University of South Carolina Student Government
Congressional Advisory Board

2016 Annual Report to the South Carolina
Congressional Delegation
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Mission Statement

The Congressional Advisory Board serves as the voice of the University of South Carolina’s student body to the federal government. The board researches the most critical issues pertaining to students and addresses South Carolina’s Congressional Delegation to find better solutions to academic, financial, and social problems.

The board works to solicit input from institutional constituents such as students, faculty, administrators and staff. The board strives to educate the university community about federal higher education initiatives and investments, enabling students to realize their potential for active involvement in national politics.

As student advocates, we believe we can transform both the state and the University of South Carolina by informing our elected leaders of issues that are relevant to our generation. By doing this, we can enhance their future—benefiting our community and leaving a lasting heritage for future students.
Acknowledgements

Without the assistance of several members of both Student Government and the Carolina community, this report would not exist. The entire Congressional Advisory Board thanks the following:

Theresa Sexton, coordinator for Student Government, greatly assisted the board in scheduling visits with administrators and in planning the logistics of its travels. Jerry Brewer, associate vice president for student affairs and academic support, provided advice for the proposals and assisted with the board’s financial arrangements. Jonathan Kaufman, student body president, provided valuable guidance in choosing worthwhile topics and coordinating meetings around the university. Ian Shannon, student body treasurer, assisted with the board's financial arrangements and helped reserve meeting venues. Jennifer Myers, assistant director of campus mental health initiatives, and Helen Pridgen, S.C. area director of the American Foundation for Suicide Prevention, offered their perspectives, experience, and guidance, and volunteered their time in meetings. Melissa Gentry, director of communication and events for Student Life, proofread and edited this entire report. Most importantly, we would like to thank the hundreds of students who took the time to participate in our surveys and to discuss the issues most important to all students at Carolina.
Member Biographies

Zach Griffin is a senior at the University of South Carolina who is studying political science and business administration. He is originally from Rock Hill, S.C., and is actively involved on and off campus in extracurricular activities, including serving as director of the Legislative Action Network and performing paralegal duties at the Strom Law Firm. After graduating, Zach plans to attend law school and aspires to a career in public service.

Nick Santamaria is a sophomore at the University of South Carolina studying political science with a minor in Russian. Originally from New York, Nick serves as the chairman of the Academics Committee in the USC Student Senate and on the executive board of USC’s Mock Trial program. He is currently working for the S.C. Commission on Indigent Defense in the Capital Trials Division. Nick plans to attend law school and aspires to a career in public service.

Mary-Elizabeth Phillips is a senior at the University of South Carolina who is studying cultural anthropology with a minor in political science. She is originally from Isle of Palms, S.C. and currently serves as the governmental affairs intern to the South Carolina Department of Education in the Office of the Superintendent. After graduating, Mary-Elizabeth aspires to a career in public service.

Cassady Cohick is a senior at the University of South Carolina who is double majoring in political science and French with a minor in Islamic world studies. She is originally from Manassas, V.A. and currently serves as an intern at the South Carolina Lieutenant Governor’s Office. Her interests lie in the fields of international security and human rights for which she plans to attend graduate school in order to pursue a career in field research and policy advising.

Olivia Hassler is a senior at the University of South Carolina who is double majoring in criminology and criminal justice and women’s and gender studies. She is originally from Allentown, P.A., and she is involved with multiple on and off campus extracurricular activities. These activities include community service projects, domestic violence advocacy, and participating on the University of South Carolina’s Track and Field Team. After graduating, Olivia plans to attend law school and aspires to a career in law.

Michael Arin is a junior in the South Carolina Honors College double majoring in international studies and French with a minor in European studies. Originally from Charlotte, N.C., he currently serves as a litigation paralegal for Semirog Law Firm and as member of the Legislative Action Network. After graduating, he plans to attend law school for French and American law and hopes to become a practicing attorney or legal historian.

Tron Riley is a junior at the University of South Carolina who is double majoring in political science and economics. He is from Charleston, S.C., and he is involved on and off campus in extracurricular activities, including: serving as a bill keeper for the South Carolina Senate Judiciary Committee and as a field organizer for SCANPO. After graduating, Tron plans to attend law school and aspires to a career in corporate law.

Graham Glusman is a freshman at the University of South Carolina who is studying international relations and Spanish. In addition to his work on the Congressional Advisory Board, Graham writes weekly opinion articles for The Daily Gamecock and sings with the Carolina Gentlemen. After graduating, Graham plans to attend law school and work in public service abroad.
Message from the Director

Dear Representative or Senator,

Over the past six months, members of the 2016 Congressional Advisory Board have vigorously researched issues pertinent to the University of South Carolina student body. They interviewed administration, debated commonly-raised issues, and spoke to students across campus about their top legislative priorities. Our findings reflect the views of many, and included in this report are four policy proposals that address federal issues. These reports were unanimously supported by the Student Senate.

