY
10 HAPPENED AND ALL THIS OTHER STUFF. BUT COME TO FIND
11 OUT IN 2014, LIEUTENANT BAKER IS NOT A P. -- IS NOT
12 A S.L.E.D. OFFICER; HE WAS A P.S.O. OFFICER, AND HE
13 RETIRED IN THE EARLY PART OF THIS YEAR. SO ALL OF -
14 - ALL THIS TIME, THIS YOUNG LADY KEPT TELLING -- AND
15 THIS IS WHAT GOT -- GOT -- IT -- I MEAN, YOU'RE
16 TALKING ABOUT S.L.E.D. YOU'RE TALKING ABOUT D.S.S.
17 YOU'RE TALKING ABOUT PUTTING SOMETHING ON MY REPORT
18 WHETHER -- WETHER IT'S SUBSTANTIATED OR NOT, IT
19 STILL GOES ON MY REPORT. THIS IS SOMETHING THIS
20 YOUNG LADY HAS -- HAS DONE TO TRY TO GET ME FIRED,
21 AND I GOT MY FAMILY MEMBERS SITTING AT MY HOUSE.
22 AND THIS IS -- THIS IS NOT NORMAL. SO ALL OF US
23 WILL BE PUT OUT, AND SIMPLY BECAUSE THEY WOULDN'T
24 TAKE THE TIME TO LISTEN TO HARRY REESE. THEY
25 WOULDN'T TAKE THE TIME TO FOLLOW THEIR OWN POLICIES.

1 BUT THEY JUST KEPT BELIEVING THIS NONSENSE THAT THIS
2 YOUNG LADY IS TELLING THEM. I MEAN, EVERY SINGLE
3 TIME, AND I JUST HAVE TO SIT THERE AND SAY, OKAY,
4 OH, I'VE GOT TO TAKE IT. BUT I SAID, NO. I -- I --
5 I -- I NEED TO TALK WITH DOCTOR -- MR. MCGILL. I
6 SENT HIM A EMAIL ABOUT THIS SITUATION, AND -- AND HE
7 WOULDN'T RESPOND. SO I KEPT CALLING HIM, AND I
8 FINALLY GOT IN TOUCH WITH CONNIE, WHO WAS IS -- IS -
9 - IS HIS RECEPTIONIST.

10 Q. OKAY.

11 A. AND SHE SAY, DOCTOR -- A DOCTOR -- MR. MCGILL, HE
12 SAY, HE DON'T LIKE TO BE BOTHERED WITH STUFF LIKE
13 THAT. I MEAN, I -- I'M HUMAN TOO. I MEAN, YOU JUST
14 CAN'T KEEP LYING TO ME AND THINKING -- OH. AND
15 YOU'RE NOT EVEN FOLLOWING YOUR OWN POLICIES. YOU'RE
16 NOT EVEN FOLLOWING YOUR -- AND THEN YOU TELL ME
17 LIEUTENANT BAKER FROM -- FROM THE S.L.E.D. LIKE I'M
18 STUPID. AND NOT ONE TIME DID YOU CORRECT ME. AND
19 ON THE EMAIL AND THAT, AND HE -- HE DIDN'T SAY, "OH,
20 NO, HARRY, LIEUTENANT BAKER IS FROM -- IS A P. -- IS
21 A P.S.O. OFFICER. YOU KEPT TELLING ME LIEUTENANT
22 BAKER WAS FROM S.L.E.D., AND THEN I FOUND OUT IN
23 2014, HE -- HE -- HE'S FROM -- LIEUTENANT BAKER IS -
24 - IS A -- A RETIRED P.S.O. OFFICER FOR PUBLIC
25 SAFETY.

1 Q. TAKE A MINUTE. TAKE A BREAK.

2 A. SO HE ---

3 Q. NO. YOU'RE FINE.

4 A. BUT ALL THE TIME HE KEPT TELLING ME LIEUTENANT BAKER
5 -- AND THEN SO I EMAIL ANGELA, AND ANGELA SAYS IN
6 HER EMAILS, "WELL, HARRY," SAYS "YOUR NAME AIN'T ON-
7 NONE OF THIS. I CAN'T GIVE YOU THE REPORT," AND I'M
8 SAYING, HOLD ON. IF MY NAME IS NOT ON THIS -- ON
9 THIS INFORMATION, ACCORDING TO OUR POLICIES, THEN
10 THIS IS THE FORMAT THAT WE SHOULD HAVE USED. WE
11 SHOULD HAVE USED THE CLIENT CONCERN POLICY RATHER
12 THAN THE ABUSE, NEGLECT, AND EXPLOITATIVE POLICY
13 THAT GOVERNS THE BEHAVIOR OF THE MENTAL HEALTH
14 STAFF.

15 Q. SO WHAT YOU'RE SAYING IS THEY DIDN'T FOLLOW THEIR
16 POLICIES?

17 A. THEY DIDN'T FOLLOW THEIR OWN POLICY.

18 Q. OKAY.

19 A. AND HISTORICALLY -- AND 'CAUSE EVERY TIME THE POLICY
20 SAYS I CAN GRIEVE A SUSPENSION PENDING AN
21 INVESTIGATION. I SENT MY INFORMATION IN. THEY
22 WOULDN'T LET ME GRIEVE. I SAID, "OKAY, CAN I TALK
23 TO THE BOARD?" THEY WOULDN'T LET ME TALK TO THE
24 BOARD. BECAUSE THEY KNEW FOR A FACT THEY WERE DOING
25 WRONG, AND THEN WHEN -- WHEN THIS HIPPA THING CAME

1 ABOUT, MR. KENNETH CHILD, WHO WAS A BROTHER OF A
2 CLIENT AND ALSO AN ATTORNEY AND A BOARD MEMBER, HE
3 KEPT CALLING ME, 'CAUSE I WAS THE CLIENT'S FORMER
4 CASE MANAGER, AND HE WOULD TELL ME SOMETHING. AND
5 I'D SAY, WELL -- AND EVENTUALLY WHEN -- WHEN I GOT
6 THE -- I SAID, MR. -- MR. -- MR. CHILD, ACCORDING TO
7 THEM, I CAN'T TALK WITH YOU, BECAUSE THIS IS A HIPAA
8 VIOLATION. WELL, MR. CHILD SAID, "THIS IS ALL
9 DOCUMENTED," SAID, "THAT'S A BUNCH OF NONSENSE." SO
10 ONCE AND -- AND -- AND WE HAVE A POLICY IN HERE THAT
11 THE BOARD WRITES THE POLICIES, AND, AGAIN, THIS IS
12 AN ATTORNEY. ONCE MR. CHILD SAID, "THIS IS A BUNCH
13 OF NONSENSE," THEN THIS HIPAA TRAINING THAT YOU'VE
14 GOT SCHEDULED FOR ME, IT SHOULD HAVE BEEN GONE. BUT
15 I -- I HAD TO SIT IN A HIPAA REFRESHER COURSE WHERE
16 THIS YOUNG LADY, RHONDA SIMMS, PRESENTS ME WITH AN
17 ETHICS POLICY, HAS NOTHING TO DO WITH HIPAA, AND IT
18 SAYS, AND -- AND SHE TOOK ONE OF THEM CLAUSES, AND
19 SHE SEVERED THAT CLAUSE IN THREE-FOURTHS, AND SHE
20 USED THE LAST FOUR TO -- TO -- TO SAY THAT THIS IS
21 THE REASON WHY YOU SHOULDN'T HAVE BEEN DOCUMENTED IN
22 THE CLIENT'S FOLDER, 'CAUSE IT SAID, SHOULD NOT BE
23 DOCUMENTED IN CLIENT'S FOLDER. WELL, I LOOKED AT
24 HER, AND I SAID, MS. -- "MS. SIMMS, YOU GOT TO READ
25 THE WHOLE CLAUSE IF YOU WANT TO -- YOU WANT TO MAKE

1 SURE THAT THIS -- THIS -- THIS ETHICS POLICY REFERS
2 TO ME." THIS IS PERSONAL DISAGREEMENTS. I DIDN'T
3 HAVE A DISAGREEMENT WITH -- WITH STAFF. I DIDN'T
4 HAVE A DISAGREEMENT WHATSOEVER. SO THIS ETHICS
5 POLICY DOESN'T MAKE SENSE FOR YOU EVEN TO BRING IT
6 TO MY ATTENTION, BUT I HAVE TO SIT IN THIS HIPAA,
7 AND I TOLD THESE PEOPLE WHEN THEY -- WHEN THEY WAS
8 DOING THIS TRAINING, AND THEY KEPT TELLING ME --
9 THEY KEPT SHOWING ME THESE LIABILITY SUIT WHERE DRUG
10 COMPANIES WAS SUED BECAUSE THEY DISCLOSED
11 INFORMATION ABOUT A CLIENT AND THEY GOT SUED FOR
12 MILLIONS OF DOLLARS. AND I SAID, "THIS IS NOT WHAT
13 I DID." I SAID, "THE MEDIA GOING TO HAVE A FIELD
14 DAY WITH YOU GUYS, BECAUSE WHAT YOU GUYS ARE TELLING
15 ME IS THAT WHEN A CLIENT IS IN CRISIS, WE'RE NOT
16 SUPPOSED TO DO NOTHING, BECAUSE HE'S NOT ON OUR..."
17 WELL, FIRST DOCUMENT SAID HE -- I -- AND MY CASE
18 LOAD EITHER WENT TO MY -- MY TREATMENT TEAM. SO SHE
19 -- SO SHE KEPT JUST MAKING UP STUFF. AND I SAID,
20 "THIS IS -- YOU CAN'T TELL A COMMISSION -- I MAY NOT
21 BE LICENSED, BUT I'M A SKILLED CLINICIAN, THAT I
22 CANNOT INTERVENE WITH A CLIENT WHO'S IN A CRISIS?"
23 AND I DID THAT ON OCCASIONS, AND -- AND MR. HARRY
24 EDWARDS DID IT ON A -- ON OCCASION WHERE A CLIENT
25 WAS CALLING IN A SUICIDE, AND HE PULLED ME IN TO

1 ASSIST. IF IT WASN'T FOR ME BEING ABLE TO ASSIST
2 THIS MR. EDWARDS AND GOING INTO E.M.R. TO FIND OUT
3 EXACTLY WHERE THIS CLIENT LIVED AT, BUT Y'ALL KNOW
4 THAT HE WAS THREATENING WHEN SHE KEPT CALLING -- I
5 THINK HE KEPT CALLING HIS GIRLFRIEND OR SOMETHING.
6 BUT -- BUT Y'ALL LATER TELL ME THAT SHE WAS HIS WIFE
7 AND THEY WAS LIVING -- THEY WERE NOW LIVING
8 TOGETHER. SHE'D A WALKED IN THAT HOUSE AND HE COULD
9 HAVE DONE ANYTHING TO HER, AND WE'D HAVE BEEN AT
10 FAULT. YOU KNOW WHY? 'CAUSE THEY SAID IT'S A HIPAA
11 VIOLATION TO GO IN ANOTHER CLIENT'S CASE THAT'S NOT
12 ON YOUR CASE LOAD, THAT'S NOT ON YOUR TREATMENT
13 TEAM, WHICH IS NOT THE TRUTH. BECAUSE EVEN IN YOUR
14 ADVERSE -- AND THIS IS WHERE THEY GOT UPSET WITH ME
15 TOO, 'CAUSE EVEN -- EVEN IN THE ADVERSE INCIDENT
16 POLICY, THAT POLICY EXISTS, AND IT SAYS THAT ALL
17 STAFF MUST RECEIVE ADVERSE INCIDENTS REPORTS. AND
18 THAT'S EXACTLY WHAT I DID WHEN THEY, AFTER THIS,
19 THIS CLIENT COME IN AND HE TELLING ABOUT I -- I -- I
20 TOLD RICK THAT -- THAT THE CASE -- CASE MANAGER WAS
21 GOING TO MOVE. THE CLIENT CAME IN AND SAID I TOLD
22 RICK THAT SOMETHING ABOUT THAT HE GOING TO MOVE HIM,
23 WHICH IS FAR BE IT FROM THE TRUTH -- BUT -- AND I
24 FORGOT MY TRAIN OF THOUGHT.

25 Q. WELL, TELL ME THIS. SO YOU -- YOU'RE STILL WORKING

1 THERE?

2 A. YES, MA'AM.

3 Q. AND YOU'RE JUST TAKING LEAVE RIGHT NOW; IS THAT WHAT
4 YOU'RE DOING?

5 A. NO, MA'AM.

6 Q. IS -- ARE YOU -- ARE YOU ACTUALLY GOING TO WORK?

7 A. I'M ACTUALLY GOING TO WORK. AND THE PROBLEM IS,
8 MA'AM ---

9 Q. OKAY.

10 A. --- IS THAT WHEN DR. UPCHURCH AND HAROLD SIGNED OFF
11 ON THE ^{EMIA} M.F.L.E. FORM, SAID, "LISTEN, I WANT YOU ALL
12 TO REDUCE HIS PRODUCTIVITY TO AT LEAST 40 HOURS A
13 WEEK." AND WE WASN'T ASKING NOT TO STAY ON, ^{MY} WE WERE
14 JUST ASKING 40 HOURS A WEEK. THESE PEOPLE, KNOWING
15 I WAS -- AND I -- I'M EXPERIENCING DEPRESSION,
16 INSOMNIA, ANXIETY, THEY WANT TO SEND ME AN HOUR-AND-
17 SOMETHING, IS -- AND THE MAP IS IN THERE, ANYWAY,
18 AND I THINK IT'S MAPQUEST OR SOMETHING, HOURS-AND-
19 SOMETHING AWAY FROM MY HOME. THEY WANT ME TO DRIVE
20 AN-HOUR-AND-SOMETHING AWAY FROM MY HOME, WORK ALL
21 DAY, DRIVE AN HOUR-AND -- AND-SOMETHING ODD -- A
22 HOUR-AND-SOMETHING A -- A -- TO GET BACK HOME AND DO
23 THIS CONSISTENTLY DAY AFTER DAY KNOWING I'M
24 EXPERIENCING INSOMNIA, KNOWING I'M NOT SLEEPING AT
25 NIGHT BASED ON WHAT -- YOU KNOW, AND I'M TAKING

1 MEDICATION FOR IT AS WELL, AND THE MEDICATION IS
2 MAKING ME DROWSY TOO. BUT THEY WANTED ME TO DRIVE,
3 AND I JUST TOLD HER, I SAID, "LISTEN, I'M NOT A
4 WRECKLESS INDIVIDUAL," BUT THEY WANT TO, YOU KNOW,
5 PUT MY LIFE IN JEOPARDY, BECAUSE THEY -- THEY JUST
6 DIDN'T WANT TO LISTEN TO HARRY. HARRY IS THE 'CAUSE
7 OF A BUNCH OF -- HARRY REESE DIDN'T 'CAUSE THIS.
8 ALL YOU HAD TO DO IS JUST STOP AND LISTEN AND READ
9 THE REPORT THAT -- THE DOCUMENTATION THAT YOU GOT
10 PAID FOR, IF YOU'D OF READ AND SAW THIS, YOU WOULD
11 KNOW THAT THIS YOUNG LADY WAS LYING TO YOU FROM THE
12 JUMP. BUT YOU DIDN'T WANT TO LISTEN TO ME. YOU
13 DIDN'T WANT TO LISTEN. MY SUPERVISOR, CORNELL,
14 CALLED AHEAD, BECAUSE HE WAS -- AND HE -- HE -- THIS
15 YOUNG LADY, AND THANK GOD, AND YOU CAN SAY HE
16 ACCEPTS EVERY EMAIL. THANK GOD I KEEP THEM.
17 BECAUSE THIS YOUNG LADY, WE REFERRED A CLIENT TO A
18 PROGRAM, HER PROGRAM. SHE INTERVIEWED THIS -- THIS
19 CLIENT, ACCEPTED THIS CLIENT INTO ITS -- INTO A
20 PROGRAM, AND THEN REFERRED THIS CLIENT TO CAPTAIN ^{Kash}
21 ^{Hagg} HULL'S PROGRAM, INSIGHTS. WELL, WHEN THIS CLIENT
22 STOPPED COMING IN AND SERVICING, AND HE DID
23 ^{do} COMPENSATE IT, HE BRANDISHED A KNIFE AGAINST HIS
24 PARENTS. HE WAS VIOLATING HIS PARENT. SHE GOING TO
25 TELL THAT PARENT TO GO TO SHEILA ARNOLD TO DO A

1 REPORT ON ME, BECAUSE I WASN'T DOING MY JOB. SHE
2 EVEN DOCUMENTED IN E.M.R. THE FACT THAT BECAUSE
3 HARRY REESE SOMETHING OR ANOTHER, BUT IT'S IN THERE.
4 IT'S A COPY OF IT IN HERE. BECAUSE HARRY REESE
5 WASN'T DOING HIS JOB, THIS IS WHAT HAPPENED.

6 Q. OKAY.

7 A. AND THAT -- THAT'S NOT THE TRUTH. YOU -- YOU ACCEPT
8 THAT CLIENT INTO YOUR PROGRAM, AND -- AND YOU THEN,
9 ONCE YOU'RE ACCEPTED IN THE PROGRAM YOU OBVIOUSLY
10 DID NOTHING WITH HIM. YOU REFERRED HIM. SO CORNELL
11 AND DR. ARNOLD HAD MET WITH MS. -- MS. ^{MARY} MARY, AND DR.
12 ARNOLD SAY, "YOU KNOW WHAT, HARRY? YOU'RE A
13 COMPULSIVE LIAR."

14 Q. OKAY.

15 BY MS. SNYDER:

16 I -- I STILL NEED TO OBJECT TO THIS HEARSAY.

17 I'M SORRY.

18 BY COMMISSIONER BARDEN:

19 AND YOU -- YOU HAVE A RUNNING OBJECTION. I'M
20 NOW GOING TO TURN THE QUESTIONING BACK OVER TO YOU.

21 BY MS. SNYDER:

22 OKAY.

23 BY COMMISSIONER BARDEN:

24 AND I APPRECIATE YOUR PATIENCE. BUT I DO WANT
25 TO HEAR. AND YOU'RE GOING TO STILL HAVE A CHANCE TO

1 MAKE A STATEMENT IF YOU FEEL LIKE THERE'S SOMETHING
2 YOU DIDN'T COVER. BUT ---

3 BY THE CLAIMANT:

4 WELL, I MEAN, THERE'S SO MUCH.

5 BY COMMISSIONER BARDEN:

6 AND SHE GET'S -- SHE GET'S -- I KNOW. AND I
7 HAVE TO READ ALL OF THIS, AND IT'S NOT SOMETHING I
8 CAN DO IN TWO DAYS EITHER. SHE HAS A RIGHT TO ASK
9 YOU QUESTIONS. SO WE'LL LET HER RESUME HER
10 QUESTIONING, AND THEN WE'LL GO FROM THERE.

11 BY MS. SNYDER:

12 CAN I CALL MR. EDWARDS REALLY QUICKLY, BECAUSE
13 HE'S GOING TO HAVE TO LEAVE SOON?

14 BY COMMISSIONER BARDEN:

15 SURE. WE'LL TAKE A BRIEF RECESS FROM YOU. AND
16 YOU CAN GO SIT DOWN, SIR, AT THE TABLE, AND MR.
17 EDWARDS CAN COME IN.

18 BY MR. EDWARDS:

19 THIS SEAT?

20 BY COMMISSIONER BARDEN:

21 RAISE YOUR RIGHT HAND, PLEASE.

22 * * * * * * * * *

23 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
24 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
25 MATTER HEREIN:

HARRY EDWARDS

BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS
FOLLOWS:

BY COMMISSIONER BARDEN:

PLEASE STATE YOUR FULL NAME FOR THE RECORD.

BY THE CLAIMANT:

HAROLD EDWARDS.

BY COMMISSIONER BARDEN:

THANK YOU SO MUCH. PLEASE HAVE A SEAT THERE
AND ANSWER ANY QUESTIONS THAT MS. SNYDER HAS FOR
YOU.

BY THE WITNESS:

YES, MA'AM.

DIRECT EXAMINATION BY MS. SNYDER:

Q. OKAY. MR. EDWARDS, I'M GOING TO TRY AND RUN THROUGH
THIS PRETTY QUICKLY. I DON'T NEED MUCH FROM YOU.
CAN YOU TELL ME WHAT YOU DO AT THE DEPARTMENT OF
MENTAL HEALTH?

A. I'M AN OUTREACH COORDINATOR FOR INTENSIVE OUTREACH
PROGRAM.

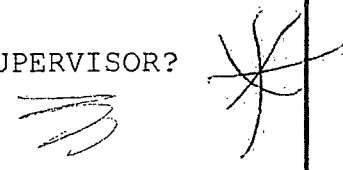
Q. AND YOU'RE A SUPERVISOR?

A. NOT ANYMORE.

Q. BUT YOU HAD ---

A. I'M JUST A COORDINATOR.

Q. OKAY. BUT IN THE PAST YOU'VE BEEN A SUPERVISOR?



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A. YES. I WAS AN INTERIM SUPERVISOR.

Q. AND YOU HAVE SUPERVISED MR. REESE IN THE PAST?

A. YES, I HAVE.

Q. OKAY. I KNOW YOU'RE KIND OF AWARE OF SOME OF THESE SITUATIONS THAT MR. REESE HAS BEEN -- HAS BEEN DISCUSSING. I'M SURE YOU'RE MORE AWARE THAN I AM. BUT I -- I KIND OF WANT TO JUMP AHEAD TO WHAT I -- I THINK PARTS OF HIS CLAIMS ARE. HE SORT OF STARTED REFERENCING A HIPAA VIOLATION?

A. UH-HUH.

Q. DO YOU RECALL THAT?

A. I REMEMBER THAT BEING DISCUSSED.

Q. THE RECORDS REFLECT THAT HE WAS NOT REPRIMANDED OR ANYTHING FOR THE HIPAA VIOLATION. WAS THERE ANYTHING UNUSUAL AND EXTRAORDINARY ABOUT THE COMPLAINT OR THE INVESTIGATION?

BY THE CLAIMANT:

CAN I OBJECT TO THAT?

BY COMMISSIONER BARDEN:

WELL, NO. THIS ---

BY THE CLAIMANT:

BECAUSE -- BECAUSE THEY DIDN'T INCLUDE HIM IN --
- IN THE -- SO HOW WOULD HE KNOW?

BY COMMISSIONER BARDEN:

WELL, THEN DO YOU HAVE ANY PERSONAL KNOWLEDGE

1 OF THE INVESTIGATION, SIR?

2 BY THE WITNESS:

3 AS I STATED FOR THE RECORD, I WAS AN INTERIM
4 SUPERVISOR. I REALLY WASN'T PRIVY TO A LOT OF THAT
5 INFORMATION.

6 BY COMMISSIONER BARDEN:

7 OKAY. WERE YOU PRIVY TO ANY OF IT?

8 BY THE WITNESS:

9 I'D HEARD ABOUT IT.

10 BY COMMISSIONER BARDEN:

11 OKAY. BUT YOU DIDN'T HAVE ANY HANDS ON?

12 BY THE WITNESS:

13 NO, MA'AM.

14 BY COMMISSIONER BARDEN:

15 ALL RIGHT.

16 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

17 Q. WOULD YOU -- DO YOU BELIEVE THAT -- IS AN ALLEGATION
18 OF PATIENT ABUSE SOMETHING EXTRAORDINARY AND
19 UNUSUAL, OR DOES THAT COME UP FROM TIME TO TIME?

20 A. AND SPEAKING FOR MYSELF, I GET, FOR LACK OF A BETTER
21 WORD, ACCUSED OF THINGS BY CLIENTS ALL THE TIME.

22 Q. LAWYERS DO TO ALL THE TIME, SO. OKAY. WOULD YOU
23 SAY THAT IN YOUR EXPERIENCE AS A SUPERVISOR,
24 CONFLICT WITH CO-WORKERS IS UNUSUAL AND
25 EXTRAORDINARY?

Conflict

1 A. AGAIN, SPEAKING FROM MY EXPERIENCE, IT'S UNUSUAL.

2 Q. CONFLICT IS UNUSUAL?

3 A. YES.

4 Q. OKAY.

5 A. FOR ME IT IS.

6 Q. FOR YOU IT IS. OKAY.

7 BY MS. SNYDER:

8 I DON'T THINK I'M GOING TO GET ANYWHERE WITH
9 THIS LINE OF QUESTIONING.

10 BY COMMISSIONER BARDEN:

11 ALL RIGHT.

12 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

13 Q. SO -- SO YOU WERE NOT HIS SUPERVISOR FOR THE PATIENT
14 ABUSE ALLEGATION?

15 A. I SUPERVISED MR. REESE BETWEEN I THINK IT WAS APRIL
16 -- MARCH, APRIL, 2013, UNTIL ABOUT MARCH, APRIL,
17 2014.

18 Q. OKAY. SO THAT WAS WHEN THE HIPAA VIOLATION EVENT
19 OCCURRED, BUT YOU WEREN'T PART OF ---

20 A. NO, I WASN'T.

21 Q. OKAY.

22 BY MS. SNYDER:

23 OKAY. THAT'S ALL I HAVE.

24 BY COMMISSIONER BARDEN:

25 ALL RIGHT. YOU -- WELL, DO YOU HAVE ANY

1 QUESTIONS OF HIM? SINCE HE DOESN'T, YOU -- YOU JUST

2 ---

3 CROSS-EXAMINATION BY MR. REESE:

4 Q. MR. EDWARDS, WHEN THEY SAY ---

5 BY MR. REESE:

6 DO I NEED TO STAND?

7 BY COMMISSIONER BARDEN:

8 NO. YOU'RE FINE WHERE YOU ARE.

9 BY MR. REESE:

10 OKAY.

11 CROSS-EXAMINATION RESUMED BY MR. REESE:

12 Q. OKAY. NOW, WE ALL KNOW THAT CLIENT ---

13 BY COMMISSIONER BARDEN:

14 AND YOU CAN'T TESTIFY.

15 BY MR. REESE:

16 OH.

17 BY COMMISSIONER BARDEN:

18 YOU CAN ASK QUESTIONS, JUST LIKE SHE DID.

19 CROSS-EXAMINATION RESUMED BY MR. REESE:

20 Q. --- CLIENT GENERALLY WILL MAKE ABUSE COMPLAINTS; AM
21 I CORRECT?

22 A. YES.

23 Q. ARE THERE POLICIES THAT MUST TAKE PLACE OR FOLLOW
24 WHEN THE CLIENTS MAKE ABUSE COMPLAINTS?

25 A. YES.

1 Q. IS THERE A SEPARATE POLICY? AND -- AND I'M NOT AN
2 ATTORNEY, SO I DON'T KNOW HOW TO -- BUT SO IS THERE
3 A SEPARATE POLICY THAT GOVERNS THE BEHAVIOR OF -- OF
4 -- OF STAFF?

5 A. YES.

6 Q. OKAY. SHOULD THAT POLICY BE USED WHEN THE CLIENT
7 COMES IN TO MAKE THAT COMPLAINT?

8 A. THAT'S THE POLICY. YES.

9 Q. WELL, THE -- THE ABUSE, NEGLECT -- AND WE'RE
10 CERTAINLY PRESENT THE POLICY TO YOU, TO THE
11 COMMISSION. THERE'S AN ABUSE, NEGLECT, AND
12 EXPLOITATION POLICY THAT GOVERNS THE STAFF BEHAVIOR?

13 A. YES.

14 Q. IF THAT POLICY IS FOR THE STAFF, SHOULD WE USE IT
15 WHEN CLIENTS COME IN AND MAKE A COMPLAINT IF WE'RE
16 GOVERNING STAFF BEHAVIOR?

17 A. WHICH ---

18 Q. BECAUSE WE HAVE FOUR DIFFERENT POLICIES THAT ---

19 BY COMMISSIONER BARDEN:

20 WELL, YOU NEED TO -- YOU NEED TO ASK A
21 QUESTION.

22 BY MR. REESE:

23 OKAY. ALL RIGHT.

24 CROSS-EXAMINATION RESUMED BY MR. REESE:

25 Q. ARE YOU AWARE OF THE FOUR DIFFERENT POLICIES THAT

1 GOVERNS HOW WE SHOULD ADDRESS ISSUES WHEN -- WHEN
2 CLIENTS PERSONALLY COME IN AND MAKE A COMPLAINT?

3 A. I'M ONLY AWARE OF TWO.

4 Q. THERE'S ACTUALLY FOUR. BUT WHEN AND THEN MY ---

5 BY COMMISSIONER BARDEN:

6 WELL, NOW YOU'RE TESTIFYING. YOU CANNOT DO
7 THAT.

8 BY MR. REESE:

9 OKAY.

10 BY COMMISSIONER BARDEN:

11 YOU GOT TO -- I GOT TO ---

12 BY MR. REESE:

13 OKAY.

14 BY COMMISSIONER BARDEN:

15 I GOT TO MAINTAIN THE PROPRIETY ---

16 BY MR. REESE:

17 OKAY.

18 BY COMMISSIONER BARDEN:

19 --- AND THE DECORUM OF THE PROCESS.

20 BY MR. REESE:

21 OKAY.

22 CROSS-EXAMINATION RESUMED BY MR. REESE:

23 Q. WELL, NOW, WHY DO YOU THINK THAT THEY DID NOT, AS MY
24 SUPERVISOR DURING THAT PERIOD, ENGAGE YOU IN THE
25 PROCESS? YOU WERE MY SUPERVISOR, RIGHT?

1 A. YES, AT THAT TIME, I WAS.

2 Q. SO AS A SUPERVISOR, WHY DIDN'T THEY ENGAGE YOU IN
3 THAT PROCESS BEFORE GOING TO THE EXECUTIVE DIRECTOR?

4 A. I REALLY DON'T KNOW.

5 Q. IS THAT USUAL?

6 A. I DON'T THINK SO.

7 Q. OKAY.

8 BY COMMISSIONER BARDEN:

9 IS THAT IT?

10 BY MR. REESE:

11 I -- AND THAT'S A ---

12 BY COMMISSIONER BARDEN:

13 ANYTHING ON REDIRECT?

14 BY MS. SNYDER:

15 NO.

16 BY COMMISSIONER BARDEN:

17 OKAY. YOU'RE EXCUSED, SIR. THANK YOU. ALL
18 RIGHT. MS. SNYDER.

19 BY MS. SNYDER:

20 OKAY.

21 BY COMMISSIONER BARDEN:

22 AND, SIR, I'LL REMIND YOU YOU'RE STILL UNDER
23 OATH.

24 BY MR. REESE:

25 YES, MA'AM.

DIRECT EXAMINATION RESUMED BY MS. SNYDER:

Q. OKAY. MR. REESE, I WANTED TO GO BACK, AND NOW THIS IS SORT OF WHERE I STARTED. SO LET'S GO BACK. THIS OCTOBER 18TH, 2013, DATE?

A. UH-HUH.

Q. THAT HAS TO DO WITH THE HIPAA VIOLATION?

A. THAT HAS TO DO WITH THE ---

Q. WHAT DATE, WHAT IS ASSOCIATED WITH THAT DATE?

A. WELL, FIRST IT STARTED OFF WITH THE -- THE CLIENT ALLEGED THAT I CAME -- I TOLD RICK THAT THE -- THAT HE WAS -- HIS CASE MANAGER MOVING. THEN IT TRANSITIONED FROM THAT TO THE HIPAA VIOLATION, BECAUSE I DOCUMENTED IN E.M.R. THE ADVERSE INCIDENT REPORT.

