

Public Input

Public input is critically valuable in understanding how effective, efficient, and accessible health and environmental services can be provided to South Carolinians. Between June 1 and August 30, 2021, the SHaPE SC Task Force requested written comments to be submitted via email to shapesc@dhec.sc.gov, and provided an online survey for those who wished to provide input anonymously. The survey asked three questions:

1. How is our state doing now when it comes to delivering health and environmental services?
 2. What are our state's greatest challenges to delivering effective, efficient, and accessible health and environmental services in the future?
 3. If you could improve one to three things about our state's health and environmental services, what would they be and how do you recommend they be implemented to best serve our residents?
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Public Input Received by the Task Force

- Survey Results
 - As of July 28
 - As of August 4
 - As of August 11
 - As of August 18
 - As of August 31
- Written comments
 - Emails to shapesc@dhec.sc.gov
 - Letter from Former South Carolina Health and Environmental Control Director Doug Bryant (July 26, 2021)
 - Memo to SHaPE SC Environmental Protection Subcommittee from Ken Rentiers, Deputy Director of SC Department of Natural Resources (July 13, 2021)

From: [Simensen, Erik](#)
To: [SHaPESC](#)
Subject: SHaPE SC Feedback
Date: Friday, June 4, 2021 7:42:26 AM

Establish and maintain advisory committees or similar mechanisms of senior officials from governmental and nongovernmental organizations involved in homeland security, health care, public health, EMS, and behavioral health to integrate efforts across jurisdictions and maximize the effectiveness of all available funding.

Erik J. Simensen
Healthcare Facilities Planner
Bureau of Public Health Preparedness
S.C. Dept. of Health & Environmental Control
Office: (803) 898-1252



L H MOOD [REDACTED]
Mon 6/14/2021 1:12 PM
To: SHaPESC



*** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. ***

I have just been informed that this is the address to use for input into the task force that is considering the proposed bill to distribute DHEC responsibilities for health and environment among several agencies.

As a 32-year, now retired, public health nurse serving in both health and environmental programs and on the Commissioner's staff, I have an abiding interest in sustaining and strengthening the link between health and environment in our state's infrastructure.

I served on an Institute of Medicine (IOM) Committee on The Future of Public Health (1988) and chaired an IOM Committee on Nursing, Health & Environment (1995). Both studies confirmed the interdependence of public health and environment and recommended stronger ties in preventing and addressing persistent problems.

This interdependence is, of course, central to public health science and the epidemiology triangle of agent/host/environment.

I hope it is not too late to get input into the most recent discussion of scattering public health and environmental responsibilities, a discussion that has been recurring over my career and lifetime. I realize that for many current legislators this may sound like a new idea. I believe the summer recess offers an opportunity to meet with them and give them sound information upon which to make a legislative decision.

DHEC implemented a similar strategy in the early days of the AIDS epidemic and it was very effective in preventive frivolous and uninformed bills from being introduced and using valuable resources to no good effect.

Thank you for any opportunity to get connected with current planning to address this organizational issue that will have a substantial impact on efforts to protect both health and environment. Actions to plan and carry out major reorganizations also carry a significant cost, and I believe that cost should be calculated up front and tracked throughout the process.

Thank you,
Lill Mood RN MPH
[REDACTED]

[Sent from AT&T Yahoo Mail on Android](#)



Flag for follow up. Start by 6/14/2021. Due by 6/14/2021.



Harrington, Steve M.

Mon 6/14/2021 8:47 AM

To: SHaPESC



Friends,

How do we expect to get a full view of DHEC and its mission and responsibilities with only one DHEC employee on each subcommittee?

If this committee is to determine the future of DHEC, the way it is structured and organized, there needs to be more input from the rank and file employees, not just senior leadership.

Thank you!

Sincerely,

Steve M. Harrington
Grants Administrator
Bureau of Public Health Preparedness

Sent from [Mail](#) for Windows 10

ACA

-  Flag for follow up.
-  You forwarded this message on Mon 6/21/2021 9:08 AM



Simensen, Erik
Wed 6/16/2021 9:53 AM
To: SHaPESC



Based on your assigned charge as a task force, are you advocating with the Governor's Office and the State Legislature to activate the Federal Affordable Care Act (Obama-care) and expand Medicaid to meet the healthcare needs of South Carolinians, as well as decrease the cost of indigent care incurred by healthcare providers, or are you working with those same leaders to significantly increase state funding so that our local health departments can expand its service array to fill those service gaps?

Erik J. Simensen
Healthcare Facilities Planner
Bureau of Public Health Preparedness
S.C. Dept. of Health & Environmental Control
Office: (803) 898-1252

[Reply](#) | [Forward](#)

Health and environment critical connection

JERRY GIMARC [REDACTED]

Mon 7/19/2021 6:31 PM

To: SHaPESC <SHaPESC@dhec.sc.gov>

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> We can see every day how human health is part of a comprehensive system that includes the natural and built environment, education and mental health, economic opportunities and resources. South Carolina has been farsighted in recognizing and appreciating how environmental protection is essential in improving our state's poor health status for different demographic groups. We must continue to build on this structure not destroy it.