All members of the board were selected on academic and extracurricular merit. Applicants were subjected to a rigorous interview process. Please note that many who wanted to join the board in this endeavor were not able to do so. The university's Student Government chose the best students for the board, and I am confident that you will be impressed by their thoroughness, dedication, and intellectual curiosity.

It is with great honor and appreciation that the board presents this report to inform you of the issues that are most important to South Carolina students.

With sincerest gratitude,

Zach Griffin
Congressional Advisory Board Director
University of South Carolina Student Government
**College Affordability and Accessibility**

We, as a nation, should recognize the growing need for greater accessibility to higher education. In 1973, U.S. workers with postsecondary education held 28 percent of jobs. In 2010, workers with postsecondary education held 59 percent of jobs, and that number is projected to increase to 65 percent in 2020. Furthermore, there will be 55 million job openings in the economy through 2020: 24 million openings from newly created jobs and 31 million openings due to baby boomer retirements.¹ The majority of these new jobs will require postsecondary education. Therefore, as the job market rapidly transforms, Congress needs to provide the same transformation to our education policy.

**Community College**

In 2014, the state of Tennessee initiated what they call the “Tennessee Promise.” The plan is both a scholarship fund and a mentor program designed to benefit those who attend postsecondary institutions that provide two-year programs and associate's degrees. Students who attend these institutions to obtain such degrees in Tennessee now do so tuition free, with the advice of a volunteer mentor via mandatory meetings. It provides students a last-dollar scholarship, meaning the scholarship will cover tuition and fees not covered by the Pell Grant, the HOPE Scholarship, or state student-assistance funds.²

Tennessee has seen great success with the program, boasting a 14 percent increase in community college enrollment statewide after just one year. This increase is encouraging, as it demonstrates that more people who may not have otherwise been able to do so are pursuing higher education. Four-year institutions around Tennessee have reported that they will have to become more competitive and recruit more effectively in order to secure those students choosing not to attend community college, as well as those who plan to transfer to a four-year institution.
after two years at a community college. Increased competition among public universities is needed in order to stifle the increasing price of tuition.

In 2015, President Obama announced his plan called “America’s College Promise.” In many ways, the President’s plan models the Tennessee Promise. The program aims to make community college tuition-free and as universal as a high school education. Under this plan, students would be held responsible academically, and all students participating in the program would be required to maintain at least a 2.5 GPA. States also would be held responsible for providing 25 percent of the average cost of community college, while the federal government would provide the remaining 75 percent. Finally, community colleges would be improved by meeting new federal guidelines to receive funding for the program.

**Recommendation**

Congress should support plans like the President’s, which could see the improvements made in Tennessee realized throughout the entire country. Increasing the responsibility of students (from a 2.0 GPA requirement in the Tennessee plan to a 2.5 GPA in the President’s plan) will encourage students to strive for greater academic achievement. Cost-sharing with the states would help rectify the declining state support of higher education seen in recent years. In fact, a plan including a higher rate of cost for states would be reasonable. The guidelines attached to the funding provided by the federal government would greatly increase the success and standards of all our community colleges.

Community college enrollment has dropped in recent years—3.5 percent during the 2014-2015 academic year. A 14 percent increase in enrollment (like that experienced in Tennessee) at Midlands Technical College would bring higher education and workplace skills to approximately 2,500 more students in Columbia alone. While community college in some areas
is nearly tuition-free through state-sponsored scholarships, making it entirely tuition-free would emphasize the affordability of going to school to underprivileged students. Furthermore, the additional funding likely would cover the costs of expensive textbooks and fees that many students cannot afford to purchase. Congress’ support for such a plan would increase college accessibility, institutional competition, and overall educational quality for the entire country.

**Education and the IRS**

The American Taxpayer Relief Act became law on the second day of 2013. This law included the extension of the American Opportunity Tax Credit (AOTC) that was set to expire at the end of 2012. However, Congress recently made the AOTC permanent. This also allows the Hope Scholarship Credit to be increased to cover 100 percent of qualified tuition, fees, and course materials not to exceed $2,000, plus 25 percent of the next $2,000. Forty percent of the credit is refundable under the current tax code. This particular credit covers the first four years of postsecondary education.