Q. YOU WROTE IN A DIFFERENT -- A -- YOU WROTE IN A CLIENT'S FILE THAT WASN'T YOUR OWN CLIENT?

A. THAT WAS NOT IN -- IN CONNECTIONS.

Q. OKAY. WERE YOU REPRIMANDED FOR THAT?

A. WELL, THEY ATTEMPTED TO REPRIMAND ME UNTIL I SECURED MR. JOSEPH HENRY, ATTORNEY AT LAW AND A CERTIFIED MEDIATOR, TO ADDRESS THE CONCERNS. AND YOU -- YOU HAVE THAT DOCUMENT AS WELL. AND AGAIN, MY -- MY EMPLOYER DID NOT WANT TO BE OBJECTIVE IN THAT. WHAT HE DID WAS WHEN HE SAW ME COMING, HE SAID, "HARRY, ONLY PERSON THAT CAN TALK IS -- IS -- IS IT'S EITHER

1 GOING TO BE EITHER YOU OR THE PERSON THAT YOU'RE
2 GOING TO THAT YOU -- YOU'RE GOING TO BRING." AT
3 THAT TIME, MR. HENRY HAD NOT ARRIVED YET. HE GOT
4 LOST. SO I SAID, "OKAY." SO ONCE MR. HENRY DID
5 ARRIVE, I SHARED WITH HIM THAT DR. BANKS SAID THAT -
6 - THAT EITHER MYSELF OR HE WAS GOING TO TALK. IF I
7 DID NOT HAVE AN ATTORNEY, SURELY I WOULD HAVE BEEN
8 WRITTEN UP. BUT I WAS WRITTEN UP FOR
9 INSUBORDINATION. BUT ---

10 Q. BUT THIS IS FROM YOUR FILE. THIS IS FROM I GUESS
11 THE HIPAA VIOLATION.

12 A. UH-HUH.

13 Q. AND IT SAYS "CONSEQUENCES OF FUTURE VIOLATIONS OR
14 MISCONDUCT," AND CAN YOU READ THAT FIRST SENTENCE?

15 A. "OFFENSE IS CONSIDERED TO HAVE BEEN WITHOUT
16 MALICIOUS INTENT."

17 Q. THAT RESULTED IN A WRITTEN WARNING?

18 A. NOVEMBER -- OKAY.

19 Q. IS THAT RIGHT?

20 A. YEAH.

21 Q. OKAY. SO LET'S GO BACK TO YOUR FORM 50. YOU'VE GOT
22 ANOTHER DATE ON IT, AND THIS IS A 2014 DATE. CAN
23 YOU TELL ME AUGUST 12TH, 2014, WHAT'S ASSOCIATED
24 WITH THAT DATE?

25 A. THE WHAT NOW?

1 Q. YOU, ON YOUR OWN FORM 50, YOU'VE INDICATED DATE OF
2 INJURY AUGUST 12TH, 2014; CAN YOU TELL ME WHAT
3 HAPPENED ON AUGUST 12TH?

4 A. IF MY MEMORY SERVES ME CORRECTLY, THIS IS -- THIS
5 ADVERSE INCIDENT FILE HAPPENED WHEN I GOT BACK TO
6 WORK. THESE FOLKS, MY EMPLOYER IF YOU WILL, THEY
7 SAID THAT THEY HAD -- THEY WANTED ME TO INTERVIEW --
8 WELL, AT FIRST THEY WANTED TO SEND ME TO FAIRFIELD
9 COUNTY. THAT DIDN'T WORK. THEN THEY WANTED TO SEND
10 ME TO LEXINGTON COUNTY, AND THEY SAY THAT I NEEDED
11 TO INTERVIEW WITH MR. RICK HACKMAN. I DID THAT. I
12 INTERVIEWED WITH MR. HACKMAN, AND I SHARED WITH HIM
13 WHAT WAS GOING ON. AND HE'S -- HE DIDN'T GIVE ME A
14 DECISION AT THAT TIME. HE SAID HE WOULD GIVE ME A
15 DECISION LATER ON. WELL, THEN WHEN I GOT BACK THEY
16 SAID, YOU'VE BEEN ASSIGNED TO -- I CAN'T REMEMBER,
17 BUT IT'S IN HERE.

18 BY COMMISSIONER BARDEN:

19 OKAY. I'LL READ IT.

20 THE WITNESS RESUMES ANSWER:

21 A. YOU'VE BEEN ASSIGNED TO A -- THE T.C.M. PROGRAM.
22 AND I, WHEN I GOT THAT, THESE FOLKS, THEY THOUGHT SO
23 LESS OF ME THEY -- THEY SAT ME IN THIS ROOM AND NOT
24 ONLY I HAD TO DO TRAINING, PATHLORE TRAINING FOR MY
25 CURRENT POSITION, WHICH IS M.H.P., I HAD TO GO AND

1 DO TRAINING ALSO FOR CHILDREN ADOLESCENT. LIKE ALL
2 TOGETHER I THINK IT WAS LIKE 64 TRAININGS THAT I HAD
3 TO DO, AND I HAD TO SIT THERE. I HAD TO SIT THERE.
4 THEY WOULDN'T LET ME TO GO BACK TO MY OFFICE. I HAD
5 TO SIT THERE. AND MIND YOU, NOW, AND NOBODY IN THIS
6 AGENCY COULD EVER SAY HARRY ~~EVER WAS AGGRESSIVE~~
7 ~~TOWARDS HIM OR NOTHING. THEY WOULD NEVER SAY IT,~~
8 'CAUSE THAT'S NOT WHO I AM. BUT THEY HAD ME SIT IN
9 THAT OFFICE, AND I DID ALL THOSE TRAININGS, AND ONCE
10 I DID THOSE TRAININGS, I WAS SUPPOSED TO CONTACT MS.
11 -- MS. I THINK HER NAME IS BRIT. SHE'S OVER I THINK
12 REGION ONE T.C.M. COORDINATOR PROGRAM. I'D SAT
13 THERE, I DID THOSE TRAININGS, AND I EMAILED MS.
14 BRIT, AND MS. BRIT SAID, "YOU NEED TO TALK WITH DR.
15 BANK AND THEM" OR SOMETHING SHE SAID, "BECAUSE
16 ACCORDING TO MR. HACKMAN, WE HAVE NO -- NO SPACE FOR
17 YOU." SO THEY DID ALL THIS FOR -- FOR NO REASON.
18 ALL -- I MEAN, NONE. BECAUSE THE FACT OF THE MATTER
19 IS WHEN I INTERVIEWED HACKMAN, MR. HACKMAN SAID,
20 "HARRY, YOU GOT TO HAVE YOUR -- YOUR LICENSE WITHIN
21 A YEAR IF YOU COME HERE OR WE'RE GOING TO TERMINATE
22 YOU." NONE OF THAT WAS DISCUSSED WITH ME. AND I
23 TOLD MR. HACKMAN, I SAID, "MR. HACKMAN, I CAN'T TELL
24 YOU IF I'M GOING TO HAVE THAT LICENSE," 'CAUSE I
25 MEAN RIGHT NOW, I SWEAR TO GOD, I STARTED RIGHT

1 APART -- WELL, EVEN -- EVEN AND DR. UPCHURCH'S
2 DOCUMENTATION, THAT WAS BACK IN I THINK 2014, I
3 BELIEVE, I'VE BEEN TRYING TO WORK ON GETTING THIS
4 LICENSE. BUT I -- AND I EVEN TOLD MY THERAPIST I
5 THINK A COUPLE OF WEEKS AGO. AND ALL THIS IS
6 DOCUMENTED. I SAID, "EVERY TIME I BEGIN TO STUDY
7 AND STUFF, I CAN'T REMEMBER WHAT ANYTHING THAT I
8 READ." SO I HAD TO STOP. AND A MATTER OF FACT I
9 GOT A -- A -- A TRAINING APRIL THE 10TH FOR THIS
10 LICENSE, AND THEY'LL GIVE ME SOME MATERIALS, MOST OF
11 THE MATERIALS TO STUDY. BUT I CAN'T -- I KEEP
12 TELLING THESE PEOPLE I CAN'T SLEEP. BUT THAT I'M
13 DRINKING -- AND MY -- I NEVER DRANK COFFEE. BUT I
14 DRINK COFFEE EVERY SINGLE MORNING. AND -- AND WHEN
15 I DO, I HAVE TO PUT IN A BUNCH OF -- BUNCH OF CREAM
16 IN IT. AND THEY ALWAYS SAY, "WELL, HARRY, ARE YOU
17 GOING TO ADD ANY COFFEE TO THAT?" BECAUSE I JUST
18 DON'T LIKE TO STAND -- I DON'T -- I DON'T DRINK.
19 I'VE NEVER DRANK COFFEE. SO LIKE, BUT I -- I -- BUT
20 TO STAY UP LATE FOR SOMETHING, SO. BUT I -- I'M
21 TELLING YOU THIS IS NOT JUST ---

22 BY COMMISSIONER BARDEN:

23 Q. IS THE DOCTOR GIVING YOU ANYTHING TO HELP YOU SLEEP
24 NOW?

25 A. YEAH. WHAT HAPPENED WAS VOC REHAB WAS PAYING FOR

1 THE -- BUT FOR THE DOCTORS. AND I -- I MUST HAVE
2 FORGOT THAT PAPER. BUT I, YOU KNOW, I -- I'LL EMAIL
3 IT TO YOU. I'LL EMAIL IT TO YOU. SEE, VOC REHAB
4 STOPPED PAYING FOR THE DOCTORS JUST, BECAUSE THE
5 DOCTOR -- THE ONLY THING THEY SAY THE DOCTOR WAS
6 DOING WAS FOR MEDICATION MONITOR -- MONITORING, BUT
7 THEY WOULDN'T PAY FOR THE -- PAY FOR THE DOCTOR. SO
8 I HAD TO GO TO MY PRIVATE DOCTOR, AND HE PRESCRIBED
9 MEDICATION, AND HE GAVE ME A 90 DAY SUPPLY. SO I'M
10 GETTING MY -- MY MEDICATION THROUGH HIM AND MY
11 THERAPY THROUGH MS. CAROL. BUT THIS JUST DIDN'T
12 HAPPEN YESTERDAY, MA'AM. THIS -- THIS AIN'T JUST
13 HARRY REESE WOKE UP ONE MORNING, BECAUSE THEY SAID
14 HIS HIPAA VIOLATION AND, OH, HE -- HE MENTALLY GOT
15 ISSUES NOW. THIS IS YEARS OF TRYING TO TALK WITH
16 THESE PEOPLE, SAYING, "HEY, YOU'RE NOT EVEN
17 FOLLOWING YOUR POLICY. THE POLICY SAY I CAN GRIEVE
18 THIS. YOU WON'T EVEN GIVE ME A GRIEVANCE." WELL,
19 YOU KNOW WHAT? EVEN THE DOCUMENTATION THAT I WROTE
20 FOR THE GRIEVANCE, I SAID "I WANT BOTH OF THESE
21 DOCUMENTS PLACED IN MY EMPLOYMENT FILE," THIS -- THE
22 EMPLOYMENT FILE THAT YOU HAVE. NOW, MY REQUEST
23 WASN'T EVEN HONORED. 'CAUSE YOU KNOW WHY? THEY
24 DON'T WANT NOBODY TO SEE, HEAR THIS NONSENSE. THAT
25 THEY -- THEY JUST -- I MEAN, I MAY NOT BE THE BEST

1 EMPLOYEE, BUT I WORK HARD FOR THESE CLIENTS, BECAUSE
2 I KNOW THEY DON'T HAVE ANYBODY TO ADVOCATE FOR THEM.
3 SO I WORK HARD FOR THEM.

4 Q. SO ARE YOU HANDLING CASES NOW? I MEAN, YOU'RE BACK
5 DOING THAT NOW?

6 A. AND -- AND THIS -- THIS IS THE -- WHEN DR. UPCHURCH
7 SAYS, COULD YOU DECREASE HIS PRODUCTIVITY FROM 60 TO
8 40, THEY DENIED THAT. THEY DENIED APPROPRIATE WORK
9 PLACEMENT ACCOMMODATIONS. SO I HAD TO COME BACK AND
10 WORK FULL-TIME, AND THEN I WENT BACK OUT. AND NOW
11 I'M IN A PROGRAM NOW, BECAUSE DR. BANK, AND -- AND -
12 - AND -- AND MY CURRENT JOB DESCRIPTION IS IN THERE,
13 BECAUSE DR. BANK, HE COULD HAVE SAID, "YOU KNOW
14 WHAT, LET'S DO IT AT 40 HOURS, JUST SO HE CAN GET
15 BACK INTO THE SWING OF THINGS," AND HE DID NOT.
16 WELL, NOW MS. -- I'M AT A PROGRAM NOW WHERE MY
17 PRODUCTIVITY IS 40 HOURS NOW AS LONG AS I STAY WITH
18 THEM, AND I'M PRETTY SURE ONCE ALL THIS STUFF GET
19 OUT OF THE WAY, THEY'RE GOING TO TERMINATE ME. SO
20 BUT IT'S 40 HOURS NOW, AND I HAVE NOT MADE
21 PRODUCTIVITY SINCE I'VE BEEN THERE. WHY? BECAUSE I
22 DON'T HAVE THE CLIENTS. AND TOO, BECAUSE THE *Dr. Patel*
23 CLIENTS, THE FILE OF CLIENTS THAT I JUST GOT, DR. *Cop*
24 PATEL ONLY WANT TO DO -- DO GROUP. SHE DON'T WANT
25 THEM TO DO INDIVIDUAL. SO RIGHT NOW, I GOT TWO

1 CLIENTS THAT I'M DOING INDIVIDUAL FOR AND TWO --- AND
2 THE SAME TWO CLIENTS I HAVE NOW, I REFERRED ONE TO
3 THE LINK, AND I REFERRED ONE TO A.C.S. SO I AIN'T
4 GOING TO HAVE -- ONLY THING I DO IS GROUP ON
5 FRIDAYS, SO I'M NOT ABLE TO MAKE PRODUCTIVITY.

6 Q. OKAY.

7 A. BUT THE -- THE BOTTOM LINE IS, MA'AM ---

8 Q. YEAH. AND MS. SNYDER GETS TO ASK THE QUESTIONS.
9 AND I KIND OF GOT US OFF TRACK BY ASKING THAT, SO.

10 A. OKAY.

11 Q. BUT LET'S LET HER RESUME.

12 A. THE BOTTOM LINE IS MY EMPLOYER HAD NO AUTHORITY TO
13 TELL ME NOT TO DOCUMENT INTERACTIONS WITH THE CLIENT
14 THAT I -- I DEALT WITH. THAT'S THEIR POLICY. THE
15 POLICY SAID THAT ALL CLINICAL NOTES ARE -- MUST BE
16 IN THE -- IN THE MEDICAL RECORD WITHIN FIVE WORKING
17 DAYS. THEY ONLY DID THAT BECAUSE WHAT THEY WERE
18 TRYING TO SET THIS -- AND THIS HOUSING PROVIDER UP.
19 I CAME WITH THE TRUTH, AND THEY DIDN'T LIKE THAT.
20 THEY DIDN'T LIKE THE TRUTH. THEY WANTED -- THIS
21 PERSONAL VENDETTA THAT THEY GOT AGAINST RICK
22 NICHOLS, THEY WANTED THAT TO KEEP LAYING ON TO TRY
23 TO HURT THIS YOUNG MAN. BUT ALL OF THIS IS GOING TO
24 COME OUT IN THE WASH, BECAUSE I AM TIRED OF THIS. I
25 MEAN, I'M TIRED OF SITTING IN PLACES TELLING MY

1 STORY THOUGH, AND PEOPLE JUST THINK I'M CRAZY. BUT,
2 NO. THIS HAS ACTUALLY HAPPENED. AND -- AND -- AND
3 -- AND I KEPT SENDING EMAIL, AND, YOU KNOW, THE
4 REASON WHY I KEPT SENDING EMAIL? 'CAUSE BACK IN
5 2010 WHEN THEY STARTED THIS NONSENSE, SAY, WHOA,
6 THIS DON'T LOOK RIGHT. AND SO I DON'T WANT NOBODY
7 TO THINK, 'CAUSE I DON'T REALLY -- SOMEBODY -- AND
8 NOW I'M BEING THREATENING. AND SAID, "NO, THIS IS
9 MY EMAIL I SENT TO YOU. YOU CAN LOOK AT IT." IT
10 WASN'T EVEN THREATENING. I TALKED WITH YOU THE
11 UTMOST RESPECT. BUT SO I KEPT EMAILING, BECAUSE
12 THIS WAS THE CENTRAL THING. THEY JUST KEPT ACCUSING
13 ME OF STUFF WITHOUT FOLLOWING THEIR OWN POLICY, EVEN
14 TO ADDRESS IT. AND SO -- AND SO YOU MAY HAVE A
15 CLIENT COME IN AND SAY HE WAS ABUSED, YES, THAT'S
16 NORMAL. WE DEAL WITH THAT. THAT'S NORMAL. BUT HOW
17 WE DEAL WITH IT, THE WAY THAT THEY DEALT WITH IT IS
18 NOT NORMAL.

19 Q. OKAY.

20 A. IT'S NOT INCIDENTAL. IT -- IT'S NOT NORMAL.

21 Q. OKAY. ALL RIGHT.

22 BY COMMISSIONER BARDEN:

23 GO AHEAD.

24 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

25 Q. SO TO BE CLEAR, YOU'RE WORKING FULL DUTY RIGHT NOW?

- 1 A. YES, MA'AM.
- 2 Q. OKAY. I DON'T THINK WE'VE TALKED ABOUT THIS YET,
- 3 YOU SPENT SOME TIME AT PALMETTO BAPTIST?
- 4 A. YES, MA'AM.
- 5 Q. AT AN INPATIENT FOR A FEW WEEKS; IS THAT CORRECT?
- 6 A. YES. YES, MA'AM.
- 7 Q. AND I HAVE SUBMITTED SOME RECORDS FROM THAT. ARE
- 8 SOME OF THOSE RECORDS FROM THAT IN -- IN THIS
- 9 BINDER?
- 10 A. YES. BUT I THINK IT'S AN ---
- 11 Q. OKAY. THAT'S FINE. SHE'LL LOOK AT THEM ALL.
- 12 A. OKAY.
- 13 Q. DO YOU REMEMBER CHARLES ROUNDY?
- 14 A. YES, MA'AM.
- 15 Q. WHAT WAS HE DOING FOR YOU?
- 16 A. HE WAS MY ADVOCATE, BASICALLY MY THERAPIST.
- 17 Q. OKAY.
- 18 A. YEAH.
- 19 Q. IS HE AN M.D.?
- 20 A. NO. HE JUST IS -- WELL -- WELL -- YOU KNOW, THEY
- 21 CALL -- AND I GUESS HE IS. 'CAUSE IT -- IT -- IT
- 22 HIS TITLE IS DOCTOR. I MEAN, HE HAS THE DOCTOR IN
- 23 FRONT OF HIS NAME. BUT HE DON'T -- I DON'T THINK HE
- 24 HAS A LICENSE OR SOMETHING OR SOMETHING PEOPLE SAY.
- 25 Q. OKAY.

1 BY MS. SNYDER:

2 COMMISSIONER BARDEN, I WOULD POINT YOU TO PAGE
3 12 OF MY APAs.

4 BY COMMISSIONER BARDEN:

5 OKAY.

6 BY MS. SNYDER:

7 THERE'S A NOTE.

8 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

9 Q. I GUESS YOU WERE TALKING ABOUT JOB-RELATED STRESS.
10 HERE, I CAN SHOW YOU ON MINE. IT'S PAGE 95 IN
11 YOURS, IF YOU WANT TO GET TO IT?

12 A. UH-HUH.

13 Q. AND CAN YOU READ THIS SENTENCE THAT STARTS "HIS
14 RESPONSE"?

15 A. THIS WAS THROUGH MY -- RIGHT HERE (INDICATING) THIS?

16 Q. NO. "HIS RESPONSE"? *Randy*

17 A. "HIS RESPONSE TO THIS NOT UNCOMMON. PERSONAL ISSUE
18 IS UNCOMMONLY AND OUT OF PROPORTION TO THE
19 SITUATION, AND THE ADVOCATE WILL ATTEMPT TO DISCOVER
20 WHY THE PATIENT TAKES IT SO PERSONALLY."

21 Q. SO WAS THAT SOMETHING Y'ALL WERE WORKING ON WHILE
22 YOU WERE AT PALMETTO?

23 A. WELL, WHAT I DID. AND -- AND -- AND I DON'T KNOW IF
24 IT CAN BE INTRODUCED OR NOT, AND YOU HAVE A COPY OF
25 IT. AND I -- AND I THANK GOD THAT WE HAVE TO

1 EXCHANGE INFORMATION, BECAUSE I SAW A LOT OF THINGS
2 THAT WERE JUST INACCURATE. FOR EXAMPLE, SOMEBODY
3 SAID I WAS ON MEDICATION SINCE 2011. THAT WASN'T
4 THE TRUTH. SO I GAVE YOU INFORMATION TO CLEAR THAT.
5 BUT WHEN HE SAYS "IS UNCOMMONLY AND OUT OF
6 PROPORTION," I SENT A FAX OVER TO MS. MARJORY HOBBS,
7 WHO IS THE DIRECT OF -- OF THE PALMETTO BEHAVIOR
8 HEALTH CARE, AND I DOCUMENTED SOME ISSUES, AND ONE
9 OF THOSE WAS ONE OF THE ISSUES. AND WHEN THEY SAY,
10 UNCOMMON, IT MIGHT BE UNCOMMON IF THERE WAS ONE
11 ISSUE THAT YOU HAD TO DEAL WITH, AND THEN YOU CAME
12 IN AND YOU HAD SOME ISSUES AND WE HAD -- YOU HAD
13 TREATMENT. BUT WHEN YOU'RE GOING THROUGH ---

14 Q. ARE YOU INTERPRETING THESE MEDICAL RECORDS NOW?

15 A. I'M NOT INTERPRETING ANYTHING. I MEAN, I'M -- I'M
16 TELLING YOU FROM MY POINT OF VIEW AND WHY HE COULD
17 MAKE SUCH A CLAIM.

18 BY COMMISSIONER BARDEN:

19 WELL, YOU -- YOU'RE NOT GOING TO BE ABLE TO
20 SPEAK FOR HIM.

21 BY THE CLAIMANT:

22 UH-HUH.

23 BY COMMISSIONER BARDEN:

24 YOU CAN ONLY TELL US WHAT HAPPENED TO YOU.
25 SO GO AHEAD, MS. SNYDER.

1 BY MS. SNYDER:

2 I DON'T KNOW THAT I HAVE ANY MORE QUESTIONING.
3 I WAS REALLY FOCUSED ON THE DATES OF INJURY THAT ARE
4 NOTED ON THE FORM 50. I FEEL LIKE WE'VE TALKED
5 ABOUT STUFF KIND OF GOING BACK 'TIL 2010, AND I
6 DON'T KNOW -- I DON'T KNOW WHEN THE DATE OF INJURY
7 WAS FOR THIS INCIDENT. SO I THINK ---

8 BY COMMISSIONER BARDEN:

9 WELL, HE'S LISTED TWO.

10 BY MS. SNYDER:

11 RIGHT.

12 BY THE CLAIMANT:

13 NO.

14 BY MS. SNYDER:

15 I JUST THINK SOME OF THE -- THAT'S I KNOW IT'S
16 A BUILD UP OF -- ~~IT'S BEEN A BUILD UP OF ISSUES THAT~~
17 ~~YOU'VE HAD.~~ I JUST DON'T KNOW IF ANY OF THESE
18 SPECIFIC INSTANCES WE'VE BEEN TALKING ABOUT SO FAR
19 BACK ARE -- ARE ---

20 BY THE CLAIMANT:

21 WELL ---

22 BY MS. SNYDER:

23 --- JURISDICTIONALLY IN FRONT OF YOU, BECAUSE
24 OF THE LENGTH OF ---

25 BY COMMISSIONER BARDEN:

1 YEAH. THE FIRST ONE IS OCTOBER OF 2014, AND
2 THE SECOND IS AUGUST OF ---

3 BY MS. SNYDER:

4 YES, MA'AM.

5 BY COMMISSIONER BARDEN:

6 --- 2014. '13 AND '14.

7 BY MS. SNYDER:

8 RIGHT. AND I BELIEVE THAT THAT WAS THE HIPAA
9 VIOLATION AND THEN ONE THAT ---

10 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

11 Q. HARRY, I'LL ASK YOU. THE 2014 IS ONE THAT THEY WERE
12 ATTEMPTING TO RELOCATE YOU TO ACCOMMODATE YOUR
13 REQUEST FOR REDUCED PRODUCTIVITY HOURS?

14 A. THE -- THERE'S SO MUCH I JUST -- JUST HAVING SOME
15 PROBLEMS RECALLING, IF YOU WILL.

16 Q. IT'S OKAY.

17 A. BUT ---

18 Q. YOU'VE GOT A LOT OF INFORMATION IN HERE. I'M SURE
19 IT'S IN HERE IF WE JUST ---

20 A. AND, YEAH. IT IS IN THERE. BUT IT GOT TO THE POINT
21 IN 2013 THAT IT WAS SO BAD THAT THEY KEPT ATTACKING
22 ME. I HAD NO OTHER CHOICE TO ASK FOR EMPLOYEE
23 ASSISTANCE SERVICES. I MET WITH MR. (INAUDIBLE). I
24 THINK HIS IS THE FIRST TAB IN YOUR -- IN YOUR
25 BINDER, AND I SHARED WITH HIM EVERYTHING THAT WAS

1 GOING ON WITH ME SINCE 2010, AS IT RELATES TO MY
2 EMPLOYER. HE, AGAIN, AT THAT TIME LISTED IT AS
3 WORK-RELATED STRESS AND, YOU KNOW, I HAD SO MUCH
4 STUFF TO TELL HIM ABOUT REGARDING THE EMPLOYMENT AND
5 HOW IT HAD STARTED IN 2010, HOW MY RECORD WAS SO
6 POLISHED BEFORE APRIL THE 19TH, 2010, 'TIL THIS
7 YOUNG LADY DESTROYED MY RECORD, AND TO THE POINT
8 WHERE SHE TRIED TO WRITE A DEROGATORY REPORT IN MY
9 ANNUAL REVIEW TO WHEN MS. ELEANOR ODOM, WHO IS THE
10 STATE DIRECTOR HUMAN RESOURCE MANAGER, WHEN SHE READ
11 IT, SHE SENT IT BACK TO -- WELL, SHE SENT IT TO MS.
12 SUSAN BROWN, ONE OF HER WORKERS, AND TO HAVE HER
13 SEND IT TO MS. MARIA, TO SAY, "HEY, YOU CAN'T SAY
14 NEGATIVE THINGS ABOUT THIS CLIENT -- ABOUT THIS --
15 ABOUT THIS STAFF MEMBER." BUT THE BOTTOM LINE IS
16 THERE WAS NO NEGATIVE THINGS TO REPORT. YOU HAD --
17 AND I WAS WITH YOU FOR SIX MONTHS, YOU HAD NOT
18 PULLED ME TO THE SIDE FOR WITH ANY CORRECTIVE
19 ACTIONS, YOU HAD NOT SAID I WAS NOT PERFORMING MY
20 JOB DUTIES, ET CETERA, ET CETERA. BUT ONCE I GAVE
21 YOU THAT APRIL 19TH LETTER, THAT'S WHEN ALL HELL
22 BROKE LOOSE, ALL HELL. AND THEN THEY MOVED ME.
23 THAT WAS MY ONLY RELIEF, MA'AM, IS WHEN THEY MOVED
24 ME. AND THEN WHEN THEY MOVED ME, I HAD THAT RELIEF.
25 THEN WE WENT TO THE NEW BUILDING, AND YOU HAVE

1 PICTURES OF IT. WHEN THEY MOVED ME TO THE NEW
2 BUILDING, THEY PUT THE LADY RIGHT BACK IN MY FACE
3 LIKE I WAS NOTHING. WHY DID YOU MOVE ME? 'CAUSE
4 YOU THOUGHT -- YOU THOUGHT THERE WAS BAD BLOOD
5 BETWEEN SHE AND I. SO WHY WOULD YOU PUT US BACK
6 TOGETHER? THAT -- THAT'S NOT THE LOGIC. THAT --
7 THAT'S NOT NORMAL.

8 **BY COMMISSIONER BARDEN:**

9 Q. WHEN DID YOU FIRST START EXPERIENCING PSYCHOLOGICAL
10 OR PSYCHIATRIC DIFFICULTY OR EMOTIONAL DIFFICULTY;
11 WHEN DID YOU FIRST NOTICE?

12 A. I GOT REALLY DEPRESSED.

13 Q. WHEN DID YOU -- WHEN DID YOU FIRST GET DEPRESSED?

14 A. THAT WAS IN -- IN 2013 WHEN I WAS IN A -- A
15 ACCIDENT. I MEAN, I CAN'T TELL YOU WHAT DATE, BUT
16 IT'S ---

17 Q. THAT'S ALL RIGHT. IT'S JUST ---

18 A. --- IT'S AROUND THE POINT WHEN I ---

19 Q. WAS THOSE -- WAS IT AFTER THE LETTER, WHEN YOU GAVE
20 HER THE LETTER?

21 A. NO. THAT WAS THAT -- NO. THAT WAS -- YES. I'D
22 WENT THROUGH SOME DEPRESSION IN 2010 AFTER ALL THIS,
23 BUT IT -- BUT ONCE I GOT BACK TO -- ONCE I GOT TO
24 THE COTTAGES, THINGS EASED OUT. I DID MY JOB. I
25 MEAN I GOT NO NEGATIVE.

1 Q. BUT WHAT WAS THE DEPRESSION IN 2010 FROM?

2 A. WELL, BECAUSE THESE FOLKS WERE SAYING "YOU SEXUALLY
3 HARASSED SOMEBODY," BUT YOU DIDN'T REPORT IT, YOU
4 DIDN'T DO ANYTHING TO INVESTIGATE. YOU JUST Demean
5 ME, DEVALUED ME, BECAUSE THIS YOUNG LADY SAID IT.
6 AND -- AND IT'S SUSPECT. BUT HOW CAN YOU TELL
7 SOMEBODY YOU SEXUAL HARASS SOMEBODY OVER A YEAR'S
8 PERIOD OF TIME AND NOW YOU WANT TO BRING -- THE FACT
9 TO THE MATTER IS, IF I WOULDN'T HAVE GAVE YOU THAT
10 APRIL 19TH LETTER, I'D A -- NOBODY WOULD HAVE NEVER
11 HEARD ANYTHING ABOUT A SEXUAL HARASSMENT.

12 Q. BUT YOU SAID YOU HAD SOME DEPRESSION IN 2010; IS
13 THAT RIGHT?

14 A. WELL, DEPRESSION WAS BECAUSE, YOU KNOW, THEY
15 WOULDN'T LISTEN TO ME.

16 Q. OKAY.

17 A. AND THEY MOVED ME. AND YET, YEAH, OF COURSE YOUR
18 GOT DEPRESSED BUT YOU JUMP BACK OUT OF IT.

19 Q. ALL RIGHT.

20 A. YOU JUMP BACK OUT. YOU SAY, HEY, LET'S GO. LET'S
21 GET TO WORK. GET OVER IT. BUT THEN IN 2013 AFTER
22 ALL THIS STUFF IS HAPPENING OVER ---

23 Q. SO DID IT RESOLVE AFTER A WHILE AFTER THE 2010
24 INCIDENT; DID IT RESOLVE, OR IT NEVER REALLY DID
25 RESOLVE?

1 A. IT RESOLVED.

2 Q. OKAY.

3 A. BECAUSE I WAS IN A -- IN A ---

4 Q. OKAY. AND THEN ---

5 A. --- HEALTHIER ENVIRONMENT, IF YOU WILL.

6 Q. AND THEN IT REOCCURRED IN 2013?

7 A. WELL, IT -- IT -- BASICALLY AFTER THAT, THEY TOLD ME
8 WE GOING TO GET -- THIS YOUNG LADY WENT AND SAID TO
9 THE HOUSING PROVIDER, AND THIS IS NOT NORMAL, THAT
10 I'M A CRUEL ---

11 BY MS. SNYDER:

12 I WOULD OBJECT TO WHAT MS. MARIN HAD SAID TO
13 SOMEBODY WHO'S NOT HERE.

14 BY THE CLAIMANT:

15 WELL, AND THAT'S THE FACT THAT ---

16 BY MS. SNYDER:

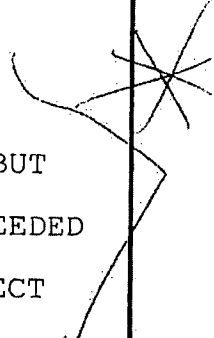
17 HEARSAY.

