

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE BOARD OF VETERINARY MEDICAL EXAMINERS

IN THE MATTER OF)
)
BOARD DISCUSSIONS)
)
) TRANSCRIPT OF DISCUSSIONS
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Given before Tina F. Behles, Nationally Certified Court Reporter and Notary Public in and for the State of South Carolina, commencing on Thursday, October 27, 2011, at 9:06 a.m. at the offices of the South Carolina Department of Labor, Licensing and Regulation, 110 Centerview Drive, Columbia, South Carolina.

Reported by:
Tina F. Behles, CVR

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A P P E A R A N C E S

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Board Members: Vanessa B. Brooks, DVM (Vice Chair)
Oswald H. "Sonny" King, III, DVM
Bryan K. Cribb, DVM
Rebecca Morrison Hughes, DVM
Christine Hartman, LVT
Cindy W. Nord, PhD (Consumer Member)
Albert W. Platt, III, DVM
Walter C. Robinson, III, DVM

For the State: N/A

For the Respondent: N/A

Advising the Board: Sheridan Spoon, Esquire (LLR)
SC Department of Labor, Licensing &
Regulation/Office of General Counsel
110 Centerview Drive
P.O. Box 11329
Columbia, SC 29211-1329

Also present: Kate K. Cox, Administrator
Magdalene Moton, Staff
Carolyn Coats, Staff
Lil Ann Gray, Esquire (LLR)

Reported by: Tina F. Behles, CVR

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PROCEEDINGS

(On record at 9:06 a.m.)

DR. BROOKS: I'd like to call the meeting of the South Carolina Board of Veterinary Medical Examiners to order. Public notice of this meeting was properly posted at the office of the South Carolina Board of Veterinary Medical Examiners, Synergy Business Park, Kingstree Building, 110 Centerview Drive in Columbia, South Carolina and provided to any requesting persons, organizations, or news media in compliance with Section 30-4-80 of the 1976 South Carolina Code as amended relating to the Freedom of Information Act. A quorum is noted as present. All votes referenced herein were unanimous unless otherwise indicated.

We need to go ahead and look at the agenda.

MR. SPOON: Ask for a motion ---

DR. ROBINSON: So moved.

DR. CRIBB: Second.

MR. SPOON: And that's for approval?

MS. COX: And I would like to also note that we have one excused absence, Dr. Oliver.

DR. BROOKS: And if we can go ahead and take a look

1 at the minutes from the last meeting. They're
2 in tab two. Does anyone have any questions
3 about the minutes from the last meeting?

4 Motion to approve the minutes?

5 DR. KING: Motion move.

6 MS. HARTMAN: Second.

7 DR. BROOKS: All those in favor?

8 BOARD MEMBERS: Aye.

9 DR. BROOKS: At this time, I'd like to welcome our
10 newest board member, Dr. Rebecca Hughes. And
11 I wasn't sure if you would like to say a few
12 words, introduce yourself, anything like that.
13 You don't have to. Kitty told me to ask if
14 you would like to introduce yourself.

15 DR. HUGHES: Well, my name is Dr. Rebecca Hughes. I
16 am a veterinarian practicing in Walterboro,
17 South Carolina. I sent Ms. Moton a resume, so
18 I didn't know if you would like for me to read
19 that or if you would like to just have that at
20 some point discussed. I just, I'm thankful to
21 be here. I appreciate the fact that we have
22 such wonderful professionals representing the
23 people of South Carolina and our profession.
24 So thank you for the opportunity to serve.

25 DR. BROOKS: Thank you. We would also at this time

1 like to thank Dr. Jim Harris. He has served
2 on the board for many years. He's not here
3 today, but we do have this lovely plaque for
4 him which we will be mailing out in
5 appreciation of his service, so.

6 Okay. On to the Disciplinary Issues
7 Reports. That's in tab three. The IRC
8 Report. There's a list of cases that were up
9 for dismissal if we want to go through those.
10 Read those.

11 MS. COX: And, Dr. Brooks, we have Mark Sanders here
12 from OIE.

13 DR. BROOKS: Okay.

14 MR. SANDERS: Good morning.

15 DR. BROOKS: Good morning.

16 MR. SANDERS: I'm the chief investigator for OIE.

17 DR. BROOKS: Thank you.

18 MR. SANDERS: On the IRC Report, we have five cases
19 submitted for your approval for dismissal and
20 also four cases are submitted for your
21 approval for a Letter of Caution.

22 MS. COX: This report was sent to all members of the
23 board, so you've had this in hand.

24 DR. BROOKS: Uh-huh. Does anyone have any questions
25 about any of these cases? Dr. Platt?

1 DR. PLATT: I do. On case number 2011-6, I believe
2 -- yes, 2011-6, in the issue description and
3 the IRC logic, there are two separate versions
4 of an necropsy results. Is the issue
5 description a repetition of the complaint?
6 And is the, the actual necropsy result in the
7 IRC logic ---

8 MR. SANDERS: Yes, sir. The actual result is the
9 IRC logic. Yes, sir.

10 DR. KING: The other -- I have a question on that
11 also. Was the necropsy done at the same place
12 that the surgery was done?

13 MR. SANDERS: The investigator is out sick today,
14 Terri Stephens. I'm not sure. Let's see.
15 (Off the record discussion between Mr. Sanders and Ms. Gray).

16 MR. SANDERS: It was done someplace else.

17 DR. KING: Okay. And then on number five about the
18 rabies vaccines being given in the front yard,
19 it seems like we've got -- I'm actually having
20 a hard time figuring out where the complaint
21 came from if there was someone there on the
22 premises the whole time. Was that just a
23 disgruntled person that made the complaint, or
24 they did not know who the veterinarian was?

25 MR. SANDERS: Evidently so, because Investigator

1 Stephens, when she investigated it, basically
2 found out that there was someone on site at
3 all times.

4 MS. COX: I believe it was stated in that meeting
5 that the veterinarian also had on a lab coat.

6 MR. SANDERS: And had identified himself ---

7 MS. COX: Identified ---

8 MR. SANDERS: --- with a name tag.

9 MS. COX: --- with a name tag, (nods head).

10 DR. KING: I was just trying to figure out where the
11 complaint came from then.

12 MS. COX: People that were disgruntled.

13 MR. SANDERS: It was just a member of the public
14 that was -- evidently didn't participate in
15 it.

16 DR. PLATT: I have another question about 2011-10.
17 I'm seeking some clarification on what our
18 role and responsibilities are related to the
19 licensed veterinarian technicians. The IRC
20 logic, the issue description is that, during
21 anesthesia for one procedure, a licensed
22 veterinarian technician performed another
23 procedure and potentially harmed a cat. And
24 that procedure was not authorized by the pet
25 owner. The logic indicates that the practice

1 act does not require consent from the animal's
2 owner to perform a procedure and that the AVMA
3 Principles of Veterinarian Medical Ethics do
4 not apply to licensed veterinarian
5 technicians. And it also states that,
6 further, it's been determined there are
7 inherent dangers with ear cleaning.

8 If the complaint was made against the
9 licensed veterinarian technician, was not the
10 licensed veterinarian technician acting on
11 behalf and supervised by a licensee of the
12 board who is under the governance of the AVMA
13 Principles of Veterinarian Medical Ethics?

14 MR. SANDERS: The only way I can answer that really
15 was that this was decided by the IRC members
16 and we took this wording from the professional
17 members of the IRC. It was decided by them.

18 MS. COX: Licensed veterinarian technicians do
19 provide surgical assistance to licensed
20 veterinarians. And there was a licensed
21 veterinarian who was there during the surgery.
22 The IRC members, who you have to four, were in
23 agreement that ear cleanings and sometimes the
24 clipping of toenails is done as a courtesy and
25 they all agreed that that seems to be within

1 the standard of care. The standard of care
2 can be a wide range. But that was their
3 statement.

4 DR. PLATT: But the logic also states that it is an
5 inherent danger ---

6 MS. COX: Right.

7 DR. PLATT: --- with ear cleaning.

8 MS. COX: Right.

9 DR. PLATT: And I don't personally feel comfortable
10 dismissing a case without at least some
11 caution or discussion if an unauthorized
12 procedure that is acknowledged to have some
13 potential danger was performed and apparently
14 did result in danger in this particular case.

15 MS. HARTMAN: And I was also confused -- that one
16 confused me as well because if the cat is
17 anesthetized -- usually the danger comes from
18 the animal not being anesthetized and you're
19 struggling with it to clean the ears for a
20 potential problem to happen. So I was
21 questioning that as well. If the animal is
22 sedated and is not moving, then where does --
23 and you have a licensed professional who is
24 cleaning the ears, where is the danger? And
25 it's supervised by a licensed veterinarian.

1 DR. PLATT: If this complaint had been made against
2 the licensed veterinarian, would we be
3 dismissing it? Would it be recommended for
4 dismissal?

5 MS. COX: Well, I think that would be at the
6 discussion within the IRC on a complaint like
7 that. I don't think we can suppose or assume
8 ---

9 DR. PLATT: I apologize. That was a rhetorical
10 question, just that I think -- yeah, my answer
11 would be if this -- if a veterinarian had done
12 this, I wouldn't be dismissing that case.

13 MS. COX: Well, it'd be up to the board to decide
14 whether you would accept a dismissal or not.
15 Or whether you'd say dismissal with LOC or
16 whether you want to return it to the IRC ---

17 DR. PLATT: Understood.

18 MS. COX: --- because there are four professional
19 and -- Dr. Hughes, I know you've read the
20 practice act. But there are four professional
21 veterinarians there during the IRC. Anything
22 like this, we have to look to them to tell us
23 what is the scope of practice of what they
24 would do. But it's up to the board to how
25 they'd want to accept any one of these cases.

1 MR. SANDERS: And ---

2 DR. BROOKS: And -- I'm sorry.

3 MR. SANDERS: Oh, I'm sorry. The IRC members also
4 have the option of requesting an investigation
5 be opened on another licensee too that is
6 involved in the situation. And they did not
7 request that in this situation.

8 DR. BROOKS: It says the eardrum was allegedly
9 ruptured. Was it ruptured? Nobody knows?

10 MS. GRAY: (Shakes head).

11 DR. PLATT: Somebody knows. We just, we just don't.

12 DR. BROOKS: We don't. Okay. It seems like there
13 is a good amount of discussion about that
14 particular case. I've been advised that we
15 can go ahead and dismiss the other cases
16 listed there, and we are allowed to send that
17 one back for more information. Is that what
18 would make the board most comfortable? Would
19 someone like to make a motion that we send it
20 back for more discussion?