Another important tax credit available for educational expenses is the Lifetime Learning Credit (LLC). This credit differs from the AOTC in that it exists primarily to serve middle income taxpayers. Additionally, the credit is not limited to the first four years of education. The absence of a year limit is imperative for those pursuing educational paths that are either nontraditional or exceed four years. Parents, students, and third parties are allowed to use this credit if it fits their needs better than the AOTC.
**Recommendation**

In addition to the above referenced tax credits, other various deductions and incentives are available to students, parents, and others to make education less expensive. These incentives are critically important in encouraging parents and third parties to invest in a student’s education. For that reason, Congress should keep those incentives permanent, especially the AOTC and LLC, rather than allowing them to risk expiration every few years. The monetary value of these incentives also should increase as the average cost of tuition continues to rise. Keeping these tax incentives permanent and reflective of cost trends would help solidify the affordability and accessibility of higher education in the United States.

S. 1973 sponsored by Senator Rand Paul of Kentucky has these goals in mind. The bill would amend the Internal Revenue Code to (1) allow an unlimited tax deduction for student loan interest, (2) repeal the dollar limitation on the tax deduction for qualified tuition and related expenses and make such deduction permanent; (3) allow a carryover to succeeding taxable years of amounts of the deduction for qualified tuition and related expenses that exceed a taxpayer's taxable income; and (4) repeal the dollar limitation on contributions to a Coverdell Education Savings Account. Congress should support bills like this one that ensure tax credits for college students.

**Student Debt and Loan Repayment**

Students continue to face difficulty in paying for their college education, especially those who face underemployment or unemployment after graduation. The class of 2015 graduated with an average debt of $35,051, which is about $2,000 more than their peers in 2014. In fact, approximately 70 percent of recent graduates are encumbered with student loan debt as they start
their lives as (hopefully) working adults.\textsuperscript{x} The climbing trend of student debt is cause for many students to reconsider their choice to pursue higher education.

To put the true weight of student debt into perspective, please observe the following scenario, as produced by the Department of Education’s repayment calculator.\textsuperscript{xi} A person who graduated in 2015 having the average student loan debt of $35,051 would earn approximately $50,651\textsuperscript{xii}. Based on a standard 10-year repayment plan and a 6.8 percent interest rate, the monthly student loan payment would equate to $403 to produce a total of $48,404 in payments with $13,353 in interest. Those payments would be equivalent to 9.5 percent of that person’s income.

Some members of Congress have proposed legislation that would change the nature of funding higher education in the United States. H.R. 3959 known as the “Pay it Forward College Affordability Act” from the 113th Congress is a prime example. This bill describes the ”Pay It Forward” model as a system that replaces students' need to borrow under the William D. Ford Federal Direct Loan Program by covering all or part of their cost of attending an institution of higher education (IHE) in exchange for a certain percentage (not to exceed five percent) of their annual income for a specified number of years (not to exceed 25 years) after graduating or ceasing to be enrolled at the IHE. It also continues students' eligibility for funds that do not have to be repaid and for student loans that are not direct loans but requires the deduction of those amounts from the costs that the state would otherwise cover under the program.\textsuperscript{xiii}

H.R. 4436 from the same Congress poses another potential solution. The key difference between this bill and H.R. 3959 is that H.R. 4436 places its focus on private agreements rather than those with the federal government proposed by H.R. 3959. Such private contracts would specify the percentage of future income (except the first $10,000 earned and not to exceed 15
percent), as well as the maximum period of payments (not to exceed 360 months).xiv A student and a private entity would reach an agreement within those parameters. This would serve as a means for financing a student’s education and as an investment opportunity for private entities.

**Recommendation**

We urge Congress to support bills like H.R. 3959 and H.R. 4436 in order to simplify and better facilitate the lending process between the federal government and student borrowers. Although the Department of Education already offers Income Based Repayment Plans (IBRPs), they are not structured nearly as well as those proposed in the aforementioned bills. These bills provide a more realistic structure for repayment and keep the borrower well informed of their commitments as they continue to pursue their education. Limiting the percentage of income that can be collected for repayment will help borrowers prevent themselves from falling into default. Likewise, the federal government’s investment will be better protected by barring more students from defaulting on their loans.