18 BY COMMISSIONER BARDEN:

19 NO. SHE DIDN'T SAY IT TO YOU. I -- I SUSTAIN
20 THAT OBJECTION.

21 BY THE CLAIMANT:

22 BUT -- BUT THE MAIN POINT, AND YOU GOT A
23 WITNESS IN HERE, THAT'S NOT A WITNESS TO MUCH, BUT
24 YOU GOT HIM IN HERE. BUT THE PEOPLE THAT YOU NEEDED
25 TO BRING IN HERE, BECAUSE YOU'RE TRYING TO PROTECT



1 THEIR POLICY, IF YOU WILL, YOU DON'T BRING THEM IN.
2 THESE ARE THE PERSONS THAT WAS INVOLVING. SO WHY
3 NOT BRING THEM IN? EVEN IF IT AIN'T NOTHING BUT
4 MARIA, WHY NOT BRING MARIA? IF IT AIN'T NOTHING BUT
5 DR. MCNEILL, WHO -- WHO -- WHO -- AND -- AND THERE'S
6 A LETTER HERE FROM DR. MCNEILL. FOR SOME STRANGE
7 REASON, IF THE HIPAA VIOLATION WAS REPORTED AND --
8 NOT THE HIPAA -- THE DUAL RELATIONSHIP WAS REPORTED
9 IN 2012, WHY IN THE WORLD NOW ARE YOU BRINGING IT
10 BACK UP IN 2013 ONCE Y'ALL HAVE ESTABLISHED THAT I
11 HADN'T DONE A THING WRONG? HER LETTER STARTED OUT
12 WITH THIS, AND I BELIEVE IT'S THE HIPAA VIOLATION
13 AND ALL THIS OTHER STUFF, THEN IT ENDED WITH I THINK
14 LIKE FOUR DIFFERENT QUESTIONS. DO YOU HAVE A DUAL
15 RELATIONSHIP WITH RICK NICHOLS? DO YOU HAVE A DUAL
16 RELATIONSHIP WITH THIS STAFF MEMBER? DO YOU HAVE
17 THIS? AND I'M SAYING -- AND I -- AND I EMAIL. I
18 SAID, "LISTEN, WHY IS THIS COMING ABOUT? IT AIN'T
19 GOT NOTHING TO DO WHAT'S GOING ON NOW, AND I'VE BEEN
20 EXONERATED OF THAT, AND 'CAUSE IT WAS BOGUS FROM THE
21 JUMP. AND IF Y'ALL WOULD HAVE STOPPED AND LISTENED,
22 YOU'D A KNOWN IT WAS BOGUS FROM THE JUMP." BUT, NO.
23 SO -- SO WHEN YOU SAY THESE ARE SELF-SERVING EMAILS,
24 AND I HAVE TO KEEP SAYING IT, BECAUSE THAT'S --
25 THAT'S TOTALLY OFFENSIVE TO ME, BECAUSE IF I DIDN'T

1 ---
2 DIRECT EXAMINATION RESUMED BY MS. SNYDER:

3 Q. I DIDN'T MEAN TO OFFEND YOU ---

4 A. --- KEEP THESE EMAILS, I WOULDN'T HAVE NO EVIDENCE
5 TO TELL YOU WHAT IN THE WORLD WAS GOING ON. AND
6 THAT'S WHY I SAY, I KNOW I NEED TO PREPARE FOR AN
7 APPEAL, BECAUSE OF THE FACT OF THE MATTER IS, I'M
8 NOT -- ALL THIS IS SO MUCH INFORMATION. AND MY
9 INTENT, I -- AND I DON'T KNOW IF I ---

10 BY COMMISSIONER BARDEN:

11 Q. WHAT DO YOU MEAN YOU NEED TO PREPARE FOR AN APPEAL?

12 A. BECAUSE, LISTEN, IT'S SO MUCH STUFF IN HERE THAT
13 YOU'RE NOT HEARING AND THEY'RE NOT GOING TO ASK
14 ABOUT. BECAUSE LIKE I SAID, THEY DIDN'T FOLLOW YOUR
15 OWN POLICIES, AND THE POLICY SAID, SHE HAD NO
16 AUTHORITY. BUT BECAUSE I DOCUMENTED, AND YOUR
17 ADVERSE INCIDENT REPORT SAYS I MUST DOCUMENT ALL --
18 ALL STAFF MUST DOCUMENT ADVERSE INCIDENT REPORTS.
19 SO SHE HAS NO AUTHORITY. BUT SHE -- SHE DID THAT
20 SIMPLY BECAUSE SHE DIDN'T LIKE WHAT I WAS
21 DOCUMENTED, WHICH WAS THE FACTS, AND THE FACTS
22 ACTUALLY ARE TRUE. BUT IT -- BUT WHAT I MEAN BY
23 PREPARE FOR AN APPEAL, I -- I'LL HAVE TO GO BACK
24 DOWN HERE AND LIST DATE BY DATES AND REFERENCE EACH
25 PAGE SO IT'D BE MUCH EASIER TO FOLLOW ALONG.

1 BECAUSE THE FACT TO THE MATTER IS, AGAIN, IF DR.
2 BANK, 'CAUSE DR. BANK, 'CAUSE SHE WROTE ME UP, SHE
3 WROTE ME UP FOR INSUBORDINATION, BECAUSE I SPOKE TO
4 A CLIENT IN 2010. AND -- AND I'M GLAD I REMEMBER
5 THAT. IN 2000 -- 'CAUSE THIS IS VERY IMPORTANT. IN
6 2010, BECAUSE SHE SAID I SPOKE WITH THAT SAME
7 CLIENT. WELL, IN THAT MEETING WE HAD, DR. BANK,
8 SAID, "YOU KNOW WHAT? HE ASKED YOU TO TALK TO THAT
9 CLIENT. YOU NEED TO TALK TO THAT CLIENT, BECAUSE
10 IT'S A LOW LEVEL COMPLAINT." BUT I DIDN'T EVEN TALK
11 WITH THE CLIENT. WELL, PUT IT THIS WAY, I TALKED
12 WITH THE CLIENT PRIOR TO HER TELLING ME NOT TO TALK
13 TO THE CLIENT. BUT THE FACT OF THE MATTER IS, AND
14 IT'S -- IT'S DOCUMENTED, IF DR. BANK SAID I CAN TALK
15 WITH THAT CLIENT, WHAT GIVES YOU THE AUTHORITY TO
16 TELL ME I COULDN'T? AND THEN HE SHOULD HAVE
17 ADDRESSED HER. YOU HAVE NO AUTHORITY. BUT I
18 ALREADY TOLD THIS YOUNG MAN TO TALK TO HIM SO I MEAN
19 YOU WAS IN AND YOU HAVE NO AUTHORITY TO TELL HIM NOT
20 TO TALK TO ME -- TO -- TO THE CLIENT. SO IF HE'D
21 APPROPRIATELY ADDRESSED THIS MESS IN 2010, WE
22 WOULDN'T HAVE A 2012, 2013, AND 2014 INCIDENTS. BUT
23 BECAUSE HE REFUSED TO DO ANYTHING ABOUT IT, I GOT TO
24 DEAL WITH THIS MESS WHILE THESE OTHER FOLKS DOING
25 THEIR JOB. AND THE CASE MANAGER, HE'S THE ONE WHO

1 SCREWED UP, BECAUSE HE SHOULD HAVE ADDRESSED IT FROM
2 THE JUMP.

3 BY COMMISSIONER BARDEN:

4 ALL RIGHT. IS THAT IT, MS. SNYDER?

5 BY MS. SNYDER:

6 THAT'S IT.

7 BY COMMISSIONER BARDEN:

8 Q. ALL RIGHT. IS THERE ANYTHING ELSE? I -- WE --
9 WE'VE BEEN AT THIS A WHILE. YOU PROBABLY FEEL LIKE
10 YOU'VE COVERED EVERYTHING. IS THERE SOMETHING ELSE
11 THAT MAYBE WE HAVEN'T COVERED?

12 A. WHAT ---

13 Q. YOU KNOW, I'VE GOT ALL THESE DOCUMENTS TO READ, AND
14 A LOT OF TIMES I TRY TO GET MY ORDER INSTRUCTIONS
15 OUT BY THE WEEK. I DON'T ALWAYS GET TO FOLLOW MY
16 OWN SELF-IMPOSED POLICY, BUT I TRY TO GET MY WORK
17 DONE AFTER I'VE HEARD A CASE WITHIN A WEEK. I DON'T
18 KNOW THAT I CAN DO THAT WITH THIS. THERE'S A LOT TO
19 READ. SO ---

20 A. WELL ---

21 Q. --- IT MIGHT TWO OR THREE WEEKS BEFORE Y'ALL HEAR
22 FROM ME AT A MINIMUM. BUT IS THERE ANYTHING ELSE
23 THAT ---

24 A. YEAH. 'CAUSE I WANT TO ASK MS. ---

25 Q. YOU DON'T GET TO ASK HER QUESTIONS.

1 A. I CAN'T? OH.

2 Q. NO. SHE'S NOT A WITNESS.

3 A. OH.

4 Q. SHE'S A -- SHE'S A LAWYER, SO.

5 A. WELL, I JUST WANT TO SAY THIS.

6 Q. ALL RIGHT.

7 A. AND -- AND AGAIN, I THANK GOD THAT IT -- IT -- IT IS
8 THE POLICY THAT THEY OWE OR THE FORMAT THAT BOTH
9 SIDES HAVE TO GIVE EACH SIDE THE INFORMATION.

10 Q. RIGHT.

11 A. BUT THEY SEND ME THIS PACKET, AND THEY HAD IT
12 HIGHLIGHTED WITH WHAT THAT SAYS THAT I WAS ON
13 MEDICATION FOR -- AND -- AND I DON'T KNOW IF YOU
14 WANT TO LISTEN TO MS. HOBBS. SHE LEFT A MESSAGE,
15 'CAUSE WE KEPT -- WE COULDN'T GET IN TOUCH WITH EACH
16 OTHER.

17 Q. NOW, AND IF YOU CALLED A WITNESS I WOULD LISTEN TO
18 HER. BUT I, LIKE I CAN'T JUST LISTEN TO A PHONE
19 CONVERSATION, BECAUSE -- OR A MESSAGE, BECAUSE MS.
20 SNYDER DOESN'T HAVE AN OPPORTUNITY TO CROSS-EXAMINE
21 HER.

22 A. OKAY.

23 Q. BUT ---

24 A. WELL, THEY WANT TO SAY THAT I WAS ON MEDICATION
25 SINCE 2011. THAT WAS UNTRUE. AND I GAVE YOU --

1 GAVE YOU EVIDENCE OF IT. THEN THEY WANT TO TRY TO
2 SAY, WELL, BECAUSE MY FAMILY'S BEEN IN MY HOUSE FOR
3 SO LONG, THAT'S THE REASON WHY I'M UNDER ALL THIS
4 STRESS. WELL, MY FAMILY CAME -- MY MOM CAME IN
5 SOMETIME AFTER MARCH, AFTER MY -- MY STEP-DAD DIED,
6 AND I GAVE UP EVIDENCE OF THAT, 'CAUSE I WANTED TO
7 SHOW THEM A TIME LINE. BUT MY CONCERN IS YOU ASK ME
8 THESE QUESTIONS, BUT WHY DIDN'T YOU ASK ME ANY OF
9 THESE QUESTIONS ABOUT THE MEDICATION? 'CAUSE THEY
10 WERE JUST SO SURE THAT HARRY REESE DIDN'T HAVE NO
11 EVIDENCE TO PRESENT, WHICH ALL THIS IS -- AND -- AND
12 EVEN IF -- EVEN IF IT IS SELF SERVING, IT -- IT IS -
13 - IT'S NOT LIKE EMAILS THAT WERE SENT ON THE SAME
14 DAY. IT'S EMAILS THAT'S SENT OVER TIME. YOU KNOW,
15 IN 2010, IN 2012, 2013, OVER TIME TO PROVE THAT YOU
16 KNOW WHAT, HARRY REESE -- AND LISTEN, AND EVEN IN
17 2010, WHEN -- WHEN ALL OF THIS STUFF WENT DOWN WITH
18 THE -- WITH THE SEXUAL -- WITH THE SEXUAL
19 HARASSMENT, I WENT TO AN ATTORNEY, BECAUSE I KNOW
20 THIS WAS WRONG. THIS ATTORNEY SAT WITH ME, AND IT'S
21 -- THAT PAPER IS IN HERE TOO. HE SAT WITH ME. HE
22 LISTENED TO ME, AND THEN HE SAID, "OKAY. LET ME
23 REVIEW IT A LITTLE FURTHER." HE CALLED ME BACK IN.
24 THIS TIME HE HAD A -- ANOTHER ATTORNEY, AND HE HAD
25 ME TALK TO HIM AND THAT ATTORNEY ABOUT STUFF, AND

1 WE'RE GOING OVER THE JOB. THEN HE'S LOOKS AT ME AND
2 SAYS, "OH, I CAN'T REPRESENT YOU, BECAUSE I'M AN
3 ATTORNEY FOR THE STATE." SO WHY IN THE WORLD YOU
4 LET ME SIT THERE AND TELL YOU ALL OF THIS, AND THEN
5 YOU TELL ME YOU CAN'T REPRESENT ME? THAT'S --
6 THAT'S WHAT I WAS KIND OF DEPRESSED TOO. BECAUSE, I
7 MEAN, HERE I AM, I'M TRYING TO DO EVERYTHING I
8 POSSIBLY CAN TO TRY TO RESOLVE THIS PROBLEM, AND IT
9 -- THESE PEOPLE, THEY WOULDN'T EVEN -- EVEN THEY
10 WOULDN'T REALLY LISTEN. THEY WOULDN'T EVEN LISTEN
11 TO ME. SO I HAD TO GET A ATTORNEY. AND JUST LIKE
12 THE OTHER, THE ATTORNEY, MS. -- AND MS. GEARY SAID,
13 "LISTEN. LET'S HAVE LEVEL HEADS. LET'S THINK ABOUT
14 THIS." I MEAN, THEY WAS SO BUSY TRYING TO GET ME --
15 THEY'D -- THEY WOULDN'T EVEN THINK TO HOW NEGLIGENT
16 THEY WAS MAKING THE AGENCY.

17 Q. OKAY. LET ME ASK YOU THIS. YOU'RE -- YOU'RE BACK
18 AT WORK FULL TIME NOW, RIGHT?

19 A. YES, MA'AM.

20 Q. IS -- ARE THINGS GOING WELL NOW?

21 A. WELL, LISTEN.

22 Q. I MEAN IN YOUR JOB?

23 A. IT'S GOING WELL AS TO BE EXPECTED, BUT LIKE I SHARE
24 WITH FOLK, AND I -- I THINK I WROTE IT DOWN. I
25 THINK YOU GOT SOME INFORMATION HERE ABOUT THAT TOO.

1 I CAN'T EVEN ADVOCATE ON THESE CLIENTS WE HAVE. A
2 CLIENT WHO THIS DOCTOR SAYS, YOU KNOW, WE NEED TO
3 GET HIM A PAYEE AND -- AND -- AND THAT COURT ORDER
4 SAYS HE NEEDED LIMITED ~~INSTRUCTIVE~~ ^{STRUCTURE} PLACEMENT, BUT
5 YET, HE CAN GO OUT AND GET A JOB. THIS CLIENT DONE
6 CHOKED ANOTHER CLIENT. THIS CLIENT SHOULDN'T BE
7 MOVED. BUT I -- WE -- I CAN'T SAY ANYTHING ABOUT
8 IT, 'CAUSE I DON'T WANT PEOPLE TO SAY, OH, HARRY'S
9 TRYING TO BE UH UH UH. HE'S TRYING TO DO THIS. NO.
10 HARRY'S JUST SAYING, "HEY, LISTEN, LET'S LOOK AT OUR
11 STANDPOINT." IF THIS GUY IS -- IS CHOKING THE OTHER
12 CLIENTS, WHAT MAKES YOU THINK HE'S -- WHAT -- WHAT -
13 - WHAT DO YOU THINK HE'S GOING TO DO OUTSIDE OF
14 STRUCTURED PLACEMENT?

15 Q. OKAY. ALL RIGHT.

16 BY COMMISSIONER BARDEN:

17 DO YOU HAVE ANY OTHER QUESTIONS?

18 BY MS. SNYDER:

19 NO, MA'AM.

20 BY COMMISSIONER BARDEN:

21 ALL RIGHT. ANYTHING ELSE, SIR?

22 BY THE CLAIMANT:

23 NO, MA'AM.

24 BY COMMISSIONER BARDEN:

25 ALL RIGHT. THAT CONCLUDES THIS PROCEEDING.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1322039

Harry Reese,
Claimant,
v.
SC Department of Mental Health,
Employer,
and
State Accident Fund,
Carrier/Defendants.

FULL COMMISSION PANEL HEARING

Monday, December 14, 2015
1:41 p.m. - 2:00 p.m.

The full commission panel hearing was held before the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 14th day of December, 2015 before Jill H. Vickers, Certified Court Reporter and Notary Public in and for the State of South Carolina.



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APPEARANCES

COMMISSION PANEL:

Gene McCaskill, Chair

Melody James

Mike Campbell

Harry Reese

8408 Little John Drive

Columbia, South Carolina 29209

Pro Se Claimant

Page P. Snyder, Esquire

State Accident Fund

800 Dutch Square Blvd., Suite 160

Columbia, South Carolina 29210

Attorney for the Defendant, State Accident Fund

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1 COURT REPORTER: Today is December 14th, 2015. This
2 is South Carolina Workers' Compensation Case
3 Number 1322039. This is the case of Harry
4 Reese, Claimant, versus SC Department of Mental
5 Health, Employer, and State Accident Fund is
6 the carrier. The Appellant is the Claimant,
7 Harry Reese, who is Pro Se. The Respondent is
8 represented by Page P. Snyder. Each side is
9 allowed ten minutes for oral argument and three
10 minutes in reply. You are requested to argue
11 the grounds of exception and stay within the
12 record.

13 COMMISSIONER MCCASKILL: Mr. Reese, before we went
14 on the record, we talked about you going
15 forward today representing yourself waiving
16 your right to legal representation. Is it
17 still your desire to go forward representing
18 yourself, sir?

19 MR. REESE: Yes, sir.

20 COMMISSIONER MCCASKILL: All right. If you'll come
21 to podium, you'll have ten minutes to address
22 the commission.

23 COMMISSIONER CAMPBELL: Take a deep breath before
24 you start. You have nothing to be nervous
25 about.



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1 COMMISSIONER MCCASKILL: You don't need to be sworn
2 in. Just tell us your side, sir. What are you
3 asking of us today, sir?

4 MR. REESE: I'm asking for you to overturn
5 Commissioner Barden's agreement, because it was
6 unjust and unfair. They knew that Dr. Thornton
7 was my medical doctor while I was at Palmetto
8 Health Baptist, and according to the law, they
9 have to go by what the medical doctors say, and
10 I had three doctors that said, you know, this
11 is what it related -- and my condition was due
12 to, yet they relied on Dr. Roundy, and I told
13 them, Dr. Roundy was my therapist, but they
14 still went with the therapist's statement. I
15 even gave them e-mails -- Ms. Snyder e-mails
16 during my deposition, and I even told her
17 during my deposition that Dr. Thornton was my
18 doctor and not Dr. Roundy. Dr. Roundy was my
19 therapist. More importantly, they used
20 Dr. Browning's common statement to say that I
21 didn't have -- it wasn't work related, which
22 was a lie, because Dr. Roundy, even though he
23 said it was work related. When you look at the
24 clinical note that he wrote, he said, you
25 know -- what did he say -- he said it was



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1 unfair treatment, and he wasn't -- that
2 Palmetto Health Baptist wasn't going to be able
3 to talk to DMH, because they couldn't do that
4 and talk to DMH about unfair treatment, because
5 they couldn't do that, and I even tried to get
6 Dr. Roundy here, which is in the claimant's
7 appellant package beforehand, and I couldn't
8 get him to come here, and I tried to let
9 Commissioner Barden hear the message that
10 Ms. Hobbs -- Ms. Hobbs, who was the Director of
11 Palmetto Health Baptist, and she said he no
12 longer worked there, because he retired. So,
13 what I did, I tried to get Dr. Thornton -- and
14 all of this is in the documentation, and I
15 tried to get Dr. Thornton to authenticate his
16 assessment, whether it was work related. As a
17 matter of fact, it was significant and ongoing
18 work related stress that led to depression, and
19 it exacerbated my medical condition. So, three
20 doctors, three doctors -- and they relied --
21 and Dr. Kirkland, he gave his medical opinion
22 again, and he said "This is job related",
23 nothing else, and Chuck -- we call him Chuck,
24 but it's Dr. Roundy, in his discharge summary,
25 it even said stress, and it went on to



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1 describing what type of stress, the job stress,
2 and it went on to put a modifier on it, and it
3 said "severe job stress". So, they're going to
4 say, "Well, because he said ..." -- but yet,
5 during a discharge summary, not only did he
6 describe it as severe job stress, he also did
7 one of the most dynamic things there was, and
8 that was to refer me over to another counselor
9 based on the Palmetto Health Team saying that
10 "He needed ongoing treatment to sustain life".
11 More importantly, Dr. Thornton was the one that
12 prescribed the medication, and Commissioner
13 Barden, she didn't even look at the medication
14 list. She didn't review the policies. There's
15 nothing in the -- there's no evidence that she
16 reviewed the policies, and I can give you an
17 example of that. When it says I was written up
18 for a HIPAA violation, the policy says that, as
19 a staff member, you're supposed to document
20 adverse incident reports. I did that. I
21 received it. I did that. So, she had no
22 authority telling me not to document anything,
23 but that's what your policy says. More
24 importantly, Dr. Bank knew that it wasn't a
25 HIPAA violation. Even when I met with Dr. Bank



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1 during that hearing about this HIPAA PROCESS,
2 and Commissioner Barden made no reference to it
3 in her finding of fact. The attorney, Joseph
4 Henry -- Joseph Henry's information, he said --
5 even when we sat down, he said in his letters
6 in that claimant's APA package twice, he said
7 "You all have still not, not one time produced
8 a policy that says Mr. Reese violated any
9 provisions of any policy of DMH". So, if
10 they're not -- if the executive director who
11 signs these policies says, "Hey ..." -- if he
12 can't produce a policy, and when the board, Mr.
13 -- shoot -- Mr. Childs, when Kenneth Childs,
14 one of the board members, when I told him -- I
15 said, "Look, Mr. Childs, I cannot work with
16 your (witness not understandable here)" -- and
17 she said that's a HIPAA violation, because
18 she's in another program, and Mr. Childs
19 said -- and he's also an attorney. Mr. Childs
20 said "That's a bunch of non-sense". So, they
21 had me do a HIPAA refresher course, but if the
22 board member says that "This is not a HIPAA
23 violation, you know, if the executive director
24 cannot produce a policy violated any HIPAA
25 violation, then I shouldn't have to be taking



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1 a HIPAA refresher course. I've got all of your
2 policies, and I presented all the policies to
3 him at the time, but they didn't review the
4 policies. Now, the law says that you must --
5 based on the repetitive trauma, you must go by
6 a licensed and qualified physician's
7 information, and they did that, they went by
8 Dr. Roundy, Chuck, and not only that, the
9 defendant or SCUEF, or whatever you call it,
10 they disposed of the medical evidence, and
11 Dr. Upchurch said -- hold on -- "You need to go
12 to your doctor to get back on your medication",
13 and they disposed of Ms. Carolyn Anderson who
14 is my therapist now. They disposed of her
15 information and said, "Hold on, you may need to
16 be reconsidered for rehospitalization", and
17 they made me go to a doctor, and Dr. Kirkland,
18 I've got his information. It's on that thing.
19 And he prescribed the medication. So, there's
20 no way that Commissioner Barden should deny my
21 case, because first of all, I have 618 pages of
22 documentation that was sent to them, and rather
23 than the executive director helping me, he said
24 -- and not by him saying, but by his secretary,
25 she tells me -- and she says, "Well, that's



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1 hearsay". Well, it's in the documentation that
2 Dr. Magill sent to his secretary. She said
3 that Dr. Magill don't like to be involved in
4 stuff like that, and I'm saying my stuff --
5 even when I say that I want to talk to you
6 based the fact -- you know, they just lied on
7 me and did anything they wanted to, but you
8 have crimes that these people have put me in
9 harms way, that I almost died, and all of this
10 is documented, and Commissioner Barden thinks
11 that's normal. There's nothing normal about
12 that, not at all, nothing, and I kept saying,
13 I kept asking them, you know, that I have my
14 grievance rights. I've heard those rights over
15 the years. I've earned those rights. I earned
16 those rights. They denied me my grievance
17 rights, because they knew I was telling the
18 truth, and more importantly, every e-mail I
19 sent to Mr. Magill, who was the -- he is the --
20 oh, gee-wiz, Harry -- he's the State Director
21 of Mental Health. Nobody would help. In fact,
22 they told me the fact that -- the reason why I
23 filed a grievance anyway was because my
24 feelings were hurt, and all of this was
25 documented. They didn't want to do nothing,

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1 because my feelings were hurt, and even the
2 defendants their own self -- if you look at
3 Page 13 of the appellant's brief, they said
4 that "Mr. Snyder said that this is ongoing" --
5 No, I'm sorry, "Mr. Snyder said this is a
6 buildup". Well, when you look in the
7 dictionary, when you talk to Mr. Webster, the
8 dictionary, when you talk with other --
9 information about this -- and if they said
10 "There's a buildup", and that "There's a
11 buildup that's ongoing". So, they acknowledged
12 -- the defendant acknowledges this has been
13 ongoing, that this has been a buildup. You
14 know, when folks put you on medication -- I've
15 been in there for a month. They ain't got me
16 in there no month for no reason. I tell my
17 clients over at Mental Health, "Listen, when
18 Dr. Patel or any other doctor says, listen,
19 it's time to have this client involuntarily
20 committed", we're not putting you in the
21 hospital for no reason. Even in Chuck's
22 discharge summary, when he was defining what my
23 psychosocial problem was, which caused severe
24 depression and anxiety, he said "severe job
25 related stress", but he did not mention any



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1 other psychosocial stress, because there was
2 none. I even shared that with Ms. Snyder
3 during my deposition.

4 (Whereupon, timer buzzer went off.)

5 COMMISSIONER MCCASKILL: All right. You're going to
6 get three more minutes after Ms. Snyder. Thank
7 you, sir.

8 MR. REESE: Yes, sir.

9 COMMISSIONER MCCASKILL: All right, Ms. Snyder.

10 MS. SNYDER: And just for a little bit of
11 recordkeeping and for preservation purposes, I
12 would object to any of the exhibits that the
13 claimant is trying to submit today, and I would
14 also move to dismiss the appeal on the grounds
15 that the claimant did not submit his brief
16 timely. I briefed that. It's pursuant to
17 67-705-A(3). I won't get into it. I just
18 wanted to make sure that was preserved. Mr.
19 Reese is alleging a mental/mental claim under
20 42-1-160(B). The defendants would concede that
21 Part 2 is met, that it was related to work.
22 It's the requirement for the issue to be
23 extraordinary and unusual that we don't feel
24 he's met, and we think Commissioner Barden
25 properly ruled that he hadn't met. He's been



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1 referencing Charles Roundy, and it was noted in
2 the findings of fact, as well as in my brief --
3 the note reads that "His response to this not
4 uncommon personnel issue is uncommonly out of
5 proportion to this situation". I would also
6 point to 42-1-160(C), as I think some of these
7 issues that he's concerned about deal with
8 personnel issues. He's mentioned the HIPAA
9 violation. There were some personal issues
10 that he wasn't punished for and that were
11 dismissed, and Commissioner Barden went into
12 those in her findings of fact, and I would also
13 point to Yates versus Life Insurance Company of
14 Georgia and Kennedy versus Williamsburg County
15 dealing with extraordinary and unusual
16 circumstances to satisfy the requirement under
17 42-1-160(B), Part 2. We would ask that
18 Commissioner Barden's findings and conclusions
19 of law be affirmed entirely, and I would be
20 happy to answer any other questions y'all may
21 have about the circumstances of this claim.

22 COMMISSIONER MCCASKILL: Thank you, Ms. Snyder. All
23 right. Mr. Reese, you get three more minutes.

24 MR. REESE: Ms. Snyder talked about e-mails.
25 During my deposition, I shared with her that



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1 Mr. Harold Edwards was my supervisor -- and all
2 this is documented -- was my supervisor at the
3 time, and at the time that Sharon Brown --
4 actually, it was Vickie Brown told me to
5 contact Sharon Brown regarding filing a
6 Workers' Comp. Claim, I did exactly that, and
7 they have the information regarding that as you
8 will see from the depositions. Well, he never
9 filled the forms out. For whatever reason, I
10 have no idea, so I did notify my job in time
11 which was in the first section of the
12 claimant's APA. I notified them in time, but
13 my job failed to do their portion. So, it's
14 not like Mr. Reese just waited. Mr. Reese
15 shared with him -- and more importantly, the
16 FMLA forms were filed in time which
17 demonstrates that this was work related, and
18 Vickie Brown, who was the Human Resource
19 Officer, called me in the office and said,
20 "Hey, we will send you your benefits options.
21 You can file Workers' Comp, or you can file
22 Short-term Disability or whatever." That never
23 happened. In the hearing, Commissioner Barden
24 says, "Well, there is an appeal process", and
25 I said, "Okay", and even I told them, "I'm



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1 going to have to prepare for an appeal, because
2 there is so much stuff. Even though they want
3 to take out 2010, 2010 only reflects one
4 section of all of this information. She said,
5 "You can have an appeals process". She never
6 told me what the appeals process was about.
7 So, what I did was, once the hearing was over,
8 immediately after the hearing was over, I went
9 and got e-mails to confront them, because they
10 want to throw the stuff out that had
11 handwritten stuff on it. So, what I did is I
12 immediately went to the job and had the persons
13 who looked at the stuff that was on the
14 computer that I submitted on the APA, and I
15 e-mailed, and I said, "Listen, could y'all
16 verify that you've reviewed these
17 documentations, but make sure you e-mail me the
18 response back", and they did that, which is of
19 course in the exhibit. They want to throw the
20 exhibits out, but the exhibits reflect exactly
21 what has been in the APA, but they just didn't
22 listen. For example, they said that -- I tried
23 the get Dr. Charles here. That's in the APA,
24 the original exhibit. I tried to get -- more
25 importantly, I tried to get an array of people



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1 here after the hearing, and I sent the
2 commission, which was Ms. Falls, Ms. Hollmon
3 and Ms. Bracy -- was it Ms. Bracy -- no, Ms.
4 Falls, Ms. Hollmon and Ms. Snyder. I shared
5 with them all of the people I wanted to come,
6 and it took three months for Ms. Hollmon to
7 tell me, "Oh, you can't present this
8 information. The only thing you can do is see
9 if there's a legal or something or another --
10 procedure or something or another in the
11 hearing." Well, I sent -- and I don't know if
12 y'all are going to review the appellant's brief
13 that I sent in, but I ---

14 (Whereupon, timer buzzer went off.)

15 COMMISSIONER MCCASKILL: Finish your thought. I'll
16 give you another 30 seconds.

17 MR. REESE: I sent in -- in the appellant's brief, I
18 sent in all the legal issues that I experienced
19 during this hearing, because this is perjury
20 when they knew it was my supervisor, and they
21 say I didn't file in time. They knew from the
22 jump that I went to Howard Edwards and had him
23 fill out the forms, but again, not only one
24 doctor, but you've got three doctors who said
25 this. You've got three therapists that said,



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1 you know, "This is work related". So, it
2 dismisses their concern or their complaint or
3 -- and this is what they relied on,
4 Dr. Roundy's statement. You can't rely on Dr.
5 Roundy's statement when you've got three
6 doctors and three therapists that says, "Hold
7 up. Your issues are related to your job. It's
8 nothing else." Even in Dr. Roundy's discharge
9 summary, it's nothing else, and he referred me
10 to Dr. Upchurch. Harold Edwards was their
11 witness. He wasn't mine. He was theirs. So,
12 they had to dispose of him before they brought
13 him to the hearing. And what these folks done,
14 they want to try to accuse the clients of being
15 the problem. I never shared with anyone that
16 the clients was the problem, not a soul. And
17 if you look at the APA, the first section, it
18 will show you on my leave slips what my problem
19 was. It was the management.

20 COMMISSIONER MCCASKILL: We don't have time to go
21 into that, sir.

22 MR. REESE: Well, it's in the first section. It was
23 about six different leave slips. It says
24 management stress or something on the leave
25 slips.



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1 COMMISSIONER MCCASKILL: All right. Thank you, sir.
2 That concludes the time for this proceeding.
3 Thank you for being here. Thank you both for
4 being here. As we explained to you before we
5 began, Mr. Reese, you will get our decision,
6 and then if you wish -- or Ms. Snyder, she may
7 not agree with us, so if either of you wish to
8 appeal to Court of Appeals, that's the next
9 appellant process. Okay?