21 DR. PLATT: I move that we accept the dismissal
22 recommendations of the IRC except for case
23 2011-10.

24 DR. BROOKS: Second?

25 DR. KING: Second.

1 DR. BROOKS: Okay. All those in favor?

2 BOARD MEMBERS: Aye.

3 DR. BROOKS: You want to take a look at the Letters
4 of Caution as well. If you have any questions
5 about those.

6 DR. ROBINSON: Ms. Chairman, I got a problem. The -
7 - like on 2011-27, surgery is not singular but
8 plural. That -- I'd like -- was that all in
9 one time or over a scope of a year and a half?
10 I mean that's just very vague in my opinion.
11 Inappropriate surgeries. Maybe he had a face
12 lift. I mean, it doesn't say anything there.

13 DR. PLATT: As I read ---

14 DR. ROBINSON: And I have a hard time -- I really
15 have a real hard time with this other group
16 looking at the complaints and sending us
17 something like this and think we're gonna
18 rubberstamp it. That's not right. We need to
19 know as much as they did so we can make a
20 intelligent decision. I, you know, I agree
21 the way you think on that, Bert.

22 DR. PLATT: Well, let me clarify the way I think on
23 that. If -- I have tremendous confidence in
24 the IRC. I know how hard they work. Several
25 of my associates and partners have served with

1 the IRC in the past. And I know a lot of
2 veterinarians who've worked with them. So I
3 have a lot of confidence. I think sometimes
4 what is decided, the way it's worded, the way
5 it's translated, the way we get it, it's more
6 difficult for us to understand. It's more
7 difficult for me personally to understand it.
8 And I do understand and support the principle
9 of we have to not know a lot about a case
10 initially. As I read ---

11 DR. ROBINSON: I'm not gonna argue that point. But
12 I think that they took English in college or
13 whether we did, they ought to be able to write
14 the thing so we know what was going on.

15 DR. PLATT: In that particular case, there are
16 several cases that I believe refer to the same
17 incident.

18 DR. ROBINSON: Yeah.

19 DR. PLATT: And if you look at it ---

20 DR. ROBINSON: Three of them.

21 DR. PLATT: --- it looks to me as though there was
22 an urgency. Had a surgery performed and then
23 a followup surgery that was performed that was
24 considered not to be as urgent. And that's
25 where the Letter of Caution ---

1 DR. ROBINSON: Now, you're assuming. Did you know
2 that?

3 MS. COX: It says it, sir, right here in the logic
4 that there were two procedures.

5 DR. PLATT: Based on my interpretation of this, I
6 would -- I'd ---

7 DR. ROBINSON: I just can't -- I can't imagine a
8 veterinarian doing a second procedure that
9 wasn't necessary. If he did so, then we ought
10 to know a little bit more about what went on
11 than, than this and we rubberstamp it and send
12 it on down the trash cans.

13 DR. PLATT: Well ---

14 DR. ROBINSON: I just think that's wrong.

15 DR. PLATT: --- let me share with you my concern
16 about those. And forgive me if I'm just
17 completely off base here. The IRC has made a
18 recommendation that we approve a Letter of
19 Caution as the action there. The IRC logic
20 indicates that a Letter of Caution was already
21 issued. Are Letters of Caution issued prior
22 to the board ---

23 MR. SANDERS: No, sir. They're not ---

24 DR. PLATT: Okay.

25 MR. SANDERS: --- issued until they're approved by

1 the board.

2 DR. PLATT: Well, again, with respect and agreement
3 with what Dr. Robinson said, it's really
4 important that if we're -- that the IRC logic
5 state accurately what took place. Because
6 each of these IRC logic comments state a
7 Letter of Caution was issued. And they -- and
8 apparently a Letter of Caution has not been.
9 So we need to be responsible for every comma
10 and apostrophe that gets in here -- in these
11 things.

12 MR. SANDERS: Yes, sir.

13 MS. COX: The Letter of Cautions are with Dr. Brooks
14 in her ---

15 DR. PLATT: I respect that. But the ---

16 MS. COX: Just to point out that it hasn't been
17 sent.

18 DR. PLATT: That's good. That's good. I want to be
19 sure of that.

20 MS. COX: It might be good, Dr. Robinson, to have
21 legal come in and give you a review of exactly
22 how the IRC process ---

23 DR. ROBINSON: I'm, I'm ---

24 MS. COX: --- works.

25 DR. ROBINSON: I'm aware of how they do. But I

1 think they took English and they got -- surely
2 got a secretary that can give us a little more
3 information than, than that. I'm sorry. I,
4 I'd never pass a test in my life with that
5 much information.

6 MS. COX: Well, this isn't a test on the information
7 ---

8 DR. ROBINSON: It's a test on my knowledge to be
9 able to read it and determine what -- if --
10 what their recommendation -- if I agree with
11 them or not. Is it not?

12 MS. COX: Yes. But there are two points here. One,
13 it does say surgeries. And there were two. I
14 think you mentioned that. So I would want you
15 to know that. Then ---

16 DR. ROBINSON: Yeah. But it doesn't say how far
17 apart.

18 MS. COX: No, sir. When the IRC works, I think
19 y'all need to know a little bit more about
20 that and be reminded, because you only come
21 here four times a year. And I think it's
22 difficult to remember how they do perform. We
23 are keeping a barrier between you as judge and
24 jury over when people come before this board.
25 So there's only a certain amount that you can

1 know. And I would like for the legal
2 department -- I am not the legal department.
3 But I'd like for them to come and let you know
4 that, how they work.

5 DR. ROBINSON: I, I'm pretty well aware of how they
6 work, but I'd be glad to listen to the legal
7 department. But I also know that they have a
8 responsibility to, in this issue description,
9 is let us have enough information so that we
10 can either agree or disagree with them. I
11 mean that's just a ---

12 MS. COX: Sir ---

13 DR. ROBINSON: I don't -- I disagree with that.

14 MS. COX: --- if you don't have enough information,
15 then you don't approve it and you send it
16 back, because this is not a rubberstamp.
17 Nothing ---

18 DR. ROBINSON: Well, it is if I vote for that.

19 DR. BROOKS: Then you won't vote ---

20 MR. SPOON: But you don't have to vote ---

21 DR. BROOKS: But you don't have to vote for it.

22 MR. SPOON: Yeah, that's what I was going to ---

23 MS. COX: Then don't vote for it.

24 MR. SPOON: Right. Just kind of similar to what ---

25 DR. ROBINSON: I think you're missing my whole point

1 of objection on this. They have -- if even
2 they have a secretary or somebody that writes
3 this up. And they could do a better job
4 there.

5 MS. COX: And we'll certainly carry that back to
6 them and let them know that. But we do want
7 to give you as many answers as we can. But
8 it's up to you whether you approve it or not,
9 and we'll take your comments back certainly.

10 DR. ROBINSON: It's not that I disagree with what
11 they -- that group's recommendation is. I
12 disagree with what they sent us and want us to
13 say, Yeah, that's fine. Because I can't read
14 that little paragraph right there without
15 wanting to say, Hey, guys, you gotta give me a
16 little more information than that on whether
17 I'm going to go along with it or not. Now, I
18 know they did a good job. They read it over.
19 But they should have a little bit better
20 communication with us than send me something
21 like this, expect me to say okay.

22 MR. SPOON: It is ---

23 DR. ROBINSON: If -- I can do that from my office in
24 Greenville.

25 MR. SPOON: Right. And it sounds like you're kind of

1 talking about two things. One is kind of an
2 overall IRC process issue and the task that
3 the IRC has of taking a completed
4 investigation which is sometimes pretty,
5 pretty long and voluminous and reducing it
6 down into a caption. And I think the first
7 part of your suggestion is that they try to
8 give a little bit more information in the box.

9 DR. ROBINSON: Better communication, yeah.

10 MR. SPOON: Right. And then, secondly, I would just
11 say procedurally, much like you did in the
12 first case under the dismissals, that these --
13 any cases under the Letters of Caution that
14 pertain to what you're talking about, again I
15 think you could apply that to these cases and
16 simply hold over approval. Of course that
17 would be up to the board to vote on that. But
18 hold over the approval of those cases under
19 this Letter of Caution category. Hold over
20 the approval of those and instruct Mr. Sanders
21 to expand on the box so to speak. I know
22 that's always a hard thing to do, like I said,
23 to take a whole case file that's been
24 investigated and reduce it down to something
25 that will fit in a box to show you only what

1 the issue descriptions are and what the IRC
2 logic is. And I think that's a difficult
3 task. But it sounds like, in this case, a
4 little bit more might be needed. It'd be up
5 to the board to vote on what you want to do as
6 far as ---

7 DR. ROBINSON: How many times ---

8 DR. BROOKS: Mr. Sanders, is there something ---

9 DR. ROBINSON: --- I read some that said the dog had
10 surgery and it subsequently died. That's not
11 a -- I would like to send a or move that we
12 send a note back to the -- that group, what is
13 it, the ICO or IO ---

14 MR. SPOON: IRC.

15 DR. BROOKS: IRC. Let's have Mr. Sanders speak.
16 He's got something to add.

17 MR. SANDERS: We will be glad to re-visit with the
18 IRC and discuss with them, you know, more
19 information be put in the logic. Be glad to
20 discuss that with the IRC members.

21 DR. ROBINSON: Well, that was what I was -- the
22 motion I was going to make to have him go back
23 and tell them, you know, we need a little more
24 information, a little more something.

25 MR. SANDERS: Yes, sir. And one thing I'd like to

1 add about these three cases: 2011-22, 27, and
2 28 ---

3 DR. ROBINSON: Are they all the same one?

4 MR. SANDERS: Yes, sir. They're all companion cases
5 and all three were reviewed by an expert
6 reviewer.

7 DR. BROOKS: So if the ---

8 DR. ROBINSON: What is a expert reviewer?

9 MR. SANDERS: The expert reviewer is someone outside
10 of LLR. And all the information is sent to
11 them to review that specific information.
12 They're supposed to be an expert in that
13 field.

14 DR. BROOKS: We compiled a list, I believe it was
15 last year or the year before -- compiled a
16 list of expert reviewers that when the IRC
17 wants to submit something to an expert, they
18 can choose from that list.