**Free Application for Federal Student Aid**

The Free Application for Federal Student Aid (FAFSA) was authorized by Congress under the Higher Education Amendment of 1992. Since 1992, the application has served as the gateway to financial aid through the federal government for college students. In fact, approximately 22 million students use the FAFSA every year. However, the FAFSA is a complicated, 10-page document that often is difficult for prospective students and their families to navigate. This obstacle is faced most often by those with the least resources, who also happen to be students who qualify for Pell Grants, because they often are unsure how to access the information necessary to answer the numerous questions on the document. Each year, as many as two million students eligible for Pell Grants fail to complete the FAFSA
Recommendation

The FAST Act was introduced by Senators Lamar Alexander (R-TN) and Michael Bennet (D-CO) in the 113th Congress. The bill is a bipartisan effort that would replace the current 10-page FAFSA. The only questions students and their families would have to answer on the new form would be: “What is your family size?” and “What was your household income two years ago?” By allowing prospective students to use their parents’ income information from two years prior, juniors in high school will know how much financial aid will be available to them when they apply to college. Currently, students can only get a preliminary estimate regarding the amount of aid they may expect to receive.

Because many students rely on the FAFSA to make college accessible, Congress should support legislation like the FAST Act that makes the application much simpler. This way, more students would be able to apply for the federal aid they deserve. However, the current bill does overlook specific financial aspects that would be helpful in accurately assessing students’ needs. For instance, reporting parents’ total assets (not only income) would more fully represent a student’s financial situation. The FAST Act is a step in the right direction, but it should not be so simplified that the form loses the nuances necessary to be accurate.

TRIO Programs

The Federal TRIO Programs (TRIO) are federal outreach and student services programs designed to identify and provide services for individuals from disadvantaged backgrounds. TRIO includes eight programs, including Upward Bound, Opportunity Scholars, and Talent Search, each of which is targeted to serve and assist low-income individuals, first-generation college students, and individuals with disabilities to progress through the academic pipeline from middle school to post baccalaureate programs. The recipients of the grants, depending on the specific
program, are institutions of higher education, public and private agencies, and community-based organizations with experience in serving disadvantaged youth and secondary schools. At the University of South Carolina, an average of 120 freshmen enter the university annually on average with support from TRIO programs, with 150 freshmen entering in 2013-2014.

**Recommendation**

In August 2012, the University of South Carolina received a federal grant of $1,168,610 to provide funding for its Ronald E. McNair Program until 2016-2017. The McNair Program was designed to assist low-income, first generation, and underrepresented college students and is heavily dependent on this federal funding. Without Title IV funds, this program could not exist, thus decreasing college accessibility. Congress should support measures that provide Title IV funding for such programs to ensure continued diversity on college campuses and to encourage first-generation and underprivileged students to obtain college educations.
Interpersonal Violence and Sexual Assault

College campuses across the country are plagued with both interpersonal violence (IPV) and sexual violence (SV), and both create a dangerous environment for all students. To correct these issues nationally, college campuses must introduce a three-tier system of prevention, intervention, and recovery that is consistent with federal government regulations.

Prevention

First and foremost, prevention should begin with health centers on campus, as they are available to all students. These health centers must be required to provide students with screenings for the risk of IPV/SV. Simple questionnaires that survey students’ personal relationships are an example of an effective screening tool. The questionnaire responses provide the health care provider with an idea of the student’s risk for IPV/SV. Such early screening methods are recommended by experts and leading organizations such as the American Medical Association, which emphasizes the significant physical and mental risks associated with the aftermath of an attack.\textsuperscript{xvixvii}

By instituting federally-regulated practice intake forms and procedures for this screening process, students will less likely be affected by IPV and SV. Research has shown that people who are screened are more likely to disclose and discuss violence with providers than people who are not screened.\textsuperscript{xviii} Statistics suggest that 83 percent of students with college health center appointments reported not being asked about their relationship status. This inherent lack of concern is indicative of the issues we are facing in public universities.\textsuperscript{xix} The American College Health Association proposes that health care providers on college campuses need to broaden their screening processes beyond gynecological visits and integrate screenings to include routine
physicals and visits related to mental health, drugs/alcohol, and immunizations in order to provide an opportunity for health care providers to discuss healthy relationships.\textsuperscript{xx}

Federally-specified protocol for university health centers and increased government funding for the purpose of expanding technology and personnel would highly benefit prevention of IPV and SV on college campuses nationwide. Not all institutions, such as community colleges, have health centers on campus that are available to students. However, it is important that they incorporate a health center to which their students can be referred. Once the student is referred to a health center, they have the opportunity to access professionals who can aid them in recovery. Once a victim chooses to disclose his/her experiences, the professionals who are conducting the screening can help facilitate early intervention. Early intervention helps identify students who need legal assistance, referral to a mental health professional, and/or another health care professional who can appropriately assist them in dealing with their troubling situation.