10 MR. REESE: Yes, sir.

11 COMMISSIONER MCCASKILL: Thank y'all very much.

12 MR. REESE: Thank you.

13 MS. SNYDER: Thank you.

14 (Whereupon, the hearing concluded at 2:00 p.m.)
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CERTIFICATE

This is to certify that the within hearing consisting of seventeen (17) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenotype with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on February 15, 2016.



Jill H. Vickers
Certified Court Reporter

Notary Public for South Carolina
My Commission Expires: July 5, 2016



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1 BEFORE THE SOUTH CAROLINA
2 WORKERS' COMPENSATION COMMISSION
3 WCC NO. 1322039
4

5 HARRY REESE,

6 Employee,

7 vs.

8 S.C. DEPARTMENT OF MENTAL HEALTH,

9 Employer,

10 and

11 STATE ACCIDENT FUND,

12 Insurer.
13
14

15 DEPOSITION OF: HARRY REESE

16 DATE: October 22, 2014

17 TIME: 10:10 a.m.

18 LOCATION: STATE ACCIDENT FUND
19 800 Dutch Square Boulevard, Ste. 160
 Columbia, SC 29210

20 TAKEN BY: Counsel for the Employer/Insurer

21 REPORTED BY: Marie A. Boyce, C.C.R.
22
23
24
25

MARIE A. BOYCE, C.C.R.
(803) 603-2211

1 APPEARANCES OF COUNSEL:

2 HARRY REESE, PRO SE:
3 808 Little John Drive
4 Columbia, SC 29209

5 ATTORNEYS FOR S.C. DEPARTMENT OF MENTAL HEALTH
6 and STATE ACCIDENT FUND:

7 STATE ACCIDENT FUND
8 BY: PAGE SNYDER, ESQ.
9 800 Dutch Square Boulevard, Ste. 160
10 Columbia, SC 29210
11 (803) 896-5896

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I N D E X

WITNESSES

ALL WITNESSES:

PAGE:

HARRY REESE:

Examination by Ms. Snyder

4:6

EXHIBITS

None

*Snyder made copies of
supportive documentation.*

MARIE A. BOYCE, C.C.R.
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1 (The witness, after having been advised of his right
2 to read and sign this transcript, did not waive that right.)

3 HARRY REESE,

4 being first duly sworn, testified as follows:

5 EXAMINATION

6 BY MS. SNYDER:

7 Q. Okay. So, we are here to discuss your claim
8 against the Department of Mental Health. You don't have a
9 lawyer here today, but I am going to be asking you questions,
10 and if you could wait until I'm done asking the question
11 before you answer, that way we're not talking over each
12 other.

13 A. Yes, ma'am.

14 Q. And if you could try to remember to use yes or
15 no instead of nodding your head or saying uh-huh or uh-uh
16 because that's kind of hard for the court reporter to take
17 down.

18 A. Okay.

19 Q. And I'll remind you. It's not a big deal. I
20 feel when I tell people that, they automatically say uh-huh
21 or uh-uh because they get nervous. If I ask you a question
22 that you don't know the answer to, just let me know and we
23 will figure it out together. Okay?

24 A. Yes, ma'am.

25 Q. Please state your full name.

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1 A. Harry Eugene Reese, Senior.
2 Q. And your date of birth?
3 A. 10/1/67.
4 Q. And what is your marital status?
5 A. Divorced.
6 Q. Do you have any children?
7 A. Yes, ma'am.
8 Q. What are their names?
9 A. Harry Eugene Reese, Junior, and Christopher
10 Kendell -- Kendell Reese.
11 MS. SNYDER: Do you want to go off the record
12 for a second?
13 (A recess transpired.)
14 BY MS. SNYDER:
15 Q. You just told me that you have two children,
16 Harry and Christopher. How old is Harry?
17 A. Harry is 23, and Chris is 21.
18 Q. 21, okay.
19 Are they in school?
20 A. No, ma'am.
21 Q. Do they live with you?
22 A. No, ma'am.
23 Q. Would you say they're dependent on you for
24 support?
25 A. No, ma'am. Chris is in New York and Harry is in

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1 jail.

2 Q. Okay. So you're not paying their bills or

3 anything?

4 A. No, ma'am. I send Chris money, but I don't send

5 Harry no money.

6 Q. Where is Harry?

7 A. Harry is in Kershaw.

8 Q. Kershaw. Okay. Has he been there long?

9 A. Yes, ma'am, he has ten years. Yes, ma'am.

10 Q. Okay.

11 A. I think he got four left, I believe.

12 Q. Okay. Would you say there's anyone dependent on

13 you for support?

14 A. Yes, ma'am, I just -- my mother, she lives with

15 me. She lost her husband, I think, two years ago, and at that

16 time she moved in with me. My sister and her two kids, they

17 moved in, I think, the latter part of last year, and her

18 children. One is 16 and ^{LITTLE MARK} Lamark is -- how old is ^{LITTLE MARK} Lamark?

19 ^{LITTLE MARK} Lamark is six. And then my younger sister, she just moved in

20 this year.

21 Q. Does she have any children?

22 A. No, ma'am.

23 Q. Are they contributing towards the bills? Are

24 you paying --

25 A. My mother is.

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1 Q. Okay.

2 A. Yeah, she is.

3 Q. But you're buying groceries for everybody?

4 You're --

5 A. My sister help with the groceries.

6 Q. Okay.

7 A. Yes, ma'am.

8 Q. And where do you live?

9 A. 8408 Little John Drive, Columbia 292 -- 29209.

10 Q. Okay. Are you right-handed or left-handed?

11 A. Right-handed.

12 Q. Do you have a South Carolina driver's license?

13 A. Yes, ma'am.

14 Q. Do you have any restrictions on your driver's

15 license?

16 A. No, ma'am.

17 Q. Do you have a commercial driver's license?

18 A. No, ma'am.

19 Q. Have you ever served in the military?

20 A. No, ma'am.

21 Q. Have you ever been arrested or convicted of a

22 crime?

23 A. Yes, ma'am. That was, oh, I think

24 1980-something or another, and that was malicious damage to

25 personal property. That was breaking an 8 by -- 8 by 12

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1 window. My sister, when she used to live in Bentley Homes,
2 they wouldn't let me get my children, so I punched the window
3 out.

4 Q. But that was a long time ago?

5 A. Yes, ma'am.

6 Q. Did you pay a ticket or something?

7 A. I paid a hundred dollar fine.

8 Q. Have you ever filed for bankruptcy?

9 A. No, ma'am.

10 Q. Have you ever been treated for a problem with
11 drugs or alcohol?

12 A. No, ma'am.

13 Q. Who is your health insurance carrier?

14 A. Blue Cross/Blue Shield under the state plan.

15 Q. Okay. How far did you get in school?

16 A. I have a master's in social work.

17 Q. Where did you get that?

18 A. U.S.C., University of South Carolina.

19 Q. Do you remember what year you graduated with
20 your master's?

21 A. Might have been 2004.

22 Q. Okay. If I ask you a question and you don't
23 know the answer to it, I don't know is an okay answer.

24 A. Okay.

25 Q. Are you in school right now?

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1 A. No, ma'am.

2 Q. I'd like to get an idea of your employment
3 history. Just kind of -- I need an idea of the kind of jobs
4 you've had --

5 A. Yes, ma'am.

6 Q. -- different jobs.

7 If you want to start at mental health and work
8 backwards or start at maybe your first full-time job and work
9 forwards, whichever is easier for you to remember, and it's
10 okay if you don't remember everything. I'm just really
11 trying to get an idea of the work you've done in the past.

--12-- A. Okay. I am the founder and CEO of Put-Back, a
13 nonprofit organization, and now I work -- and that started 19
14 -- December 1990.

15 Q. Okay.

16 A. And then I'm working, of course, now, also with
17 Columbia Mental Health, and I can't remember when I started
18 there. I think -- what this is -- 2014. Maybe
19 2000-something or other.

20 Q. Okay.

21 A. But it's seven years, so 2014 -- 2008, 2009,
22 something like that.

23 Q. Okay. That's fine. And what did you do before
24 you were working at the Department of Mental Health?

25 A. I worked at Gleamns Head Start as a case

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1 manager, and that's G-L-E-A-M-N-S.

2 Q. And how long did you do that, do you remember?

3 A. Did that for about six years.

4 Q. And where is that?

5 A. Well, the head office is in Greenwood, but I
6 worked at the Columbia location on Pineview Road (sic).

7 Q. Okay. What did you do before that?

8 A. I was -- what was I? Bundles of Joy. I was the
9 teacher and the coordinator.

10 Q. And what is Bundles of Joy?

11 A. That's a child development center.

12 Q. And is that also in Columbia?

13 A. Yes, ma'am.

14 Q. Do you remember how long you worked there?

15 A. I think two years. And the rest of the time my
16 work history has just been restaurants as a cook.

17 Q. Cooking?

18 A. Yes, ma'am.

19 Q. Are you a good cook?

* 20 A. I don't know now 'cause I've stopped cooking
21 since my sisters and them cook.

22 Q. Well, that's a good arrangement.

23 So what is your title at the Department of
24 Mental Health?

25 A. It's Human Services Coordinator I. I'm a mental

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1 health counselor. Mental health -- with a mental health
2 counselor, mental health professional.

3 Q. Okay. And can you just describe for me the
4 duties for that job?

5 A. Well, I provide clinical support to adults with
6 severe mental illnesses or ^{substance} self-injured abuse or dual
7 diagnosis, which is mental illness and substance abuse issue.

8 Q. Okay. Are you licensed as a counselor?

9 A. No, ma'am.

10 Q. Is that something you're working on?

11 A. Yes, ma'am.

12 Q. Okay. When was the last date you worked at the
13 Department of Mental Health?

14 A. I'm back now.

15 Q. You're back now?

16 A. Yeah, I was there this morning. I came back
17 October the 6th.

18 Q. Okay. And how is that going?

* 19 A. Well -- and I don't know how to put this. It's
20 -- because you're an attorney for them, so I don't know how
21 -- but I just feel like -- I just feel like it's continuing
22 to devalue and demoralize me as an individual, and I just
23 feel like looking at certain people, I just feel like
24 attacking that place because it's just not fair the way they
25 did things and then folks talking about they're uncomfortable

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1 with me, and then when I asked them why they're uncomfortable
2 with me, they don't -- they don't say. They just, "I feel
3 uncomfortable." So....

4 Q. Okay. Well, let's talk about some things that
5 have gone on at work that you -- that you are having problems
6 with. I looked at when you reported -- when you first
7 reported the problems you were having. I think there was a
* 8 date April 1st, 2010, that was listed on there. Does that
9 sound familiar to you?

10 A. Yes, ma'am.

11 Q. Do you know what -- can you tell me about what
12 happened on April 1st or around that time?

13 A. Well, April the 1st, 2010, is the April Fools'
14 thing.

15 Q. Okay.

16 A. Some of the employees felt like -- and it was
17 individuals who been there for quite some time felt it was
18 okay to do a prank on me, an April Fools' prank. The prank
19 was they typed up a letter on state agency stationery saying
20 that I was terminated, and I got the letter, and yes, it
21 bothered me because I didn't know what I did, but according
22 to the letter because I was being tardy or something, late,
23 something of that nature. So when I went back into my
24 office, I sat down. I looked at the letter closely. It
25 didn't have a date, it didn't have the person's -- whomever

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1 supposedly to have sent the letter, it didn't have their
2 signature. So I said, what -- this got to be a joke. So I
3 went back up to the front office and then they started
4 laughing saying it was just a joke.

5 At that time my supervisor, who was Maria Marin,
6 she wasn't present that day, but George Morris, who was the
7 acting supervisor, he was there. Not one time did I tell
8 anybody that, you know, that I was upset or that I wanted
9 people terminated or nothing.

10 So when Maria got back Monday -- was it that
11 Monday? That Friday. When she got back that Friday, she
12 came to me and she asked me about it.

13 I said, Ms. Maria, I'm fine, nothing wrong, it
14 was a joke, we went about our day.

15 She said, Okay.

16 Monday I get back to work. She pulled me to the
17 side and she said, Well, I got to do something about it.

18 I said, Maria, it was just a joke. I'm fine.

19 And in meeting with this young lady who probably -- which
20 probably could have lasted no more than 10 to 15 minutes,
21 lasted two hours with this lady telling me stuff about me and
22 then other people on the job and how she had to disciplinary
23 -- discipline them.

24 And I just said, You know what, Ms. Marin, I
25 just don't appreciate you allowing folks to come to your

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1 office and tell you stuff about me. So I'm going to send a
2 letter and notarize it and I'm going to give it to you
3 because I just don't appreciate it.

* 4 That young lady looked at me and said, If you
5 send me a letter, you're going to suffer more so than I do.

6 And all this stuff is documented. If you want
7 me to send all this stuff, it's like 350 to 400 pages of
8 supporting documentation. I'll email it to you.

* 9 That young lady said, You're going to suffer
10 more so than I will.

11 But I said, you know what, this is the
12 appropriate thing to do because you cannot allow individuals
13 to continue to say stuff about you which is untrue. She even
14 said that me and Ms. Ashley had an affair and at the time
15 Ashley, she was a receptionist. Of course, I was a mental
16 health counselor. She wasn't married. I wasn't married.
17 More importantly, we weren't even dating, but people would
18 come to the office and tell her anything, and she buy into
19 it.

* 20 Mind you, now, although she kept allowing people
21 to come in and tell her stuff, not one time did she do
22 anything about it, no disciplinary action, nothing.

23 So when this April Fools' thing came about,
24 that's when once I gave her that letter, all hell broke
25 loose.

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* 1 Next thing I know, these folk said I sexually
2 harassed a female over at Independence House. My -- my
3 employment started with Independence House, and then I
4 applied for a position at New Horizons.

5 And I swear to God, the folk at Independence
6 House said, Harry, don't you go over to New Horizons because
* 7 that lady crazy, but I went anyway because that -- that
8 position was closer to my house and the work hours there was
9 from 8:30 to 4:30.

10 So they gave me the job. And I was there at New
11 Horizons six months. And next thing I know because of this
12 April the 1st incident and me putting it in writing, next
13 thing I know this young lady says, well -- mind you I'm at
14 New Horizons, this lady says you sexually harassed an
15 employee at Independence House.

16 And all this is documented, and I'll send it to
17 you. And this was at -- allegedly it happened at
18 Independence House. No informal or formal investigation was
* 19 done to address this alleged sexual harassment, no email sent
20 out saying you-all need to refer to the sexual harassment
21 policy, whatever the case may be. Nothing.

22 So I asked them, I said, Why wasn't an
23 investigation done? I mean, so you-all didn't do an
24 investigation, but you-all reward me by giving me the job I
25 want and, more importantly, if this is so true, you did

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1 nothing to me, which makes the alleged victim, I guess,
2 belittled because you didn't think about them enough to do
3 anything. Then you put other folk in harm's way because
4 according to you I allegedly sexually harassed this person.
5 Okay?

6 We got past that. Then next thing I know, this
7 lady says, Ms. Marin, she says she didn't -- she sent a
8 report in saying I harmed a client, which was a lie, which
9 was a lie.

10 What I did in my groups and all this, again, is
11 documented, and this -- Ms. Marin, Maria, her name is
12 Ms. Maria Marin, she even seen me do -- when the clients are
13 not paying attention because when I first got to mental
14 health, when I was at Independence House, I say, What do
15 you-all do in a course of a day other than just coming here?
16 And every client said, Well, all we do is sit down, watch TV,
17 smoke cigarettes, and then talk to each other.

18 So I came up with an idea, well, if you
19 participate in group, what I will do, and this is out of my
20 own pocket, I will give you a dollar if you answer correctly
21 or I'll purchase something out of the canteen if you answer
22 correctly. And then it got -- then it got to the point where
23 I said, well, I got to do something to make these folks
24 laugh. So what I will do is say if you're not paying
25 attention, I'll throw water on you, and all of us would

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* 1 laugh. I mean the clients and even other employees and, more
2 importantly, Ms. Marin.

3 So next thing I know, I got Ms. Sheila Arnold,
4 she did an investigation, and once she did an investigation,
5 Ms. Rochelle Caton got involved. She did an investigation,
6 and she came back because -- I asked for a copy of her
7 findings, and she came back and she said, Well, there's no
8 record of abuse.

9 I said, Well -- I said, Well, what did the
10 client said that I do?

* 11 The client said, Me and Harry don't see eye to
12 eye.

13 So on the outside if you're looking in, it's
14 like me and the client are having a disagreement. No. The
15 client was basically saying we don't look -- he don't look me
* 16 in my eyes. But even after -- see, Ms. Marin didn't know I
17 got a copy of the report clearing me of any wrongdoings, but
18 she continued to badger that client even to pulling this
19 client off, and Deanna and -- I think it was Deanna Floyd,
20 and Katherine Buchanan, she just kept pulling this client
21 into this office, badgering this client until the point I had
22 to say, Well -- all this is documented. I had to ask
f 23 Ms. Arnold, I said, Ms. Arnold, and I emailed her, I said,
24 Ms. Arnold, has another claim against me been made?

25 And Ms. Arnold said, No.

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* 1 So ever since -- ever since I wrote that letter
2 -- Ms. Marin that letter, I have been suffering with this
3 lady, and all this documentation will show. And I kept
4 asking -- I kept asking Dr. Bay^{nk}, and then I went to
5 Mr. McGill, and I kept asking them, I would say, Please stop
6 this lady.

* 7 They wouldn't do nothing. They wouldn't do
8 nothing. When I say they wouldn't do nothing, they wouldn't
9 do nothing. They just kept allowing me to get this
10 disciplinary actions for things I didn't do, and they
11 wouldn't do nothing. And I got emails to show them -- once
12 we got the -- what the place? ^{Intensive} Adult attention services,
13 Ms. Marin writes -- one of the client's dad came in, and he
* 14 said the client garnished a knife on him and was kicking him
15 and he was threatening his mom.

16 And at that time we had them -- and all this is
17 documented. Long time -- referred the client over to
18 Ms. Marin's program, and she -- she interviewed the client,
19 she assessed the client, and then she did a referral for the
20 client to go to young adult. So, in essence, they had
21 accepted the client, but she wrote in the documentation that
* 22 because I didn't do my job or something of that nature, all
23 this is documented, they can pull up the record, that that's
24 the reason why.

* 25 So my supervisor at the time which was Cornell

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* 1 Ruff, he had -- he emailed Mr. Brown and tell Mr. Brown that
2 this documentation is wrong or something of that nature.

3 But I'll tell you ever since I've documented
4 this letter to this young lady letting her know about my
5 feelings, I have been suffering ever since. This young lady
6 even to the point went and told management -- and, listen, I
7 can't -- well, based on things that happened, I can say she
8 did it, and I'm going to tell you why in a minute.

+ 9 This lady went and told management I had a dual
10 relationship with Rick Nickles of the New Alpha program, and
11 it stunned me because I'm saying what dual relationship?
12 What are you talking about?

13 So they had an investigation. Well, somebody
14 called in, and I don't know if -- I'll just email you this
15 stuff. I don't know how long it's going to take you to go
16 through it, but when they called in to the hotline, and I'll
17 again, I said, Ms. Marin, when they called in to the hotline,
18 they said the reason why they felt like I had a dual
19 relationship with Rick Nickles was because the treatment team
20 said the client needed to stay in that placement, and then --
21 what else was in that paper? Oh, they didn't trust the
22 person -- I think it was Rhonda Sims at the time, to --

23 (Interruption in proceedings.)

+ 24 THE WITNESS: They didn't trust Rhonda Sims at
25 the time to investigate -- was it Barbara? It must have been

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* 1 Barbara Felder because Rhonda Sims ended up doing the
2 investigation. They didn't trust Barbara Felder to do the
3 investigation because she and I had a relationship or
4 something that -- all this is documented. It's in the
5 report. And, so, that's the reason why Rhonda Sims did the
6 investigation. And when Rhonda Sims did her investigation,
A 7 she discovered that a number of case managers sent clients to
8 New Alpha, that I didn't even do transportation requests for
9 the New Medicaid program, which was -- which was -- New
10 Medicaid -- Rick Nickles owns New Alpha and he owns New
A 11 Medicaid, and I didn't do New Medicaid requests. Ms. Tony
12 does that. All of this is in that report.

13 So I asked Rhonda Sims, and this is over a year
14 ago, I said, Ms. Sims, could I get a copy of your report? It
15 took them, if my memory serves me correctly because after all
16 this stuff went down in 2013, I asked for a copy of the
¢ 17 report, and it took them a year to get me a copy of the
18 report.

A 19 BY MS. SNYDER:

20 Q. The report about the dual relationship?

21 A. Yes, ma'am.

22 Q. I saw that complaint in your file, and it looks
23 like it was called in by an anonymous caller. Does that
24 sound right to you?

25 A. Yes, ma'am, but if you look at the substance of

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1 that report, no one on the outside of the agency, and
2 especially outside of The Link program which we refer the
3 clients to, would know about SPD. If you look at the
4 terminology they use in the report, SPD, knowing that Barbara
5 Felder and I have a relationship. Because Barbara Felder
6 used to be my supervisor at Independence House, so I guess
7 they didn't trust her to do the investigation. And Barbara
8 Felder was actually in the administration building, and I'm
9 in AIS, so they would know that I knew Barbara Felder. So if
10 you look at the report itself, you would know that something ^{one}
11 from The Link made that -- that report to the hotline. But
12 then as time transpired, we go to a situation in which
13 Ms. Maria -- Maria Marin tells James Reese, who has no
14 relationship to me --

15 Q. Okay.

16 A. -- none whatsoever, that I was a crook, I was
17 destroying clients' lives, and that is so far from the truth.
18 So what I did, was -- when James Reese called me to the
19 office for something, he called -- he called to my office for
20 something. I can't remember what James called me for, but
21 it's documented.

22 And then I asked him, I said, Mr. Reese, can you
23 and I talk? Can I take you to lunch because I want to know
24 who's making these claims against me? And I knew it had to
25 have been Maria, and it had to have been someone from The

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1 Link because at that time The Link had referred these same
2 clients that were in New Alpha to Reese's Community Care
3 Home, and at that time -- and this is just so ridiculous. At
4 that time once the client got to Reese's -- one of the
5 clients got to Reese's, for some odd, strange reason, the
6 Reese staff members gave the client his control substance
7 prescription.

8 That client went to CVS, and I have
9 documentation from years ago. It says not to give this
10 client his prescription because he would get the medicine and
11 he would overdose on it, and damn it if the client didn't do
12 it. He got the prescription, got the medication, overdosed
13 on it, and not only did he overdose, he gave four tablets to
14 another client who had to be rushed to the ER by -- by the
15 New Alpha staff members, actually Rick Nickles. And the
16 attendant ER doctor said if they wouldn't have got that man
17 -- the client there, the situation could have been worse.
18 The client could have even died. You know. I can't go over
19 all this because I don't know how long we got. You know.
20 It's just so much, but I can certainly email all of this to
21 you, and I'm telling you, they accused me of a HIPAA
22 violation. Simply because one -- and that's the reason I had
23 to get an attorney. I told these folks, it's not a HIPAA
24 violation. Because I am a clinical staff, it is not a HIPAA
25 violation. Based on their policies, it's not a HIPAA A

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1 violation, and I kept trying to tell these folk it's not a
2 HIPAA violation. Then they even forced me to go to a HIPAA
3 refresher course, and once I saw -- Ms. Sims and ^{Ms. Zen. Hall} Mr. Nickles
4 there, I said, you know what, the media is going to have a
5 field day with you guys because the information they were
6 sharing with me was other companies and doctors' offices
7 taking clients' information and disclosing it to people
8 outside of their -- their -- their agency or their company.
9 Never did that. Only thing I did was take that report, put
10 it on an adverse incident form and copied and pasted the
11 information to EMR, which is what the adverse incident policy
12 tells you to do.

13 Now, they want to say because I helped a client
14 because I had to go down to -- it was a Thursday. I can't
15 remember the date, but it was a Thursday. Probate court is
16 held on Thursdays. It was a client I had who was court
17 ordered to structure placement, and Mr. Nickles and his staff
18 took the client down to the placement. And I went back to
19 the office ^{after} at the court. And I was typing. Next thing I
20 know, it was 4:30. So I said, oh, Lord. I got up in my
21 personal vehicle. I went to St. Andrews Road, office on
22 St. Andrews -- was on St. Andrews Road to get his medication.
23 When I got there, his mom was telling me things about the
24 client, how he was actually abusing his mom. He was taking
25 his mom's head and pushing it against the door. And then she

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1 said one night when he thought she was asleep, she observed
2 the client standing over her with a knife, and when she asked
3 him what he was doing, he just walked away. So I talked with
4 her and everything at the house for about 30 minutes.

5 Then I had to go from St. Andrews Road to --
6 ~~church~~ church -- ~~church~~ church -- right across from Providence Hospital,
7 Gonzales Garden, to get his clothes. For some reason his
8 clothes were at his aunt's house. When I got to the aunt's
9 house, a gentleman answered the door, and he had no earthly
10 idea what I was talking about. So he didn't give me the
11 clothing.

12 So what I did -- and my only reason was going
13 down to New Alpha was three different things, and that's in
14 Eastover, was to get the client some medications, give him
15 his clothes, and process him into that housing program.
16 Well, I left Gonzales Gardens, and I went to -- actually, he
17 had a place on Blue Johnson Road in Hopkins, but they closed
18 that down, and for some reason I don't know why I went to
19 that place. I went to Blue Johnson Road, and then I went --
20 and it just hit me, so I had to go down to Eastover on Pine
21 View Road where they moved. And when I got there again, my
22 only function was to process the client in the program, give
23 him his medication, give him his clothing. Well, when I got
24 there, Rick Nickles was there. And so he was showing me what
25 he had done to the place. He had -- it was like a little

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1 short wall, and then he raised the wall up so the clients
2 wouldn't fall over. And then the next thing I know here
3 comes the client. The client that said I violated his HIPAA
4 -- he was upset because his case manager, I'm going to move
5 you.

6 Case manager didn't move him. Case manager kept
7 telling his mom he was going to move him, his grandmother was
8 going to move him, kept telling the client she was going to
9 move him. So it agitated the client because the case manager
10 is telling me he's going to move me, but he never did, but in
11 doing this investigation, I discovered that the case manager
12 was telling the client one thing but documenting something
13 else.

14 So that Friday when the client came in -- and
15 the client said -- when the client came in, the client said,
16 Mr. Reese came down and told Rick that he was going to move
17 me, and Rick verbally abused me. And that wasn't the case.
18 That wasn't -- it was the client who was agitated and using
19 foul language, and he was so upset.

20 So once the information got to me because
21 Herbert Tony came to me and he told me what was going on, and
22 he said, Anybody else talk to you about it?

23 I said, No, nobody talked to me about it. So
24 when I found out, I emailed Dr. Bank. I said, Dr. Bank,
25 please let's have a meeting to get all the facts. That's the

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1 first email I sent to him. The second email I sent to him,
2 which I got it all documented, I sent to him I said, In
3 addition, will you also contact the client's mother and his
4 grandmother 'cause they both were there via cell phone, and
5 they can tell you that the client was the one upset and
6 nobody was abusing that client. He was the one using
7 aggressive language and cursing, and only thing that myself
8 and Rick tried to do was to calm him down. *

9 So when he came in and made that comment and
10 accused me, and I kept telling him, I said, First of all, I'm
11 not even in there -- the client left him alone in the
12 client's treatment sessions. I didn't talk to the client.
13 So how in the world will I know that the case manager is
14 going to move him.

15 Oh -- Dr. McNeil said, Oh, you could have looked
16 at the EMR. The only thing I saw in the EMR was Melvin is
17 saying that he told the client to focus on his recovery.
* 18 Nothing in EMR about moving that client.

19 Then Dr. McNeil says, We've got to contact
20 social -- DSS and we've got to contact SLED.

21 And I was saying to myself, okay, fine, you-all
22 do what you do. Then they contacted public safety. These
23 folk sent DSS down to the house. Granted, if they want to do
24 that, that's fine. I'm about the client.

f 25 When DSS got down there, Rick told them, Hey,

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1 they had an agent from mental health down here. Nothing in
2 the report that mental health said that I was down there.
3 Nothing. And they made the report seem like the client went
4 to DSS and made the report, and that's not the truth. That
5 client was in mental health, and mental health sent that
6 report and -- and, like I said, they also talked with public
7 safety, and it took them folk two weeks.

8 And I kept asking them. I said, Listen, can I
9 talk with -- with public safety? They denied it. Then she
10 said -- she also said something about lieutenant -- it's a
11 lieutenant something or other, which is all documented from
12 SLED would be investigating.

13 I said, Okay. And from -- and I didn't really
14 get -- well, put it this way, even though I said public
15 safety, I talked to public safety, when she told me that she
16 was going to have -- she was going to contact the lieutenant
17 from SLED and that lieutenant was going to contact me, so I
18 was under the impression that I was talking with the
19 lieutenant from SLED.

20 So -- and I told him everything what was going
21 on, and I heard nothing else about it. Nothing else.

22 But these folks said because I took that adverse
23 incident report, I did the investigation to find out that the
24 -- the case manager didn't document that he was going to move
25 the client, and because -- I lost my train of thought, what

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1 did I say?

2 Anyway, but they found out that in the client's
3 records that the client -- the client's case manager wasn't
4 going to move him. But, still, Melvin Malone as that ~~X~~
5 client's case manager could have initially addressed that
6 concern by telling that client, you know, client, there's no
7 reason Harry could have known I was going to move you because
8 he's not in our session. It's no reason Harry could have
9 known because I didn't document that I was going to move you.
10 He exploited that client, and that's what made that client
11 angry. And then when the client -- granted we have clients
12 that lie on us all the time, that's fine. I can deal with
13 that. I'm equipped to deal with that. But when I have staff ~~X~~
14 members, management lying on me, that's what gets me.

15 And we do this all the time. Because Dr. McNeil
16 said -- Dr. McNeil said her initial statement was I'm not
17 supposed to be working with anybody that's not on my
18 caseload. Then she went from caseload to I'm not supposed to
19 be working with anybody that's outside of Connections.

20 So I sent her an email saying if that's the
21 case, then you-all need to pay Medicaid a lot of money back
22 simply because I do groups with a lot of clients that's not
23 on my caseload and not in the Connection team.

24 She sent me an email back saying that's
25 different.

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1 How is that different? You just said not on my
2 caseload or Connection team. So when you're billing them,
3 that's okay, but when you're doing a generic or adverse
4 incident, it's HIPAA. It sounds like you're exploiting these
5 clients for benefit. But the fact of the matter is, and I
6 had to write some things down --

7 Q. Well, can I ask you some questions about that
8 just so I can be clear on what -- okay. This incident with
9 the HIPAA violation, there was also an allegation of client
10 abuse or it was just a HIPAA allegation?

11 A. It was a claim of -- of -- of the housing
12 provider, Rick Nickles, verbally abusing the client based on
13 the client thinking that I came and told Rick that Melvin was
14 moving him.

15 Q. Okay. But so this was not when there was any
16 claim abuse. SLED got involved because they were
17 investigating a HIPAA violation or a client abuse?

18 A. According to Dr. McNeil --

19 Q. Okay.

20 A. -- once that client came in and said he was
21 verbally abused by Rick 'cause the client said I told Rick
22 that he was moving, and Rick verbally abused him, that was
23 abuse, and that they had to go and do a -- DSS and SLED, but,
24 ma'am, that is not the truth.

25 Q. Okay. That's fine. I understand. What is New

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1 Alpha?

2 A. New Alpha is a housing program. It's not a --
3 it's a transitional housing. Now, granted it is not a CRCF,
4 but the court has used it as a CRCF.

5 Q. You'll have to tell me what CRCF is.

6 A. Client residential care facility.

7 Q. Okay.

8 A. And they have MOA's with mental health, and what
9 we do is put clients in those type placements who can't care
10 for themselves, who are consistently non med compliant, or
11 consistently go to the hospital and need someone to make sure
12 they get their medication.

13 But the reason why I said going to DSS and SLED
14 is not the case, and I know I'm going to get in trouble for
15 this, but the facts are the facts. When Broderick Anderson
16 over at YAP program, when there was documented, certified *(noted)*
17 letters presented to Columbia Mental Health that this
18 employee abused this client and beat the client up and broke
19 his watch, Sheila Arnold got involved because that's her
20 position. She's the patient advocate person, whatever her
21 title is. I think it's patient advocate. Client -- client
22 advocate person, just like Rochelle Caton is over at the
23 Palace.

24 They did the investigation. Nothing happened.
25 What Broderick had to do is take some medication, take some

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1 time off, and go back to work. Nothing happened to him.