19 MR. SPOON: They're not on the IRC though.

20 DR. BROOKS: Yes, they are not on the IRC. Dr.
21 Cribb, tell me ---

22 DR. CRIBB: I just have one question just for
23 clarification. When it says issue
24 description, that's the ---

25 MR. SANDERS: That's the allegation.

1 DR. CRIBB: --- accusation. That is not a finding?

2 MR. SANDERS: Correct. That is the allegation that
3 is in the complaint originally.

4 DR. BROOKS: So should we make a motion that we hold
5 over, send back to -- for further
6 investigation/clarification 2011-26, 2011-27,
7 and 2011-28 and accept 2011-31? Go ahead.

8 DR. PLATT: I have just one comment prior to that
9 motion. From a personal standpoint, I feel
10 very comfortable with the IRC's decision on --
11 and the IRC logic there. I think the
12 questions that have been raised are perfect
13 examples of how important the way it's worded
14 is. There's a delicate ballet between us --
15 providing us as the board enough information
16 to affirm an IRC recommendation and not
17 providing us so much that we cannot act on a
18 particular case. And I recognize that
19 difficulty. But I will always remind myself
20 that communication is important and being
21 certain that we are precise on all of these
22 items as they're presented to us can help
23 avoid questions in our minds.

24 MR. SPOON: There's a motion ---

25 DR. PLATT: I would move that the Letters of Caution

1 be accepted.

2 DR. ROBINSON: Second.

3 DR. BROOKS: All those in favor?

4 BOARD MEMBERS: Aye.

5 DR. ROBINSON: Do we need a motion to have the --

6 this gentleman go back and tell them that we'd

7 like it to be more precise or more -- a little

8 more information than a three-letter -- I

9 mean, a three-sentence ad in the classical

10 (sic).

11 MR. SPOON: Mark, I'll ask you just, on behalf of

12 the board, I mean ---

13 MR. SANDERS: No, I'll ---

14 MR. SPOON: Is it clear to you kind of this

15 consensus of the board as far as the detail of

16 the information in the IRC Report?

17 MR. SANDERS: Yes. I will, excuse me. When the IRC

18 members make a decision, I will ask them to

19 give more detail on the decision.

20 DR. ROBINSON: Thank you.

21 MR. SANDERS: You're welcome, sir.

22 MS. COX: And for clarity, you did approve all four?

23 DR. PLATT: (Nods head).

24 MS. COX: Thank you.

25 DR. BROOKS: Can we move on to tab four, which is a

1 Motion for Change of Terms and Conditions?

2 MR. SPOON: Did you do the Management Reports?

3 DR. BROOKS: Oh, hear the Management Reports. I'm
4 sorry.

5 MR. SPOON: Is that you, Lil Ann?

6 MS. GRAY: I have the OGC Report. Is there an OIE
7 Report?

8 MR. SANDERS: Some statistics. Excuse me. The OIE
9 Report statistics is for the third quarter. I
10 have those there for you to review. And
11 that's through the third quarter. It shows
12 the cases received from January 1st through
13 September 30th and also the cases closed from
14 January 1st through September 30th.

15 DR. BROOKS: Any questions about those? Comments?

16 MS. GRAY: And the OGC caseload statistics -- I'm
17 Lil Ann Gray with the Office of General
18 Counsel. Currently, we have five open cases.
19 Three of those five are pending action. One
20 is pending hearing. One is pending a Final
21 Order Hearing, which is scheduled for today.
22 Nine cases have been closed since January 1,
23 2010. And there are two additional cases that
24 are currently on appeal to the South Carolina
25 Court of Appeals. If you have any questions,

1 I'll try to answer them.

2 MS. COX: I would like to also note that -- and this
3 is the first time I've seen it like this and
4 appreciate it -- that the OIE Report is
5 letting you know what types of violations like
6 ethics or unprofessional conduct. And I think
7 that's valuable for the board to know. So I
8 appreciate that, Mark.

9 MR. SANDERS: Yeah, we tried it a new way this time.
10 We're going to start doing it on the quarterly
11 report for statistics to show ---

12 MS. COX: I like that.

13 MR. SANDERS: --- each individual allegation.

14 DR. KING: Question. What separates an ethics from
15 an unprofessional conduct? I mean, it's nice
16 to have it broken down, but we don't know what
17 guidelines that you're using to put them in
18 each category.

19 MR. SANDERS: That's really a -- really is a gray
20 area in that situation. Really it's kind of
21 hard, you know -- we just have to look at it
22 on a case-by-case basis really. I can't give
23 you any specifics really.

24 DR. BROOKS: Any further discussion or questions?

25 (No response). Now we can move on to the

1 Motion for a Change of Terms and Conditions.

2 It's tab number four in your book, Dr. Rachael
3 Easterly.

4 (The board adjourns discussion for a hearing from 9:34 to
5 11:09 a.m.)

6 (On record at 11:10 a.m)

7 DR. BROOKS: At this time, we're going to move on to
8 the disciplinary hearing with the MOA. It's
9 tab five in your books, Dr. Michael Mains.

10 (The board adjourns discussion for hearings from 11:10 a.m.
11 to 1:11 p.m.)

12 (On record at 1:11 p.m.)

13 DR. BROOKS: All right, Kitty, Reports and
14 Information, tab eight?

15 MS. COX: All right, tab eight. I've given you the
16 staffing with the director of LLR, Catherine
17 Templeton; the deputy director under her is
18 Rion Alvey. Interim assistant deputy director
19 of Office of Board Services, Charlie Ido. You
20 of course know Sheridan is your advice
21 counsel, and Pat Hanks and Lil Ann Gray is
22 your litigation attorneys. Administrative
23 assistant is Mag Moton. At this time, I would
24 like to introduce to you Carolyn Coats.
25 Carolyn Coats has come to work with me through

1 the Dental Board as well as Annie Heyward. We
2 do share a call group. And being the
3 administrator for more than one board, the
4 staff does help each other at times. So you
5 may hear, you know, Carolyn's voice on the
6 phone sometimes or see her, or she'll help in
7 a meeting, or Annie. Carolyn has been with
8 LLR for how many years?

9 MS. COATS: Fifteen.

10 MS. COX: Fifteen. Annie has been with LLR or with
11 the Dental Board and in Licensing for over 30
12 years. We have very deeply-experienced staff.
13 And so I appreciate so much being given
14 opportunity to work with you and Mag as your
15 staff and now the Dental Board. I'm very
16 appreciative of having that board and the
17 staff that comes along with it.

18 Your licensee totals right now -- well,
19 as of the 24th: Veterinarians, 1,536;
20 veterinarian technicians, 300. Total right
21 now, as of the 24th, 1,836. We have
22 statistical report since the last board
23 meeting: 41 veterinarians and 21 veterinarian
24 technicians have been issued license. One
25 temporary license was processed for

1 veterinarian. None processed for veterinarian
2 technicians. One veterinarian intern license
3 has been issued, and two veterinarians have
4 been reinstated.

5 I do have a piece of information that's
6 important for you to know on Dr. Nancy Kay.
7 You might remember she appeared before the
8 board by letter, not in person -- by
9 application, not in person. And the board was
10 not able to grant her license at that time.
11 She was coming in by endorsement, but she
12 didn't have a passing score. You may remember
13 we went to a lot of effort and research, went
14 upstairs and researched. But AAVSB did not
15 have a passing score for her, so you were not
16 able to give her a license. You said when she
17 met the criteria. We had a very nice call
18 from AAVSB and they were extremely apologetic.
19 That was Megan Pope (ph). She said she gave
20 us the wrong score, even with all the calls
21 back and forth. That indeed Dr. Kay did have
22 a passing score and she, therefore, was able
23 to be issued a license by the staff because
24 she met all the criteria. And she was very
25 kind about accepting that license and

1 understanding that the board had used the best
2 information that was given to the board, the
3 members as well as the staff. And she does
4 have a license.

5 There was a board member training
6 symposium and statute regulation cleanup
7 legislation has been discussed. Dr. Platt,
8 Dr. King, and Dr. Hughes attended the
9 symposium on the 11th. LLR had all their
10 staff people there. Also the governor came.
11 There was instruction -- a lot of legal
12 instruction about how we do the legal
13 processes, how we do the IRCs. So that was
14 very interesting. We will continue to do
15 training throughout the years that you are on
16 the board. And at times there are those
17 symposiums. And I really appreciated the Vet
18 Board having three people there. In the other
19 boards, I had a quite a few. But three from
20 this board was very nice. I appreciated it.

21 LLR is proposing a cleanup bill, one
22 that -- for all the boards. It will just
23 clean up anything in people's statutes and
24 regulations that don't match. You don't have
25 anything in your statutes and regulations that

1 we can find so far that doesn't match. We
2 can't and don't want to change anything
3 substantive. That's when you go individually
4 to open your statute or propose regulation.
5 So you won't have anything in that bill. If
6 something comes up that we find a little
7 something, we'll let you know. But right now
8 we don't see anything.

9 The Complaint Monitor Log is included
10 here as information, and it matches what was
11 told to you also in the legal report in that
12 you have Dr. Cottingham, two complaints that
13 are in the Court of Appeals. You have Dr.
14 Henry who now has been moved to February 2012
15 for his hearing. You have Dr. Fields, who is
16 with an Interim Order of Reinstatement to be
17 able to work with large animals. But at some
18 point he will have a hearing sent.

19 As I told you before, these documents,
20 they're outdated within the meeting. We've
21 already heard Dr. Mains. You heard his
22 hearing today.

23 Then the summer meeting you will see
24 that we have a surrender of a license from Dr.
25 Myers. We are waiting on two Formal

1 Complaints to be written, and that's in legal.
2 That's Dr. Wang and Dr. Fuller. You have a
3 Formal Complaint also on Dr. Cottingham that's
4 in legal. When I say in legal, it means there
5 are negotiations going on between attorneys.

6 And then you had some people that were
7 dismissed, and it shows you the dates that the
8 complainant as well as the Respondent were
9 notified of dismissals.

10 You have your fall meeting IRC and we'll
11 be filling in those blanks. And you know you
12 approved all but one. This report will go
13 back.

14 Your financial statement is always
15 provided for information. We have all the
16 details of your finances in our office as well
17 as in the financial office. Your board is
18 certainly solvent. We have two audits that
19 are done each year on each board at LLR, and
20 you had no audit findings. But that
21 information is always provided and is there
22 for you.