\textbf{Intervention}

An intervention program can provide students with adequate support through a difficult and traumatic experience. We propose an “ally” system that trains individuals to specifically deal with students and situations concerning IPV/SV. Implementing this system would create a healthy environment for affected students to voice their concerns and experiences. These allies may stem from a wide range of university staff members, including professors, mental health professionals, health care professionals, and law enforcement officers. Each ally would be instrumental in the affected students’ recovery, both mentally and physically, by developing a caseworker-like relationship with the student and assisting him/her in creating the best plan of recovery.
For most students, professors are individuals whom they respect and interact with on a daily basis, both inside and outside of the classroom. To students affected by IPV/SV, professors may be the most accessible personnel associated with the university. However, it is important to note that professors do not fall under the same confidentiality rules as mental health professionals, and they are, in some states, required to report what students share with them in these instances. Yet, in order for professors to adequately help students, they must be trained to deal with incidents specific to IPV/SV. Many professors state that they do not feel they were appropriately trained to act appropriately if a student approaches them to disclose any form of violence.\textsuperscript{xxi}

Professors who are willing to be allies should have programs that educate them in the procedures necessary to help the student deal directly with their issues. Such programs have been implemented at several universities, and participants reported having gained important knowledge and skills, even if they had attended only one session.\textsuperscript{xxii} Examples of the activities that take place within these programs include: assessing past and current relationships, creating achievable goals to enhance the quality of the relationship, practicing communication techniques, and creating safety plans. By providing allies with more knowledge of the characteristics involved in IPV/SV assaults, they can better understand the prevalence and consequences that abuse has on students.

Mental health professionals are extremely important to the intervention stage as well; because they help the individual make sense of the trauma they have experienced and help them move past the repercussions that follow. A social stigma is attached to seeking help from mental health professionals, including shame, humiliation, and/or embarrassment/loss of dignity. In order for mental health professionals to be successful, they must understand the differences
between IPV and SV survivors. IPV tends to be a pattern of abuse that occurs over a longer period of time and in different factions of an individual’s psychology including mental, emotional, physical, financial, and sexual. SV, on the other hand, is commonly attributed to isolated incidents.

Mental health professionals need to plan different approaches to each form of violence. This plan endorses a number of tools to support the intervention stage such as providing direct contact information if the individual is feeling unsafe, help the victim separate themselves from the abuser (i.e. changing the victim's phone number, address, whereabouts, etc.), and finally, communicating with the family and guardians of the individual who could be cooperative in treating the victim, if necessary. These professionals would help direct survivors in transitioning past their abuse and guide them to seek arrest or legal action against their perpetrators.

**Recovery**

When looking at how to best help an individual who is recovering from IPV/SV, it is important to understand that recovering from abuse is not a linear process; instead, the recovery process is one intertwined with various junctures over time. The survivor could experience posttraumatic stress for years to come since there is no predetermined beginning or end to this process. The only constant throughout the entire process is the role of a mental health professional and/or university personnel who are involved in the intervention step. The best way to combat the IPV/SV problems in the recovery stage is creating a continuous safety plan stemming from federally-required mental health professionals and a consistent follow up program that monitors posttraumatic stress disorder (PTSD). Federal legislation should demand that universities across the nation provide these services on college campuses as they are conducive to completely curing IPV/SV victims. Furthermore, if institutions cannot provide
these services directly to the student, there should be safeguards in place through which the student can be referred to an outside source that will better handle the situation.

**Recommendation**

It has been proven that both physical and psychological IPV and physical SV are directly correlated with diseases such as manic depression, chronic mental illness (i.e. schizophrenia), and severe obsessive-compulsive personality disorder. In essence, college students suffering from IPV/SV are prone to long-term illness. As aforementioned, a standardized federally-authorized program that ensures the long-term security and general well-being of victimized college students would be sufficient in neutralizing an outpour of mentally ill and damaged college graduates. These programs would consist of the mental health professionals who would be responsible for managing individual victim cases by follow-up checkups. The services provided in the intervention stage still will be accessible in cohesion with a multitude of conclusive services geared at developing a next stage for student victims of IPV/SV. In addition to catering to safety and healthiness of the individual, the recovery program would be vested in maintaining the confidentiality of victims and perpetrators in anticipation of a recurrent incident.

Legislation such as Title IX and the Clery Act are supportive in creating an environment that ousts IPV/SV incidents, and the recovery process should be adequate in building upon those bases. For that reason, it would be best that the aforementioned recovery plan work adjacent to the legislation by becoming a sector of the laws. The follow-up program essentially would be an extension of the Title IX and Clery Act laws, primarily concentrating around appealing to the time frame following reported incidents. At universities such as the University of South Carolina, firm adherence to the previous legislation that follows a formal protocol established at free will by the university exists. In order to make a stronger recovery process nationally, it
would be beneficial for the federal government to ensure that all universities in the United States blueprint a formal follow-up program in respect to the Clery Act and Title IX in an attempt to prevent an unhealthy community of IPV/SV victims.\textsuperscript{xxvxxvi}
Mental Health

In the fall of 2015, more than 20 million students set off to attend colleges and universities in the United States. That number represents a population so large that if so conceived it would constitute the nation's third largest state. College itself is a stressful new experience for many students living on their own for the first time in their lives. Add the dangers of drugs and alcohol, students with pre-existing mental health issues, and other unique subsets of the student population and the mental health risks are undeniable. Colleges and universities have become the battleground for mental health emergencies in this nation.