2 When JoAnn Boards was accused of -- when another
3 client accused her, and she's an employee, of putting her
4 hands on her, that report went to Sheila Arnold. Sheila
5 Arnold did the investigation. Nothing happened out of it.

6 But how come all of a sudden when this client
7 which I have no idea about his treatment process come and
8 tell you that I said -- I said I told her -- the housing
9 provider that the case manager is going to move him, then he
10 all of a sudden verbally abused? Why didn't that go to
11 Sheila Arnold? Because that's our protocol. That's our
12 policy. First you try to handle it with the case manager,
13 and the case manager's supervisor and then it goes to Sheila
14 Arnold or the -- then it goes to Sheila Arnold, and then
15 Sheila Arnold does an investigation.

16 When the client -- and see the way -- I think
17 the way the legislature set this up. You-all have to have a
18 patient advocacy program because we know the population that
19 we work with, you know. Not to say what the client is saying
20 may not be true, but we want to at least not flood DSS up
21 with a bunch of calls that are not forthcoming or just might
22 be delusional -- delusional thinking. So that's the process
23 that we use. But it took them folk two weeks before they let
24 me talk to the lieutenant that Ms. -- Dr. McNeil said that
25 she handed over to SLED, but the fact -- the fact of the

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1 matter is we help clients outside of our programs. I'll give
2 you a few examples. There's a client at ACS on 9/26/2012. I
3 was at his place.

4 Q. We've got to stick to the claim and you can tell
5 me about this in a minute --

6 A. Okay.

7 Q. -- but I've got some questions I have to get
8 through, and we can totally get back to this.

9 A. Okay.

10 Q. I just need to get to what I need to get, and
11 I'm going to ask you -- kind of give you an opportunity to
12 say your piece.

13 A. Okay.

14 Q. So let me try to get through a few more
15 questions and then we can go forward. Okay? But you're
16 doing a good job of speaking up and speaking clearly.

17 So, have you -- have you been reprimanded for
18 this incident with New Alpha or the HIPAA violation? Did you
19 receive a reprimand, a suspension, or anything like that?

20 A. I got reprimanded for HIPAA violation, and
21 that's -- I think you have -- I think what's his name, Joseph
22 something or other. He's an attorney. And since my efforts
23 to convince these persons there was not a HIPAA violation
24 were unsuccessful, I had to secure him. And I kept telling
25 them, this is not a HIPAA violation. This is what we do all

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1 the time. And that's where these examples come along as well
2 'cause it sets precedence of what we do, and it's got the
3 permission of the agency anyway, but I got written up for a
4 HIPAA violation and threatening to suspend me for three days
5 without pay. I think that's what it was, three days without
6 pay. All this is documented. I have copies of all of it.

7 And they say if you wanted to basically have a
8 meeting with Dr. Bank before they move forward you can do
9 that.

10 That's exactly what I did, which I secured
11 Mr. Joseph. I can't remember his last name.

12 When I got to the meeting, before the meeting
13 even started, Dr. Bank approached me and said either you or
14 your representative going to talk, and that's it. And it
15 stunned me because I thought this was going to be a fair
16 process and, of course, it wasn't.

17 So when Mr. Joseph finally got there, he
18 repeated himself again, either you or your representative was
19 going to talk, because he didn't think I was going to bring
20 an attorney. He thought I was going to bring Rick Nickles.

21 So I elected to talk because I knew the
22 policies, and I followed the policies.

23 And then after that meeting was over, they sent
24 me a letter saying that unless -- unless something or another
25 formal discipline rather than three days suspension.

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1 So they wrote me up for insubordination. If
2 there's no HIPAA violation, there cannot be insubordination.

3 Q. Okay. So you weren't suspended ultimately?

4 There was no suspension?

5 A. No.

6 Q. Were you --

7 A. But they wrote me up for insubordination.

8 Q. Were you written up or what was the result of
9 either the sexual harassment claim or the other harm to the
10 client claim? Were you ever written up or suspended for
11 those?

12 A. Well, once I wrote the letter and all that stuff
13 went down, they moved me to another facility -- program.

14 Q. That -- when you moved, you were no longer with
15 Maria, right?

16 A. No.

17 Q. But then she at some point --

18 A. What happened was I moved to the cottages, and
19 then we moved over to the new building, AIS new building. No
20 problems. None whatsoever.

21 Once Maria got to that new building, all hell
22 broke loose, and every time I would email not only Dr. Bank,
23 not only Vickie Brown, but I also even request a meeting with
24 Mr. McGill, and I emailed Mr. McGill four times, and he never
25 responded.

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1 On the fourth time I said, you know what, I'm
2 not going to do this, I'm going to keep calling him and
3 calling him until someone responds. And then finally
4 Ms. Connie called. Ms. Connie was his secretary, assistant,
5 and she said, Mr. McGill said that he don't like to be
6 involved in stuff like that.

7 Q. Who is Mr. McGill?

8 A. He's the state director.

9 Q. Okay.

10 A. He's the director of the Department of Mental
11 Health.

12 Q. Okay. I didn't know that.

13 You filed a Form 50.

14 A. Uh-huh.

15 Q. And on your Form 50 you listed October 18th,
16 2013, and August 12th, 2014?

17 A. Yes, ma'am.

18 Q. Can you tell me the significance of those dates
19 if you'll start with the October 18th, 2013, date, what
20 happened then?

21 A. That was all this HIPAA violation, and
22 everything just kept coming down on me and --

23 Q. Okay. So that date is around when the HIPAA
24 investigation was going on?

25 A. Yes, ma'am.

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1 Q. Okay. Well, what about this August 12th, 2014,
2 date?

3 A. You know, back in 2014, I asked for EAP services
4 because I was just so stressed out, so agitated, so
5 physically, mentally drained. I asked for EAP services, not
6 the agency, me. And I invested my time and my money. I took
7 -- I took the medications, I did the treatment, and I said,
8 okay, I went back to work. Well, even though I was still
9 having problems, I was still at work.

10 This young lady -- there was a client on my
11 caseload who had a two year -- two-year probate court order
12 for structured placement, but we transferred this client to
13 The Link program and Ms. Marin was his case manager. Well,
14 what she decided to do was take this client out of New Alpha
15 and refer him to Bridges Housing Program. When Jean Anham
16 asked her over at Bridges Housing Program did the client have
17 a court order, this young lady lied and said no. So they
18 took this client in. I'm getting to it. It's taking me some
19 time, but I'm getting to it. The relevance is coming.

20 Well, when Bridges took this client in,
21 obviously he was going off his medication, he had done -- did
22 some criminal activity, got caught, and went to jail.

23 So I think when Rick found out the client was in
24 jail, he contacted probate court and told them what was going
25 on. Ms. Neil ^{via} from probate court emailed myself and Mr. --

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1 well, it was forwarded to me, but she emailed Ms. Marin,
2 forwarded it to me, apprising us what was going on with this
3 client. .

4 Well, because Mia spoke with Rick Nickles and
5 forwarded the email to myself, Ms. Marin was upset. She got
6 agitated to the point where she sent Mia a very
7 unprofessional email. I have that.

8 At the time that was going on, I was at my
9 computer, and I saw a DSM-V training program and I printed it
10 out. As I was going to the copier to pick it up, Ms. Maria
11 was down the hallway by her old office, and as I was going
12 out of the group room into the copier room to retrieve the
13 document, this young lady blocks me in the copier room and
14 said, Is there something you want to say to me?

15 I said, Ms. Marin, I have nothing to say to you.
16 And then I began to walk away.

17 This young lady walked behind me, continued to
18 badger me, and I can tell you I said, Maria, please get out
19 of my face, out of my face, out of my face, and I continued
20 to walk away. And then I said what I would do, call your
21 supervisor. I called my supervisor twice for help to get
22 this young lady away from me.

23 When I called the first time, this young lady
24 had the mitigated gall, the audacity, all the hell that she
25 have taken me through to say, That's right.

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1 And it stunned me at first, but what I did, I
2 called Daniel the second time, and then he came in. And
3 Harold Edwards who was the former acting supervisor, he took
4 me in the office, and he and I talked, and Daniel and Marie
5 stayed in the group room and they talked. And rather my
6 supervisor come in and telling me or asking me, Harry, what
7 happened, he said, Oh, there's two ways you could have better
8 handled that situation. He didn't even ask me what happened.
9 He just said, Oh, there's two better ways you could have
10 handled the situation.

11 That's when I just started crying. I said --
12 you know, I just couldn't win for losing. I mean, here I am,
13 I did the appropriate thing. I walked away. No, first of
14 all, I respected her to say, No, Ms. Marin -- No, Ms. Maria,
15 I have nothing to say to you. And I walked away.

16 And then even -- even when she kept badgering
17 me, I still called my supervisor twice, and then she said,
18 That's right. That's right.

19 But I called supervisors the second time, and,
20 you know, again, rather than say, Harry, what happened, oh
21 there's two ways you could have better handled this.

22 So that's when -- that's when I think it was
23 Dr. Reynolds and Ms. Avis came in. And Ms. Avis said, He's
24 tired.

25 I was just so tired, and I'm still tired.

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1 So she said, Just go on home, and what I will do
 2 is email Dr. Bank to give you comp time. And at that time
 3 after -- after -- after Dr. Patel and Ms. Avis came in,
 4 Ms. Joanne came in, who was next to my office, and she was in
 5 the office consoling me, and when Ms. Avis said, Just go
 6 home, just go home.

7 So they were walking me to the side. Joanne
 8 stayed on this side of the building and Harold walked me to
 9 the car. He said, Just take care of yourself, Harry.

10 So when I got home Dr. McNeil called and she
 11 said, Harry, this ain't going to be a one-sided story. It is
 12 a one-sided story because you-all believe everything what
 13 this lady said, and I did the appropriate thing rather than
 14 just having a confrontation with this young lady. I called
 15 for help.

16 And then they said -- they sent me a letter
 17 saying, You're going to be suspended for -- without pay for
 18 something about harmonious working environment. And I sent
 19 them a letter back. I said, Listen, this is what I've done
 20 all these years. I wrote you-all for help, I went through
 21 EAP that you-all never referred me to, I did treatment, I
 22 came back, and I worked, and I ignored her, and I asked for
 23 help from my supervisor. And I mean -- and this young lady
 24 is still badgering me. You-all didn't do anything about it.
 25 So what are you talking about? I didn't broke harmonious

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1 working environment. I walked away, and she followed me.

2 So....

3 Q. And that's what happened on August 12th?

4 A. That was in 2014.

5 Q. Okay.

6 A. Yes, ma'am.

7 Q. Were you suspended after that?

8 A. They had me out for three whole weeks, and this
9 young lady was able to go back to work that same week with
10 her same pay, but she -- even though they lost her -- she was
11 no longer -- she got demoted from being a supervisor. They
12 transferred her to young adult, and she's a counselor at
13 young adult.

14 Q. So you returned to work on October 6th, 2014?

15 A. Yes, ma'am.

16 Q. Are you still working with Maria? Is she still
17 around?

18 A. No, she went to -- like I said, after all that,
19 she was transferred to young adult.

20 Q. Young adult, okay.

21 A. And she wasn't my supervisor.

22 Q. Right. So you're no longer working with her
23 anymore?

24 A. After -- after I left New Horizons back in 2010,
25 I never worked with her thereafter. She was just in the same

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1 building I was once they transferred her to adult intensive
2 services.

3 Q. What was the name of the doctor you saw at EAP?

4 A. That was Mr. Helms.

5 Q. Helms?

6 A. Don Helms.

7 Q. Okay.

8 A. And, so, when I requested EAP services, Mr.
9 Helms, I don't know if it's protocol, it took him so long
10 because he said he was waiting to get the records from Dr.
11 -- Dr. -- my doctor, Dr. Bell. So I went to Dr. Bell and --
12 because I couldn't take it no more. I was so out of it. I
13 just couldn't take it no more.

14 Dr. Bell referred me over to -- that same day,
15 as a matter of fact, he made me go into another room because
16 that's how bad I was. He made me go to another room, pick up
17 the phone and call Palmetto Health -- Palmetto Behavior
18 Health Care on Greystone Road that same day. So -- and
19 that's when I -- that's when I was -- what is it?
20 Outpatient, inpatient, whatever kind of treatment, and I did
21 that for two weeks.

22 Q. Okay. What about Dr. Upchurch?

23 A. Dr. Upchurch, she's -- once I left Palmetto
24 Behavior Health Care, they referred me to Dr. Upchurch.

25 Q. Okay. Are you still seeing Dr. Upchurch?

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1 A. No, ma'am, I'm seeing Dr. Kirkland now.

2 Q. What happened with -- did Dr. Upchurch just
3 refer you to somebody else?

4 A. No, ma'am, because these folk -- and yes, it was
5 a pay issue. I just couldn't afford it no more but -- and I
6 told Rochelle Caton also, and what I was trying to tell her
7 that also because of the productivity issue, I couldn't
8 continue to go see her because I didn't want those people
9 then try to fire me because I wasn't making my productivity.

10 So what I did was continue to take the
11 medication, continue to, you know, just try to stay focused,
12 doing my job, and that's when Maria decided she wanted to
13 approach me. I didn't have no -- I mean, I didn't have no
14 problem with nobody else. And even if you look at my
15 performance appraisals, every manager I -- and I had several
16 managers, Barbara Felder, Cheryl McClinton, Greg Oats,
17 Cornell Ruff, Harold Edwards, Shanita Lee, Marty Wiserguest *M. J. W. 1/30/00*
18 (phonetic), all gave me favorable performance appraisals. *Cover*

19 Q. You got really good, exceeding -- far exceeding,
20 you had great EPMS reports. I saw those.

21 A. And then after I gave this young lady the April
22 2010 letter, that's when she submits an EPMS with a
23 derogatory report even though I had been there six months
24 with her and not one time did she say that I was doing a poor
25 job, not one time that I got written up, nothing, but after

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1 -- after I gave her that letter, then that's when everything
2 went downhill.

3 Q. So now you're seeing Dr. Kirkland?

4 A. Kirkland.

5 Q. Where is Dr. Kirkland's office?

6 A. He's got medical -- I've got this card. Gadsden
7 -- 1919 Gadsden Street.

8 Q. Okay. And when was the last time you saw
9 Dr. Kirkland?

10 A. I saw him on my birthday, October the 1st.

11 Q. Okay. And is Dr. Bell your primary care
12 physician?

13 A. Yes, ma'am.

14 Q. Just who you see for your general health?

15 A. Yes, ma'am.

16 Q. Did you go back to work for a retirement dinner
17 for somebody in July? Does that sound familiar?

18 A. That was Herbert Tony. Wasn't that Herbert
19 Tony? Yes, I think it was Herbert Tony.

20 Q. How was that?

21 A. That was just a dinner.

22 Q. That was fine?

23 A. Yeah.

24 Q. Nothing of note?

25 A. Nothing what? What relevance is that that I --

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1 Q. What about -- so what would you like to see
2 happen with your claim? What are you seeking?

3 A. Well, I want my workers' comp to be approved
4 'cause simply when I got this letter, whatever it was, these
5 folk are not being forthcoming, not at all. All the years
6 that I've been asking for help, they knew something was
7 wrong. Then they say, Well, Harry, you didn't report it in a
8 timely manner. That's not forthcoming because their
9 documentation states that they did get the claim in time in
10 that, one, they received not only the FMLA forms from two
11 independent doctors that said that this was work-related,
12 they then at that point should have brought me in the office
13 themselves and said, Hey, let's talk about this. They didn't
14 do that. And not only that, and this was 2003 when they got
15 all this information, when I spoke with Sharon Brown, because
16 I emailed Ms. Vickie Brown, I said, Ms. Vickie Brown, I want
17 to apply for workers' comp, she said, You have to talk with
18 Sharon Brown about that.

19 When I spoke with Sharon Brown, Ms. Brown said,
20 Well, you should have reported 90 days after the incident.

21 Of course, based on their documentation, they
22 were perfectly aware of it within those 90 days' time frame,
23 and then -- then they also says injury did not arise out of
24 -- in the course of employment, which is a lie.

25 When I spoke with those doctors, and these are

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1 all -- Dr. Bell, Dr. McKinley, and his staff over at Palmetto
2 Behavioral Health Care, when I spoke with Dr. Upchurch and
3 now that I'm seeing Dr. Kirkland, never talked to any of
4 these people about any other life experiences or trauma
5 experience. I was telling them about what was going on at
6 work, and even all these folk with all this documentation
7 know this was work-related. Even the first sentence it says
8 work-related stress, and it resulted to depression, of course
9 it did, and anxiety and something. And these people -- even
10 when Dr. Upchurch says, okay, this is what we need to do, we
11 need to decrease your productivity to -- to -- to -- from --
12 from 60 to 40. These folk wanted to send me to Fairfield
13 County to work in that program, and I only got 40 hours.

14 Well, all ^{clerical} ~~clerical~~ staff according to them have
15 to get 40 hours at that time -- 60 hours, excuse me. They
16 know I'm going through depression, they know I'm stressed
17 out, they know what I'm facing, so what they wanted me to do
18 -- thank goodness I had an upcoming doctor's appointment and
19 Dr. Upchurch evaluated me because based on their policy, if I
20 rejected it, then they could have terminated me, and I think
21 that's what they wanted to do. But -- I forgot my train of
22 thought. What was I going to say?

23 Oh, they wanted me -- and they knew I was having
24 issues. After not being able to sleep at night they wanted
25 me to get up, drive an hour away, an hour and some odd

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1 minutes away, work all day, drive back home an hour and some
2 odd minutes back, having to repeat the cycle always getting
3 back on this road, and I told them, listen here, I'm not
4 negligent. I don't want to hurt nobody on that road because
5 I've got to go to work, because I know I'm tired, but they
6 wouldn't accommodate that. So now I'm in a program, mind
7 you, Impact, and instead of just helping me with that, 40
8 hours, 40 hours a month, 40 hours a month, but now I'm in a
9 program -- work -- what is it, work description -- what is
10 it? Description is in this packet here. Now I'm in a
11 program where my employment now I'm in a program where every
12 month I'm required to do 40.

13 And I said, listen, 40 hours -- I said listen,
14 and this is Impact because what Impact does, we deal with the
15 most intensive mentally ill clients, and these are
16 individuals who always lost -- lost -- missing in action or
17 in jail or in the hospital.

18 When I got back, I had five clients. Two of
19 them was in jail, one was missing in action, I can't remember
20 where the other one was, and one was active. So each week if
21 I did -- let's say if I had those five clients, if I did five
22 services that week, I only have 20 hours that month, so there
23 was no way I was going to meet that productivity anyway. So
24 -- but now I'm in a program where I'm required to do 40
25 hours, and I told them, I'm not going -- this is a setup.

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1 So what they did -- what Denise Morgan did, who
2 was now my supervisor, she went and wrote it up to where they
3 were going to review my productivity in a two-month period,
4 and of course since I've been back, they haven't reviewed it
5 yet.

6 Q. Okay. Denise Morgan is your current supervisor?

7 A. Yes, ma'am.

8 Q. What kind of relationship do you-all have? Have
9 you-all been getting along?

10 A. Yeah, I get along.

11 Q. Okay. Would you say -- I don't know 'cause I
12 don't work at the Department of Mental Health, but I could
13 maybe see how this might be true. Would you say it's common
14 for clients to allege mistreatment or abuse unfounded?

15 A. All the time.

16 Q. They do it all the time?

17 A. Yeah.

18 Q. Okay.

19 A. And you don't want to attack the client. You
20 attack the behavior, but we want to make sure we're doing
21 what we need to do first.

22 Q. I see. Okay. Are you currently taking any
23 medication whether it's prescribed by Dr. Kirkland or
24 prescribed for your general health?

25 A. Dr. Kirkland I'm taking Ambien, Seroquel,

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1 Lexapro, and LaMictal, and I see Dr. Kirkland again on 10/30.

2 I just got through seeing Ms. Carol, the therapist.

3 Q. And Ms. Carol is the therapist with

4 Dr. Kirkland's office?

5 A. Yes, ma'am.

6 Q. So they're all in the same office?

7 A. Yes, ma'am.

8 Q. Are you taking medications for any other health
9 issues, hypertension, diabetes?

10 A. Diabetes, what do I take, Glucophage, metformin.
11 It's a mixture. Gee whiz. It's some other medications. One
12 is for high cholesterol, one is for high -- high cholesterol,
13 high blood pressure, but those were just to -- because of my
14 diabetes, Dr. Bell put me on those to protect my heart and my
15 liver.

16 Q. Okay.

17 A. And I take -- he got me on -- oh, I'm glad you
18 said that. He got me a small dosage of Bayer aspirin
19 'cause --

20 Q. Oh.

21 A. -- this thing got so bad at one point, in
22 hindsight, and I thought about it because I had to go to
23 Dr. Bell because I was having heart issues, and I'm saying,
24 Dr. Bell, I'm having all these heart issues. And he examined
25 me, he did an EKG, and he said, Harry, there's nothing wrong

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1 with your heart. So he put me on -- he told me to go to
2 Wal-Mart and buy -- and I can't remember the name of it, but
3 he said it's a no flush something or other, but it's a white
4 pill that I take every day, too.

5 Q. Okay. Are there any other doctors you see
6 regularly?

7 A. Uh-uh.

8 Q. Have you looked for another job?

9 A. I shared with people and I think you observed
10 from this incident and I shared with Carol and all this, it
11 may be in the records, I don't know if you got their records
12 yet, and I talked with Dr. Kirkland, Look at me. I'm all
13 screwed up. How am I supposed to sit here and talk to them?

14 And when they ask me, Why did you leave your
15 last job or why do you want to leave your last job, and
16 Ms. Vickie Brown says, Well --

17 I told Ms. Vickie Brown, I said, Ms. Brown, I'm
18 going to tell these folks the truth.

19 And Ms. Brown said, You don't have to say all
20 that.

21 Why don't you want me to be telling the truth?
22 Because you know this will make you-all look bad.

23 And this is where it hurts me, too. One day
24 when I got back, I can't remember what it was, but they had
25 me doing all these trainings, and Vickie Brown came in --

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1 Ms. Brown came in, and we started to talk, and all this is
2 documented because I emailed it because I couldn't believe
3 she told me this, and she's the human resource manager, she
4 said, Harry, I just did what I was told to do.

5 Who would tell you after I keep emailing
6 you-all, who in the world would tell you not to have
7 something in place to stop this nonsense? And then just
8 allow it to go on and on and on and won't do nothing about
9 it. Now, of course, I guess it stopped now because I'm at
10 AIS, and she's at the young adult program. No manager, no
11 staff member ever had a problem with me. It was just that
12 young lady. And she didn't have a problem with me -- I'll
13 tell you I worked with her for six months, and she depended
14 on me for everything, and then as soon as I say I'm putting
15 this in writing, you're going to suffer more so than I will.
16 And it stunned me, but I said, okay, I put it all in writing.
17 And, in fact, at the time when I emailed them my report, my
18 formal statement, I even asked them, and it's in the report,
19 I want this document placed in my permanent employee
20 personnel file, and it's not even in my file.

21 Q. Would you say that there are any factors outside
22 of work that are causing you stress?

23 A. No. I didn't have no problems.

24 Q. Any family situation causing you stress?

25 A. No. No. Didn't have no medication for stress,

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1 didn't have no headaches, nothing, and this been going on
2 since 2010, so it ain't been -- my family just got there, so
3 it ain't them.

4 Q. So what kind of hours are you working now?

5 A. 8:30 to 5:00.

6 Q. And that's working out okay?

7 A. Yes, ma'am.

8 Q. And have you talked to Denise Morgan about your
9 productivity goals or anything like that?

10 A. No, ma'am, she hasn't talked to me yet since
11 I've been back.

12 Q. Okay. Oh, I wrote this question down when we
13 were talking. What is your relationship with the case
14 managers? It doesn't sound like that they would be your boss
15 or anything, but how does what you do involve case managers?

16 A. What do you mean what I do?

17 Q. Well, I guess, why were you working -- and I
18 don't mean Ms. Maria specifically, but what she does and what
19 you do, how do your two jobs interact?

20 A. Well, she was the supervisor of The Link, and I
21 was just an employee of Connections.

22 Q. What is Link?

23 A. The Link is less intensive case management
24 program from Connections.

25 Q. Okay.

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1 A. Whereas Link will see clients maybe two or three
2 times a month, we would see clients one time a week or two
3 times a week.

4 Q. With Connections?

5 A. Yeah, with Connections.

6 Q. So you-all were working in different programs?

7 A. Yeah, we were in different programs but on the
8 same end of the hallway.

9 Q. Okay.

10 A. And, see, even -- I'm going to tell you how bad
11 this thing got also. After a client came to me, and the
12 client that we refer to The Link program, he came to me and
13 said, Well, Harry, my case manager -- and this is another
14 client, not the client that reported that I told Rick that he
15 was going to move -- his case manager was going to move, this
16 is another client.

17 Q. Okay.

18 A. He came to me and he said, Harry, my case
19 manager is going to move me, and I don't want to move.

20 And I said, Okay. Talk to your case manager.

21 And then he said I done talked with them. I
22 talked with them. And he said --

23 Then I asked him, I said, Well, who -- what did
24 I ask him? I asked him, Who is your case manager?

25 And he said, Maria.

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1 Well, Maria was the supervisor at Link. So
2 couldn't do nothing there. Then another client came to me
3 and said, Harry -- and I want you to hold on to the first
4 client. The second client came to me and said, Harry, she's
5 trying to move me. I don't want to move. Okay? And I
6 didn't want to bother with her because I knew what type
7 person she was and I knew if I said anything to her, I would
8 face hell. So I didn't say anything.

9 So a third client came to me, Harry, she's going
10 to move me and I don't want to move.

11 I said, Okay, this is what I'll do. I'll talk
12 to my supervisor, which is Cornell Ruff, and ask him to set
13 up a meeting with all of us, including Ms. Maria --
14 Ms. Marin.

15 That meeting took place, but, unfortunately,
16 Cornell did not apprise Ms. Maria of the meeting until the
17 day of the meeting, and she got so upset. Nevertheless, she
18 still came to that meeting, but when she came in that
19 meeting, she monopolized that entire conversation, she
20 belittled the parent that was there saying that -- and the
21 provider that was there saying that this was a waste of her
22 time and she would have had -- she got better things to do.

23 And all of this is documented.

24 So I said, Okay. And I told all of them in
25 front of the room, I said, What I will do since we couldn't

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1 get this worked out -- 'cause the meeting shouldn't have
2 lasted more than 15, 20 minutes. It lasted two hours. Every
3 time we began to talk, Cornell, the housing provider, the
4 parent, myself, every time he would begin to talk, she would
5 inappropriately interject and go on and on and start talking
6 about personal stuff and to the point she even called out
7 another client's name that had nothing to do with what we're
8 doing, and he didn't even live in the housing, so she's the
9 one who violated HIPAA.

10 So I said, What I will do, since we were
11 unsuccessful, I will send an email to let John Brown know
12 what was going on. John Brown was like the director of AIS
13 or whatever his position was before he retired. And as soon
14 as I said that, she walked out and then next thing I know,
15 and all this is documented, I get an email from John Brown
16 saying that I was disrespectful to Maria and it wasn't -- it
17 was a total lie.

18 I emailed John Brown back, and I said, Listen,
19 if I was disrespectful, my supervisor who was sitting next to
20 me said nothing, Maria said nothing in that meeting. More
21 importantly, she didn't say anything after the meeting. So
22 if I was disrespectful, where did it come from? So I said,
23 Let's do this. Since you won't believe me, let's get that
24 parent that was there and that housing provider that was
25 there, and let's have a meeting. He wouldn't meet with them.

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1 Q. Do you remember when this was, even month, year,
2 anything?

3 A. I can't remember. It's all in here, though.

4 Q. Okay. I see you've got a lot of paperwork there
5 and, you know, my file doesn't look as big as your file, so I
6 plan to look at all that if you'll let me look at it.

7 A. I can email it to you.

8 Q. Or we can copy it here, whatever you want to do.

9 A. That's fine. These are my originals, I've got
10 my doctor's excuses and all that. You can make a copy of it.

11 Q. Okay. Great. So --

12 A. But, anyway, after that incident, I emailed --
13 because it was totally harassment. So I emailed Ms. Vickie
14 Brown. I said, Ms. Brown, could you email me harassment
15 information, because it was total harassment. Vickie Brown
16 sent me information. But when I got the information, I
17 looked at it, and I said, you know what -- that email I sent
18 to her is in here, too, I'm not going to say anything because
19 if I say anything, you know that I'm going to face hell. So
20 I left it alone.

21 But the client that I told you to hold on to,
22 thank God that client was not moved because where she wanted
23 to put him was at a place where there was no -- nobody
24 watching him. So one day when he was at New Alpha, thank God
25 he remained, Rick noticed him slumping and slurring his

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1 words, so he got to that young man and rushed him to the
2 emergency room. He had a seizure. They were saying he had a
3 seizure. So he got him. You know, I don't know where the
4 client is now, but he was able to get that client to the
5 emergency room; whereas, if he was there by himself, he would
6 have been in his room. And that same client when I had him,
7 wouldn't come to his appointments. He had jaundice. I had
8 to take him to the hospital. I had to do so much with the
9 client. He had so many medical issues. He wasn't -- and he
10 was mixing his medications. Every time he medications, he
11 was drinking beer. And not coming to your appointments, not
12 taking your medications, you're going to decompensate.

13 So we got him into structured placement, met
14 with his sisters, they was happy with him and went to
15 placement. And, like I said, he got a seizure, and that
16 staff was able to get that client to the emergency room;
17 whereas, if he went to that place she had have had him -- no
18 telling what would have happened. He probably would have had
19 a seizure in his bed and nobody would have ever known.

20 Q. Well, I'm glad that worked out better than it
21 could have worked out.

22 Back when I was asking about case managers,
23 you're a case manager too, right?

24 A. Yes, ma'am.

25 Q. So it's not like another case manager is a

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1 supervisor over there?

2 A. No.

3 Q. Like, was Maria your supervisor?

4 A. She was my supervisor at New Horizons, and that
5 was for six months.

6 Q. That was way --

7 A. Yeah, 2010.

8 Q. Right.

9 A. And that was it.

10 Q. Okay. Okay.

11 A. My interaction with the other case managers have
12 no problem, you're all more than welcome to talk with them,
13 and, like I said, there's been no -- no reports of me
14 displaying any inappropriate behavior toward any managers or
15 case managers, any staff member, any staff members out of Ms.
16 Marin and her fabrications.

17 Q. Have you sought mental health treatment prior to
18 this of these problems at work in the past?

19 A. No.

20 Q. No. Okay. But Dr. Kirkland, you're at work
21 and he said it's okay for you to be at work?

22 A. Well, I told him I wanted to go back because
23 these folk -- when I went out, I said, Listen, I want to
24 apply for workers' comp. They didn't do that. They
25 exhausted all of my annual and sick leave. They even -- when

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(803) 603-2211

1 they say they don't know about what was going on, and I hate
2 to say it's a lie, but it's a lie, because they approved
3 another round of FMLA leave without even receiving an FMLA
4 form from Dr. Kirkland because I emailed it to him, and
5 that's in here, too, and on 10/1, Dr. Kirkland hadn't even
6 completed nor submitted the form. And on top of the FMLA
7 form, there's a section that I sign off as to whether or not
8 I want to use -- exhaust all my annual and sick leave or
9 whatever. They never got that from me. Vickie Brown said,
10 Oh, Harry, the reason I did that I didn't want you to go
11 without a paycheck.

X 12 Well, you should have did what I asked you to
13 do.

14 Q. I don't have any other questions for you. Is
15 there anything else you want to tell me? I want to look at
16 that stuff you've got in front of you, but if there's
17 anything else you want to tell me, now is your time.

18 A. Oh, when they say HIPAA violation, these people
19 again, this was just to badger me. ACS client on 9/26/2012.
20 My HIPAA violation came to me in 2013. There was a client --
21 which Dr. McNeil is the clinical director over the ACS. I
22 was at his place requesting him to send it to the UDS, I did
23 the UDS, came up positive, and I submitted via email the
24 results to Ms. Lon Bonno-Lebozec. It's L-O-N B-O-N-N-O -
25 L-E-B-O-Z-E-C. She was his case manager. I emailed the

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1 results to her, and her response was that she was going to
2 talk to Dr. Kendall about it, and then submit it to the
3 nurse. Mind you, if there was a HIPAA -- if I committed a
4 HIPAA violation, these people who have been with this agency
5 long before I got there certainly would have addressed it at
6 that 9/26 instance.