23 Let's see. I believe I already
24 mentioned that I've been assigned the Dental
25 Board as one of my assignments. I'm very

1 excited about that board. It has a large
2 licensee population, administers tests, and
3 has a variety of licenses and certifications.
4 And I have moved on my Counselors Board to
5 another administrator and my Occupational
6 Therapy Board to another administrator.

7 The board meeting dates for 2012 are
8 here for you. They will also always be on the
9 website. If -- any changes, they'll be on the
10 website. And then Dr. Robinson attended AAVSB
11 in New Orleans in September. And, Dr.
12 Robinson, would you like to give the board
13 some information about that meeting or what
14 you found?

15 DR. ROBINSON: I just passed out my written report.

16 MS. COX: Oh. Well, thank you.

17 DR. ROBINSON: I -- one thing did come up last year
18 about whether or not we should accept
19 acupuncture and alternative medicine as CE.
20 There was a Dr. Robinson from Colorado State
21 that gave a very good presentation. And in
22 this -- I thought it would be well worth
23 either communicating with her via Skype or
24 some other way. She not only objected to
25 alternative medicine but had her facts backed

1 up about all the various Chinese potions you
2 put in teas and stuff. And she had them all
3 documented. And she, she really didn't
4 believe in alternative medicine. I did make
5 comment that alternative medicine -- a lot of
6 times people will, after being turned down by
7 conventional medicine or surgery that they
8 can't do anything about, they will reach out
9 for any kind of alternative aid because they
10 don't want to give up hope and just go
11 somewhere and die. And -- but other than
12 that, it was a great event. Very educational.
13 Stayed busy. Thank you.

14 DR. BROOKS: Thank you. Are you finished, Kitty?

15 MS. COX: (Nods head).

16 DR. BROOKS: Legal has nothing.

17 DR. PLATT: Can I ask Kitty one question? I'm
18 sorry.

19 DR. BROOKS: Yes.

20 DR. PLATT: May have been asked.

21 DR. BROOKS: You may.

22 DR. PLATT: May I? I'm sorry. There are two summer
23 items that are still waiting on -- to be
24 written. Any particular reason why it's three
25 months post?

1 MS. COX: My way of reviewing this, as soon as you
2 have your meeting, then I update this form.
3 And then a month later I look at it to see
4 where we are, and then I ask questions. Where
5 is this? When is this coming? Two months
6 after your meeting, I look at all of your
7 complaints again and I go back to legal and I
8 go back to OIE. Where is this? What is the
9 status of that? And then before the meeting.

10 When people are having a Formal
11 Complaint written, they are going over the
12 Investigative Review Summaries and the
13 Litigation Summaries -- I think Litigation
14 Summary's the more correct word. And they
15 sometimes begin negotiations with attorneys as
16 they are writing that. And then, not that we
17 would like it to be this way, but your
18 attorneys work with a quarter of a million
19 licensees and complaints and numerous boards.
20 So sometimes we aren't first. We're in a line
21 of when things come to them. But I would like
22 for you to rest assured that I'm asking those
23 questions. I'm told that on the Dental Board
24 too. They have maybe twice or three times the
25 number of complaints that you have. But

1 that's how I work. Soon as your meeting's
2 over, I start populating these fields. And
3 then each month I go back and ask. So the
4 attorneys know I ask, and the investigators
5 know I ask. And sometimes the answer isn't
6 what I might want, but it's on their desk.
7 And that's about the best answer that I can
8 give you.

9 DR. BROOKS: Any further questions?

10 DR. PLATT: I, I understand things take a long time,
11 but if I'm a complainant or a Respondent and
12 I've been notified in July that the board is,
13 is taking formal action on something, I sure
14 would want there to be some communication
15 within the -- within the 90-day period. And
16 it very well may be that there's negotiations
17 or that there are negotiations occurring on
18 those cases. But I hate to assume that and
19 there not be any communication between the
20 parties there. It has been three months since
21 a Formal Complaint has been recommended. And
22 I, I don't ever feel comfortable with that
23 type of time frame.

24 MS. COX: I hear what you're saying.

25 DR. BROOKS: Is there a way to be sure that each

1 party has been -- is informed of what's going
2 on?

3 MS. COX: That is where I ask, you know, have they
4 been informed? What is going on? They have a
5 Formal Complaint -- of course, they've been
6 served.

7 DR. BROOKS: Right.

8 MS. COX: And then they get the days when they can
9 do an answer. Some people answer; some people
10 don't. And then it goes from there. But
11 that's over in legal and their supervisors.
12 But I ask. And they -- I email them back and
13 forth.

14 DR. PLATT: They've been served with a Formal
15 Complaint?

16 MS. COX: Once they -- a Formal Complaint has been
17 authorized, then the Formal Complaint is
18 written from a Litigation Summary. The
19 Litigation Summary comes out of OIE. That's
20 the investigators. It goes to legal. Then
21 legal works with that paperwork and works with
22 attorneys and files are going back and forth.
23 So the Formal Complaint, it takes a while for
24 it to be written. That isn't something that's
25 written in a day or two. That's a legal

1 document. But I'm -- I mean, I ---

2 DR. BROOKS: The complainant is apprised of what's
3 happening?

4 MS. COX: They know that they're getting a Formal
5 Complaint.

6 DR. BROOKS: They just don't know when?

7 MS. COX: They don't know when. It takes a while.
8 Those are processes. And I'd like to use the
9 term due process, because they're going
10 through a legally-sanctioned form of the way
11 LLR works for all the boards. So and,
12 Sheridan, you're welcome to speak to this if
13 you would like.

14 MR. SPOON: Yeah.

15 MS. COX: I am not the supervisors of ---

16 DR. PLATT: Oh, understood. But you all know where
17 I'm coming from on that.

18 MS. COX: Oh, absolutely.

19 DR. BROOKS: Yes.

20 DR. PLATT: Okay?

21 MS. COX: I understand.

22 DR. PLATT: And, in my opinion, 90 days is plenty of
23 time to prepare, process, and serve and make
24 public Final Order -- Formal Complaints. And
25 if they're in the process of negotiation,

1 that's great. If I know that, then I feel
2 comfortable. If, if I don't know and we just
3 assume that there may be communication between
4 attorneys making the process -- and I
5 understand it's a process -- making the
6 process extended, you know, I hate to assume
7 that and then somebody on either end of that
8 transaction wonder what's happening. That's -
9 - that was -- this is the exact type of
10 circumstance that was the purpose of our board
11 desiring status updates.

12 MS. COX: Right.

13 DR. PLATT: Okay. And so I would move that we
14 request a specific update on where those
15 Formal Complaints stand.

16 MS. COX: And when I ask that question, which I
17 always -- as I've told you, I ask; they say
18 they are working on it. That's my response to
19 me. Now, if you want me to ask their manager
20 or something, I can do that.

21 DR. BROOKS: Can we be assured also that the person
22 who has made the complaint and the Respondent
23 have been notified that they're working on it
24 and that it's not just out there? That
25 there's communication between all of the

1 parties?

2 DR. PLATT: If I tell them -- if my wife has an
3 errand for me to run and I -- it ain't
4 happening and I tell her I'm working on it, it
5 doesn't work. That's not good enough.

6 DR. BROOKS: No unfinished business. New business
7 is tab nine. Dr. Allen Causey and Dr. Parren
8 Re' Causey - Spay/Neuter Clinics Regulations
9 and Shelter Medicine Regulation.

10 (Dr. Causey takes the floor).

11 DR. CAUSEY: Morning, guys. Thank y'all for letting
12 me come in here and talk to you. I know a lot
13 of y'all. And it helps that I've got a
14 migraine, too. I'm dying here. This is
15 killing me. I'm a '96 Georgia grad. I went
16 and practiced a year in Charleston with Dr.
17 Thomas Dantzler and came up to Florence in
18 '97. I've been there since 1997. The reason
19 I got there is because my wife got a job and I
20 had to follow her there.

21 Prior to all that, I spent 14 years in
22 the military. Seven on active duty and seven
23 in Reserves. Anybody ever flown in a Black
24 Hawk helicopter at 140 miles an hour ten feet
25 above the ground? The pilots usually say

1 before you do something, Buckle Up, Betty.
2 We're going for a ride. Y'all buckle up,
3 because we're going for a ride. It's gonna be
4 quick and dirty, and I want to get out of here
5 and get done.

6 The issues I have? We have a
7 spay/neuter clinic in Florence. How many of
8 y'all have one of those in y'all's community?

9 DR. CRIBB: (Nods head).

10 DR. CAUSEY: Okay. Do you take your best clients
11 and send them over there to get their dogs or
12 cats spayed or neutered? If you've got to go
13 get a vasectomy, do you run down here to the
14 Walmart chop-shop? I'm serious. I am dead
15 serious. Are you gonna do it? And are you
16 gonna go up to the table and say, Get on it,
17 I'm done? No, you're not. Spay/neuters work
18 really good, and I think y'all got a program
19 here in Columbia where they take shelter
20 animals, they take strays from pick-ups from,
21 you know, police department, get them done.

22 Right now it's a money issue. It's also
23 getting in to being a medical issue because
24 we're having a lot of problems. I am looking
25 at this -- this is a special report of the

1 Association of Shelter Veterinarians,
2 Veterinarian Medical Care Guidelines for
3 Spay/Neuter Programs. JAVMA Volume 223,
4 Number 1, July 1, 2008. And that is actually
5 linked on our website I do believe; right, Ms.
6 Cox?

7 MS. COX: Yes.

8 DR. CAUSEY: All right. My first worry (ph) is
9 veterinarians in the state of South Carolina
10 and the Veterinarian Medical Board have
11 advocated (ph) our responsibility and our
12 authority. Why? Spay/neuter programs are
13 designed to facilitate access to spay/neuter
14 services among targeted populations of animals
15 in an effort to prevent reproduction and
16 reduce subsequent overpopulation. When you
17 drive up to a spay/neuter clinic, you don't
18 expect to see three Lexuses and a Mercedes.
19 Am I incorrect? Or am I correct about that?
20 Do we expect to see the shelter van pulled up
21 with 30 cats being unloaded? Well, it is
22 adversely affecting businesses, and I'm
23 actually sending people to this snip (ph)
24 plant.