The truth is that services for mental health across the nation simply cannot keep up with the needs of the American people. The latest available Center for Disease Control data from 2013 shows us that suicide, which represents one of the direst ends of mental illness, is the 10th leading cause of death in the nation. Another CDC survey reveals that eight percent of children grades 9 through 12 have attempted suicide within the past 12 months. However, these numbers only represent those whose mental illness was so severe that it compelled them to attempt taking their own life. How many countless others across the country suffer in silence, without proper mental health care?

The special circumstances on college campuses make this issue even more compelling. For better or worse, college represents a newfound independence. What is even more alarming is that many colleges around the country simply cannot meet the mental health demands of their students. In this report, you certainly will not find the solutions to the issues of an entire sector of health care, which has been marginalized for decades. However, we have identified key issue areas and current legislation that, if supported, would greatly enhance the quality of mental
health care in both our state and the country. The solutions outlined below have the capacity to help millions of Americans struggling with mental illness, and most importantly, save lives.

**Supporting the “Man on the Ground” - GLSMA Reauthorization**

The first step toward improving the state of mental health care in the United States would be the unequivocal support, if not encouraged growth, for the effective programs already in place. In 2004, Congress enacted the Garrett Lee Smith Memorial Act (GLSMA) to create the first significant federal grant commitment specifically focused on youth mental health initiatives and suicide prevention. To date, more than 300 programs and initiatives have been assisted at the state, tribal, and institutional level. In this way, the federal government in itself is not creating one size fits all programs and initiatives. Instead, it is supporting state and local officials to decide what programs and services work best in their communities. This strategy so far has supported many of the mental health programs in South Carolina and across the country.

At the College of Charleston, GLSMA grants continue to “increase campus and community capacity to identify and support students at risk for suicide and improve case management of high-risk students.” This includes vital access to mental health professionals and case managers to follow up on student needs. Similarly, at Clemson University, GLSMA grants also are being effectively utilized in order to promote mental health initiatives such as Clemson Cares, which seeks to follow the Substance Abuse and Mental Health Services Administration’s models of recovery and properly implement the National Strategy for Suicide Prevention (NSSP). In this way, federal dollars are being put to incredibly important work on the ground to ensure that higher education institutions in our state are able to properly fund mental health initiatives that incorporate federal guidelines.
Perhaps just as important as the grant access for higher education institutions, GLSMA grants also play an integral role in complementing state agency funding for mental health services. In 2015, a grant from this program was awarded to the South Carolina Department of Mental Health for $736,000 per year for a five-year term. These crucial funds will be utilized to support the Young Lives Matter Project, which is expected to reach more than 80 school districts and five college campuses, with an estimated outreach of more than 300,000 people across all 46 counties of the state. Funds like these are indispensable as they will be implemented in tangible ways in our communities. From increasing awareness of and access to preventive mental health care to increased funding for professional training and staffing, grants awarded through the GLSMA will exponentially improve the state's facilities and ability to meet public needs. Without these funds, mental health and suicide prevention programs across the country would no doubt suffer.

Perhaps what’s not as easily observed is the message that follows the federal government’s commitment to mental health grant programs such as those included in GLSMA. For decades, the stigma associated with mental health has been one of the largest barriers preventing proper and effective treatment for those affected. Community activist organizations have contributed in part to the public’s increasing awareness of mental health issues. The widespread “Out of Darkness” walks for mental illness, among others, come to mind. However, for all of the charitable efforts by third-party groups, the United States government cannot be complacent in this epidemic of mental health issues that claimed 40,000 lives in 2013 by suicide alone. For this reason, we should continue to support our states and communities as they grapple with the complex factors that often contribute to mental illness, underdiagnosing, and limited access to proper care.
What makes the case for the continuing efforts on the mental health care front is that both colleges and communities severely lack the mental health resources needed to keep up with the population’s demands. According to the International Association of Counselling Services report from 2014, the minimum staffing ratio for mental health professionals on a college campus is one professional staff member for every 1,000-1,500 students. However, the latest data tells us that across the country, this average is about 2,081 students for every one mental health professional. What does this mean? It means that students are waiting longer after having an anxiety attack or having suicidal thoughts to see someone. It means that mental health counselors are overbooked and overworked at an average salary of only $43,990 per year. What strengthens the case even greater is that South Carolina has the second lowest employment quotient of mental health counselors when compared to the national average. South Carolina has a uniquely serious need for these federal mental health funds.