7 Impact, 11/30/2012, there was a client which I
8 had a crisis intervention. The client was threatening
9 suicide, and she was Ms. Addison's client at Impact. At that
10 point in 2012, I wasn't with Impact. I just got with Impact.
11 There was no mention of a HIPAA or no accusing me of a HIPAA
12 violation.

13 The Link, February the 4th, 2014, Howard Edwards
14 received a call regarding a Link client, and I'm saying this
15 because their rationale of a HIPAA violation is totally
16 wrong.

17 Q. These instances you're talking about, are these
18 instances of other people --

19 A. Yeah.

20 Q. -- or instances of -- okay.

21 A. Yeah.

* 22 Q. So you're just explaining to me some people have
23 done similar things that are not HIPAA violations?

24 A. We all do because that's what we do.

25 Q. And you're not sharing this with outside people;

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(803) 603-2211

1 it's all internal?

2 A. Internal with clinical staff.

3 Q. I understand that. I follow that.

4 A. And Harold gets a You Made a Difference award
5 for ^{intervening} innovating with his client, and when you look at the
6 record you will see that Harold requested me to help, and I
7 was able to go to EMR to his client who was a Link client,
8 look at his information, and if I wouldn't have done that --
9 because the young man was saying -- threatening harm against
10 his wife, and he wouldn't tell us where he was, he wouldn't
11 give us a number, et cetera, et cetera. So I had to go to
12 EMR. I tried calling his mom. Couldn't get in touch with
13 his mom. So I finally got in touch with his girlfriend who
14 she said is now his wife. If I wouldn't have done all that,
15 she would have went home and anything could have happened.

16 Impact, 8/1/2014, another client, Ms. Anna House
17 of New Horizons provided crisis intervention to a client who
18 is not on ^{her} our caseload, who is not in New Horizons, and at
19 the time was on my caseload. To me what it says it's okay,
20 and I said this before, it's okay if we're billing these
21 services, but, you know, to benefit financially, but when we
22 do something that they don't like or generic note and things
23 like that, they got no -- they're going to say it's a HIPAA
24 violation. It's not a HIPAA -- I'm a clinical staff. I'm
25 not -- I didn't go out there and talk with the receptionist,

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1 I didn't go out and speak with the janitor who has nothing to
2 do with clinical issues. I spoke with clinical individuals.

3 Q. I understand what you're saying. I get it. I
4 get it.

5 Well, if that's it, then I think we're done for
6 the day.

7 MS. SNYDER: Thank you, Marie.

8 THE WITNESS: Can I add one more thing and I do
9 apologize?

10 BY MS. SNYDER:

11 Q. That's okay.

12 A. See, when -- in 2013 -- when was it? 2014,
13 Ms. Susan Brown, when I emailed Vickie Brown, said get me
14 some information on workers' comp, she said talk with Susan
15 Brown. Well, I talked with Susan Brown and I was given a
16 history of what was going on and why I needed attention. She
17 said, again, I should have did it in 90 days, but she
18 submitted -- provided me the work via email. The email is in
19 here. As a matter of fact, it's on top.

20 When she sent me the email, the documentation, I
21 forwarded it to my immediate -- my acting supervisor, which
22 was Harold Edwards on -- I think it was -- let me see. I
23 think it was January the 14, 2014. I emailed it to Harold,
24 and he was supposed to complete it. He didn't complete it as
25 of Tuesday, February the 18th, 2014, he had not completed it,

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1 and that's when I sent the email, can we schedule some time
2 to complete the workers' compensation paperwork this week,
3 because he didn't do it.

4 Q. Okay.

~~5~~ A. So when people say they didn't know all this, it
6 just threw me for a loop.

7 Q. Okay. I understand.

~~8~~ A. That's it.

9 (The deposition was concluded at 11:46 a.m.)

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SIGNATURE OF DEPONENT

1

2

3

4 I, the undersigned, HARRY REESE, do hereby
5 certify that I have read the foregoing deposition and find it
6 to be a true and accurate transcription of my testimony, with
7 the following corrections if any:

7

8	PAGE	LINE	CHANGE	REASON

9

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19

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21

22

23	HARRY REESE	Date

24

25

MARIE A. BOYCE, C.C.R.
(803) 603-2211

1 CERTIFICATE OF REPORTER

2

3 I, MARIE A. BOYCE, Certified Court Reporter, and
4 Notary Public for the State of South Carolina at Large, do
5 hereby certify that the foregoing transcript is a true,
6 accurate, and complete record.

7 I further certify that I am neither related to nor
8 counsel for any party to the cause pending or interested in
9 the events thereof.

10 Witness my hand, I have hereunto affixed my official
11 seal this 17th day of November, 2014, in Lexington, Lexington
12 County, South Carolina.

13

14

15

16

Marie A. Boyce, C.C.R.

17

License #30XI00145200

18

My Commission Expires October 8, 2023

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21

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25

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**SOUTH CAROLINA
VOCATIONAL REHABILITATION
DEPARTMENT**

**Don Helms
Counselor**

*1430-A Confederate Ave., Columbia, SC 29202
(803) 898-8866 • Fax (803) 898-8869
Dhelms@scvrd.state.sc.us • scvrd.net*

Harry Reese

From: Vickie Brown
Sent: Friday, September 06, 2013 12:46 PM
To: Harry Reese
Subject: RE: Policies
Attachments: 1738_001.pdf

- Don Helms is the contact person for EAP. He can be reached at 898-8866.
- I have attached the Employee Grievance and Appeal Policy and Procedures Directive. Section 4 of the directive addresses actions that may be grievable. Record of Employee Counseling is not a grievable action.

From: Harry Reese
Sent: Thursday, September 05, 2013 5:07 PM
To: Vickie Brown
Subject: Policies
Importance: High

Dear Ms. Brown:

- Please provide me with a referral and contact information for the Employee Assistance Program due to ongoing crippling employment issues that are consistently affecting my work performance and my personal life.
- Can an employee grieve a Record of Employee Counseling?
- Please provide me with a copy of the Grievance Policy?

If you have any questions or concerns, please do not hesitate to contact me at (803) 898-0851.

Thanks,
Harry E. Reese Sr.
MHP
CONNECTIONS
2715 Colonial Drive, Bldg 200-A
Columbia, SC 29203
(803) 898-0851
Fax: (803) 898-4040

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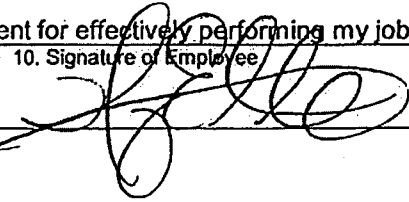
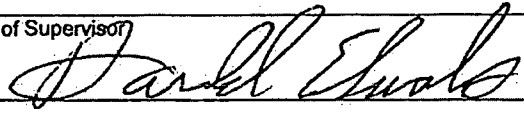
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Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
 Sick leave requests may require a certificate from a physician or other recognized practitioner
 Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
 Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

KB
PP19
9/19/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 3.00	5. Type of Leave Sick	6. Beginning Hour 02:00 PM		7. Ending Hour 05:00 PM	
		Month, Day, Year 09/06/2013		Month, Day, Year 09/06/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved		If disapproved, State Reason			
12. Date. 9/16/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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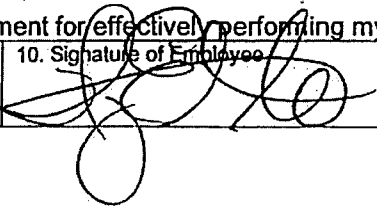
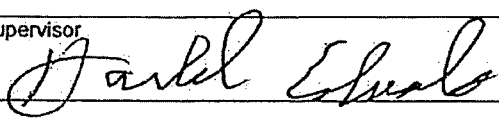
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

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KB
PP19
9/19/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 4.00	5. Type of Leave Sick	6. Beginning Hour 01:00 PM		7. Ending Hour 05:00 PM	
		Month, Day, Year 09/09/2013		Month, Day, Year 09/09/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved		If disapproved, State Reason			
12. Date. 9/19/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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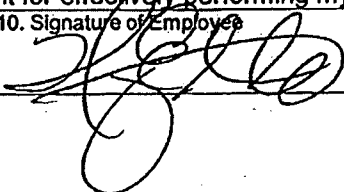
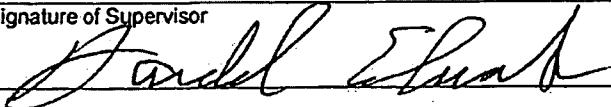
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

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KCB
 PP 19
 9/19/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 4.00	5. Type of Leave Sick	6. Beginning Hour 01:00	Month, Day, Year PM 09/10/2013	7. Ending Hour 05:00	Month, Day, Year PM 09/10/2013
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved	If disapproved, State Reason				
12. Date 9/10/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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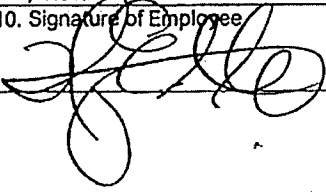
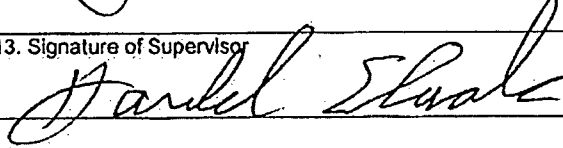
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

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KCB
 PP 19
 9/19/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 7.25	5. Type of Leave Sick	6. Beginning Hour 9:45	Month, Day, Year AM 09/11/2013	7. Ending Hour 05:00	Month, Day, Year PM 09/11/2013
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management; visit with Mr. Don Helms (EAP); at clinic briefly					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved	If disapproved, State Reason				
12. Date 9/11/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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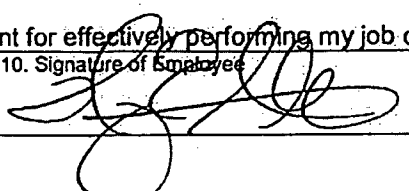
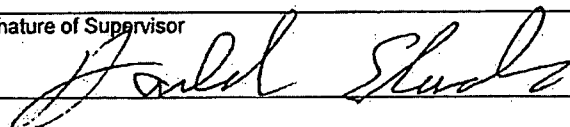
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

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K13
PP 19
9/19/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 15.00	5. Type of Leave Sick	6. Beginning Hour 08:30 AM		7. Ending Hour 05:00 PM	
		Month, Day, Year 09/12/2013		Month, Day, Year 09/13/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved	If disapproved, State Reason				
12. Date. 9/13/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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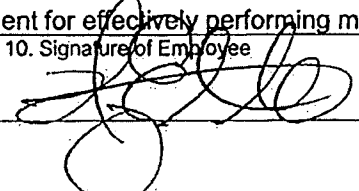
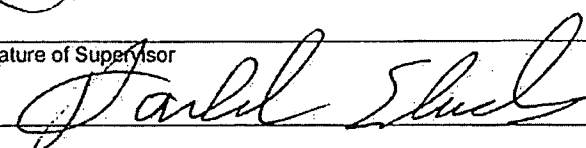
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

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K13
PP 19
9/19/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 5.00	5. Type of Leave Sick	6. Beginning Hour 12:00 PM		7. Ending Hour 05:00 PM	
		Month, Day, Year 09/16/2013		Month, Day, Year 09/16/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved	If disapproved, State Reason				
12. Date. 9/16/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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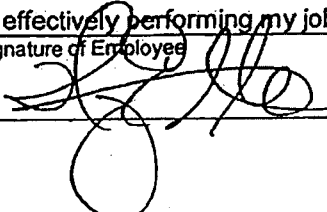
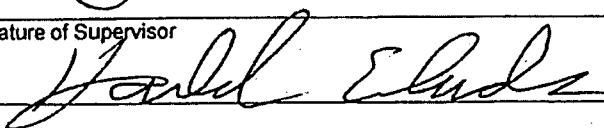
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

KB
PP #20
9/19/13

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 7.50	5. Type of Leave Sick	6. Beginning Hour 08:30 AM		7. Ending Hour 05:00 PM	
		Month, Day, Year 09/17/2013		Month, Day, Year 09/17/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved		If disapproved, State Reason			
12. Date 9/17/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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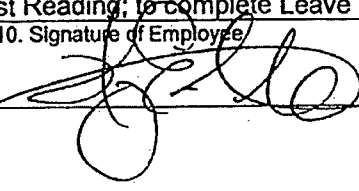
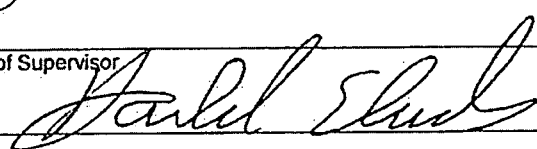
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

KB
PP20
9/25/13

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
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1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 5.50	5. Type of Leave Sick	6. Beginning Hour 08:30 AM		7. Ending Hour 05:00 PM	
		Month, Day, Year 09/18/2013		Month, Day, Year 09/18/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress; present today for TB Test Reading; to complete Leave Slips as requested by Ms. Vicki Brown					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved		If disapproved, State Reason			
12. Date 9/18/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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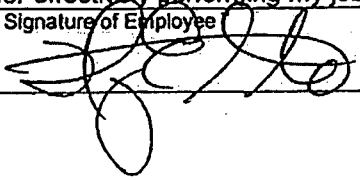
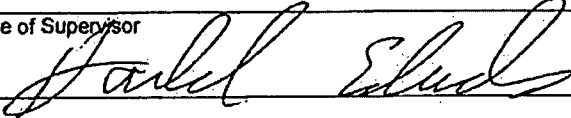
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

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PP20
9/25/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 15.00	5. Type of Leave Sick	6. Beginning Hour 08:30 AM		7. Ending Hour 05:00 PM	
		09/19/2013		09/20/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved		If disapproved, State Reason			
12. Date 9/20/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

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P-14

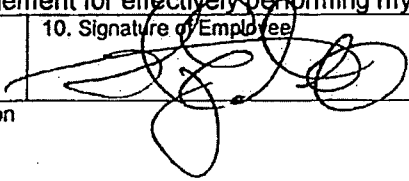
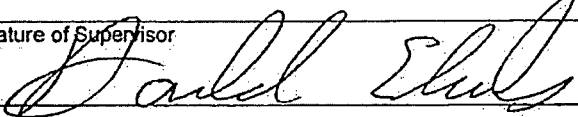
For pad form size

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Application for Leave

INSTRUCTIONS: Submit applications in duplicate for court leave in advance to Facility Personnel Representative
Sick leave requests may require a certificate from a physician or other recognized practitioner
Submit official leave requests in duplicate. If training leave requested, execute form P-14A.
Sick and annual leave requests are not to be submitted to Personnel Office or to Facility Personnel Representative

LB
PP20
9/25/13

1. Name Harry E. Reese Sr.		2. Facility Connections		3. Organizational Component CAMHC	
4. No. of Hours Requested: 37.50	5. Type of Leave Sick	6. Beginning Hour 08:30 AM		7. Ending Hour 05:00 PM	
		09/23/2013		09/27/2013	
8. Reason for Training leave or leave without pay and if dependent sick leave, name and relationship. Work related stress via CAMHC's management for effectively performing my job duties					
9. Date 09/18/2013		10. Signature of Employee 			
11. ☒ Approved ☐ Disapproved		If disapproved, State Reason			
12. Date 9/27/13		13. Signature of Supervisor 			
14. Remarks:					
15. Date		16. Signature of Approving Authority			

SCDMH FORM
REV JAN 2009 (F.M. JAN 20, 2009)
REC SCHED. 00115

P-14

8

HealthWorks

Tuberculosis Skin Test Consent and Results Form

I hereby consent to have the following performed:

- ☐ Tuberculin Skin Test (1-Step Method)
☐ Tuberculin Skin Test (2-Step Method)

Notes:

- Not to be given if there is a documented previously positive TB skin test.
- Individuals with positive tests are referred to their private physician or county health department.
- Return in 48 – 72 hours for test to be read.
- For 2-Step Method, in addition to returning for first test to be read, return in no less than 7 days from when the first test was administered for the administration of the second test.

9-16-13
 (Date)

[REDACTED]
 (Social Security Number)

[Signature]
 (Signature)
Connections/CAMHC
 (Department / Company)

bersol
 04-26-14

Lot Number	Date Given	Nurse	Date Read	Nurse	Results
C3949AA	09-16-13	B. Pickens	9/18/13	Barbara	11mm

Date to return to have first test read _____
 Date to return to have second test administered _____
 Date to return to have second test read _____

_____ DHEC form given to client
 DATE and NURSE initial



SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

*Enabling eligible South Carolinians with disabilities
to prepare for, achieve, and maintain competitive employment.*

Barbara G. Hollis, Commissioner

October 3, 2013

HARRY REESE
8408 LITTLE JOHN DRIVE
COLUMBIA, SC 29209

Dear Mr. REESE:

This is to inform you of a doctor's appointment we scheduled for you. The appointment is with **Carol Anderson @ Scott Psychiatric Center**. The appointment is scheduled for **Monday, October 04, 2013 at 04:00 PM**. The office is located at **1919 Gadsden Street, Columbia, SC 29202**. The phone number is **(803) 779-5356**.

If you have any questions please feel free to contact me at (803)898-8866.

Thank you and have a great day!

Sincerely,

Avian Jones
ADMINISTRATIVE TEAM SUPPORT SPECIALIST I
Caseload 137

Human Resources Manager Job Description Sample[Print this page](#)

This human resource manager sample job description can assist in your creating a job application that will attract job candidates who are qualified for the job. Feel free to revise this job description to meet your specific job duties and job requirements.

Human Resources Manager Job Responsibilities:

Maintains and enhances the organization's human resources by planning, implementing, and evaluating employee relations and human resources policies, programs, and practices.

Human Resources Manager Job Duties:

- Maintains the work structure by updating job requirements and job descriptions for all positions.
- Maintains organization staff by establishing a recruiting, testing, and interviewing program; counseling managers on candidate selection; conducting and analyzing exit interviews; recommending changes.
- Prepares employees for assignments by establishing and conducting orientation and training programs.
- Maintains a pay plan by conducting periodic pay surveys; scheduling and conducting job evaluations; preparing pay budgets; monitoring and scheduling individual pay actions; recommending, planning, and implementing pay structure revisions.
- Ensures planning, monitoring, and appraisal of employee work results by training managers to coach and discipline employees; scheduling management conferences with employees; hearing and resolving employee grievances; counseling employees and supervisors.
- Maintains employee benefits programs and informs employees of benefits by studying and assessing benefit needs and trends; recommending benefit programs to management; directing the processing of benefit claims; obtaining and evaluating benefit contract bids; awarding benefit contracts; designing and conducting educational programs on benefit programs.
- Ensures legal compliance by monitoring and implementing applicable human resource federal and state requirements; conducting investigations; maintaining records; representing the organization at hearings.
- Maintains management guidelines by preparing, updating, and recommending human resource policies and procedures.
- Maintains historical human resource records by designing a filing and retrieval system; keeping past and current records.
- Maintains professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; participating in professional societies.
- Completes human resource operational requirements by scheduling and assigning employees; following up on work results.
- Maintains human resource staff by recruiting, selecting, orienting, and training employees.
- Maintains human resource staff job results by counseling and disciplining employees; planning, monitoring, and appraising job results.
- Contributes to team effort by accomplishing related results as needed.

Human Resources Manager Skills and Qualifications:

Hiring, Human Resources Management, Benefits Administration, Performance Management, Communication Processes, Compensation and Wage Structure, Supports Diversity, Classifying Employees, Employment Law, Laws Against Sexual Harassment, Organization

Employers: Post a job in minutes to reach candidates everywhere.

Job Seekers: Search Human Resources Manager Jobs and apply on Monster now.

Learn more about how to hire:

- Sample Interview Questions: How to Interview
- Creating and Posting a Job in Monster
- HR Salary Information: Employee Compensation

12

Human Resources Director Job Description[Print this page](#)

This human resources director sample job description can assist in your creating a job application that will attract job candidates who are qualified for the job. Feel free to revise this job description to meet your specific job duties and job requirements.

Human Resources Director Job Responsibilities:

Promotes and implements human resource values by planning and managing human resources programs; directing staff.

Human Resources Director Job Duties:

- Develops organization strategies by identifying and researching human resources issues; contributing information, analysis, and recommendations to organization strategic thinking and direction; establishing human resources objectives in line with organizational objectives.
- Implements human resources strategies by establishing department accountabilities, including talent acquisition, staffing, employment processing, compensation, health and welfare benefits, training and development, records management, safety and health, succession planning, employee relations and retention, AA/EEO compliance, and labor relations.
- Manages human resources operations by recruiting, selecting, orienting, training, coaching, counseling, and disciplining staff; planning, monitoring, appraising, and reviewing staff job contributions; maintaining compensation; determining production, productivity, quality, and customer-service strategies; designing systems; accumulating resources; resolving problems; implementing change.
- Develops human resources operations financial strategies by estimating, forecasting, and anticipating requirements, trends, and variances; aligning monetary resources; developing action plans; measuring and analyzing results; initiating corrective actions; minimizing the impact of variances.
- Accomplishes special project results by identifying and clarifying issues and priorities; communicating and coordinating requirements; expediting fulfillment; evaluating milestone accomplishments; evaluating optional courses of action; changing assumptions and direction.
- Supports management by providing human resources advice, counsel, and decisions; analyzing information and applications.
- Guides management and employee actions by researching, developing, writing, and updating policies, procedures, methods, and guidelines; communicating and enforcing organization values.
- Complies with federal, state, and local legal requirements by studying existing and new legislation; anticipating legislation; enforcing adherence to requirements; advising management on needed actions.
- Updates job knowledge by participating in conferences and educational opportunities; reading professional publications; maintaining personal networks; participating in professional organizations.
- Enhances department and organization reputation by accepting ownership for accomplishing new and different requests; exploring opportunities to add value to job accomplishments.

Human Resources Director Skills and Qualifications:

Human Resources Management, Hiring, Developing Standards, Foster Teamwork, Management Proficiency, Managing Profitability, Promoting Process Improvement, Building Relationships, Organizational Astuteness, People Skills, Retaining Employees

Employers: [Post a job in minutes](#) to reach candidates everywhere.

Job Seekers: [Search Human Resources Director Jobs](#) and apply on Monster now.

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Read more about how to interview:

- [The 10 Best Interview Questions to Ask](#)
- [How to Interview Like a Professional](#)
- [How to Interview for In Demand Jobs](#)

14



Family and Medical Leave Act of 1993)

Date: October 9, 2013

OMB No. : 1215-0181
Expires : 08-31-07

To: Harry Reese

(Employee's Name)

From: Vickie L. Brown, H. R. Director

(Name of Appropriate Employer Representative)

Subject: REQUEST FOR FAMILY/MEDICAL LEAVE

On October 9, 2013, you notified us of your need to take family/medical leave due to:
(Date)

- ☐ The birth of a child, or the placement of a child with you for adoption or foster care; or
- ☒ A serious health condition that makes you unable to perform the essential functions for your job; or
- ☐ A serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care.

You notified us that you need this leave beginning on 09/27/2013 and that you expect
(Date)
leave to continue until on or about November 07, 2013.
(Date)

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (check appropriate boxes; explain where indicated)

1. You are ☒ eligible ☐ not eligible for leave under the FMLA.
2. The requested leave ☒ will ☐ will not be counted against your annual FMLA leave entitlement.
3. You ☒ will ☐ will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by Received 10/09/2013 (insert date) (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted.
4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We ☒ will ☐ will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (Explain)

You must use Sick Leave. Once your sick leave is exhausted, you may use Annual Leave to continue paid leave or use LWOP concurrently with your FMLA leave.

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5. (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows: *(Set forth dates, e.g., the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee.)*

Your normal premiums will be deducted from your paycheck and will continue as long as you are in a paid status. Should you stop receiving a check (e.g., you are no longer in a paid status), please contact the Human Resources Office at 898-4830 to make arrangements to pay premiums.

- (b) You have a minimum 30-day *(or, indicate longer period, if applicable)* grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, *provided* we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We ☐ will ☒ will not pay your share of health insurance premiums while you are on leave.

- (c) We ☒ will ☐ will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you ☒ will ☐ will not be expected to reimburse us for the payments made on your behalf.

6. You ☒ will ☐ will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

7. (a) You ☐ are ☒ are not a "key employee" as described in § 825.217 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.218.

- (b) We ☐ have ☒ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. *(Explain (a) and/or (b) below. See §825.219 of the FMLA regulations.)*

8. While on leave, you ☒ will ☐ will not be required to furnish us with periodic reports every _____ *(indicate interval of periodic reports, as appropriate for the particular leave situation)* of your status and intent to return to work *(see § 825.309 of the FMLA regulations)*. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you ☐ will ☒ will not be required to notify us at least two work days prior to the date you intend to report to work.

9. You ☒ will ☐ will not be required to furnish recertification relating to a serious health condition. *(Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.)*

This optional use form may be used to satisfy mandatory employer requirements to provide employees taking FMLA leave with Written notice detailing specific expectations and obligations of the employee and explaining any consequences of a failure to meet these obligations. (29 CFR 825.301(b).)

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.



SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

*Enabling eligible South Carolinians with disabilities
to prepare for, achieve, and maintain competitive employment.*

Barbara G. Hollis, Commissioner

June 16, 2014

HARRY REESE
8408 LITTLE JOHN DRIVE
COLUMBIA, SC 29209

Dear Mr. REESE:

This is to inform you of a doctor's appointment we scheduled for you. The appointment is with **Carol Anderson @ Scott Psych Institute**. The appointment is scheduled for **Tuesday, July 01, 2014 at 11:00 AM**. The office is located at **1919 Gadsden St., Columbia SC**. The phone number is **(803) 779-5356**.

If you have any questions please feel free to contact me at (803)898-8866 .

Thank you and have a great day!

Sincerely,

Whitney Starks
ADMINISTRATIVE TEAM SUPPORT SPECIALIST I
Caseload 137

Harry Reese

From: Harry Reese
Sent: Tuesday, August 12, 2014 10:15 AM
To: Veronica Gates
Subject: FW: Worker's Comp
Attachments: Reese Doctor's Excuse 8-11-14.pdf

Importance: High

Ms. Gates:

According to Dr. Patel, she states that Ms. Morgan won't arrived today until 3:00 p.m. and has requested that I submit the attached document to you to provide to her upon Ms. Morgan's arrival. I'm only present to complete paperwork which to include Progress Summaries - to avoid any paybacks therefore, I will be leaving. Please inform Ms. Morgan that she can contact me at (803) 783-1801; so that, I can complete the Worker's Compensation forms.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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From: Harry Reese
Sent: Tuesday, August 12, 2014 8:38 AM
To: Denise Morgan
Subject: Worker's Comp

Ms. Morgan:

I'm requesting to apply for Worker's Compensation for this absence. I'll visit your office shortly after I discuss this matter with Dr. Patel and Ms. Addison.

18

Thanks,
Harry E. Reese Sr.

THP

Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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Subject: RE: Update
From: Vickie Brown (VLB93@SCDMH.ORG)
To: hreese2005@yahoo.com;
Date: Thursday, September 18, 2014 9:22 AM

Thanks for the update. Are you wanting to request an advance of sick leave? Your current sick leave balance is 11.49, and your annual leave balance is 19.74. You can request an advance of up to 15 days. If you are wanting to request an advance of sick leave, please send us something in writing and we will forward the necessary paperwork to DMH.

From: Harry Reese [mailto:hreese2005@yahoo.com]
Sent: Thursday, September 18, 2014 1:49 AM
To: Vickie Brown
Subject: Update

Ms. Brown:

My appointment with the therapist Ms. Carol Anderson was cancelled on 9/17/14 and re-scheduled for 9/29/14. Ms. Anderson was out of the office on the day of my scheduled appt. The actual doctor's appointment is scheduled for 10/1/14 with Dr. Kirkland.

Thanks,
Harry

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Harry Reese

From: Harry Reese
Sent: Tuesday, August 12, 2014 8:38 AM
To: Denise Morgan
Subject: Worker's Comp
Attachments: Reese Doctor's Excuse 8-11-14.pdf

Ms. Morgan:

I'm requesting to apply for Worker's Compensation for this absence. I'll visit your office shortly after I discuss this matter with Dr. Patel and Ms. Addison.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
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Subject: Re: Return to Work
From: Harry Reese (hreese2005@yahoo.com)
To: VLB93@SCDMH.ORG;
Date: Sunday, October 5, 2014 10:47 PM

Ms. Brown:

Since the agency is clearly not advocating on my behalf, I must advocate on my own behalf which again places me in jeopardy of losing my job.

My illness/injury was caused on the job. My worker's comp claim should have been filed when the illness/injury initially happened; however, none of the Human Resource managers, which to include you, offered me that option. Clearly the FMLA forms, provided by independent doctors - Dr. McKinney and Dr. Upchurch, that I've presented to the agency demonstrates and proves that my illness/injury was caused on the job. After discussing the matter with Ms. Sharon Brown of which she finally provided me with worker's comp forms to be completed by my supervisor last year, evidence in my possession will demonstrate that I exhausted all efforts to have the forms completed as advised in a timely manner; however, my efforts via the acting supervisor were unsuccessful. Since the agency refused to file a worker's comp claim as specifically requested on 8/12/14, I've filed the worker's comp claim on my own behalf of which I have a scheduled date to provide my deposition (10/22/2014 of which I'll use my lunch hour to achieve this task since I have no leave time available).

With the above being said, you've asked a significant question - did I receive approval regarding filing for worker's comp. However, the ultimate question is...."Did the agency receive approval from me to exhaust both my sick and annual leave when I clearly requested to file a worker's comp claim? The answer to that question is a "Resounding No". What are my options in this situation - forced by the agency to exhaust my accumulated sick and annual leave without my written or verbal authorization? Please provide guidance.

Thank you,
Harry Reese

On Friday, October 3, 2014 4:19 PM, Vickie Brown <VLB93@SCDMH.ORG> wrote:

I have not received any notice of approval for Worker's Compensation for you.
Have you received an approval?

From: Harry Reese [mailto:hreese2005@yahoo.com]
Sent: Thursday, October 02, 2014 4:33 PM
To: Vickie Brown
Subject: Re: Return to Work

Ms. Brown:

As requested in an emailed sent to Ms. Morgan on 8/12/14 @ 8:38 a.m., I requested that a Worker's Comp claim be submitted since the illness/injury was caused on the job.



Thank you,
Harry Reese

On Wednesday, October 1, 2014 4:42 PM, Vickie Brown <VLB93@SCDMH.ORG> wrote:

I wanted to follow-up on the email that I sent you on September 18, 2014, regarding an advance of sick leave.
Please advise as to whether you want an advance of 15 days of sick leave.

From: Harry Reese [mailto:hreese2005@yahoo.com]
Sent: Wednesday, October 01, 2014 4:28 PM
To: Denise Morgan
Cc: Vickie Brown; Radhika Patel
Subject: Return to Work

Ms. Morgan:

Please see the attached document.

Thanks,
Harry

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE LAW INCLUDING 45 CFR PART 160 (HIPAA), 42 CFR PART 2 (ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY, WHEN APPLICABLE), § 44-22-100, AND S.C. CODE (SCDMH PATIENT CONFIDENTIALITY). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION, OR THE INFORMATION CONTAINED WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.

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Harry Reese

From: Helms, Donald <Dhelms@SCVRD.STATE.SC.US>
Sent: Wednesday, October 29, 2014 8:59 AM
To: Harry Reese
Subject: RE: Harry Reese Concerns & Assisatnce

Harry,

You are correct about the statement you initially wrote regarding problems at work. If you would like to drop by today and complete another form that can be done. I will check on the additional sessions for you.

Hope to hear back soon, Don Helms

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Tuesday, October 28, 2014 5:11 PM
To: Helms, Donald
Subject: Harry Reese Concerns & Assisatnce

Dear Mr. Helms:

I want to personally thank you for your assistance within receiving the essential mental health services of which I'm currently receiving and desperately need to continue; however, I do have a concern regarding today's visit with you.