>

> Jerry Dell Gimarc

>

>

> Sent from my iPad

From: Lester, Ashley <lesterta@dhec.sc.gov>
Sent: Tuesday, July 20, 2021 12:54 PM
To: SHaPESC <SHaPESC@dhec.sc.gov>
Subject: Request for Input

Good afternoon,

I submitted a survey, however I also wanted to email you. I think DHEC is doing the best they can in delivering health and environmental services to the people of this great state. However, while working in one of the region offices I noticed that a lot of the regional offices are severely understaffed. Being understaffed adds extra duties to people who are already being over worked and possibly not compensated for the extra work. I know right now of an office that handles 4 counties with onsite wastewater permitting and only has 2 inspectors. These inspectors are not only responsible for the applications, but finals, and complaints as well. Normally they retain over 100 applications at any given time so that is a lot on just 2 people. Also training. A lot of positions you have online classes, however I believe more on the job training would be highly beneficial, considering most people retain better by doing not by reading. Not only that, however, most classes will not cover little bits and pieces of the job that may not be known to someone not in the position. Hopefully, this helps. Have a wonderful day!!!

Thank you,

Tabitha "Ashley" Lester

Program Coordinator

**Compliance & Enforcement Division
Bureau of Land & Waste Management
S.C. Department of Health & Environmental Control
2600 Bull Street, Columbia SC 29201**

Office: (803) 898-0495

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)

Health Feedback

Phelps, Janet N. <phelpsxn@dhec.sc.gov>

Tue 7/20/2021 10:38 AM

To: SHaPESC <SHaPESC@dhec.sc.gov>

1. **Public Health clinics are closed too much therefore limiting accessibility.**
2. -Why are they being closed: (they were closed prior to COVID; this is an ongoing issue)
3. a. Staffing shortages. DHEC is unable to retain nurses. Nurses are leaving during their orientation periods or within 1 to 2 years. DHEC needs to address **nursing retention**. It takes at least 1 year to orient a PH nurse. I have also seen clinics closed d/t a missing admin.
4. b. Mass closings d/t training that takes several hours and the clinics are closed for days
5. c. Unorganized. Site supervisors that are not medical individuals are making health decisions about clinics.

2. **Communities are offering other options**
3. -Since the health departments are not keeping regular appointment hours; people are going elsewhere. If an individual is needing birth control, and the HD is not offering appointments either a pregnancy results or other options are found.

3. **DHEC has pushed services back to the community**
4. -Vaccine clinics are doing minimal children's vaccines due to easy access in the community. DHEC's clinics provide the missing school vaccines when the parents are out of compliance. There is **no marketing** for our vaccine program. Parents are not aware.

4. **Long wait times**
5. -I have seen individuals in the lobby for 2 hours with a baby. The answer I've been given for this is that too many people need to review the chart prior to the visit or someone went to lunch. **Where is our customer service?**

5. **Clinics and buildings are dirty**
6. -It's interesting that DHEC polices everyone else, but their own buildings are lacking. I recently had a TB contact investigation that involved school custodians. Several of these individuals asked if they could come and clean my office and clinic for me (specifically to wax my floors). I do realize that the counties own the buildings, and DHEC is responsible for daily cleaning.
7. -There are moldy ceiling tiles and live/dead roaches
8. **-Buildings are old, but they don't have to be dirty**

6. **Community partnerships need to be made and strengthened**
7. -Hep A and Syphilis are on the rise. There is not enough outreach to local jails and hospitals for screening and treatment. DHEC needs individuals that can provide marketing expertise to bridge these gaps. DHEC needs to attend county, city, and local

meetings and join organizations and participate in community events. If you want to increase your presence, you have to increase your outreach.

Janet Phelps RN

RN II

TB Case Manager Anderson Health Department

S.C. Dept. of Health & Environmental Control

Greenville Office (864) 372-3198

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Answer to survey question

Marc St John [REDACTED]

Tue 7/20/2021 7:23 PM

To: SHaPESC <SHaPESC@dhec.sc.gov>

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1) How are we doing?

Fair. The communication of covid cases was good as long as you had a computer/email. The communication of vaccine locations and when individuals could get them was poor. Lots of word of mouth and once again if you had computer skills you could get the needed info. The vaccine distribution was good. Health professionals were efficient and cordial. The National Guard helped provide logistics.

2) Challenges?

General lack of trust in government, no matter who the leaders were. We received our vaccines. But many who didn't stated they didn't trust the government. Recent polls show that the government and media will not convince the non-vaccinated to get the vaccine. Local Medical professionals and religious leaders should be utilized to higher degree.

Marc St. John

From: Mayra Frommelt [REDACTED]
Sent: Monday, July 26, 2021 12:58 PM
To: SHaPESC <SHaPESC@dhec.sc.gov>
Subject: FW: New Indy Containerboard Papermill

*** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. ***

Attention: Edward Simmer

From: Mayra Frommelt [REDACTED]
Date: Tuesday, July 20, 2021 at 10:20 PM
To: mcdonald.jason@epa.gov <mcdonald.jason@epa.gov>, dabneyad@dhec.sc.gov <dabneyad@dhec.sc.gov>, barrinv@dhec.sc.gov <barrinv@dhec.sc.gov>, bucknekk@dhec.sc.gov <bucknekk@dhec.sc.gov>, Kemper.Carol@epa.gov <Kemper.Carol@epa.gov>, Thompson, Rhonda <thompsrb@dhec.sc.gov>, regan.michael@epa.gov <regan.michael@epa.gov>, digaetano.laurie@epa.gov <digaetano.laurie@epa.gov>, DAN.MALLETT@NEW-INDYCB.COM <DAN.MALLETT@NEW-INDYCB.COM>, Richard.Hartman@NEW-INDYCB.COM <Richard.Hartman@NEW-INDYCB.COM>, reynolds@dhec.sc.gov <reynolds@dhec.sc.gov>, taylorlorn@dhec.sc.gov <taylorlorn@dhec.sc.gov>
Subject: New Indy Containerboard Papermill

Dear Mr. McDonald,

While I am aware that a lot of time and resources have been devoted to the New Indy Containerboard investigation, we cannot help but to feel less than satisfied with the current findings and the pace by which the said actions are happening.