25 We have people come in and say, I can't

1 afford this, Doc. Dude, we've got an
2 alternative. Go next door. Go down there and
3 see them. That is a last-ditch effort. We
4 are not using our position in the most
5 medically-sound manner.

6 One thing, the target population, that's
7 one issue. The target population: Shelter
8 animals. They need to get spayed and
9 neutered. I know this. I did three to four a
10 day for ten years for free for our shelters.
11 I worked with eight or nine different rescue
12 organizations, and I did most of theirs for
13 free for three to four years. That's the
14 target population. And I speak from
15 experience. We did tons of spays and neuters.
16 And I enjoy doing that and I want to continue
17 doing that. But the target population should
18 not be your clients. The target population
19 should be strays picked up off the street.

20 Second thing, in developing the
21 guidelines, the Association of Shelter Vets
22 hopes to establish spay/neuter practice as a
23 recognized practice area within veterinarian
24 medicine. I'm a little uncertain of why that
25 is there because I already thought it was a

1 part of veterinary medicine. I just don't
2 understand that.

3 DR. PLATT: Pardon me, who said that?

4 DR. CAUSEY: This is with the Shelter Veterinarian
5 Association. And it says, As a recognized
6 practice area. That doesn't click because we
7 already, as veterinarians, do that.

8 In talking about what these people do,
9 spay/neuter programs, importantly, they are
10 meant to enhance not replace state practice
11 acts and where difference exist between these
12 guidelines and state practice acts,
13 veterinarians are encouraged to comply with
14 the more stringent guidelines. Well, that in
15 and of itself makes sense. But basically
16 they're saying, if something is not correct
17 according to state rules, you violate state
18 policy. Go on and do it because we're doing
19 this for the greater good. If you'll read
20 that -- I'm sure Mr. Spoon can probably ---

21 MR. SPOON: What am I reading?

22 DR. CAUSEY: The state practice act. These guys are
23 basically telling you to violate state
24 practice act.

25 MR. SPOON: What section is that?

1 DR. CAUSEY: Section -- in this, page 75.

2 MR. SPOON: What section?

3 DR. CAUSEY: This is from the Association of Shelter
4 Veterinarians.

5 MR. SPOON: Okay. I'm sorry. I'm not trying to be
6 unclear. What section of the practice act ---

7 DR. CAUSEY: You're like me. You've been in a
8 meeting for five hours ---

9 MR. SPOON: What section of the practice act? I
10 don't want to hold you up.

11 DR. CAUSEY: I do not have it with me. I ---

12 MR. SPOON: Section 280 or?

13 DR. CAUSEY: I have no clue.

14 MR. SPOON: 290?

15 DR. CAUSEY: This is written in -- let me read it to
16 you again, okay? Let me find my spot again.
17 These guidelines are meant to enhance not
18 replace state practice acts. Okay, says not
19 replace practice acts. And where differences
20 exist, these guidelines and state practice
21 acts, veterinarians are encouraged to comply
22 with the most stringent guideline. Basically
23 that's a, an invitation to violate state
24 practice act.

25 MR. SPOON: Okay.

1 DR. CAUSEY: Which I as a veterinarian have to
2 follow.

3 MR. SPOON: Okay. I'm not -- I'm not sure I follow
4 you. But ---

5 DR. CAUSEY: I'll let you read it. Here. This is -
6 --

7 MR. SPOON: See, you're looking at one source and
8 I'm looking at the practice act.

9 DR. CAUSEY: Yeah, I'm looking at the ---

10 MR. SPOON: You're looking at a report from JAVMA.

11 DR. CAUSEY: Right. Which the state board has put
12 as the safe harbor ---

13 MR. SPOON: Okay.

14 DR. CAUSEY: --- for this association. So basically
15 that says, if something happens, you know, go
16 on and violate state law. It doesn't matter.

17 MR. SPOON: I don't -- I'm not sure I read it that
18 way, sir. But I don't want to hold up your
19 presentation.

20 DR. CAUSEY: Well, that's a difference of opinion,
21 okay? The other thing, risk/rewards. And if
22 this is a safe harbor act, if this report is
23 taken as a safe harbor, what does that in and
24 of itself mean? Does that mean that I as a
25 vet, if I spay something and it dies, I get

1 sued. But if they accept a 5% loss, are they
2 free and clear to get away with doing that?
3 Who regulates this? Who is the governing
4 board? How is this decided? Does anybody
5 know?

6 DR. PLATT: Yes, I do. If a veterinarian works with
7 a shelter and provides veterinary services,
8 the licensed veterinarian subject to all of
9 the -- all the requirements as set forth in
10 the practice act and the regulations.

11 DR. CAUSEY: Which regulations?

12 DR. PLATT: 120 ---

13 DR. BROOKS: Is it technically a shelter?

14 DR. PLATT: Chapter 120 of the ---

15 DR. CAUSEY: That's not a shelter though. That's a
16 spay and neuter clinic, which is a veterinary
17 office ---

18 DR. PLATT: I understand ---

19 DR. CAUSEY: --- which according to state
20 regulations must have x-ray equipment and
21 laboratory equipment, correct? Which ---

22 DR. PLATT: I don't know the specific ---

23 DR. CAUSEY: --- they don't.

24 DR. PLATT: --- facility requirement. Well, I
25 respect that. What I'm sharing is that, from

1 my -- from my seat, any veterinarian even in a
2 spay/neuter clinic is held to the same
3 requirements that I am held. And is subject
4 to the same ---

5 DR. CAUSEY: (Interrupting and talking over each
6 other).

7 DR. PLATT: --- regulatory ---

8 DR. CAUSEY: --- that we must, right?

9 DR. PLATT: That's my understanding.

10 DR. CAUSEY: Well, then why is this considered a
11 safe harbor for veterinarians that work at the
12 spay/neuter clinics?

13 DR. PLATT: Forgive me. I haven't read the entire
14 document.

15 DR. CAUSEY: Yeah.

16 DR. PLATT: But you just said that it's made to
17 enhance not restrict, and the more strict
18 should be followed.

19 DR. CAUSEY: Even if it violates state law?

20 DR. PLATT: The more strict, as I read -- as I
21 interpret what you said was the state law.
22 They said it's not meant to replace
23 regulations or the practice act. And where
24 there is something more strict, it should --
25 you should follow what's more strict. I have

1 yet to see a spay/neuter -- in the six years
2 I've been on the board, a spay/neuter --
3 someone complain about a spay/neuter clinic
4 that I can recall in which, because it was a
5 spay/neuter clinic, we have dismissed a
6 complaint.

7 DR. CAUSEY: I think it's a -- and that's a good
8 point. There, there is a lot of stuff that
9 goes on that never makes it to the board. We
10 have -- it's basically the difference between
11 two standards, perceived maybe, that
12 veterinarians that work in private practice
13 will spay and neuter a dog; we expend great
14 amounts of energy to ensure that it's done
15 correctly because you know as well as I do one
16 big mess up and your name's mud. I mean it
17 takes one good TV news story and you're done.
18 But yet the perception that we see is that if
19 the spay/neuter clinic has something die,
20 that's an accepted loss. And that's sort of
21 what this article ---

22 DR. PLATT: Who says that? Who says that?

23 DR. CAUSEY: That's what this article says. Read
24 this article. I'll give ---

25 DR. PLATT: I understand. I understand. I just

1 read the whole section of the part about -- on
2 risk/reward. Many things do -- are done
3 according to risk/reward ---

4 DR. CAUSEY: Oh, absolutely.

5 DR. PLATT: --- but if there's a perception by the
6 public that a spay/neuter clinic has a
7 different level of requirements or level of
8 service or level of expertise or level of
9 success, that is not the intention or the
10 purview of the board to encourage that
11 perception.

12 DR. CAUSEY: Right.

13 DR. PLATT: If that member, regardless of their
14 perceptions, if that member of the public took
15 their pet to a spay/neuter clinic and had a
16 complication, the veterinarian involved would
17 be subject to the same requirements as you or
18 I. That's my understanding.

19 DR. CAUSEY: I agree.

20 DR. PLATT: If I'm wrong ---

21 DR. CAUSEY: No, and that should be what it is. But
22 the guidelines in this thing do not -- and
23 this is -- and what -- and tell me if I'm
24 thinking wrong about safe harbor. What I'm
25 saying safe harbor is that -- and Ms. Katie

1 (sic), you can tell me -- that means like this
2 is our fallback? This is our position? We
3 let them dictate this position? Is that sort
4 of what that means? It's as a guideline to
5 use in conjunction with the state regulations?
6 Is that how that's looked upon?

7 MS. COX: This is what legal told me -- and,
8 Sheridan, you may want to speak to this --
9 that a safe harbor means if you behave in a
10 certain way, then you will more than likely
11 not be subject to discipline of the board.

12 MR. SPOON: Yeah. An that, you know, the safe
13 harbor is something -- it is a concept. And
14 I'm not really educated as far as the document
15 that you're talking about that's on the
16 website right now. There are a number of
17 documents and links that are on these various
18 boards' websites that are not inconsistent
19 with what they do.

20 DR. CAUSEY: Yeah.

21 MR. SPOON: When you put something like that, a
22 document or link a document, it doesn't mean
23 that the board is saying this is the law, this
24 is the standard we use. It's just like you
25 see a link to anything. You might see a link

1 on the Board of Medical Examiners, you might
2 see a link on their website to just -- to the
3 AMA for instance. I don't know if it's there
4 or not.

5 DR. CAUSEY: Yeah.

6 MR. SPOON: It's, it's there as information. But
7 the concept of the safe harbor just simply
8 means that you've got a practice act. The
9 practice act is a minimum standard for both
10 licensure and for performance as to the
11 standard of care and as to the ethical conduct
12 of licensees under that act. Many times
13 boards -- this board I would assume, and other
14 boards as well, get questions about particular
15 practice situations that those who practice
16 cannot find it addressed in the practice act
17 as to what do we do in this situation. You
18 know, one of the things -- one that comes to
19 mind for me is like for a dentist, am I
20 supposed to send the original x-ray or am I
21 supposed to send a copy of the x-ray? It's
22 just not addressed in the Dental Practice Act.
23 So the Dental Board could in that instance
24 say, Here's the safe harbor provision. Okay?
25 In other words, this is not in our practice

1 act, but we get enough questions about this to
2 the point where we're gonna write instructions
3 to staff and maybe some information that might
4 be helpful to licensees on how to deal with a
5 situation. It doesn't mean, though, that --
6 let's just call that a policy for lack of a
7 better word.