On today, you requested that I complete a form of which you provided in reference to closing my case. The response that I initially placed on the form which currently reflects my current status was..."I'm still having problems at work", you state was inappropriate and requested that I completed another form stating that my response should be confidential and worked out with the therapist. I complied with your request and provided an alternate statement, but misleading..."To continue working with the therapist regarding work issues". This statement is misleading in that it reflects that I'm only working through employment issues that were initially presented to you. The fact to the matter is, I'm still experiencing problems at work that has a negative impact in all aspects of my life – having the agency to continue marginalizing, devaluing and now discredit me; having the agency to continue committing illegal against me; allowing staff members to report claims against me, but when I'm requesting assistance of management to address these concerns, I'm employment is threatened and I'm being bullied – which it has gotten so bad that twice, when the employee that made the uncomfortable claim against me, was observed in the break room alone, I immediately walked out because I fearful of additional false claims that she may make against me; my inability to advocate on behalf of the clients due to the fear of being penalize – one client is now homeless and another client, from another CAMHC program, I had to request permission to document interventions demonstrate to the client the importance of receiving his injection as prescribed; being extremely exhausted, physically and mentally every day which has affected my ability to perform my work duties and if it wasn't for my extremely low caseload, I know that I wouldn't be effective in providing quality services to the clients; I'm starting again crying every day now; being fearful of being terminated because I just don't know what this agency will come up with next to penalize me for something I didn't do; surely my mental health is paramount, but if AI lose my job, I just might lose my home and no telling what I would do. Certainly losing my home will affect my mental health. Since living in my home, I never been

25

late or missed a payment. In addition, I support a lot of family members in my home – my mother, my oldest sister and her two children, and my youngest sister. Mr. Helms, I've already discussed the aforementioned with the therapist, but again the correct statement should be reflected on the paperwork..."I'm still having problems at work". Please forgive me if I've offended you in any manner.

Question: Can your agency extend the number of sessions with the current therapist?

Thanks,

Harry E. Reese Sr.

MHP

Impact

2715 Colonial Drive, Bldg. 200A

Columbia, SC 29203

(803) 898-8131

Fax: (803) 898-4374

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Harry Reese

From: Harry Reese
Sent: Monday, November 03, 2014 9:00 AM
To: Vickie Brown
Subject: FMLA Form
Importance: High

Hello Ms. Brown:

Please provide me with a copy of Scott Medical Administrative/Scott Psychiatric Institute's completed FMLA form. During my October 1st doctor's appointment, Dr. Kirkland assured me that he would submit the form to the agency.

Thanks,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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11/3/14
10:52 a.m. Ms. Brown
called via Edmonds
line; unable to report
to add son line w/ a
cit (w/5); Brown
left voice message
requesting call back

11:20 a.m. Refused call;
Brown states "We
have not received
anything" and inquired
of possible sending
locations. That the
provider could have
possibly sent
the form.

Harry Reese

From: Helms, Donald <Dhelms@SCVRD.STATE.SC.US>
Sent: Monday, November 24, 2014 11:02 AM
To: Harry Reese
Subject: RE: Harry Reese Concerns & Assisatnce

Harry,

I can release those records to you, there is a form you will have to sign for us to do that. Let me know when you want to stop by and do that. Either myself or Whitney Starks can complete the form.

Thanks, Don Helms

From: Harry Reese [mailto:HER08@SCDMH.ORG]
Sent: Monday, November 24, 2014 8:42 AM
To: Helms, Donald
Subject: RE: Harry Reese Concerns & Assisatnce

Dear Mr. Helms:

I truly don't mean to offend you; however, after reviewing the State Accident Fund's file that they will present to the Worker's Compensation Commission to deny my claim, I discovered a number of inconsistencies and inaccuracies within other professionals' documentation. Since you were the initial professional that diagnosed, deduced, concluded, etc. etc., etc. that my mental anguish stemmed from work related stress of which you provided me with a referral for Scott's Medical, I'm respectfully requesting a copy of my medical record from your office. Please, if possible, have the medical record prepared by the end of the day.

Respectfully,
Harry E. Reese Sr.
MHP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131
Fax: (803) 898- 4374

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28

From: Harry Reese
Sent: Tuesday, October 28, 2014 5:11 PM
To: dhelms@scvrd.state.sc.us
Subject: Harry Reese Concerns & Assisatnce
Importance: High

Dear Mr. Helms:

I want to personally thank you for your assistance within receiving the essential mental health services of which I'm currently receiving and desperately need to continue; however, I do have a concern regarding today's visit with you.

On today, you requested that I complete a form of which you provided in reference to closing my case. The response that I initially placed on the form which currently reflects my current status was..."I'm still having problems at work", you state was inappropriate and requested that I completed another form stating that my response should be confidential and worked out with the therapist. I complied with your request and provided an alternate statement, but misleading..."To continue working with the therapist regarding work issues". This statement is misleading in that it reflects that I'm only working through employment issues that were initially presented to you. The fact to the matter is, I'm still experiencing problems at work that has a negative impact in all aspects of my life – having the agency to continue marginalizing, devaluing and now discredit me; having the agency to continue committing illegal against me; allowing staff members to report claims against me, but when I'm requesting assistance of management to address these concerns, I'm employment is threatened and I'm being bullied – which it has gotten so bad that twice, when the employee that made the uncomfortable claim against me, was observed in the break room alone, I immediately walked out because I fearful of additional false claims that she may make against me; my inability to advocate on behalf of the clients due to the fear of being penalize – one client is now homeless and another client, from another CAMHC program, I had to request permission to document interventions demonstrate to the client the importance of receiving his injection as prescribed; being extremely exhausted, physically and mentally every day which has affected my ability to perform my work duties and if it wasn't for my extremely low caseload, I know that I wouldn't be effective in providing quality services to the clients; I'm starting again crying every day now; being fearful of being terminated because I just don't know what this agency will come up with next to penalize me for something I didn't do; surely my mental health is paramount, but if AI lose my job, I just might lose my home and no telling what I would do. Certainly losing my home will affect my mental health. Since living in my home, I never been late or missed a payment. In addition, I support a lot of family members in my home – my mother, my oldest sister and her two children, and my youngest sister. Mr. Helms, I've already discussed the aforementioned with the therapist, but again the correct statement should be reflected on the paperwork..."I'm still having problems at work". Please forgive me if I've offended you in any manner.

Question: Can your agency extend the number of sessions with the current therapist?

Thanks,

Harry E. Reese Sr.

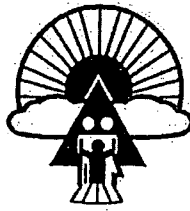
HP
Impact
2715 Colonial Drive, Bldg. 200A
Columbia, SC 29203
(803) 898-8131

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30



Scott Medical Administrative, LLC

James R. Kirkland, MD, Medical Director
Dumetz Rashad Scott, MD
Thornton S. McKinney, Jr., MD
Carol Anderson, LISW, CP

P.O. Box 8462
1919 Gadsden Street
Columbia, South Carolina 29201
Phone: (803) 779-5356 (24 hrs.) Fax: (803) 779-2135
scottmedicalassc@yahoo.com
H. Randolph Scott II, MD, Founder

Mary L. Green, Practice Manager
Angeljoy Vega, Administrative Staff

Treatment For:

Depression
Anxiety Disorders
Abuse Survivors
Adolescent Issues
Adjustment Disorders
Alternative lifestyles
Anger Management
Assertiveness
Behavioral Problems
Blended Families
Conflict Resolution/Meditation
Crisis Issues
Divorce Issues
Domestic Violence
Ethnicity/Minority Issues
Family of Origin Issues
Grief and Loss
Parenting Issues
Relationship Problems
School Problems
Sexual Abuse
Separation Issues
Stress Management
Trauma/PTSD
Women Issues

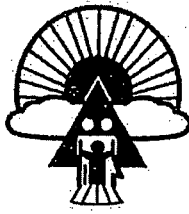
To whom it may concern:

Date: December 17, 2014

Re: Harry Reese
DOB: 10/01/1967

It is my clinical opinion that Mr. Reese's anxiety and depression is directly caused by events that occurred at his job.

James R. Kirkland, MD
Treating psychiatrist



Scott Medical Administrative, LLC

James R. Kirkland, MD, Medical Director
Dumetz Rashad Scott, MD
Thornton S. McKinney, Jr., MD
Carol Anderson, LISW, CP

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Grief and Loss
Parenting Issues
Relationship Problems
School Problems
Sexual Abuse
Separation Issues
Stress Management
Trauma/PTSD
Women Issues

Scott Medical
Correction of Medical Record
Clinical Assessment conducted: 7/1/14
Correction Date: 12/2/14

Clinical addendum/correction for Harry Reese MR# 7908 as follows: Clinician documented Mr. Reese began treatment and medication for depression and anxiety in 2011. Mr. Reese began experiencing work related symptoms of depression and anxiety in 2010 with a peak in stressors related to investigation of his conduct and his complaints of harassment in 2012. This pattern continued and Mr. Reese sought treatment in 2013 and was hospitalized at that time. Medications began during that hospitalization in 2013.

Clinician: Carol E. O. Anderson, LISW-CP
Entered into clinical record: 12/2/14
Copy provided to client: 12/2/14

Clinician Signature: *Carol E. O. Anderson* LISW-CP 12/2/14

Client Signature: *[Signature]*

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November 26, 2014

8408 Little John Drive
Columbia, SC 29209

Scott Medical Administrative
Ms. Carol Anderson, LISW
1919 Gadsden Street
Columbia, SC 29202

Re: Inaccurate Information

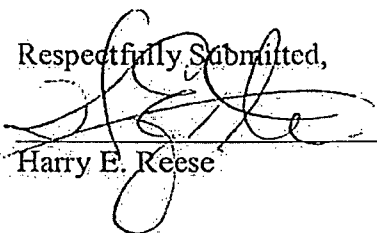
Dear Ms. Anderson:

Upon reviewing documentation that Scott Medical Administrative (SMA) staff provided to the State Accident Fund (SAF) staff, I've discovered inaccurate information. On SMA's "Adult Assessment" form on page 1, you documented that I started taking psychiatric medication in 2011. On page 4 of the same form, you documented that... "Has been under psychiatric care since 2011". Ms. Anderson, both accounts reflected on the assessment form is incorrect. I **"NEVER"** shared with any professional that I received psychiatric services and medications in 2011 – because I didn't. I only started receiving psychiatric services in 2013 which included psychiatric medications via my primary care doctor providing me with psychiatric medications and a referral to Palmetto Behavioral Healthcare (PBH). While receiving psychiatric care at PBH, Dr. Thornton McKinney prescribed psychiatric medications.

Ms. Anderson, based on the fact that I only started receiving psychiatric services along with medications in 2013 and not 2011 as you documented which I truly believe you've merely made a clerical error, I'm requesting that you review my medical records with SMA and make the corrections to reflect accurate information. If your records reflect that I informed you that I started receiving psychiatric services in 2011, please provide me with the doctor's name that I would have provided if this was true. After you've researched my medical records, please provide me with a written correspondence either outlining the corrections or the doctor's name that you stated that I received services from during that period. I've contacted my insurance provider and they've informed me that they have no records of me receiving mental health services in 2011 and have encouraged me to contact the provider that documented this claim.

Ms. Anderson, please provide me with a copy of the medical report that the SMA staff provided to the SAF staff. If possible, may I **"please"** receive the requested information before the end of the work day. You may contact me at (803) 898-8131 or (803) 422-8173 when the documents are prepared and I will immediately visit your office to receive the requested information. Finally, I've emailed this correspondence along with page 1&4 of your completed SMA's assessment form to the following email address: scottmedicalassc@yahoo.com.

Respectfully Submitted,


Harry E. Reese

Name: Phany Rose

Date: 7/1/14

Climician initials:

Adult Assessment

Client Name: Harry Reese		DOB: 10/11/67		Age: 44	Female	Male	Ethnicity: AA	Marital Status:
Today's Date: 7/1/14		Occupation: DMH - Cda. Nre. MH Culture: AA Chief Complaint: Depressed, anxious, voice shaky, diff. sleeping, dived in going in to etc. Job terminated, "hated" & confused about why things are cont. to accide. @ work. He retired diff. concentration & nervous and becoming & anxious. He believes he treats differently from colleagues & believe has a good worker. "He has observed & the other to the point non-physiognomy he began to look nervous & a bit apprehensive for nothing & argument. He's looking Psychiatric History: (include previous inpatient/outpatient treatment, dx, and how/why treatment ended) 5013 Pst Hal Hosp. 2010 Dep began. All medication.						
Medical History: Diabetes, HTN, High cholesterol		* This is all note						

C H		C H		C H	
☐	No physical sx/problems	☐	Pulmonary:	☐	Surgeries:
☐	Immunological:	☐	Cardiac:	☐	
☐	Hematological:	☐	GI:	☐	Allergies:
☐	Musculoskeletal:	☐	Liver:	☐	Other:
☐	Neurological:	☐	Urology/Nephrology:	☐	Females : Pregnant
☐	Headaches/Migraines:	☐	Pancreas:	☐	# Pregnancies
☐	Eyes/Ears:	☐	Reproductive:	☐	# Abortions/MCs
☐	Thyroid:	☐	STDs:	☐	# Children

Adverse reactions to medications:

Primary Care Physician:

Family Psychiatrist: Dr. Danon & Church, Jan. 2014
Family Psychiatrist: M. G. Gaudin, M.D., M. Gaudin, M.D.

Current Medications:

Pravastatin Sodium Yang Miacardis Bang

Pertinent Developmental/Social History: Cf to the 3rd y6 children file in a previous case. At his last contact 2 yrs old but when he started did in 2010. Then moved in c him. Cf to MSW
is works as a Clinical Counselor at Columbia Ave JH. He has 2 adult sons ages 22 & 21. His
former sister-in-law has 2 children currently live c him since 2012 respectively. Who lives c DMH
since 2008 but began having conflict c another DMH employee in 2010. Also improved for ~1 yr when he
moved to another area. After, in 2012 he moved to some facility c some family c conflict resumed. In 2013 the
depression associated w the next to partial hospitalization program w had been under psychiatric
care since 2011. (He now shared a family unit w happening @ while. His last occurred after IPA initiation
investigation - The team investigated for HIPAA violation as well as finding a dual relationship.
It changed paid work in January & also acknowledged by each 2 meetings @ weeks. He no
more living EOE to suit counseling.

20. Insight/ Adjustment to Problems/Illness. Disabilities. Disorders	☒ Denies Problems/Illness ☒ Blames others ☐ Minimizes ☐ Acknowledges and understands ☐ Acknowledges but fails to understand ☐ Adjustment Good ☐ Adjustment Fair ☒ Adjustment Poor Comments: Currently views probs. as others targeting him & work or supporting the person he believes is targeting him.
21. Memory	☒ Intact ☐ Poor remote ☐ Poor recent ☐ Poor immediate ☐ Memory gaps ☐ Subjective memory change: Presidents x 5 <u>0.8/0.8</u> Lamp, Red, ball <u>0.3</u> Time to recall: <u>5.3-3 mins.</u> Comment:
22. Concentration/ Calculations	☒ Able to concentrate during interview: DLROW <u>5/5</u> 93, 86, 79, 72, 65: <u>5/5</u> ☐ Easily distracted ☐ Daydreams ☐ Poor concentration Comment:
23. Fund of Knowledge	☒ Proverb—grass is greener ☒ Apples/oranges ☒ \$1.25 nickels (25) ☒ \$1.00 quarters ☐ Above average ☒ Average ☐ Below Average ☐ Needs further evaluation Comments:

Sleep Patterns	Appetite/Eating Patterns	Energy Levels	Libido
☐ Adequate ☐ Hypersomnia ☒ Initial Insomnia ☐ Nightmares ☐ Middle Insomnia ☐ Parasomnia ☐ Terminal Insomnia ☐ Decreased need ☐ Daytime sleepiness ☐ Other	☐ Adequate ☐ Purges ☐ Increased ☐ Binges ☒ Decreased ☐ Restricts ☐ Weight Changes: _____ lbs	☐ Adequate ☐ Increased ☒ Decreased ☐ Fatigue ☐ Rapid cycle	☐ Adequate ☐ Increased ☒ Decreased ☐ Absent

Steps Taken to Address Urgent Needs: None at this time

Strengths (family, social, spiritual support, hobbies, and attitudes that have helped overcome past crises) <u>employed, advanced degree, close family, faith, mild compliant</u>	Needs (CI's expression of current emotional, physical, social and environmental needs) <u>social support, stress & tasks, clarify employment goals & expectations of employee & agency</u>
Abilities (CI's ability to follow up with treatment, understand instructions and participate in treatment) <u>fair</u>	Preferences (appt. day/times, treatment modalities, etc.) <u>none given</u>

Diagnostic Impression

Axis I: MD D/O Mod, Anx D/O NOS

Axis II: Depressed

Axis III: HTN, Diabetes

Current levels of cognitive, emotional and behavioral functioning: CI at 10/14, 57m - 17m, intact, & SE, & HE, & psychosis, denies SA. Difficulties - and & anxiety - she says voice & hearing. 3 times. Offt has presented for > 1 year. & insomnia & appetite, & libido & energy. & withdrawal, & feelings of hopelessness & helplessness. & feels "persecuted" & work & believes he is no longer desired as an employee. & has requested info to the & with Director @ various times. That if he did not have prog. & has been under psychiatric care since 2011.

Basis for Diagnosis and justification for treatment: Currently with criteria for MD D/O Mod. & Anx D/O NOS

Clinical judgment re: factors likely to affect course of treatment and clinical outcomes: & familiar & stress & mood mg tasks. Distress is significant & has been prolonged. Close 20 of goals will be key to & stabilization

Name: Harry Resae

Date: 7/1/14

Clinician Initials: CZC

A

SCOTT PSYCHIATRIC INSTITUTE

H. Randolph Scott, M.D. Founder

Phone: (803) 779-5356 (24hr)
Fax: (803) 779-2135

1919 Gadsden Street
PO Box 8462
Columbia, South Carolina

James Kirkland, M.D. Medical Director
Jerome Hanley, PhD ABPP
Mary L. Green, MSW, Office Administrator
Emma L. Robinson, Secretary

PSYCHIATRIC EVALUATION

PATIENT NAME: Harry Reese

DATE: August 11, 2014

CHIEF COMPLAINT: Evaluation for medication

HISTORY OF THE PRESENT ILLNESS:

The patient is a 46-year-old black male referred by Carol Anderson. His psychiatric symptoms started in 2010 due to some work issues. His primary physician Dr. Gary Bell referred him to the partial program at Palmetto Baptist last year. Dr. McKinney treated him there last December. He was then in counseling with Donna Upchurch. After another incident at work he was referred to Ms. Anderson. He has had three sessions with Ms. Anderson who noticed that his condition was deteriorating. Patient has had difficulty falling asleep and staying asleep. He falls asleep at work. He also has crying spells, decreased libido and irritability. He is tired most of the time. Stress has elevated his glucose up to 500. He has tachycardia. There were several accusations at work that could not be substantiated. There have been several attempts to get the issues resolved with a personal attorney. Patient has not taken psychiatric medication since last year. He was suspended for three weeks. He knows he will eventually be terminated.

PAST PSYCHIATRIC HISTORY: As per HPI

FAMILY HISTORY: Patient's nephew was diagnosed with schizophrenia. An aunt has panic attacks.

SOCIAL HISTORY:

Patient is a mental health professional/counselor at the Department of Mental Health. He has worked for the Department of Mental Health for eight years. He was a case manager at Head Start prior to that. He has a Masters of social work degree. No substance abuse.

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SB

Harry Reese pg 2

MEDICAL HISTORY:

Patient has asthma, diabetes mellitus type II, hypertension and hyperlipidemia.

ALLERGIES AND ADVERSE REACTION: lisinopril - tingling in face

CURRENT MEDICATION:

Patient takes Glucophage bid, Invokana bid and Micardis qd. He does not know the dosage of any of these medications. He also takes a weekly injection for diabetes but does not know the name of that medication.

MENTAL STATUS EXAMINATION:

Patient is alert and fully oriented. Mood - not happy, depressed. Affect - limited range, tearful at times. He recalls recent and remote events. Concentration, insight and judgment are good. There are no suicidal or homicidal ideations. There are no psychotic symptoms.

DIAGNOSTIC IMPRESSION:

AXIS I: Adjustment disorder with mixed anxiety and depressed mood

AXIS II: Deferred

AXIS III: HTN, DM II, hyperlipidemia, asthma

AXIS IV: Employment

AXIS V: GAF 55

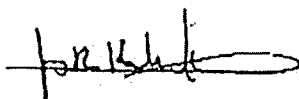
TREATMENT PLAN:

Lexapro 10mg 1/2 tablet hs X 1 week then 1 tablet hs #30 NR

Lamictal 25mg 1 tablet hs X 14 nights then 2 tablets hs #42 NR

Patient is to remain out of work until 8-25-14 to allow the medications to take effect.

Follow up 1 month



James R. Kirkland, M.D.

37

(C)

Adult Assessment

Client Name: <u>Harry Reese</u>		Today's Date: <u>7/1/14</u>	
DOB: <u>10/11/67</u>	Age: <u>46</u>	Female ☒ Male ☐	Ethnicity: <u>AA</u>
Occupation: <u>DMH - Colo. Area MH</u>		Culture: <u>AA</u>	
Marital Status:			
Chief Complaint: <u>Depressed, anxious, voice shaking, diff. sleeping, dread of going in to ofc. Feels trapped, "persecuted," "targeted" & confused about why things are cont. to "escalate" @ work. He's noticed diff. concentrating & worries are becoming more intrusive. He believes he's treated differently from colleagues. He believes he's a good worker. He has devoted little atten. to his private non-profit agency he began to link services & a risk with for housing & support. He's isolated & helpless</u>			
Psychiatric History: (include previous inpatient/outpatient treatment, dx. and how/why treatment ended.) <u>2013 Partial Hosp. 2010 Dep begins 2011 medication</u>			

Medical History: <u>Diabetes, HTN, high cholesterol</u>

C	H	C	H	C	H
☐	☐	No physical sx/problems	☐	☐	Pulmonary:
☐	☐	Immunological:	☐	☐	Cardiac:
☐	☐	Hematological:	☐	☐	GI:
☐	☐	Musculoskeletal:	☐	☐	Liver:
☐	☐	Neurological:	☐	☐	Urology/Nephrology:
☐	☐	Headaches/Migraines:	☐	☐	Pancreas:
☐	☐	Eyes/Ears:	☐	☐	Reproductive:
☐	☐	Thyroid:	☐	☐	STDs:
				☐	Surgeries:
				☐	Allergies:
				☐	Other:
				☐	Females: Pregnant
				☐	# Pregnancies
				☐	# Abortions/MCs
				☐	# Children

Current Medications: <u>Pravastatin Sodium 40mg Micardis 80mg</u>

Adverse reactions to medications:

Primary Care Physician:

Psychiatrist: Dr. Donna L. Schuchert Jan. 2014

Family Psychiatric/Medical History: Mom - diabetes, M. Grandma Diabetes

Pertinent Developmental/Social History: He is the 3rd of 6 children & he is a fraternal twin. He has little contact w/ his Dad but when his stepdad died in 2012, Mom moved in & him. He is a MSW & works as a Clinical Counselor for Columbia Area MH. He has 2 adult sons ages 22 & 21. His Mom, older sister & her 2 children currently live w/ him since 2012 & 2013 respectively. He's been w/ DMH since 2008 but began having conflict w/ another DMH employee in 2010. This improved for a while when he moved to another area & bldg. In 2012 he moved to same bldg & conflict resumed. In 2013, his depression escalated & he went to partial hospitalization program & has been under psychiatric care since 2011. He has not shared w/ family what is happening @ work. He's been accused of HIPAA violations, insubordination & has been investigated for HIPAA violation as well as having a dual relationship. He changed psychiatrists in January & feels overwhelmed by lack of resolution @ work. He is now using EAP to seek counseling.

Name: Harry Reese

Date: 7/1/14

Clinician Initials: CRR

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4
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20. Insight/ Adjustment to Problems/Illness. Disabilities. Disorders	☒ Denies Problems/Illness ☒ Blames others ☐ Minimizes ☐ Acknowledges and understands ☐ Acknowledges but fails to understand ☐ Adjustment Good ☐ Adjustment Fair ☒ Adjustment Poor Comments: Currently views probs. as others targeting him & work or supporting the person he believes is targeting him.
21. Memory	☒ Intact ☐ Poor remote ☐ Poor recent ☐ Poor immediate ☐ Memory gaps ☐ Subjective memory change: Presidents x 5 <u>0.1-0.2</u> Lamp, Red, ball <u>0.3</u> Time to recall: <u>5.3-5</u> mins. Comment:
22. Concentration/ Calculations	☒ Able to concentrate during interview: DLROW <u>55</u> 93, 86, 79, 72, 65: <u>55</u> ☐ Easily distracted ☐ Daydreams ☐ Poor concentration Comment:
23. Fund of Knowledge	☒ Proverb—grass is greener ☒ Apples/oranges ☒ \$1.25 nickels (25) ☒ \$1.00 quarters ☐ Above average ☒ Average ☐ Below Average ☐ Needs further evaluation Comments:

Sleep Patterns	Appetite/Eating Patterns	Energy Levels	Libido
☐ Adequate ☐ Hypersomnia ☒ Initial Insomnia ☐ Nightmares ☐ Middle Insomnia ☐ Parasomnia ☐ Terminal Insomnia ☐ Decreased need ☐ Daytime sleepiness ☐ Other	☐ Adequate ☐ Purges ☐ Increased ☐ Binges ☒ Decreased ☐ Restricts ☐ Weight Changes: ___ lbs	☐ Adequate ☐ Increased ☒ Decreased ☐ Fatigue ☐ Rapid cycle	☐ Adequate ☐ Increased ☐ Decreased ☒ Absent

Steps Taken to Address Urgent Needs: None at this time

Strengths (family, social, spiritual support, hobbies and attitudes that have helped overcome past crises) <u>employed, advanced degree, close family, faith, med compliant</u>	Needs (CI's expression of current emotional, physical, social and environmental needs) <u>↑ social support, stress & tech, clarify employment goals & expectations of employee & agency</u>

Abilities (CI's ability to follow up with treatment, understand instructions and participate in treatment) <u>fair</u>	Preferences (appt. day/times, treatment modalities, etc.) <u>none given</u>

Diagnostic Impression

Axis I:	<u>MD D/O Med, Anx D/O NS</u>
Axis II:	<u>Delus</u>
Axis III:	<u>HTN, Diabetes</u>

Current levels of cognitive, emotional and behavioral functioning: CI at 10/14, STM & LTM intact, PSL, OHI, psychosis, denies SPT. Dysphoria - sad & anxious - shaky voice & trembling @ times. Offt has persisted for 7 hrs. & insomnia & appetite, p libido & energy & withdrawal & feelings of helplessness & helplessness. CI feels "persecuted" @ work & believes he is no longer desired as an employee. CI has requested mtg to HR & DMH Director @ various times. That scheduled mtg has prog. & has been under psychiatric care since 2011

Basis for Diagnosis and justification for treatment: Currently mtg criteria for MD D/O Med. & Anx D/O NS

Clinical judgment re: factors likely to affect course of treatment and clinical outcomes: CI familiar & stressed & med mtg tech. Distress is significant & has been prolonged. Clear ID of goals will be key to CI stabilization

Name: Harry Reese

Date: 7/11/14

Clinician Initials: CZC

E

Treatment Plan/Recommendations: Recommend <u>9</u> counseling sessions.	
① Stress & teach + mood mgf. exercises	
② Social supports	
③ CBT to address conflicts + employment goals	
Referrals	☒ None ☐ Yes:
Ct agrees to tx plan	☒ Yes ☐ No
Discussed w/ Ct. side effects/benefits of medication	☐ Yes ☒ No ☐ N/A
Ct/guardian gives informed consent	☒ Yes ☐ No ☐ N/A
Next scheduled appt:	<u>Next available</u>
Signature: <u>Carol Williams, LSW</u>	Time: <u>6:00 PM</u> Date: <u>7/1/14</u>

Name:

Date:

Clinician Initials:

Date: 9/24/2014 5:02:31 PM

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From: 8037792135

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(F)

Clinical Progress Note

Name: Harry Reese

Date: 7/17/14

Counseling Progress Narrative:

He took a vacation last wk to try to rest & work on his man problem.
Kept finding himself nodding off then waking up. At a retirement dinner for
coworkers. He caught himself saying "I'll be back & get ment wks." He struggling
to get out of bed, falling asleep in front of TV. He struggling he can't seem to help
himself & fears he'll leave his job in a lurch. Intense sense of dread re: work life
feels "frighted." He doesn't want to "pick up". Perceived effect of his cont. to enroll superiors. He says
he's the only one being motivated in the bldg. He says he "refuses" to "not depend himself"
against those he believes are making "false accusations". Perceived his desire
to cont. guessing upper mgmt. for responses vs moving forward to personal goals & progress
of each.

New Medications/Side Effects: Yes No If yes, describe: _____

Mental Status Exam: Sleep poor Appetite _____
 Thought Content: appropriate confused helpless hopeless worthless suicidal homicidal
hallucinations delusions overvalued paranoid ideation ideas of reference
magical obsessions phobias
 Thought Processes: appropriate illogical flight of ideas racing derailment circumstantial
concrete blocking disorganized fixed
 Mood: euthymic dysphoric elevated expansive irritable/angry
 Affect: constricted blunted flat apathetic tearful labile anxious
mood congruent mood incongruent
 Speech: normal monotone stuttering loud soft talkative slow pressured
 Appearance: neat casual poor hygiene unkempt disheveled bizarre
 Motor Activity: normal fidgety hyper slowed stereotyped repetitive
 Concentration: fair to interview easily distracted
 Memory: recent intact remote intact
 Assessment and Dx: _____

MD D10 Mnd, ANX D10 WDS - He very fearful and anxious - esp. upset when counselor
asked if his email to superiors were "taking the hard way" or "promoting his goals"
 Plan: 1) Focus on planning to meet LT goals 2) stress mgmt. while @ work
& plans to address home life - not sitting on couch all day.

Discharge planning/ follow up care discussed this visit: Yes No If yes, what was discussed? _____

Signature: Carroll Anderson, MSW-CR

Session Time: 60 mins

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Clinical Progress Note

Name: Harvey Reese

Date: 8/4/14

Counseling Progress Narrative:

It feels worse on some days than others. It feels "helpless" & "unable to fully advocate for
 it because doesn't feel able to disagree w/ doctors. It's not sleeping, shaking & crying daily.
 Repeating himself & signs red. "Frig. freeze off" then shakes himself. It's not always fully effective. @ work
 if he believes in it, he speaks @ work he can't "disagree" as about a diff. opinion. If
 it will be seen as "confrontation". Expressed concern b/c it isn't using available resources - like
 family support. Processed. Beliefs that he should be handling this better or should
 be able to relax & sleep. Concern re: it's deterioration discussed & it's willing
 to be seen by psychiatrist for med eval.

New Medications/Side Effects: Yes No If yes, describe: _____

Mental Status Exam: Sleep poor ↓ Appetite ↓
 Thought Content: appropriate confused helpless hopeless worthless suicidal homicidal
hallucinations delusions overvalued paranoid ideation ideas of reference
magical obsessions phobias
 Thought Processes: appropriate illogical flight of ideas racing derailment circumstantial
concrete blocking disorganized
 Mood: euthymic dysphoric elevated expansive irritable/angry
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 Speech: normal monotone stuttering loud soft talkative slow pressured
 Appearance: neat casual poor hygiene unkempt disheveled bizarre
 Motor Activity: normal fidgety hyper slowed stereotyped repetitive
 Concentration: fair to interview easily distracted
 Memory: recent intact remote intact

Assessment and Dx:

MD DID SF. Acute Stress Ho -
Very fearful, shaking legs back & forth & wiping face over & over while
squeezing head & rocking back & forth.

Plan: ① Refer for med eval w/ address sleep & mood. ② Discussed - rehospitalization
 if it doesn't stabilize by 1 wk. ③ Utilize support system & take lunch & breaks @ work
 to walk & calm self.

Discharge planning/ follow up care discussed this visit: Yes No If yes, what was discussed? _____

Signature: Carol Ann Miller, LSW-CP

Session Time: 10mins

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	0092
DESTINATION ADDRESS	97792135
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	11/25 22:53
USAGE T	01' 30
PGS.	4
RESULT	OK

fax

TO: Scott Medical/Ms. Anderson FROM: Harry Reese

FAX: (803) 779-2135 PAGE: 4

PHONE: (803) 779-5356 DATE: 11/26/2014

RE: Inaccuracies/Medical Records CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: Ms. Anderson, please see the attached documents. I truly need the requested changes and information ASAP.