We are frankly apprehensive about our future and the safety and quality of life as a result of the continued operation of the New Indy facility. We have concerns about the allowable levels of Hydrogen Sulfide (H₂S) at the fence line. It seems extremely generous to New Indy, but concerning to the residents. You must understand that those fence level readings just do not immediately dissipate after emissions cross the boundaries. As shown in the H₂S sampling results table (below) collected in late April, the concentrations are recklessly high. Presently, I live 1.8 miles from the southwestern edge of the plant. The average concentration levels may be acceptable on the premises of the facility where employees must wear special equipment, however, I'm concerned with those levels anywhere near the perimeter of the fence which would cause an average person to stagger or collapse in 5 minutes. Serious eye damage would occur in 30 minutes and in 60 minutes death would occur.

Besides the high concentration rates, we have further concerns that New Indy has a heavy dependency on 4 or 5 contracting firms that are said to be helping treat the Aerated Solid Basin and removing solids from the basins, however, New Indy is at the mercy of these companies schedule and we are at the mercy of everyone. Our time, health and exposure is not in our favor.

It is important to note that there are (2) early head start schools in the immediate area. Both the Nest and Iswa head start academies are within 20 miles of the facility and are in the wake of this plants emissions. It is my understanding that children may be more vulnerable to corrosive agents than adults because of the relatively smaller diameter of their airways. Children that have been exposed and further the detection of hydrogen sulfide or its metabolites cannot predict the kind of health effects that might develop from that exposure. What we also know is it affects the nervous system. Would you let your child be exposed to these levels of H₂S? I hope that this agency and state level agencies are factoring this into the overall impact that this plant has on our community. The science is clear. Exposure to low concentrations of hydrogen sulfide may cause headaches, poor memory, tiredness, and balance problems. Brief exposures to high concentrations of hydrogen sulfide can cause loss of consciousness. In most cases, the person appears to regain consciousness without any other effects. However, in some individuals, there may be permanent or long-term effects such as headaches, poor attention span, poor memory, and poor motor function.

If OSHA can impose a ceiling level limit of 20 PPM within 15 minute – weighted average that cannot exceed at any time during the workday, I'm not sure why residential communities cannot have similar considerations to lower level requirements. This seems to be far below the standards that are being benchmarked by New Indy today. I would think the EPA could find lower level standards to be appropriate in residential adjacent neighborhoods. We ourselves have experienced collections of H₂S toxins that build up in our attic or garage that have become excessive in limits and seemingly compete with the OSHA standards. Additionally, we find ourselves at the mercy of favorable wind and air pressure to combat the intensity of the odor and less so in the cooler and colder months.

It is inconceivable to me how this plant is being given every benefit of the doubt over the people who have shown an outpouring of complaints (23K+) and medical effects from New Indy. I'm really not seeing the overall economic impact and contribution of this company to the area and yet there is no effort to temporarily shut them down until all violations are resolved. If nothing else, a temporary shutdown would motivate them to solve the problems much quicker so that they can reopen under acceptable conditions and meet state and federal guidelines. In one neighborhood 10 miles from the plant there is community called Sun City Carolina Lakes, which is the home of an adult community of 55 and older. There is a total of 3,200 homes. This is one of many neighborhoods that are being impacted every day by the emissions.

I am still struck how the New Indy facility can still operate at full production levels under a construction permit in addition to not having written operating procedures. The safety and lives of the residences will continue to be put in harm's way if more prudent conduct is not called for. Earlier this year SCDHEC - H₂S readings were well above levels that far exceed the Minimal Risk Levels. As such the EPA should have acted in accordance with "*Section 303 of the Clean Air Act*" by responding in the following way:

Relief Available

"While EPA and other authorities are mindful of the potential adverse economic and other impacts of a §303 order, the nature of this provision is such that where public health is at stake, it may not be appropriate to delay issuance of an order while definitive information is developed on such matters, or to wait until the cause, source, and extent of the risk is fully understood. Rather, it may be appropriate in some instances to use §303 to provide sufficient protection to the public or the environment while more information is developed and a permanent solution arises."

Further, the EPA should have exercised far more stringent measures as highlighted below.

Administrative Order

“For example, an order may require specific tasks such as installing pollution control equipment, **reducing production, modifying or shutting down process operations causing the pollution, or closing the facility.** When the conditions at the site are not sufficiently defined to *allow* a concise description of the action required an order may require the source to immediately abate the emissions and undertake any analysis and follow-up action that may be required to ensure that endangerment will not recur.”

The abusive nature of the operation of the New Indy plant is quite deliberate in its inactions and use of the political system to navigate around what should be standard operating procedures. We also expect better from our state representatives who portray themselves as defenders of the people, but rather know how the administrative process works to ultimately favor the plant is most reprehensible in my opinion. New Indy cannot operate unfettered. I hope our regulators can work to hold this facility accountable and follow through with onsite inspections to ensure that all said actions have been properly remediated or further take actions to limit this facility until it properly cooperates and operates within the levels that considers humanity and not just corporate profits. So far there is no opposing forces to keep them from having their way.