**Recommendation**

The Congressional Advisory Board at the University of South Carolina is in strong support of S.1299 and H.R 938 that will reauthorize the Garrett Lee Smith Memorial Act to provide this invaluable grant funding to mental health and suicide prevention initiatives throughout the country. These funds already have proven indispensable in higher education institutions in this state. We strongly urge you to support this legislation - to help our own students who continue to struggle with mental illness, those in our community and country who lack access to adequate care and have been stigmatized for decades, and who deserve the resources to live a life free from these debilitating conditions.
Changing the System, Improving the Service

For all the good that grant funding and research does, these methods have their limits. In order for us to successfully revitalize mental health care in this country, it truly takes a systematic approach. That is why, in conjunction with our support for S.1299/HR.938, we also strongly encourage our representatives in the House to support HR.2646, also known as the “Helping Families in Mental Health Crisis Act of 2015.” This bill seeks to amend key features within the current federal health infrastructure in order to best accommodate mental health needs. It has been a long time coming that mental health is starting to be seen as a piece of the larger puzzle of holistic healthcare. Mental health problems need to be seen as health problems, without the caveat of mental health and all of the stigmatized baggage that comes along with that term. This bill, cosponsored by your colleague Representative Wilson (SC-2) will go a long way in reorganizing key aspects related to administration, while also remaining fiscally responsible in some of the changes being proposed.

Most notably, this bill recognizes the sheer scope and importance of mental health care in the United States by creating an assistant secretary of mental health and substance use disorders position. This person would oversee many of the mental-health specific facets of the Department of Health and Human Services and report directly to the secretary of the DHHS. Leading the National Mental Health Policy Laboratory (NMHPL), the assistant secretary will be at the forefront of a new panel of mental health experts. The NMHPL would include professionals from nearly every aspect of the mental health field, regular citizens afflicted by mental health policy and care themselves as well as a myriad of federal agency representatives. This type of collaboration between agencies, professionals, and citizens in order to produce comprehensive mental health policy reform is long overdue. The bill catalyzes key players
involved in this field and allows the federal government to devote both critical time and energy toward assessing the options in terms of mental health solutions for the American people.

However, HR.2646 does much more than just create a new position and the NMHPL. This bill plays a critical role in clearing up some legal loopholes caused by the tradition of leaving mental health out of the scope of term health care. In a few vital areas, this bill makes critical legal clarifications to streamline and improve mental health care in this country.

One key improvement is that in order to more appropriately treat those suffering from mental illness, their caregivers are given certain privileges as personal representatives for the purposes of HIPAA and FERPA regulations. However, access to this information is limited to such information that “is necessary to protect the health, safety, or welfare of the individual or general public.” This information will allow caregivers of the severely mentally ill to have access to treatment plans and appointment schedules of the individual under their care. This type of regulation change seeks to treat mental health, just as it would any other type of health care.

Overall, the mental health care system in the United States needs both the time and attention of U.S. lawmakers in order to improve its effectiveness and accessibility. We strongly believe that HR.2646 is a good start.

“There is every reason to expect that a national consensus to declare war on suicide and to fund research and prevention at a level commensurate with the severity of the problem will be successful, and will lead to highly significant discoveries as have the wars on cancer, Alzheimer’s disease, and AIDS.”

Mental Healthcare and Suicide Prevention for Veterans in Higher Education

Suicide is not only a serious and preventable public health problem, but it is furthermore a major public health problem in South Carolina. Since 1999, South Carolina has averaged at
least one person lost to suicide every day. It is estimated that each attempted suicide intimately affects six other South Carolinians, and each completed suicide is estimated to leave behind 115 people. Over 80% of us will lose someone we know personally to suicide. The cost of suicide annually in the U.S. totals $44 billion in combined medical and work-lost costs.

In particular, suicide greatly affects college students in S.C. as a population, as the 2nd leading cause of death. Populations such as college students and veterans are at an increased risk of suicide. Given the University of South Carolina’s location within our state’s capitol, Fort Jackson and the state VA hospital, we have the largest population of student veterans of any four-year institution of higher education in South Carolina. One in five suicides is committed by a veteran. As more soldiers return home from Afghanistan and other parts of the world, the amount of veteran students on college campuses will continue to grow, and these students will continue to be at a higher risk of suicide.

