

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Dr. Michael B. ...</i>	<i>2/11/11</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000349</i>	<input checked="" type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>L: Mr. Keck</i> <i>Cleared 2/18/11, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE <i>2/23/11</i> <input type="checkbox"/> I FOIA DATE DUE _____ <input type="checkbox"/> I Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

MR. Tony Keck, Director  
State Department of Health ; Human Service  
Jefferson Square Plaza, 1801 Main St., P.O. Box 8806  
Columbia, SC. 29909-8806

**RECEIVED**

FEB 11 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MR. William Healey #303810  
EMAS Correctional Institution, F3B-216  
1010 Highway, Guest  
Bakersville, SC. 29518

RE: Urethra Split Surgery ; Capital Prosthetics  
Appointments terminated

DEAR MR. DIRECTOR.

ENCLOSED IS A LETTER I ATTEMPTED TO SEND  
TO YOUR OFFICE OVER 2 MONTHS AGO ABOUT THE ABOVE  
REFERENCE AND IMPROPER DENTAL TREATMENT.

BRIEFLY, I HAVE A HISTORY OF BONE SPURS AND  
URINATION DYSFUNCTIONS. NEEDLESS TO SAY, AFTER BEING  
SEEN BY THE INSTITUTIONAL NURSES OVER 30 TIMES  
AND THE DOCTORS 5 TIMES SINCE FEBRUARY, 2010,  
ABOUT THE ABOVE, STILL I HAVE BEEN DENIED TREAT-  
MENT.

MORE SPECIFIC, ON OR AROUND FEBRUARY, 2010  
UROLOGIST RECOMMENDED ME A "URETHRA SPLIT"  
SURGERY, HOWEVER THAT WAS TERMINATED BY SCDC  
MEDICAL DIRECTORS. FURTHERMORE, ON OR AROUND  
MAY, 2010, THE INSTITUTIONAL DOCTORS AS WELL

AS the Orthopedic Specialist both Recommended  
ME to SEE the Prosthetics, however SCDC Medical  
Directors once again terminated that Appoint-  
ment. Basically, I WANT to KNOW why all of my  
Appointments terminated?

In conclusion, I have REQUESTed numerous  
OCCASION to HAVE all of my teeth Cleared and filled.  
Nonetheless, I can't even get AN Appointment.

Therefore, I respectfully REQUEST that you  
PLEASE look into this Complaint for me. Thank you.

Shirley M. Newberry  
William Henry

cc: U.S. Dept. of Health & Human Services

February 8, 2011

THE S.C. DEPT. OF HEALTH & HUMAN SERVICE  
MR. JEFF STEINLAND  
2080 HAMPHAM STREET  
COLUMBIA, S.C. 29905

RECEIVED  
FEB 11 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MR. WILLIAM HEILLEY, #308810  
EVANS COR. INST., SMOCA ASD  
110 HIGHWAY, 9 WEST  
RENEFALLIE, SC 29518

RE: Medical & Dental Discrimination Complaint

I ~~apologize~~ apologize for any inconvenience, however I'm constantly being discriminated against.

BRIEFLY, THE S.C. DEPT. OF CORRECTIOUS MEDICAL DIRECTOR, THOMAS MOORE, HAS CONTINUE TO TERMINATE APPOINTMENTS FOR ORTHOPEDIC, CAPITAL PROSTHETIC, UROLOGIST SURGERY AND DENTAL TREATMENT, WITH NO EXPLANATION. MORE SPECIFICALLY, A "URETHRA Split" SURGERY WAS RECOMMENDED BY THE UROLOGIST, THAT APPOINTMENT WAS DENIED BY SCDC MEDICAL DIRECTOR. IN ADDITION, ORTHOPEDIC SPECIALIST AND CAPITAL PROSTHETIC WAS BOTH TREATING ME FOR CHRONIC "ROUE SPURS" NEEDLESS TO SAY. THAT TREATMENT WAS ALSO TERMINATED BY THE MEDICAL DIRECTOR. FURTHERMORE, I WAS NOTIFIED BY MEMORANDA THAT THIS

institution dental Service will only pull teeth and not treat them via filling and cleaning. Therefore, inmates are literally being forced to have all of their teeth removed.

In conclusion, it is the responsibility of the S.C. Dept. of Health and Human Services to enforce federal and state laws prohibiting discrimination against persons on the basis of race, color, national origin, sex, age, or disability in federally assisted programs or activities, and to investigate discrimination complaints brought by individuals under federal and state statutes.

Respectfully Submitted,

Sheldon Gandy  
William Hendry

December 9, 2010

Reunethville, South Carolina

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

*Relogged from Hess to Giese on 2/27/11 per Annie M.*

TO Director/ Medical Services DATE 2/11/11 Due date 2/3/11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <u>100349</u>		<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <u>L: M. Beck</u>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>3-3-11</u>	
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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RECEIVED  
Dept. of Health & Human Services  
Bureau of Health Services  
FEB 22 2011

RECEIVED  
BUREAU OF CARE MANAGEMENT  
FEB 14 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

*Relogged from Hess to Giese on 2/27/11 per Anne M.*

TO	DATE
<i>Hess / Medical Services</i>	<i>2/11/11</i>
	<i>Due date 2/3/11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>100349</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>L: Mr. Heck</i>	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE <i>3-3-11</i>  <input type="checkbox"/> I FOIA DATE DUE _____  <input type="checkbox"/> I Necessary Action

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RECEIVED  
Dept. of Health  
& Human Services  
Bureau of  
Health Services

FEB 22 2011

RECEIVED

FEB 14 2011

BUREAU OF CARE MANAGEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

*Valerie L. Shively*  
*Assoc. Dir. of Health*  
*PS*

**ACTION REFERRAL**

*Rebaged from HHS to give on 2/23/11 per Annie M.*

TO <i>Chief Medical Services</i>	DATE <i>2/11/11</i>
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Due date *2/3/11*

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
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2. DATE SIGNED BY DIRECTOR <i>L. M. Keck</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>[Signature]</i>	<i>3-3-11</i>		
2. <i>[Signature]</i>	<i>2/3 3/11</i>		
3.			
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RECEIVED  
Div. of Health & Human Services

FEB 14 2011

RECEIVED  
BUREAU OF CARE MAN.