Exhibit A – sourced and published by EPA

Table 1. Stationary Hydrogen Sulfide Sampling Results

Date	Location	Approximate Distance From Facility ²	Sample Duration (Minutes)	Hydrogen Sulfide Concentrations (ppb)	
				Highest One-Second Average	Average Over Sample Duration
4/24/2021	Highway 5 & Catawba River	0.38 miles N	60	473.37	281.13
4/24/2021	Riverside Rd & Confab Ln	0.67 miles SE	30	14.01	3.82
4/25/2021	Riverside Rd and Confab Ln	0.63 miles SE ³	62	387.41	173.22
4/25/2021	Facility parking lot	NA	129	66.64	6.73
4/25/2021	Cobble Stone Way & Sherman Drive (Riverchase Estates)	1.61 miles NE	30	102.63	65.85
4/25/2021	Riverside Rd & Quail Point Farm Rd	0.4 miles SE of WWTP ⁴	34	12.25	2.64
4/25/2021	Cureton Ferry Rd	0.4 miles N	47	13.16	1.73

Exhibit B – continuation from Table 1.

4/26/2021	Riverside Rd and Confab Ln	0.64 miles SE	60	943.74	669.44*
4/26/2021	Riverchase Estates Entrance	1.53 miles SE	30	219.20	187.9
4/26/2021	Townsend Rd (Riverchase Estates)	1.64 miles SE	30	193.11	110.19
4/27/2021	Highway 5 & Catawba River	0.40 miles N	30	501.82	315.19
4/27/2021	Catawba Reservation, Iswa Headstart School	3.56 miles N	30	140.56	120.75
4/27/2021	NE edge of facility aeration basin	NA	38	3,592.60	842.01*
4/27/2021	NE edge of facility aeration basin	NA	5	3,155.78	975.87*

* Hydrogen sulfide concentrations greater than acute exposure guidance 1 levels (“AEG1-1”).

In closing, please don’t let any influence, political or corporate impact the quality of science and your ability to protect the health and environment for the citizens of this country. Don’t let suppression, manipulation, alteration of scientific fact distort or circumvent the laws and enforcement of the EPA. Corporate interest and the powerful industries should not prevail over law.

We look forward to your response and necessary steps to uphold the duties of the EPA.

Mayra Frommelt

From: [Mayra Frommelt](#)
To: [SHaPESC](#)
Subject: Request for Input to Improve Health and Environmental Services in SC
Date: Tuesday, July 27, 2021 11:42:06 PM
Importance: High

***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

Attn: Tommy Lavender – Environmental Protection sub-committee

[Bernie Hawkins](#), Facilitator

[Larry Martin](#), Chair

1. How is our state doing now when it comes to delivering health and environmental services?

There is a need to adopt or uphold the environmental justice approach defined by the past advisory committee from 2007, which calls for “the fair treatment and meaningful involvement of people of all races, cultures and income with respect to the development, adoption, implementation and enforcement of the environmental laws, regulations and policies in working toward the increasing prosperity of all South Carolinians”. Today, industries are not partnering with government and the government is not involved enough in the welfare of the community.

2. What are our state's greatest challenges to delivering effective, efficient, and accessible health and environmental services in the future?

The words in the Environmental Justice definition ring hollow. Today, as was the case more than 13 years ago the agency lacked awareness and understanding as to their role in working with environmental issues, current or emerging. Your environmental Ambient Air indicators for emissions require updating, relocation and placement in areas of more significant impact where industrial pollution and toxin zones are clashing with increased residential development. The population density maps are outdated and inconsistent with the real outcomes of the burgeoning population in the York, Union and Lancaster counties. Environmental issues in this region have begun to negatively impact the area. Zoning and rezoning require some level of harmonization within the overall northern region in order for the old and new communities to coexist.

3. If you could improve one to three things about our state's health and environmental services, what would they be and how do you recommend they be implemented to best serve our residents?

See above.

On a separate note please accept this elevated concern.

The New Indy Containerboard plant is a perfect case study in understanding how the DHEC is not in tune with a much needed management and oversight from an environmental perspective. My question is how an out of state company was able to hijack an operating permit and offer false or unverified information. There seems to be a need to restructure the department or direct more funds into a viable environmental unit. It is striking how DHEC was co-opted by this entity (New Indy

Containerboard) which is now rogue and dictating the environmental outcomes of the health of South Carolina citizens in the (4) counties that it is affecting. Off the chart emissions still exceeds fence line limits and easterly towns are overwhelmed by Hydrogen Sulfide (H₂S) and Methyl Mercaptan day and night. In the immediate area, of the plant, the elderly and low socio-economic tax base citizens are suffering the repercussions. Meanwhile, regulators are working hard to appease New Indy instead of using the allowable tools within the arsenal of the Clean Air Act section 303. It is important to understand whether there was a genuine breakdown in oversight or top-down state interference that forced exceptions or favors. Even while there is an EPA emergency order in place today, agencies still allow for more status quo or agency favoritism of corporate interests. The question becomes when will we see residential development reverse course if New Indy continues to go unchecked. The optics of Budget Proviso that attempted to disallow future facility throughput was sabotaged by legislative representatives who were offered with an already known conflict of interest will not stand in the future of a growing and more diverse state of South Carolina.

It is important to consider and reconcile some of the above with what South Carolina aspires to be or if it ever considers to become an environmental leader and enforcer.