Harry Reese

From: Harry Reese
Sent: Wednesday, November 26, 2014 9:53 AM
To: 'scottmedicalassc@yahoo.com'
Subject: Inaccuracies & Medical Records
Attachments: Reese SMA Assmt Form 11-26-14.pdf

Importance: High

November 26, 2014

8408 Little John Drive
Columbia, SC 29209

Scott Medical Administrative
Ms. Carol Anderson, LISW
1919 Gadsden Street
Columbia, SC 29202

Re: Inaccurate Information

Dear Ms. Anderson:

Upon reviewing documentation that Scott Medical Administrative (SMA) staff provided to the State Accident Fund (SAF) staff, I've discovered inaccurate information. On SMA's "Adult Assessment" form on page 1, you documented that I started taking psychiatric medication in 2011. On page 4 of the same form, you documented that... "Has been under psychiatric care since 2011". Ms. Anderson, both accounts reflected on the assessment form is incorrect. I **NEVER** shared with any professional that I received psychiatric services and medications in 2011 – because I didn't. I only started receiving psychiatric services in 2013 which included psychiatric medications via my primary care doctor providing me with psychiatric medications and a referral to Palmetto Behavioral Healthcare (PBH). While receiving psychiatric care at PBH, Dr. Thornton McKinney prescribed psychiatric medications.

Ms. Anderson, based on the fact that I only started receiving psychiatric services along with medications in 2013 and not 2011 as you documented which I truly believe you've merely made a clerical error, I'm requesting that you review my medical records with SMA and make the corrections to reflect accurate information. If your records reflect that I informed you that I started receiving psychiatric services in 2011, please provide me with the doctor's name that I would have provided if this was true. After you've researched my medical records, please provide me with a written correspondence either outlining the corrections or the doctor's name that you stated that I received services from during that period. I've contacted my insurance provider and they've informed me that they have no records of me receiving mental health services in 2011 and have encouraged me to contact the provider that documented this claim.

Ms. Anderson, please provide me with a copy of the medical report that the SMA staff provided to the SAF staff. If possible, may I **please** receive the requested information before the end of the work day. You may contact me at (803) 898-8131 or (803) 422-8173 when the documents are prepared and I will immediately visit your office to receive the requested information. Finally, I've emailed this correspondence along with page 1&4 of your completed SMA's assessment form to the following email address: scottmedicalassc@yahoo.com.

Respectfully Submitted,

Harry E. Reese

Thanks,

Harry E. Reese Sr.

MHP

Impact

2715 Colonial Drive, Bldg. 200A

Columbia, SC 29203

(803) 898-8131

Fax: (803) 898- 4374

PRIVACY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN SCDMH PATIENT OR OTHER INFORMATION, THAT IS PRIVATE AND PROTECTED FROM DISCLOSURE BY APPLICABLE FEDERAL AND/OR STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION CONTAINING WITHIN IT, IS STRICTLY PROHIBITED AND MAY SUBJECT THE VIOLATOR TO CIVIL AND/OR CRIMINAL PENALTIES. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, REPLY E-MAIL OR FAX USING THE PHONE NUMBER OR ADDRESS IDENTIFIED IN THIS COMMUNICATION AND DESTROY OR DELETE ALL COPIES OF THIS COMMUNICATION AND ALL ATTACHMENTS.



Scott Medical Administrative, LLC

James R. Kirkland, MD, Medical Director
Dumetz Rashad Scott, MD
Thornton S. McKinney, Jr., MD
Carol Anderson, LISW, CP
Wanda Nunn, LPC, Ed.S
Shirley Furtick, LISW, CP - AP

P.O. Box 8462
1919 Gadsden Street
Columbia, South Carolina 29201
Phone: (803) 779-5356 (24 hrs.) Fax: (803) 779-2135
scottmedicalassc@yahoo.com
H. Randolph Scott II, MD, Founder

Mary L. Green, Practice Manager
Shonda Williams, Administrative Staff

Treatment For:

Depression
Anxiety Disorders
Abuse Survivors
Adolescent Issues
Adjustment Disorders
Alternative lifestyles
Anger Management
Assertiveness
Behavioral Problems
Blended Families
Conflict Resolution/Meditation
Coping Issues
Divorce Issues
Domestic Violence
Ethnicity/Minority Issues
Family of Origin Issues
Grief and Loss
Parenting Issues
Relationship Problems
School Problems
Sexual Abuse
Separation Issues
Stress Management
Trauma/PTSD
Women Issues

To: Whom it may concern

Re: Harry Reese

I evaluated Mr. Reese in my office today. I have instructed him to stay out of work until 8/25/14.

James Kirkland, MD

Treating Psychiatrist

39



Scott Medical Administrative, LLC

James R. Kirkland, MD, Medical Director
Dumetz Rashad Scott, MD
Thornton S. McKinney, Jr., MD
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School Problems
Sexual Abuse
Separation Issues
Stress Management
Trauma/PTSD
Women Issues

To: Whom it may concern

Re: Harry Reese

I evaluated Mr. Reese in my office today. I have instructed him to stay out of work until he follows up with me on 09/02/14.

James Kirkland, MD

Treating Psychiatrist

40



James R. Kirkland, MD, Medical Director
Dumetz Rashad Scott, MD
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Grief and Loss
Parenting Issues
Relationship Problems
School Problems
Sexual Abuse
Separation Issues
Stress Management
Trauma/PTSD
Women Issues

To: Whom it may concern

Re: Harry Reese

I evaluated Mr. Reese in my office today. I have instructed him to stay out of work until he follows up with me on 09/30/14

James Kirkland, MD

Treating Psychiatrist



Scott Medical Administrative, LLC

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Relationship Problems
School Problems
Sexual Abuse
Separation Issues
Stress Management
Trauma/PTSD
Women Issues

To: Whom it may concern

Date: 10/01/2014

Re: Harry Reese

I evaluated Mr. Reese in my office today. I have instructed him that he can return to work on 10/06/14

James Kirkland, MD

Treating Psychiatrist

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Store #: 1286
Report Date: 03/30/2015

Walmart Connexus Pharmacy System
Walmart Pharmacy 10-1286
Medical Expense Summary
Pharmacy

Patient: REESE, HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of: 01/01/2009 To 03/30/2015

Wal-Mart Pharmacy, 7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number: 4216734 ID: BW5430575 NPI Number: 1982621132

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
01/03/2009	7331141	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 25.00 PAI
09/15/2008	2893717	00006-0575-61	1689640922	3			
01/03/2009	4503886	PHENTERMINE 37.5MG TAB	BELL, GARY BERNARD	30	30	0	\$ 28.84 PAI
07/10/2008	2893718	00603-5192-21	1689640922	3			
02/25/2009	7323680	PROVENTIL HFA AER	BELL, GARY BERNARD	7	30	0	\$ 40.00 MER
07/09/2008	2921832	00085-1132-01	1689640922	1			
* 02/28/2009	7331141	JANUMET 50-500MG TAB	BELL, GARY BERNARD	6	3	0	\$ 0.00
09/15/2008	2923316	00006-0575-61	1689640922	4			
03/03/2009	7331141	JANUMET 50-500MG TAB	BELL, GARY BERNARD	54	27	0	\$ 25.00 PAI
09/15/2008	2923317	00006-0575-61	1689640922	4			
03/25/2009	7363070	MELOXICAM 7.5MG TAB	SUBER, JAMES A	40	30	0	\$ 5.34
03/25/2009	2936653	54458-0965-10	1023105913	0			
04/02/2009	7331141	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 25.00 PAI
09/15/2008	2940957	00006-0575-61	1689640922	5			
5/03/2009	7331141	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 25.00 PAI
09/15/2008	2956037	00006-0575-61	1689640922	6			
06/01/2009	7331141	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 25.00 PAI
09/15/2008	2970187	00006-0575-61	1689640922	7			
06/10/2009	7375444	GLYB/METFORM	BELL, GARY BERNARD	180	90	0	\$ 30.00 MER
06/10/2009	2974515	2.5/500TAB	1689640922	0			
		00781-5171-01					
06/10/2009	7375446	LISINOPRIL 10MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/10/2009	2974516	54458-0997-10	1689640922	0			
06/10/2009	7375445	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00
06/10/2009	2974514	00093-7202-98	1689640922	0			
07/02/2009	7378905	AMOXICILLIN 250MG CAP	BROWN, CAROL DDS	28	14	0	\$ 4.00 MER
07/02/2009	2985283	00781-2020-05		0			
07/02/2009	7378906	IBUPROFEN 800MG TAB	BROWN, CAROL DDS	24	6	0	\$ 4.00 MER
07/02/2009	2985284	68645-0222-54		0			
07/09/2009	7380066	MetFORMIN 500MG TAB	BELL, GARY BERNARD	180	90	0	\$ 10.00 MER
07/09/2009	2989042	00781-5050-61	1689640922	0			
09/02/2009	7375445	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/10/2009	3015627	54458-0985-10	1689640922	1			
10/05/2009	7394192	PROVENTIL HFA AER	BELL, GARY BERNARD	7	25	0	\$ 40.00 MER
10/05/2009	3032654	00085-1132-01	1689640922	0			
11/06/2009	7399785	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 0.00 MER
09/17/2009	3049487	00597-0041-37	1689640922	0			
12/06/2009	7375445	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/10/2009	3064758	54458-0985-10	1689640922	2			
12/16/2009	7406369	CYCLOBENZAPR 10MG TAB	JONES, SCOT HEATH	12	4	0	\$ 4.00 MER
12/16/2009	3070139	00378-0751-93	1306804737	0			
12/16/2009	7406370	NAPROXEN 375MG TAB	JONES, SCOT HEATH	14	7	0	\$ 4.00 MER
12/16/2009	3070138	00093-0148-01	1306804737	0			
12/16/2009	2229754	OXYCOD/ACETAMI 5-	JONES, SCOT HEATH	24	3	0	\$ 10.00 MER
* 2/16/2009	3070137	500MG CAP	1306804737	0			
		00406-0532-01					
01/07/2010	7349393	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
01/09/2009	3081024	00006-0575-61	1689640922	0			

**PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.
WAL*MART STORES, INC.

Store #: 1286
Report Date: 03/30/2015

Walmart Connexus Pharmacy System
Wal-Mart Pharmacy 10-1286
Pharmacy Medical Expense Summary

Patient: REESE, HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

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NABP Number: 4216734 ID: BW5430575 NPI Number: 1982621132

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
01/07/2010	7399785	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
09/17/2009	3081022	00597-0041-37	1689640922	1			
03/06/2010	7375445	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/10/2009	3114512	54458-0985-10	1689640922	3			
03/22/2010	8826426	ONE TOUCH ULTRA BLUE	BELL, GARY BERNARD	100	30	0	\$ 9.00 PAI
03/22/2010	3123382	TEST STP	1689640922	0			
		53885-0245-10					
04/22/2010	7399785	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
09/17/2009	3140013	00597-0041-37	1689640922	2			
06/01/2010	7435293	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/01/2010	3160790	54458-0985-10	1689640922	0			
07/21/2010	7443714	HydroXYzine HCl 25MG	BELL, GARY BERNARD	30	7	0	\$ 9.00 MER
07/21/2010	3188461	TAB	1689640922	0			
		16714-0082-04					
07/21/2010	7443713	PREDNISONE 10MG 6-DAY	BELL, GARY BERNARD	21	6	0	\$ 4.00 MER
07/21/2010	3188460	PAK TAB	1689640922	0			
		00603-5338-15					
07/24/2010	7399785	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
09/17/2009	3189812	00597-0041-37	1689640922	3			
08/06/2010	7446370	HydroXYzine HCl 25MG	BELL, GARY BERNARD	50	12	0	\$ 9.00 MER
08/06/2010	3197323	TAB	1689640922	0			
		16714-0082-04					
08/23/2010	7448888	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 10.00 MER
08/23/2010	3206221	00006-0575-61	1689640922	0			
08/25/2010	7449266	PROTOPIC 0.1% OIN	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
08/25/2010	3206978	00469-5202-60	1689640922	0			
09/07/2010	7435293	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/01/2010	3213838	54458-0985-10	1689640922	1			
09/22/2010	7453597	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
09/20/2010	3223084	00597-0041-37	1689640922	0			
10/20/2010	7448888	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 10.00 MER
08/23/2010	3238103	00006-0575-61	1689640922	1			
11/18/2010	7453597	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
09/20/2010	3254403	00597-0041-37	1689640922	1			
12/15/2010	7435293	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/01/2010	3269597	54458-0985-10	1689640922	2			
12/18/2010	7448888	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 10.00 MER
08/23/2010	3271157	00006-0575-61	1689640922	2			
12/22/2010	7469986	METHYLPRED 4MG PAK	BELL, GARY BERNARD	21	6	0	\$ 4.00 MER
12/22/2010	3273328	00603-4593-15	1689640922	0			
12/23/2010	7470095	ELESTAT 0.05% DRO	BELL, GARY BERNARD	5	30	0	\$ 50.00 MER
12/23/2010	3273741	00023-9201-05	1689640922	0			
01/24/2011	7453597	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 PAI
09/20/2010	3290071	00597-0041-37	1689640922	2			
01/26/2011	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 10.00 MER
1/26/2011	3291563	00006-0575-61	1689640922	0			
03/13/2011	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 10.00 MER
01/26/2011	3319068	00006-0575-61	1689640922	1			
03/17/2011	7485852	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	30	30	0	\$ 4.00 MER

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 03/30/2015

Walmart Connexus Pharmacy System
Wal-Mart Pharmacy 10-1286
Medical Expense Summary
Pharmacy

atient: REESE, HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of: 01/01/2009 To 03/30/2015

Wal-Mart Pharmacy, 7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number: 4216734 ID: BW5430575 NPI Number: 1982621132

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
03/15/2011	3322145	54458-0985-10	1689640922	0			
03/29/2011	7487893	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00
03/28/2011	3328701	54458-0985-10	1689640922	0			
03/29/2011	7487894	PROVENTIL HFA AER	BELL, GARY BERNARD	7	19	0	\$ 50.00 MER
03/28/2011	3328710	00085-1132-01	1689640922	0			
04/11/2011	7490214	FEXOFENADINE 180MG	PERRICK, DAVID	30	30	0	\$ 9.00 MER
04/11/2011	3336411	TAB	1336255280	0			
		00093-7253-01					
04/15/2011	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 10.00 MER
01/26/2011	3339007	00006-0575-61	1689640922	2			
05/15/2011	7490214	FEXOFENADINE 180MG	PERRICK, DAVID	30	30	0	\$ 9.00 MER
04/11/2011	3354654	TAB	1336255280	1			
		00093-7253-01					
05/15/2011	7453597	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 PAI
9/20/2010	3354653	00597-0041-37	1689640922	3			
06/06/2011	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
01/26/2011	3365940	00006-0575-61	1689640922	3			
07/12/2011	7453597	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 PAI
09/20/2010	3385327	00597-0041-37	1689640922	4			
07/12/2011	7487893	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
03/28/2011	3385326	54458-0925-10	1689640922	1			
07/31/2011	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
01/26/2011	3395489	00006-0575-61	1689640922	4			
09/11/2011	7453597	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 PAI
09/20/2010	3418050	00597-0041-37	1689640922	5			
10/02/2011	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
01/26/2011	3429568	00006-0575-61	1689640922	5			
10/13/2011	7485852	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
03/15/2011	3436044	54458-0925-10	1689640922	1			
11/14/2011	7526522	MICARDIS 80MG TAB	BELL, GARY BERNARD	15	30	0	\$ 30.00 MER
11/14/2011	3453549	00597-0041-37	1689640922	0			
12/03/2011	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
01/26/2011	3464308	00006-0575-61	1689640922	6			
01/04/2012	8831875	ONE TOUCH ULTRA BLUE	BOLDEN, KELLY MICHELLE	100	50	0	\$ 18.00 MER
01/04/2012	3481530	TEST STP	1265616007	0			
		53885-0245-10					
01/04/2012	8831876	ONETOUCH DELICA LAN	BOLDEN, KELLY MICHELLE	100	50	0	\$ 11.78 MER
01/04/2012	3481503	33G MIS	1265616007	0			
		53885-0143-01					
01/15/2012	7526522	MICARDIS 80MG TAB	BELL, GARY BERNARD	15	30	0	\$ 30.00 MER
11/14/2011	3487892	00597-0041-37	1689640922	1			
01/17/2012	7537797	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	30	30	0	\$ 4.00 MER
01/17/2012	3488823	54458-0925-10	1689640922	0			
01/19/2012	7475619	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
01/26/2011	3490590	00006-0575-61	1689640922	7			
2/08/2012	7540537	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
02/01/2012	3497297	54458-0925-10	1689640922	0			
02/12/2012	7540536	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/01/2012	3504221	00597-0041-37	1689640922	0			

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WAL*MART STORES, INC.

Store #: 1286
Report Date: 03/30/2015

Walmart Connexus Pharmacy System
Walmart Pharmacy 10-1286
Medical Expense Summary
Pharmacy

atient: REESE, HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of: 01/01/2009 To 03/30/2015

Wal-Mart Pharmacy, 7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number: 4216734 ID: BW5430575 NPI Number: 1982621132

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
03/19/2012	7487894	PROVENTIL HFA AER	BELL, GARY BERNARD	7	19	0	\$ 50.00 MER
03/28/2011	3525333	00085-1132-01	1689640922	1			
04/15/2012	7540536	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/01/2012	3539974	00597-0041-37	1689640922	1			
05/03/2012	7557792	JANUMET 50-500MG TAB	BELL, GARY BERNARD	60	30	0	\$ 30.00 MER
05/03/2012	3550347	00006-0575-61	1689640922	0			
05/22/2012	7540537	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
02/01/2012	3560947	54458-0925-10	1689640922	1			
06/14/2012	7565377	GLYB/METFORM	BELL, GARY BERNARD	60	30	0	\$ 9.00 MER
06/14/2012	3574344	5/500MG TAB	1689640922	0			
		00093-5712-01					
06/14/2012	7565379	VENTOLIN HFA AER	BELL, GARY BERNARD	18	25	0	\$ 45.72 MER
06/14/2012	3574332	00173-0682-20	1689640922	0			30000118649376
06/23/2012	7540536	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/01/2012	3579046	00597-0041-37	1689640922	2			
08/19/2012	7540536	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/01/2012	3611162	00597-0041-37	1689640922	3			
08/19/2012	7540537	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
02/01/2012	3611163	54458-0925-10	1689640922	2			
09/23/2012	7565377	GLYB/METFORM	BELL, GARY BERNARD	60	30	0	\$ 9.00 MER
06/14/2012	3630551	5/500MG TAB	1689640922	1			
		00093-5712-01					
10/22/2012	7540536	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/01/2012	3646878	00597-0041-37	1689640922	4			
11/25/2012	7565377	GLYB/METFORM	BELL, GARY BERNARD	60	30	0	\$ 9.00 MER
06/14/2012	3665956	5/500MG TAB	1689640922	2			
		00093-5712-01					
11/25/2012	7540537	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
02/01/2012	3665957	54458-0925-10	1689640922	3			
12/23/2012	7540536	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/01/2012	3682842	00597-0041-37	1689640922	5			
12/28/2012	7565377	GLYB/METFORM	BELL, GARY BERNARD	60	30	0	\$ 9.00 MER
06/14/2012	3684962	5/500MG TAB	1689640922	3			
		00093-5712-01					
02/03/2013	7565377	GLYB/METFORM	BELL, GARY BERNARD	60	30	0	\$ 9.00 MER
06/14/2012	3706991	5/500MG TAB	1689640922	4			
		00093-5712-01					
02/11/2013	8835889	ONE TOUCH ULTRA BLUE	BELL, GARY BERNARD	200	90	0	\$ 27.00 MER
02/11/2013	3711711	TEST STP	1689640922	0			
		53885-0244-50					
02/11/2013	7608506	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
02/11/2013	3711685	54458-0925-10	1689640922	0			30000142822474
02/13/2013	7608507	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/11/2013	3713857	00597-0041-37	1689640922	0			
03/24/2013	7608508	GLYB/METFORM	BELL, GARY BERNARD	180	90	0	\$ 27.00 MER
2/11/2013	3737500	5/500MG TAB	1689640922	0			RKRFTMP
		00093-5712-01					
04/22/2013	7608507	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
02/11/2013	3754251	00597-0041-37	1689640922	1			7D9TEPQ

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WAL*MART STORES, INC.**

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Report Date: 03/30/2015

Walmart
Pharmacy
Connexus Pharmacy System
Wal-Mart Pharmacy 10-1286
Medical Expense Summary

Patient: REESE, HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

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Wal-Mart Pharmacy, 7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number: 4216734 ID: BW5430575 NPI Number: 1982621132

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
06/04/2013	7629493	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/04/2013	3779864	54458-0925-10	1689640922	0			30000152903119
07/05/2013	7634869	GLYB/METFORM	BELL, GARY BERNARD	180	90	0	\$ 27.00 MER
07/05/2013	3798450	5/500MG TAB	1689640922	0			U9MHKFX
		00093-5712-01					
08/31/2013	7644503	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
06/27/2013	3830661	00597-0041-37	1689640922	0			NNWNCHF
09/20/2013	7629493	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00 MER
06/04/2013	3842591	54458-0925-10	1689640922	1			NQMHNM9
09/24/2013	4542010	ALPRAZOLAM 0.5MG TAB	BELL, GARY BERNARD	50	25	0	\$ 9.00 MER
09/24/2013	3844943	00228-2029-50	1689640922	0			SAPE7CA
09/24/2013	7648671	CITALOPRAM 10MG TAB	BELL, GARY BERNARD	30	30	0	\$ 9.00 MER
09/24/2013	3844930	54458-0981-10	1689640922	0			0F9DW7H
09/28/2013	7649487	CITALOPRAM 20MG TAB	MCKINNEY, THORNTON	30	30	0	\$ 4.00 MER
9/27/2013	3847436	54458-0980-10	STERLING	0			30000163111940
			1871579573				
09/28/2013	7649486	TRAZODONE 50MG TAB	MCKINNEY, THORNTON	60	30	0	\$ 8.00 MER
09/27/2013	3847435	50111-0433-01	STERLING	0			30000163111891
			1871579573				
10/21/2013	7634869	GLYB/METFORM	BELL, GARY BERNARD	180	90	0	\$ 27.00 MER
07/05/2013	3860452	5/500MG TAB	1689640922	1			UL11QET
		00093-5712-01					
11/12/2013	7657649	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 MER
11/12/2013	3874497	5MG TAB	1689640922	0			5ENCKAC
		00093-7701-98					
11/17/2013	7644503	MICARDIS 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
06/27/2013	3877129	00597-0041-37	1689640922	1			77FHPPT
11/22/2013	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 30.00 MER
11/22/2013	3880158	50458-0141-30	1689640922	0			WWQ17RH
12/05/2013	7659487	BYDUREON 2MG VIAL INJ	BELL, GARY BERNARD	4	30	0	\$ 30.00 MER
11/22/2013	3887660	66780-0219-04	1689640922	0			9MLWNCW
12/05/2013	7661699	VENTOLIN HFA AER	BELL, GARY BERNARD	18	25	0	\$ 30.00 MER
12/05/2013	3887714	00173-0682-20	1689640922	0			21NNRRT
12/15/2013	7657649	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 MER
11/12/2013	3893735	5MG TAB	1689640922	1			FP9AC9H
		00093-7701-98					
01/01/2014	7629493	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 10.00
06/04/2013	3903109	54458-0925-10	1689640922	2			TB14010156DUT1
01/02/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 5.00 IRX
11/22/2013	3904679	50458-0141-30	1689640922	1			OA03V021023549
01/03/2014	7659487	BYDUREON 2MG VIAL INJ	BELL, GARY BERNARD	4	30	0	\$ 36.00 IRX
11/22/2013	3904914	66780-0219-04	1689640922	1			140036266547018999
01/14/2014	7657649	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
11/12/2013	3911840	5MG TAB	1689640922	2			140144040610039998
		00093-7701-98					
1/22/2014	7634873	GLYB/METFORM	BELL, GARY BERNARD	180	90	0	\$ 22.00 IRX
07/05/2013	3916563	5/500MG TAB	1689640922	0			
		00093-5712-01					
01/25/2014	7644503	TELMISARTAN 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX

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Walmart Connexus Pharmacy System
Wal-Mart Pharmacy 10-1286
Medical Expense Summary
Pharmacy

Patient: REESE, HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

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Wal-Mart Pharmacy, 7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number: 4216734 ID: BW5430575 NPI Number: 1982621132

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
06/27/2013	3918712	00591-3294-15	1689640922	2			140254138969004999
01/26/2014	7659487	BYDUREON 2MG VIAL INJ	BELL, GARY BERNARD	4	30	0	\$ 36.00 IRX
11/22/2013	3918899	66780-0219-04	1689640922	2			140263222074020998
01/28/2014	7671203	NEXIUM 40MG CAP	BELL, GARY BERNARD	30	30	0	\$ 36.00 IRX
01/28/2014	3920419	00186-5040-31	1689640922	0			140284564228008996
01/29/2014	7668798	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/15/2014	3923995	64764-0175-30	1689640922	0			OB03V001042870
02/11/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 5.00 IRX
11/22/2013	3929266	50458-0141-90	1689640922	2			OB14V002044719
02/11/2014	7657649	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
11/12/2013	3928569	5MG TAB	1689640922	3			140422356225026999
		00093-7701-98					
03/01/2014	7668798	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/15/2014	3940111	64764-0175-30	1689640922	1			OC01V001024465
03/04/2014	7659487	BYDUREON 2MG VIAL INJ	BELL, GARY BERNARD	4	30	0	\$ 36.00 IRX
11/22/2013	3941451	66780-0219-04	1689640922	3			140632376396011999
03/14/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 5.00 IRX
11/22/2013	3948707	50458-0141-90	1689640922	3			OC14V002037241
03/21/2014	7679564	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
03/17/2014	3952923	5MG TAB	1689640922	0			140806140525042999
		00093-7701-98					
03/30/2014	7668798	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/15/2014	3957802	64764-0175-30	1689640922	2			OC30V007002834
03/30/2014	7644503	TELMISARTAN 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
06/27/2013	3957803	00591-3294-15	1689640922	3			140893268843034999
04/07/2014	7629493	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 22.00 AAP
06/04/2013	3963086	54458-0925-10	1689640922	3			140972818675018998
04/08/2014	7659487	BYDUREON 2MG VIAL INJ	BELL, GARY BERNARD	4	30	0	\$ 36.00 IRX
11/22/2013	3963077	66780-0219-04	1689640922	4			140986744875004999
04/13/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 0.00 IRX
11/22/2013	3967197	50458-0141-90	1689640922	4			OD13V002002336
04/23/2014	7634873	GLYB/METFORM	BELL, GARY BERNARD	180	90	0	\$ 22.00 IRX
07/05/2013	3973683	5/500MG TAB	1689640922	1			141132294021030999
		00093-5712-01					
04/25/2014	7686188	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
04/22/2014	3975164	5MG TAB	1689640922	0			141152912360037999
		00093-7701-98					
05/19/2014	7668798	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/15/2014	3996431	64764-0175-30	1689640922	3			OE27V002047408
05/19/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 36.00 IRX
11/22/2013	3990843	50458-0141-90	1689640922	5			141391449743039998
05/29/2014	7693121	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 AAP
05/29/2014	3997508	5MG TAB	1689640922	0			141493721583046998
		00093-7701-98					
06/05/2014	7644503	TELMISARTAN 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
6/27/2013	4002570	00591-3294-15	1689640922	4			141562777079022999
06/29/2014	7693121	LEVOCETIRIZINE DHCL	BELL, GARY BERNARD	30	30	0	\$ 9.00 AAP
05/29/2014	4017481	5MG TAB	1689640922	1			141804007519017999
		00093-7701-98					

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WAL*MART STORES, INC.**

Store #: 1286
Report Date: 03/30/2015

Walmart Pharmacy
Connexus Pharmacy System
Wal-Mart Pharmacy 10-1286
Medical Expense Summary

atient: REESE, HARRY,
8408 LITTLE JOHN DR
COLUMBIA SC-29209

Birthdate: 10/01/1967

Below is a list of your Pharmacy Orders for the date range of: 01/01/2009 To 03/30/2015

Wal-Mart Pharmacy, 7520 GARNERS FERRY ROAD, COLUMBIA SC-29209
NABP Number: 4216734 ID: BW5430575 NPI Number: 1982621132

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
07/02/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 36.00 IRX
11/22/2013	4017483	50458-0141-90	1689640922	6			141835191781021999
07/06/2014	7668798	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/15/2014	4021921	64764-0175-30	1689640922	4			OG06V001003649
07/14/2014	7701193	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 22.00 IRX
07/14/2014	4027635	54458-0925-10	1689640922	0			141955865681023999
08/03/2014	7668798	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/15/2014	4039633	64764-0175-30	1689640922	5			OH03V002004783
08/03/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 36.00 IRX
11/22/2013	4039632	50458-0141-90	1689640922	7			142153532633029999
08/04/2014	7704620	GLYB/METFORM	BELL, GARY BERNARD	180	90	0	\$ 22.00 IRX
08/04/2014	4040097	5/500MG TAB 00093-5712-01	1689640922	0			142163629346038999
08/04/2014	7704621	TELMISARTAN 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
8/04/2014	4040100	00591-3294-15	1689640922	0			142163629903035999
08/11/2014	7705936	ESCITALOPRAM 10MG TAB	KIRKLAND, JAMES R	30	33	0	\$ 18.00 IRX
08/11/2014	4044747	68645-0448-70	1780600296	0			142235793266036999
08/11/2014	7705934	LAMOTRIGINE 25MG TAB	KIRKLAND, JAMES R	42	30	0	\$ 9.00 IRX
08/11/2014	4044744	00093-0039-01	1780600296	0			142235801454042999
08/26/2014	4548244	ZOLPIDEM 10MG TAB	KIRKLAND, JAMES R	30	30	0	\$ 9.00 IRX
08/26/2014	4053622	16714-0622-02	1780600296	0			142384591182014999
09/02/2014	7709632	ESCITALOPRAM 20MG TAB	KIRKLAND, JAMES R	30	30	0	\$ 9.00 AAP
09/02/2014	4057969	68645-0447-70	1780600296	0			142455934145031998
09/02/2014	7709629	LamotrIgine 100MG TAB	KIRKLAND, JAMES R	30	30	0	\$ 9.00 IRX
09/02/2014	4057932	00093-0463-01	1780600296	0			142455826768018999
09/02/2014	7709630	QUetiapine Fumarate 25MG	KIRKLAND, JAMES R	60	30	0	\$ 9.00 AAP
09/02/2014	4057968	TAB 00093-8161-01	1780600296	0			142455930217025998
09/05/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 36.00 IRX
11/22/2013	4060524	50458-0141-90	1689640922	8			142486729007006999
09/11/2014	7670236	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/22/2014	4065475	64764-0175-90	1689640922	0			30000196090700
09/27/2014	4548381	ZOLPIDEM 10MG TAB	KIRKLAND, JAMES R	30	30	0	\$ 9.00 AAP
09/02/2014	4074236	16714-0622-02	1780600296	0			142705188498003998
09/28/2014	7704621	TELMISARTAN 80MG TAB	BELL, GARY BERNARD	30	30	0	\$ 9.00 IRX
08/04/2014	4074456	00591-3294-15	1689640922	1			142714118981028999
10/01/2014	7715057	ESCITALOPRAM 20MG TAB	KIRKLAND, JAMES R	30	30	0	\$ 9.00 AAP
10/01/2014	4077049	68645-0447-70	1780600296	0			142746397780032997
10/01/2014	7715058	LamotrIgine 100MG TAB	KIRKLAND, JAMES R	30	30	0	\$ 9.00 IRX
10/01/2014	4077041	00093-0463-01	1780600296	0			142746217654012998
10/01/2014	7715056	QUetiapine Fumarate 25MG	KIRKLAND, JAMES R	60	30	0	\$ 9.00 AAP
10/01/2014	4077062	TAB 00093-2063-01	1780600296	0			142746386955026997
10/05/2014	7659492	INVOKANA 300MG TAB	BELL, GARY BERNARD	30	30	0	\$ 36.00 IRX
11/22/2013	4079170	50458-0141-30	1689640922	9			142783764337023999
01/14/2014	7670236	DEXILANT 60MG DR CAP	BELL, GARY BERNARD	30	30	0	\$ 20.00 IRX
01/22/2014	4085036	64764-0175-90	1689640922	1			30000199210649
10/14/2014	7701193	PRAVASTATIN 40MG TAB	BELL, GARY BERNARD	90	90	0	\$ 22.00 IRX
07/14/2014	4085037	54458-0925-10	1689640922	1			142875984027019999

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