FEB 22 2011

Bureau of Health Services



THE S.C. DEPT. OF HEALTH & HUMAN SERVICE  
MR. JEFF STEINSLAND  
8080 HAMPHAM STREET  
COLUMBIA, S.C. 29905

RECEIVED

FEB 11 2011  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MR. WILLIAM HEALEY, #308810  
EVANS COR. JUST. SMO(A) 850  
1010 HIGHWAY, 9 WEST  
RENEE HILLIE, SC 299518

RE: Medical & Dental Discrimination Complaint

I apologize for any inconvenience. HOWEVER  
I'M CONSTANTLY BEING DISCRIMINATED AGAINST.

BRIEFLY, THE S.C. DEPT. OF CORRECTIONS MEDICAL  
DIRECTOR, THOMAS MOORE, HAS CONTINUE TO TERMINATE  
THE APPOINTMENTS FOR ORTHOPEDIC, CAPITAL PROSTHE-  
TIC, UROLOGIST SURGERY AND DENTAL TREATMENT,  
WITH NO EXPLANATION. MORE SPECIFICALLY, A  
"URETHRA Split" SURGERY WAS RECOMMENDED  
BY THE UROLOGIST, THAT APPOINTMENT WAS DENIED  
BY SCDC MEDICAL DIRECTOR. IN ADDITION,  
ORTHOPEDIC SPECIALIST AND CAPITAL PROSTHETIC  
WAS BOTH TREATING ME FOR CHRONIC "ROUE SPIRITS."  
NEEDLESS TO SAY, THAT TREATMENT WAS ALSO  
TERMINATED BY THE MEDICAL DIRECTOR. FURTHERMORE,  
I WAS NOTIFIED BY MEMORANDA THAT THIS

institution dental Service will only pull teeth and not treat them via filling and cleaning. Therefore, inmates are literally being forced to have all of their teeth removed.

In conclusion, it is the responsibility of the S.C. Dept. of Health and Human Services to enforce federal and state laws prohibiting discrimination against persons on the basis of race, color, national origin, sex, age, or disability in federally assisted programs or activities, and to investigate discrimination complaints brought by individuals under federal and state statutes.

Respectfully Submitted,

Shirley M. Shorley  
William Hendry

December 9, 2010

Beaufortville, South Carolina

MR. Tony Keck, Director  
State Department of Health & Human Service  
Jefferson Square Plaza, 1801 Main St., P.O. Box 8806  
Columbia, SC. 29208-8806

**RECEIVED**

FEB 11 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MR. William Healey #303810  
FAMS Correctional Institution, F3B-216  
1610 Highway 9, QUEST  
Barnesville, SC. 29818

RE: Urethra Split Surgery & Capital Prosthetics  
Appointments terminated

DEAR MR. Director.

Enclosed is a letter I attempted to send to your office over 2 months ago about the above reference and improper Dental treatment.

Briefly, I have a history of Bone Spurs and Urination Dysfunctions. Needless to say, after being seen by the institutional nurses over 30 times and the doctors 5 times since February, 2010, about the above, still I have been denied treatment.

More specific, on or around February, 2010 Urologist recommended me a "Urethra Split" surgery, however that was terminated by SCDC medical directors. Furthermore, on or around May, 2010, the institutional doctors as well

AS the Otolaryngic Specialist both Recommended  
ME to SEE the Prosthethics, however SCDC Medical  
Directors) once again terminated that appointment.  
Basically, I want to know why all of my  
appointments terminated?

In conclusion, I have requested on numerous  
occasions to have all of my teeth cleaned and filled.  
Nonetheless, I can't even get an appointment.

Therefore, I respectfully request that you  
please look into this complaint for me. Thank you.

Shirley J. Kenney  
William Healy

cc: U.S. Dept. of Health & Human Services

February 8, 2011



March 7, 2011

Mr. William Henley #303810  
Evans Correctional Institution  
610 Highway 9 West  
Bennettsville, South Carolina 29512

Re.: December 9, 2010 referencing SMU (A) 230  
February 8, 2011 referencing F3B-216

Dear Mr. Henley:

We are in receipt of your letters dated December 9, 2010 and February 8, 2011 concerning your allegations of discrimination regarding your health care concerns.

It is the responsibility of South Carolina Health and Human Services (SCDHHS) to enforce federal and state laws prohibiting discrimination against persons on the basis of race, creed, gender, age and disability for the recipients enrolled with South Carolina Medicaid, of which you are not. While you are incarcerated, your health care needs are under the jurisdiction of the Department of Corrections and therefore, all questions should be addressed to them.

If you have any additional questions please feel free to contact the Beneficiary's Call Center toll-free at 1-800-549-0820.

Sincerely,

  
Melanie BZ Giese, RN  
Bureau Director

MG/rws