From: [REDACTED]
To: [SHaPESC](#)
Subject: Toxic fumes being emitted by New Indy
Date: Wednesday, July 28, 2021 1:03:06 PM

*** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. ***

I'm not sure if you are aware of the thousands of complaints filed by South Carolinians residing within a 30 mile range of the New Indy paper plant .

The 24k complaints and growing are about the toxic gases being emitted from the plant in violation of DHEC and EPA established levels.

To date they have been notified of the multiple and on going violations yet nothing has been done to enforce them.

They are making residents including pets ill.

The residents only option is to join a class action suit in the hope of getting them to stop.

Any assistance you can provide to address and resolve this matter would be greatly appreciated .

Thank you

[Sent from the all new AOL app for Android](#)

From: [REDACTED]
To: [SHaPESC](#)
Subject: Environmental/Health Survey questions
Date: Thursday, July 29, 2021 8:43:15 PM

*** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. ***

1. How is our state doing now when it comes to delivering health and environmental services?

Poorly, I live in a community greatly affected by the New Indy Container plant. SCDHEC has done little except inspect, manage complaints and write reports. With over 20,000 complaints, the situation still persists and the plant still operates, having done nothing that SCDHEC required them to do. They are also operating on outdated permits. Solutions exist but the citizens have not been served as it has become necessary to bring a class action lawsuit to stop New Indy from poisoning our air and water. The agency that is tasked with protecting citizens basically has no muscle.

2. What are our state's greatest challenges to delivering effective, efficient, and accessible health and environmental services in the future?

Laws need to be passed to give SCDHEC the ability to protect the citizens of SC levying fines or taking other measures against companies that pollute or endanger the well being of SC citizens.

3. If you could improve one to three things about our state's health and environmental services, what would they be and how do you recommend they be implemented to best serve our residents?

An agency that has done little to help the blind citizens of this state is the Commission for the Blind in Columbia. I have a [REDACTED] and desperately wants to work. Although going through the program offered by Commission for Blind, they are often unresponsive and have done nothing to set up programs with large companies to employ the blind. [REDACTED] never hears from the vocational rehabilitation counselor unless [REDACTED] initiates the contact. [REDACTED] is a SC citizen that wants to get off the system, be employed and self-sufficient. The very agency that receives funding for this purpose has done little to assist [REDACTED] to achieve this goal.

Sylvia Gilland
[REDACTED]
[REDACTED]

[REDACTED]

Stan Shealy [REDACTED]
Thu 8/5/2021 3:29 PM
To: SHaPESC

***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

Thank you to the Shape SC Community Task Force, for affording me this opportunity to offer feedback concerning health and environmental services in South Carolina.

Specifically, I would like to comment on the organizational structure of SCDHEC. I am opposed to any effort to break up SC DHEC into two or more agencies, which I believe would result in substantially higher operating costs and significantly diminished services.

As Mayor of the Town of Chapin for 32 years, 1981-2014, I had multiple dealings with SCDHEC, especially involving water and sewer development and compliance. I always found the agency to be fair, considerate, and helpful in many ways.

Most notable in Chapin's history was our experience with Suffolk Chemical Company, which was located just outside of our town limits, in close proximity to schools, daycare, recreation fields, residential communities and at the foot of our town water tank, which was supplied by deep wells.

As you may recall, Suffolk had an horrendous record of chemical spills and chlorine gas releases beginning in 1979. Among the spills was liquid sodium hydroxide, liquid potassium hydroxide, liquid chlorine and chlorine gas. We had to evacuate the entire town several times as a result of these events.

DHEC was limited in its enforcement powers because Suffolk claimed to be a re-packager and not a manufacturer of chemicals. But DHEC, especially with the assistance of Mike Jarrett, worked to assist us in every way possible. On Dec. 28, 2985, Dr. Robert S. Jackson issued an emergency order for Suffolk to cease operations and close the plant permanently.

Dr. Jackson wrote: "The record of Suffolk's Chapin plant clearly demonstrates that re-occurrence of past and similar incidents is inevitable. The storage and use of highly toxic chemicals combined with a lack of knowledge or concern for the proper handling of such highly toxic chemicals creates an atmosphere for a potentially catastrophic event to occur. The continued operation of the Suffolk Chemical Plant creates a danger to the public life and health of the citizens of the State of South Carolina, particularly the citizens of the Chapin Community and to the environment of the State of South Carolina, requiring immediate action to eliminate that danger."

Obviously, as this case illustrates, many cases involve both public health issues and environmental issues. These services need to be dealt with under one umbrella agency. The job of defending Chapin's interest would have been much more difficult, if not impossible, if these functions were doled out between two or more public agencies.

Attorney Keith Babcock and then State Representative Jean H. Toal defended Suffolk's right to operate. They requested voluminous records from DHEC, resulting in long delays before a hearing could begin on July 28, 1986.

And the hearings went on for nearly five months, until on Dec. 18, 1986 they came to an abrupt halt when lightning struck the plant while the hearing was in progress, resulting in still another evacuation of residents.

Suffolk was closed at last. But they left damage behind – a public deep well water system that was severely compromised. The Town managed to avert complete disaster by an agreement with the City of Columbia, to take over the Chapin Water System and connect it to the City of Columbia’s water supply. Again, all of this negotiation was accomplished with assistance from DHEC. I shudder to think what would have been the outcome if we had been required to coordinate health and environmental concerns through multiple state agencies.