8 DR. CAUSEY: Uh-huh.

9 MR. SPOON: It doesn't mean that a licensee could be
10 disciplined for violation of that statement or
11 that policy. It's the board trying to
12 accommodate requests that come in to give
13 guidance to the profession.

14 DR. CAUSEY: Right.

15 MR. SPOON: And there are many, many other sources
16 of guidance that can be had.

17 DR. CAUSEY: That's a good statement. Say that
18 again: Trying to give guidance to the
19 profession. And I think what I -- my main
20 point is, is that there is a lack of guidance
21 to not only the spay/neuter clinics but also
22 to the shelters. And that, that -- that's
23 probably ---

24 MR. SPOON: Okay.

25 DR. CAUSEY: --- the best point. And that is one of

1 the reasons I'm here is there is no guidance,
2 okay? The spay/neuter director in Florence is
3 actually a very dear friend of mine and a very
4 good client. But there's no guidance.
5 There's no regulations that they seem to
6 follow. Emergency care, you spay a dog or a
7 cat. If they call in with a complication,
8 you're gonna see it? Sure. I mean normal
9 practice. When I talk to this lady about
10 that, you know, what happens if you have an
11 emergency? The answer I was given is, We're
12 not getting into that. Is that an acceptable
13 standard of care?

14 DR. KING: One of the things I think Dr. Platt
15 brought out was -- is we're not seeing these
16 complaints come to us at this board.

17 DR. CAUSEY: Well, that's another reason I'm here is
18 because I see a lot of them. I've been the
19 one that's been called at ten o'clock at night
20 to come fix a dehiscence or a ---

21 DR. KING: What if you tell that client to, to make
22 an official complaint?

23 DR. BROOKS: I think you can make a complaint.

24 DR. KING: Or you make it ---

25 DR. CAUSEY: One spot of bad press and your name is

1 mud. You know that. If I called up here and
2 told a client to come up here and I got
3 slammed on the news -- and trust me, in
4 Florence County, we've been slammed for the
5 past 15 years, okay? The vet is out; does
6 anybody remember that story? Yeah, that was
7 all over the news. Your practice is done.
8 Okay, if I tell a client, you know, go to
9 Columbia. I'm not going to see your -- you
10 had it done at the snip clinic. Call the snip
11 clinic director. It'll take about two days
12 for that word to get around town, and you are
13 done. And, yes, that it is a problem. And
14 that is another problem that needs to be
15 addressed. There's a lot of lack of guidance
16 in this area.

17 Shelter -- and I sort of just briefed on
18 that. The shelter -- had a girl that
19 interviewed at our office and came in and
20 said, You know, I interviewed at the shelter
21 the other day and they don't have a
22 veterinarian there, and I was told by the
23 board of directors that I needed to act like a
24 veterinarian if I was going to work there.
25 Two people actually. And if you don't believe

1 it, I'll get you their names. Is that
2 practicing without a license? I, I, I'm
3 asking a question. Is that practicing
4 veterinarian medicine without a license:
5 Treating and prescribing drugs and courses of
6 treatment in a shelter without a veterinarian
7 present?

8 DR. ROBINSON: Ms. Cox, Dr. John Davis called me
9 last summer and asked me a question, directly
10 concerns that were brought up today. He does
11 spay and neuters for the Humane Society or
12 whatever up there. But -- and he wanted to
13 know Do I have to keep the same records on
14 pets that I spay and neuter for the Humane
15 Society as I would if they were my own
16 patients. I told him I couldn't answer. Had
17 to call you. And I gave him your name and
18 telephone number. So I don't know if he
19 called you up or not.

20 MS. COX: I don't remember that he did or not
21 because we get a lot of calls of course. But
22 that'd be up to this board to make a
23 veterinary practice decision on that. And
24 many times when I get those questions, I pass
25 them on to like the president -- Dr. Platt,

1 I've asked him questions before. And, you
2 know, Dr. Brooks. So we want to know that --
3 but anything you're doing, they should be a
4 veterinary-patient-client relationship.
5 They're also limited facilities, and that's in
6 your regulations ---

7 MR. SPOON: It's in the regs.

8 MS. COX: There are also comprehensive facilities
9 noted. So I think when people are going to
10 have something done, it'd be buyer beware.
11 Maybe they need to know where they are going
12 and what they're getting. But you are the
13 professionals in that area, so this board
14 needs to answer ---

15 DR. ROBINSON: But he -- he's the one that called me
16 and wanted to know ---

17 DR. PLATT: There's a clear answer ---

18 DR. ROBINSON: --- need anything more than black
19 cat, male, and neuter.

20 DR. PLATT: There's a clear answer in our
21 regulations to that. It's been around in
22 Section 120-12. The board does not regulate
23 the activity of shelter owners. Just as I
24 don't regulate the activity of what a farmer
25 does with his own animals. A owner of a

1 shelter is considered to be the owner of those
2 animals. And that -- I do not -- that person
3 does not have a license. As a board, we do
4 not have any authority over people who don't
5 have licenses. I wish we did at times, but we
6 don't. If that shelter owner does something
7 cruel to that animal or inhumane, just as if a
8 farmer or if an owner of a kennel did
9 something cruel or inhumane to that animal,
10 they're held to animal cruelty law. But the
11 board doesn't do that. The board doesn't have
12 that purview. Veterinarian supervised
13 services section B, to animals in shelters are
14 not required to be client-patient relation --
15 pardon me -- client-patient records as
16 otherwise required by these regulations. So
17 that's a ---

18 DR. ROBINSON: That's what I need to know.

19 DR. PLATT: It's clear ---

20 DR. CAUSEY: Okay, time out.

21 DR. PLATT: --- but ---

22 DR. CAUSEY: Go ahead. Sorry.

23 DR. PLATT: It's C, where a shelter or licensed
24 veterinarian in conjunction with a shelter
25 provides veterinary services, the licensed

1 veterinarian is subject to every requirement
2 that is in our practice act and our
3 legislative regulations.

4 DR. CAUSEY: And the disparity there is that this
5 safe harbor act says that you must keep
6 records on every animal that's ---

7 DR. PLATT: Pardon?

8 MS. COX: I'd like to go back to Dr. Robinson. Dr.
9 Robinson asked me about spay/neuter clinics,
10 not shelters. So is -- you know, I think we
11 need ---

12 DR. CAUSEY: We're sort of bridging gaps here.
13 That's right. That's right.

14 MS. COX: Yeah, I think we need to be real specific.
15 Are we answering the question? Because I
16 could've gone down into that next part too
17 about shelter to get that understanding. But
18 are we talking about shelter, then we need to
19 talk all about the shelter details. Are you
20 talking clinics? And then clinics,
21 spay/neuter clinics, is something a limited
22 facility or a comprehensive facility? So
23 you're -- you've got to get your questions and
24 your answers in the right ---

25 (Multiple speakers).

1 DR. CAUSEY: I sort of merged into the shelters ---

2 DR. PLATT: Yeah, well, there's a difference.

3 DR. ROBINSON: --- the question he asked me was what

4 he -- because he goes out -- he's got his own

5 practice. But he goes out to the Humane

6 Society and does spays and neuters for them.

7 Now he doesn't own the shelter and he doesn't

8 -- according to Section B, if you worked for

9 them, he wouldn't have to or owned it, he

10 wouldn't have to answer to it. Now ---

11 DR. PLATT: According ---

12 (Multiple speakers).

13 DR. PLATT: --- if the snip program is not a

14 shelter, then they are indeed required to keep

15 the same records as everyone else would be

16 required to keep.

17 DR. CAUSEY: Correct. And that's one of the things

18 -- the snip being a side, but the shelter

19 being the other side. The snip clinic is

20 supposed to keep records. Now, I had a

21 question for Ms. Cox. Limited versus

22 comprehensive, what are the regulations

23 concerning the facilities and abilities of a

24 clinic? Does it state that they must have x-

25 ray and, and, and anesthesia and gas machines

1 and, and ---

2 MR. SPOON: My suggestion would be -- I think you're
3 asking -- I think you're asking ---

4 MS. COX: Great question.

5 MR. SPOON: --- for a legal opinion. And I really
6 don't think that it's, you know, in all
7 fairness to her or me, even I -- I try very
8 hard not to give legal opinions just off the
9 cuff. So, you know, I would say that you may
10 -- go ahead and put that in writing, any
11 questions that you have that really request an
12 interpretation of the practice act.

13 Ultimately, the board interprets its practice
14 act. And I -- and, again, I can tell you just
15 personally, we get questions all the time from
16 folks that are asking something that is simply
17 not addressed in the practice act. Because
18 these practice acts deal mainly with two
19 things: The licensing and the grounds for
20 discipline. That's, that's about 90% of what
21 they, what they do. So there's a lot of
22 questions that come up ---

23 DR. CAUSEY: Who does ---

24 MR. SPOON: I'm sorry, could I finish?

25 DR. CAUSEY: Sure.

1 MR. SPOON: And it's about 90% of what comes up.
2 And there's things that come up out there in
3 the real world that these practice acts just
4 don't address. And in those instances, we
5 have to say that we don't have an answer
6 because it's not in the practice act. And
7 that's where the board's jurisdiction is. To
8 deal with their practice act. There's very,
9 very, very few exceptions. This is the only
10 law that a board has to deal with. It's a
11 statute and a set of regulations. So it's --
12 and again, I'm not trying to cut you off or
13 not give you an answer. But, at the same
14 time, I don't want to -- I don't want anybody
15 to give you an answer that's just off the cuff
16 ---

17 DR. CAUSEY: Sure.

18 MR. SPOON: --- that ---

19 DR. CAUSEY: I understand.

20 MR. SPOON: --- may or may not be correct.

21 DR. CAUSEY: Who does regulate that? You said we
22 don't. And I'm curious, seriously, who does?

23 DR. PLATT: You speaking of shelter -- you ---

24 DR. CAUSEY: Either or. Shelter or ---

25 DR. PLATT: Okay. For shelter ---

1 DR. CAUSEY: Shelter and snip, right.

2 DR. PLATT: For the owner of a shelter, that --
3 those -- that's animal cruelty general,
4 general county or state ordinance. For any
5 veterinarian involved with a shelter, that's
6 us. And there's no difference in their
7 requirements, what they do, than what I do
8 other than the record-keeping requirement,
9 which for whatever reason when the regulations
10 were written a hundred billion years ago and
11 ratified again in 2009 and updated, that stays
12 in there. And the principle is in -- the
13 principle involved is the idea of can we herd
14 help and things of that nature. Okay?