Now, ladies and gentlemen, I am certain that there are deficiencies within SCDHEC which need to be remedied. I certainly agree that managing and addressing increasing costs for unfunded mandates are significant challenges now and in the future. While I don’t have evidence to back me up, I suspect that in many areas DHEC is severely understaffed.

But please, don’t tear apart an agency which has worked well for South Carolina’s cities and counties, and for individuals heretofore. Let’s build on the agency structure we have and make it better.

Stan Shealy, [REDACTED]
[REDACTED]

Sent from [Mail](#) for Windows 10

Reorganization of DHEC

Gene Green [REDACTED]

Mon 8/9/2021 2:00 PM

To: SHaPESC <SHaPESC@dhec.sc.gov>

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Understandably, the size, functions and structure of DHEC deserves study. Whatever, the outcome, it would, in my opinion, be a mistake to toss other state agencies into the process of restructuring DHEC. More specifically, the Department of Mental Health has maintained a level of focus and service that does not need to be tampered with.... Simply, there is no demonstrated need to reorganize DMH. Please let's not rush To solve the problems of one overlarge, unwieldy agency by creating another one.

Thank you, Eugene Green, [REDACTED]

Sent from my iPad

Input to Improve Health and Environmental Services in SC

Craig, Sandra <CRAIGSD@dhec.sc.gov>

Mon 8/9/2021 4:04 PM

To: SHaPESC <SHaPESC@dhec.sc.gov>

In response to your request for input I have answered the 3 survey questions below. This is my personal opinion, not that of my division, bureau, or agency but it is drawn from my experience as a leader for the past 16 years in the field of food safety.

1. How is our state doing now when it comes to delivering health and environmental services?

Speaking as a 39.5 year DHEC employee, I have seen many changes in how DHEC and other state agencies deliver health and environmental services. Overall, I have seen many improvements, especially in how we coordinate services and how we focus on what services we deliver in a budget constrained environment. We no longer offer services that had little or no public health impact or are better delivered by the private sector (such as home health nursing or motel room sanitation inspections). Instead, we focus on those program areas where we can have the greatest impact in preventing illnesses that are likely to impact the community. During my tenure at DHEC, the food safety programs have gone from being on the health side as a part of the now defunct Bureau of Environmental Health, to being on the environmental side as part of the Bureau of Environmental Health Services. This move was made in 2013 and although painful to implement at first, has been an improvement as the environmental side has been able to provide better regulatory support and guidance to the program. We still have maintained our close ties with the health side and our previous contacts and relationships have provided a closer bond between the other environmental programs and the health side. From my experience I do not think the current proposal to divide the agency will improve our service delivery and in fact would likely have the opposite effect and reduce our effectiveness. Our close working relationships with other divisions in DHEC and our sharing of resources across the agency has made us extremely effective and efficient when we are dealing with events such as hurricanes or the current pandemic.

As the leader of DHEC's retail, manufactured food and dairy safety inspection program I interact with other national and state program leaders. Overwhelming they look at our implementation of retail food safety regulations as a statewide program as a desirable, functional, and efficient method that provides a high level of uniformity in our inspections. Industry is particularly in favor of having the centralize point of contact for interacting on regulatory issues. In the last year, the retail food program has received multiple national awards for excellent and innovation during the Covid pandemic by developing a uniform virtual inspection process and sharing that process with other state and local programs. It may seem that this indicates that putting all the food safety programs, those of DHEC and SCDA together would be even better, but that would not be the case. The national regulations for retail, manufactured and dairy foods on which our regulations and inspection programs are based are not similar in the way they structured or implemented. Each of these programs requires specialized training for staff to deliver. we have found that in is not reasonable to have one inspector trained to know all 3 regulation foundations or to do all 3 types of inspections. No inspection efficiencies would be gained by combining DHEC food programs with SCDA's smaller manufactured food program.

Internally, DHEC's food program has strong ties and working relationships with both the Division of Acute Epi, the Public Health Laboratory and Health Care Quality regarding responding to foodborne illness outbreaks. Moving the food program to SCDA would require additional agency agreements and could slow response time where now, our food program is the liaison between DHEC and SCDA when a manufactured food under their jurisdiction is implicated in a foodborne illness outbreak.

In summary, I believe our current structure with our food safety programs to remain as part of the environmental branch of an undivided agency is the best way to continue to deliver our food safety programs.

2. What are our state's greatest challenges to delivering effective, efficient, and accessible health and environmental services in the future?

Continued lack of adequate funding and staff. We have cut some of our programs to the bone to be able to maintain those programs that mitigate the highest risk to the public.

3. If you could improve 1-3 things about our state's health and environmental services, what would they be and how do you recommend they be implemented to best serve our residents?

a. Better funding, to include competitive salaries so that additional staff can be hired, and that staff can be retained. Our food program is constantly losing trained staff to other state, local and industry food safety programs that offer better salaries.

b. More flexibility for telecommuting, to include headquartering food field staff that live in remote and rural areas far from regional offices at their homes with state vehicles so that they can start their inspection day at home and work from there to the facilities in that area.

c. Additional and higher level trained administrative support staff to provide customer contact and services to the general public. This will free up field staff to do field work and provide the customer with a better experience.

Sandra D. Craig
Director, Division of Food and Lead Risk Assessments
S.C. Dept. of Health & Environmental Control
Office: (803) 896-0614

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



08/13/21

**Suggestions on the state's status for delivering health and environmental services.
Reba Glymph-Fant**

1. How is our state doing now when it comes to delivering health and environmental services?

The state is doing an excellent job with health and environmental services.

2) What are our state's greatest challenges to delivering effective, efficient, and accessible health and environmental services in the future. I think the state's biggest challenge to delivering services is access to the rural communities and remote areas of South Carolina.

With the governor's implementation of broadband and internet services for the general population; I believe this is a great way to reach this population. Many times the rural areas do not have the benefit of access to good medical services to ensure that their physical and mental wellbeing is addressed. I believe that incorporating the internet services and tele health services to rural and underserved areas is key to promoting a healthy community. In addition a good idea is to mobilize community leaders that have influence with their respective area. The leaders can reach out to citizens in the community to promote quality healthcare information.

Also, there are food banks in communities in the rural and underserved areas. The food banks are good. To improve this service; target more media outlets such as radio PSA and midday news reports that introduce and highlight these resources.

Environmentally, I believe there are positive services such as the Environmental Justice Program at SCDHEC. I believe this program will be instrumental in identifying underserved areas throughout the state. The environmental remediation project done by Regenesi Institute addressed environmental and health issues in the Spartanburg, SC community. I believe that this organization should be used as a model to revitalize other underserved communities in the state.

re: constructive input

Decho, Alan <AWDECHO@mailbox.sc.edu>

Mon 8/2/2021 10:26 AM

To: SHaPESC <SHaPESC@dhec.sc.gov>

Cc: jlpears@mailbox.sc.edu <jlpears@mailbox.sc.edu>

***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

Dear ShapesSC:

If I could make one short suggestion on 2) delivering effective, efficient and accessible health services, and 3) improving SC Health and Environmental services:

Be Proactive! Our state, and specifically the governor has been walking the tightrope trying to please everyone. He must take charge and Mandate masks and vaccinations for persons in gov offices and workplaces. *This is what the science tells us.* Only this will stop/slow the pandemic. Passively waiting for it to end won't work, and may lead to serious mutant strains (as we all know).

Take Charge!

Thanks

Alan Decho

Alan W. Decho, B.S., M.Sc., Ph.D.

Associate Dean for Research,

Arnold School of Public Health (ASPH),

Discovery I, Suite 503,

University of South Carolina (UofSC), Columbia, SC. 29208. USA

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UNIVERSITY OF
SOUTH CAROLINA
Arnold School of Public Health

Bill S. 2

James Mullen [REDACTED]

Thu 8/26/2021 4:03 PM

To: SHaPESC <SHaPESC@dhec.sc.gov>

***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

I am James Mullen, Jr, a member of the Board of Directors of the Columbia Area Mental Health Center. I am the sole Director from Fairfield County. I am concerned about S. 2. I believe that any restructuring of the SC Department of Mental Health could have a serious negative impact on how Mental Health Services are provided and regulated. SCDMH has functioned well under the current governing concept. The fact that DHEC has had so many issues that a reorganization of this entity is necessary should not impact other, successful services. There are numerous incompatibilities between these functions. The most important is the stable leadership the commission form of governance has provided to SCDMH and will continue to provide. In 2020 SCDMH completed a year long review by the House Legislative Oversight Committee. No recommendations were made to change the way SCDMH's healthcare services are provided. Making DMH into a division in a sprawling cabinet agency will not enhance the delivery of our services. I would strongly request that SCDMH continue under the current form of governance. Thank you. Jim

Best Regards,

**James Mullen, Jr., P.E.
President
Hacker Instruments & Industries, Inc.**

[REDACTED]

S2

Jerry Dean Pate <[REDACTED]>

Thu 8/26/2021 4:58 PM

To: SHaPESC <SHaPESC@dhec.sc.gov>

***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

This email concerns the proposed combining of the SC Department of Mental Health in with other state health agencies as provided in S.2.

From news media and other accounts it appears the proposal is more about addressing a reorganization of one state agency to be achieved by adding additional state agencies to it including the SC Department of Mental Health and DMH's regional service centers.

How would mental health services for South Carolinians be improved and made more efficient by merging SCDMH into an even larger agency as proposed by S2?

Throughout its history the SC Department of Mental Health has been recognized as a national leader in mental health services. Besides being the first state to offer mental health care in the country, South Carolina became one of the first states to establish a Telepsychiatry system in recent years thanks to the pioneering work of the SCDMH. This network has paved the way for expanded Telehealth services to the state, particularly those with high poverty and limited healthcare providers.

In addition to the hundreds of thousands of chronic mentally ill patients that require ongoing care and treatment SCDMH provides school-based services to students, training and care for first responders facing emergencies and other services too numerous to list in this email. And of equal importance SCDMH is helping even more people work through depression and anxiety caused by job losses and other issues associated with the Covid epidemic.

Merging DMH into an even larger state agency would not improve the level of care or efficiency needed to serve the people of South Carolina particularly during this pandemic. Please leave the SCDMH out of S2.

Thank You

Jerry Dean Pate
Board Member
Columbia Area Mental Health Center



UNIVERSITY OF
SOUTH CAROLINA

Arnold School of Public Health

Department of Exercise Science

August 28, 2021

Task Force to Strengthen the Health and Promote the Environment of South Carolina
South Carolina Department of Health and Environmental Control

Dear Sirs:

I have had a long career in the Arnold School of Public Health at the University of South Carolina, and throughout my career I have maintained collaborative relationships with colleagues at the South Carolina Department of Health and Environmental Control (DHEC). As an example, my research group at USC is currently collaborating with DHEC's Division of Nutrition, Physical Activity and Obesity in conduct of the South Carolina FitnessGram project which is aimed at increasing physical activity and fitness in South Carolina's school children. Because of my longstanding relationship with DHEC, I welcome the opportunity to comment on steps that could be taken to strengthen public health in South Carolina. I will respond to each of the three questions posed in your request for comment.