15 Now, have you seen -- do you have a copy
16 of the regulations?

17 DR. CAUSEY: I did back -- yes, sir.

18 DR. PLATT: All right. Let me share with you that,
19 from my perspective sitting here, the practice
20 act and the regulations are much more
21 important articles and sources of reference
22 than a link as a safe harbor as a general
23 guideline. Even the page you're quoting
24 defers to the practice acts and regulations
25 and anything that is more stringent.

1 DR. CAUSEY: Yeah.

2 DR. PLATT: In fact, I don't personally think that
3 spay/neuters should be a subspecialty of
4 veterinary medicine, okay? I don't believe
5 that. I do understand the principle. I don't
6 spay/neuter animals at six to eight weeks of
7 age. Okay? Because I think that's too much
8 stress on them. Someone whose focus is pet
9 population control may look at all those value
10 judgements and come to a different judgement.
11 And statistics can be seen on both sides of
12 that question. And that's my interpretation
13 of that risk/reward kind of idea. But in --
14 make sure whether, whether you don't, whether
15 you slip an anonymous note under the door of
16 the newspaper, whatever, make sure that people
17 receiving veterinary services anywhere,
18 premium practice or spay/neuter clinic,
19 understand that the responsibilities are the
20 same of that veterinarian. And the
21 consequences of that veterinarian are the
22 same. They're not any different. And forgive
23 me for, for rambling on and, and -- but please
24 understand that that link to that article --
25 it's an article in a journal.

1 DR. CAUSEY: Uh-huh.

2 DR. PLATT: It does not carry the weight of law.

3 DR. CAUSEY: Sure.

4 DR. PLATT: And even though it's a link, the board
5 looks at the laws that are, that are present.
6 And if -- I think a lot of your questions on
7 what's required, if you're going to do
8 surgery, there are requirements. Okay? And
9 they're listed specifically. If you're not
10 doing x-rays, you don't have to have an x-ray
11 machine. But you have to state that you're a
12 limited facility and that x-ray machines and
13 other things or emergency services located so
14 and so. We've got -- we've got six signs on
15 our exterior doors at our office that state
16 that if you can't get ahold of us after hours,
17 this is where you go. This is the number.
18 Here's a map. Here's a card that's printed
19 out with the map. We're required to do that
20 when we have facility inspections. Okay?

21 One thing I think we can check on from
22 an administrative standpoint are spay/neuter
23 facilities having facility inspections like
24 everybody else. That's an appropriate
25 question there. But please don't take the --

1 take the perspective that by linking ---

2 DR. CAUSEY: No, and that's ---

3 DR. PLATT: --- guideline that we are not trying to
4 enforce humane and proper professional laws
5 related to standards of clinics or shelters.

6 DR. CAUSEY: No. I'm using that as a reference as
7 the safe harbor as a fallback. I know you're
8 supposed to go to the guidelines of the state.
9 And I know you're probably -- if it means
10 violating state law, you're probably going to
11 do what's more stringent or more correct or
12 more right. But there's some discrepancy (ph)
13 in that thing. I would love to see the state
14 board just get rid of that. And if the snip
15 clinic is indeed a veterinary facility, then I
16 am suggesting that general counsel needs to
17 incorporate that through our practice act ---

18 MR. SPOON: Only the Legislature can do that, sir.

19 DR. CAUSEY: Well, somebody do it. I don't care
20 who. But we've got to get them as an
21 incorporation into practicing veterinarianian
22 medicine and not ---

23 DR. PLATT: They are. They should be.

24 DR. CAUSEY: They're not.

25 DR. PLATT: My interpretation of the regulation is

1 the only exception is shelters. A spay/neuter
2 clinic that takes in private animals and
3 provides a veterinary service for very good
4 reasons at a reduced price, they are still
5 held accountable by the clients. They still
6 have a client-patient-doctor relationship.
7 Their facility should still be inspected.

8 DR. CAUSEY: And compliant, correct.

9 (Multiple speakers).

10 DR. CRIBB: You have to have a complaint to act on
11 it.

12 DR. ROBINSON: They'll take people off the street,
13 take the animals and they'll ---

14 DR. PLATT: Understood. And they ---

15 DR. ROBINSON: --- provide them and ---

16 DR. PLATT: --- and according to the regulations --
17 now again, we don't act on it until somebody
18 says act on it.

19 DR. KING: That's what we're saying. Until we get
20 official complaints ---

21 DR. PLATT: The law is clear on that.

22 DR. KING: --- we can't. You know, that's what you
23 -- that, that person that you met at ten
24 o'clock with a dehiscence that paid whatever
25 they had to pay and, and they -- then you say,

1 you know, that's -- this is a problem. You
2 may want to dial this number and make an
3 official complaint.

4 DR. BROOKS: And we have had ---

5 DR. KING: That doesn't put you in the newspaper at
6 all.

7 DR. BROOKS: And we have even recently had
8 complaints about it, so people do make
9 complaints against ---

10 DR. PLATT: And they're never told we don't have
11 anything to do with it.

12 DR. CAUSEY: Yeah.

13 DR. PLATT: And they're never -- we don't condone
14 substandard practice.

15 DR. CAUSEY: Uh-huh. All right. Well, that's one
16 thing. The shelters was the other thing.
17 Okay, and I understand about the herd help.
18 That applicant said the place you need to act
19 as a vet, is that practicing veterinary
20 medicine without a license?

21 DR. BROOKS: We can only take action on people who
22 are licensed. It is -- it is a frustration
23 for us. If we find that there are people who
24 are practicing, we can, I believe, Kitty,
25 right, we can do a Cease and Desist ---

1 MS. COX: Cease and Desist.

2 DR. BROOKS: But the only people we can take action
3 on are people who are actually licensed.

4 MS. HARTMAN: And once again, people would have to
5 file a complaint.

6 DR. CAUSEY: Wow. That's cool. All right, last
7 thing. I promise. And I'll leave. I'll go
8 away forever because I don't want (inaudible)
9 board meeting. But that does talk about board
10 meeting is what I want to do. And I talked to
11 Ms. Cox about this. Dr Rebecca is down in
12 Walterboro. I live in Florence. And we're
13 all part of the sixth district. It's two
14 hours down to her house. We're coming up on
15 the seventh district. It's gonna be by the
16 next election if the Justice Department
17 decides to do something. I would like to make
18 a recommendation that we go ahead and start
19 incorporating that. I know Ms. Cox told me
20 there's a line of stuff you've got to do
21 that's this long you've got to go through in
22 order to get a representative from a district.
23 But we need to go ahead and do it. I've been
24 in Florence since 1997 and not a single person
25 that's ever sat on this board has ever asked

1 me before a board meeting, Is there a concern
2 or something that needs to be voiced before
3 the board. Not once. And Dr. Rebecca's way
4 down there and we're way up here. I want
5 somebody way up here. And that's just the way
6 the districts were drawn by the -- whoever in
7 the Justice Department has to approve it and
8 go through all this mess. I know there's a
9 lot of stuff that's gotta be done. Legal has
10 got their hands cut full -- slap full of stuff
11 they've got to do in order to get this stuff
12 through, but why can't we go ahead and get
13 started and say that we're gonna do this ---

14 MR. SPOON: The reason ---

15 DR. CAUSEY: --- and start incorporating it?

16 MR. SPOON: And, you know, that's -- there's 41
17 boards ---

18 DR. CAUSEY: Yeah.

19 MR. SPOON: --- and commissions. Veterinary,
20 Podiatry, Nursing, Residential Builders ---

21 DR. CAUSEY: Hair dressers.

22 MR. SPOON: --- Contractors ---

23 DR. CAUSEY: Cemetery.

24 MR. SPOON: --- Cemetery and Funeral -- there's 41.
25 It's pretty common that the board membership

1 is -- it's always established by statute.

2 DR. CAUSEY: Yeah.

3 MR. SPOON: And it's also pretty common that the
4 board membership is set up by those
5 Congressional districts.

6 DR. CAUSEY: Yeah.

7 MR. SPOON: And so, obviously, if there is
8 ultimately an additional district added, the
9 practice acts and the board composition -- and
10 that's something I would assume you would want
11 to do not just for one board but for all of
12 them.

13 DR. CAUSEY: Yeah.

14 MR. SPOON: And when that occurs, when this -- when
15 or if there is a seventh district ---

16 DR. CAUSEY: Yeah.

17 MR. SPOON: --- the appointments to these boards are
18 actually handled at the governor's office
19 level. If you read the language in the
20 statute, it says things like -- words to the
21 effect Appointed by the governor; Advise and
22 consent of the Senate; et cetera, et cetera.
23 So that is an issue, sir, that is handled
24 actually outside of LLR. And it also is an
25 issue for other state agencies like the board

1 over at DHEC.

2 DR. CAUSEY: Uh-huh.

3 MR. SPOON: I can't think of any more right now.

4 But there are other boards in this state that
5 don't operate under the administration of LLR.

6 And it -- and that seventh district issue is
7 gonna affect them too. And in most if not all

8 cases that's a -- that's a governor's office

9 issue. It's at that level. So I think you're

10 -- to the extent that you are asking this

11 board or any board at this level, to the

12 extent that you're asking them to just go

13 ahead and add a seventh member, that would be

14 premature. Could not be done at this level

15 without that being addressed at the governor's

16 office level first. And I say governor's

17 office. I should say the General Assembly,

18 House, Senate and governor's office level.

19 DR. KING: We actually have seven members -- we have
20 an at-large member.

21 MR. SPOON: Right. But you have -- I mean, I guess

22 I was trying ---

23 DR. KING: One for each different ---

24 DR. CAUSEY: The seventh district ---

25 (Multiple speakers).

1 DR. KING: Well, that's gonna make eight members.

2 It's gonna be hard to reach a decision on
3 that.

4 MR. SPOON: You may, you may pick up another member.

5 DR. PLATT: Well, by statute, we have nine. We have
6 at-large members, six district members, a non-
7 --

8 DR. BROOKS: Consumer.

9 MS. COX: Consumer.

10 DR. PLATT: --- consumer member. So we, by statute
11 -- by the practice act, we have nine.

12 DR. CAUSEY: Are they gonna -- is it usually -- you
13 said usually one district per ---

14 DR. PLATT: By practice act, it's one from each
15 district plus an at-large plus a consumer plus
16 a veterinary technician.