How is our state doing when it comes to delivering health and environmental services?

DHEC's ability to promote health and prevent disease in the population of South Carolina is severely limited by a lack of human and operational resources. The State makes a very modest investment in public health, and at the present time the agency's ability to mount effective public health promotion programs is dependent almost entirely on federal funding. Unfortunately, DHEC's resources are so limited that its staff is often unable to compete effectively for federal funding programs. These limitations are reflected in the adverse health profile of South Carolinians which shows very high rates of obesity, hypertension, type 2 diabetes, tobacco use, and other factors that predispose to premature mortality due to stroke, coronary heart disease, and multiple cancers.

What are our state's greatest challenges to delivering effective, efficient, and accessible health and environmental services in the future?

DHEC's ability to promote health in the population of South Carolina is challenged by a long history of weak leadership and by a structure that marginalizes public health as a governmental priority. Specific challenges include: 1) obscuring public health in an agency that is designed largely to protect the interests of industries that seek to minimize regulation of practices that threaten the natural environment - sadly, public health is not the priority of South Carolina's public health agency; 2) oversight of DHEC by a Board that is typically comprised primarily of persons whose interests are more focused on environmental issues than public health; 3) agency heads who very rarely have had formal training or experience in public health; and 4) a state governmental structure in which the governor does not bear direct responsibility for oversight, management and leadership of DHEC. Fundamentally, in South Carolina public health is buried in a dysfunctional agency structure.

What one to three things about our state's health and environmental services would I recommend be changed to best serve our residents?

I recommend the following three actions: 1) establish for South Carolina a public health agency that is entirely focused on public health and that is independent of environmental protection; 2) establish the new public health agency as a "cabinet agency" that answers directly to the governor and whose agency head is appointed by the governor; and 3) commit the budgetary resources that will enable the new public health agency to mount effective statewide public health promotion programs that will ultimately reduce disease and enhance health among all segments of the population. Our current structure is one in which no one is clearly accountable for public health. The recommended modifications would create a structure in which the governor is directly responsible for public health and hence is responsible for working with the General Assembly to commit the resources needed to improve the health and wellbeing of South Carolinians.

Thank you for considering my thoughts.

Sincerely yours,

A handwritten signature in blue ink that reads "Russell R. Pate". The signature is fluid and cursive, with the first name being the most prominent.

Russell R. Pate, Ph.D.
Professor

DHEC's Radiation Control Responsibilities and the SC Agreement State Program

Jenkins, Susan <jenkinse@dhec.sc.gov>

Wed 9/1/2021 7:05 PM

To: SHaPESC <SHaPESC@dhec.sc.gov>

Cc: Thompson, Gwendolyn <thompsgw@dhec.sc.gov>

Please consider this submission:

To: SHAPESC Task Force Members
From: Susan E. Jenkins, Director, Bureau of Radiological Health, HQ
Date: September 1, 2021
Re: DHEC's Radiation Control Responsibilities and the South Carolina Agreement State Program

It is widely known that DHEC has many programs and responsibilities that are dependent on relationships with federal agencies such as EPA, CDC, FDA, etc. This comment is to provide information about one of the lesser-known relationships between the State of South Carolina (DHEC) and the US Nuclear Regulatory Commission (NRC) as well as to make known DHEC's broad range of responsibilities related to radiation control.

In 1969, South Carolina, entered into an [agreement](#) with the US Atomic Energy Commission, now the NRC, to assume regulatory authority for certain types of radioactive material and DHEC was designated as the responsible agency in the [SC Atomic Energy and Radiation Control Act](#) (Section 13-7-40). This regulatory responsibility is carried out by DHEC and its staff within the South Carolina [Agreement State Program](#).

Prior to 1993, the Agreement State Program and many other radiation control programs/responsibilities/services (e.g., x-ray, tanning, radiological emergency response, radiation lab) resided entirely within the Bureau of Radiological Health within the Environmental Quality Control Deputy Area. Following a major reorganization, the Agreement State Program was divided across deputy areas. Other radiation control programs/responsibilities/services were divided both within and across deputy areas and remain so.

Currently, the responsibilities of the Agreement State Program are upheld by staff in the both the Bureau of Radiological Health in Healthcare Quality and the Division of Waste Management in Environmental Affairs. The NRC routinely communicates with staff members in the Program. NRC also audits the Program on a regular basis (about every four years with a "periodic meeting" every two years) and presents the results of the audit to the agency director in a formal meeting and in a written report. (The next such audit is currently scheduled for October 2022.)

General information regarding the collaboration across deputy areas as it pertains to radiation control/protection can be found in the resource document "[Coordination Between DHEC's Three Core Deputy Areas](#)". It is important to note that while the responsibilities of the Agreement State Program are currently being met, any further division could potentially result in negative impacts or lead to inefficiencies.

Given that radiation control is important in order to protect South Carolinians from the harmful effects of radiation and is a responsibility that is currently spread across various parts of the agency (three core deputy areas), it would be prudent for the task force to consider the potential impacts on the Agreement State Program and DHEC's array of programs/responsibilities/services related to radiation control in developing its recommendations.

Best Regards,

Susan Jenkins, Director
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Healthcare Quality
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