17 DR. CAUSEY: Okay.

18 DR. PLATT: That's what it -- again ---

19 DR. CAUSEY: Just something I want to try to get
20 working towards, okay? I've been there since
21 1997 and as far as what we know of what
22 happens on this board meeting in the general
23 population of veterinarians, nobody's got a
24 clue.

25 DR. BROOKS: And I'll speak just from the standpoint

1 I do think, sir, the onus is on the
2 practitioner. All of the board meetings are
3 public.

4 DR. CAUSEY: Yeah, okay, I take a day off work and
5 come up here. Well, it's ---

6 DR. BROOKS: Well, I'm just saying if somebody has a
7 concern, we're out there and we're available.

8 DR. CAUSEY: Oh yeah. I know.

9 DR. BROOKS: But they -- people in general, whether
10 it be the person who has a complaint or a
11 veterinarian who has a concern ---

12 DR. CAUSEY: Yeah.

13 DR. BROOKS: --- there's gonna have to be some
14 personal responsibility there because we don't
15 know if we're not told.

16 DR. CAUSEY: And it was sort of disconcerting to
17 know that they keep count how many times you
18 call. I've been tagged, because I do call.
19 Ms. Cox said she kept count of the number of
20 times -- I try to keep in touch. And I do,
21 and she knows that. But it's a representative
22 thing. And you know, if I've got a problem,
23 I'm gonna call Rebecca. And ---

24 DR. BROOKS: And you should.

25 DR. CAUSEY: And we will. But let's go on and get

1 the ball rolling. You know, I ---

2 DR. KING: She can't really talk to you about that
3 problem.

4 DR. CAUSEY: Sir?

5 DR. KING: She can't really talk to you about that
6 problem. She has to view herself as a judge.
7 A judge can't have prior knowledge of a case.
8 If they do, they're gonna have to recuse
9 themselves for the case when it comes before the
10 board.

11 MR. SPOON: Yeah.

12 DR. PLATT: We had tried to communicate in a number
13 of different ways, electronically; on the
14 website -- we have members that go to the
15 state meetings to give a report of what's
16 happening. We work with the legislative
17 advisor to SCAV to talk about legislative
18 matters. The board is involved in those,
19 although we don't always initiate those. And
20 we have -- we have written letters that get in
21 the SCAV newsletters and the board website
22 about see what your records are like. Here
23 are the problems we're seeing on complaints
24 that are coming through. Make sure you
25 communicate well with your clients. Make sure

1 you don't call up Rebecca to tell her that so-
2 and-so and so-and-so did this, because once
3 you tell her that, she cannot be involved in
4 the process at all. We've tried to make it
5 clear to report complaints or violations to
6 the board administrator, to the board office
7 as opposed to the individual members. It's
8 not necessarily the way all of us would like
9 for it to be. But from a legal -- and this --
10 there's a subtle difference. You mentioned
11 representative.

12 DR. CAUSEY: Uh-huh.

13 DR. PLATT: We are not representatives to be
14 advocates for veterinary legislation and
15 things. I, I -- we are public advocates. We
16 have a dual role: Protecting the public and
17 protecting the profession. But your
18 representatives are your association
19 representatives that are also congressionally-
20 district-partitioned, okay?

21 And when you have a concern about state
22 laws, that you think a law needs to be changed
23 or you have -- or something like that, or you
24 think -- those types of issues need to be
25 directed toward your state association

1 representative ---

2 (Multiple speakers).

3 DR. CAUSEY: --- board, SCVMA (ph)?

4 DR. PLATT: Yeah, SCAV. They -- that's the role
5 that they play. They are the -- they are the
6 advocates for the profession. If we were to
7 do that, then we would not be able to be fair
8 judges of both our peers and on behalf of the
9 public. It's a tough enough -- it's a tough
10 job as it is. But when you mentioned
11 representatives, we don't play that -- if I'm
12 speaking out of turn, y'all slap me. We don't
13 play -- that's not the role that we're here to
14 play. I wish -- sometimes I wish that it
15 were. I wish that I -- I wish that I could
16 change that rule about waivers, but we can't.
17 But I can't do that. And I'm totally
18 sympathetic with the concerns of private
19 business versus a subsidized or supported or
20 at least publicly subsidized, you know, public
21 perception subsidized encroachment on what is
22 a -- should be a fair market there. I totally
23 understand that. But please understand that,
24 that there is no basis in fact, in my opinion,
25 for the concern that the board favors a

1 spay/neuter clinic over a private
2 practitioner. Because that patient is -- and
3 the public who owns that patient is our
4 responsibility. And we would see it -- we
5 would see no difference. And that link was
6 meant to be -- to, to encourage a level of
7 performance that's higher than some that we've
8 heard about. It was not meant in any way,
9 shape, or form to usurp the responsibilities
10 that our practitioners have to follow the act
11 and the regulations. And, you know, read
12 those, get a bunch of questions and give me a
13 holler.

14 DR. CAUSEY: All right.

15 DR. PLATT: I'll be happy to ---

16 DR. CAUSEY: I did not know about the SCVMA versus
17 advocation, sure. And that's a great
18 understanding there. Thank you.

19 DR. PLATT: Yeah.

20 DR. CAUSEY: Appreciate that. Well, that's all I
21 care to say today because I've said enough.
22 Thank you. I appreciate y'all being here.
23 And thank you for letting me come up here and
24 rant and rave. And I'll get a list to Ms. Cox
25 and appreciate it, y'all. Thank you very

1 much.

2 DR. PLATT: I appreciate you caring enough to come.

3 DR. BROOKS: Thanks.

4 DR. PLATT: We need to hear those concerns as
5 opposed to have those concerns out there and
6 us not hear about them.

7 (Dr. Causey steps down).

8 DR. BROOKS: Do we have any discussion topics? (No
9 response). Public comments?

10 MS. ROSENBERG: Yes. Two actually. First, I would
11 just like to thank Dr. Platt and Dr. Robinson.
12 Earlier in the meeting you asked some very
13 detailed questions when we had the discussion
14 on the IRC reasoning and logic, and I
15 appreciate all of those questions and your
16 getting to the bottom of wanting more
17 information. So thank you.

18 Now you have to listen while I read. I
19 would like to bring to your attention the
20 matter of Dr. Kraig Randall Myers. On
21 September 19th, 2011, he signed a voluntary --
22 agreement to voluntarily surrender license to
23 practice veterinary medicine. The language of
24 the order is mostly legalese and boiler plate
25 language that is typical of these agreements.

1 Although it is clear in the agreement that the
2 possibility exists for Dr. Myers to have his
3 license reinstated in the future, the
4 agreement does not contain one iota of details
5 supporting the decision for his surrender of
6 license. And the only other topic -- public
7 document for Dr. Myers is the Order of
8 Temporary Suspension. That was dated February
9 10th, 2011 and it consisted of one sentence.
10 The order provides no facts of any kind. It
11 simply states, quote, It is ordered that in
12 accordance with Section 1-23-370 (c) of the SC
13 Code and 1976 as amended, Respondent's license
14 to practice veterinary medicine in this state
15 is hereby temporarily suspended effective
16 immediately until further order of the board,
17 closed quote.

18 So I ask you, where is a Formal
19 Complaint or any other document which contains
20 information on this case? The public knows
21 nothing concerning this matter. This is
22 despite the fact that the new Veterinary
23 Practice Act was amended to provide for public
24 disclosure and do away with all the secrecy
25 surrounding disciplinary matters. This is an

1 example of how disciplinary matters were kept
2 under the old Practice Act.

3 I have invested too much of my time and
4 energy over a several-year period working on
5 legislation to correct the flaws in this
6 system to accept this lack of openness which
7 is in direct violation of the letter and the
8 spirit of the new law which is your code.

9 The documents in this matter are either
10 a direct attempt to circumvent the new law or
11 a blatant attempt to ignore it. Specifically,
12 Section 40-69-190 (c) states, quote, The Final
13 Order must include any facts or circumstances
14 necessary to explain or support the board's
15 findings and describe any sanction imposed.

16 On behalf of the public, I'd expect that
17 the facts and circumstances leading up to Dr.
18 Myers' suspension will be posted on the
19 website in either the form of Formal Complaint
20 or an amended order with due haste. And I
21 thank you.

22 DR. BROOKS: Thank you.

23 MS. BEHLES, COURT REPORTER: If you don't mind, if I
24 could get her to state her name for the
25 record.

1 MS. ROSENBERG: Yes. Marcia Rosenberg.

2 MS. BEHLES, COURT REPORTER: Spell your last name
3 for me, please.

4 MS. ROSENBERG: R-O-S-E-N-B-E-R-G.

5 MS. BEHLES, COURT REPORTER: Thank you very much.

6 MS. ROSENBERG: And Marcia is M-A-R-C-I-A.

7 MS. BEHLES, COURT REPORTER: C-I-A -- thank you.

8 DR. BROOKS: No further public comments. The
9 announcements basically are that the next
10 meeting dates for 2012 are February 2nd, May
11 24th, August 2nd, and November 1st. Meeting
12 is adjourned.

13 (Whereupon, at 2:14 p.m., the proceeding
14 in the above-entitled matter was
15 concluded.)

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1 STATE OF SOUTH CAROLINA)
) CERTIFICATE
 2 COUNTY OF LEXINGTON)
 3

4 Be it known that I, Tina F. Behles, Nationally
 5 Certified Court Reporter and Notary Public in and for the
 6 State of South Carolina, took the foregoing discussion
 sessions commencing on Thursday, October 27, 2011 at the
 7 offices of the South Carolina Department of Labor, Licensing
 and Regulation, 110 Centerview Drive, Columbia, South
 Carolina;

8 That the foregoing 81 pages constitute a true and
 9 accurate transcription of the proceedings and all testimony
 given at that time to the best of my skill and ability;

10 I further certify that I am not counsel or kin to
 11 any of the parties to this cause of action, nor am I
 interested in any manner of its outcome.

12 In witness whereof, I have hereunto set my hand and
 13 seal this 9th day of October 2011.

14
 15
 16 _____ Tina F. Behles, CVR
 17 Notary Public for South Carolina
 My commission expires January 13, 2020
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 is reproduced as read or quoted by the speaker.