With 25% of incoming students having a prescription for a mental health condition and anxiety being the number one mental health condition, we can only expect anxiety levels to accelerate. 86% of college students reported that at one point in the past year they felt overwhelmed to the point that they could not operate, or successfully complete their tasks.

**Recommendations for Veteran’s Mental Health Care**

We call for the delegation’s support of bill H.R. 3972, which directs the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to jointly develop a methodology that identifies which members of the Armed Forces and veterans are at high risk of suicide. We ask that the federal government maintain military personnel and veteran suicide prevention as a national priority. Student veterans and students overall also must be provided emergency mental health care by their universities, as is becoming a standard of VA hospitals.
Lack of Emergency Mental Health Care

Currently, no national or public system for 24-hour mental health care exists. Private facilities are available but for exorbitant rates, and typically those undergoing the stress of a mental illness are less likely to be able to afford these than the average person. As a country, we have acknowledged that physical conditions require emergency attention well beyond the hours of 9 a.m.-5 p.m. In contrast, after-hours mental health patients are typically referred to emergency rooms with long waits and hostile environments, which are much less appropriate during possible panic attacks or perhaps homicidal or suicidal outbursts. Hospitals often are forced to discharge patients without providing the proper care due to the emergency room already having a high volume or have patients seen by general health care providers who are not trained properly on how to care for mental health patients. Patients often are given “discharge plans” and referred to a psychiatrist, as opposed to a safety plan, which not only puts a referral in place but properly screens the patient and equips them with ways to identify unsafe personal behavior and provide coping tools in the meantime.

With this lack of an emergency mental health system and nationally/federally-enforced standards for safety plans, there is a problem of discontinuity of care among general or emergency health care providers and mental health care providers. Emergency care doctors, for example, are often uncertain or just unaware of mental health care procedures to ensure a certain continuity of care for mental health patients. This requires communicating with a future mental health care provider, or the patient’s current provider on their behalf, explaining exactly what happened at the emergency room and what steps should be taken with the patient’s health care in the future, instead of leaving these steps up to the patient to seek out alone. Without this continuity of care, many patients may remember a different account, or out of
embarrassment may give a different account of their recent health history to the doctor they were referred to. Some may be too discouraged and intimidated to seek out the care suggested in their discharge plan at all. This health care needs to be more than suggested. It should be encouraged, and in some case, patients must be held accountable.

**Recommendations for Creating an Infrastructure of Emergency Care**

Mental health first-aid care is a low cost but high-impact way to make a difference. Of those who commit suicide, 45 percent of them saw a doctor within the past month. By creating a national and/or college campus strategy for screening all patients for mental health and requiring communication between doctors and psychiatrists, we could save $44 billion of the country’s money being lost annually in suicide costs.

We call for the support of bills S. 2035 and H.R. 4075 as part of the Suicide Prevention Research Innovation Act (SPRINT). SPRINT provides funding to the National Institute of Mental Health to support suicide prevention and brain research including studies designed to reduce the risk of self-harm, suicide, and interpersonal violence. This is especially important in rural areas that may experience a shortage of mental health services and higher rates of domestic violence.

Within the state of South Carolina, an enormous need exists for the establishment of and the support of current federally-supported call centers and telehealth services, helping students in rural areas who are commuting to school and students within satellite campuses around the state. Telehealth services already have shown to be highly effective so far in the Palmetto State, but they need to be much more widely available. We also propose increasing funding for the National Suicide Prevention Lifeline to expand the infrastructure to handle the growing call volume.
It is also imperative to increase funding for crisis intervention centers to operate within the hospital system, providing proper 24-hour care where emergency rooms cannot and do not. We must nationally, and as the state of South Carolina, stop marginalizing a legitimate issue and recognize that mental health problems are just as much health problems as physical conditions are, and implement and provide the 24-hour and emergency care our citizens and veterans need and are entitled to. Hospitals nationally should follow the example set by the VA hospital system, which has begun to provide 24-hour mental health professionals, so that students may access these resources after hours when university care is unavailable.

Patients must be seen by relevant and properly-trained medical staff/mental health professionals within a healthy environment, given adequate screenings provided with a medical safety plan, and given proper care as opposed to being discharged from an emergency room. We need to have a national standard of implementing a safety plan instead of discharge plans and insuring complete continuity of care. Patients must be treated immediately and given a preventive safety plan as opposed to being sent back out into the world without tools of safety and accountability within the hospital system. It is important to create streamlined communication of the patient’s history and recommendation of the steps that should be taken, ensuring that patients are not lost within the health care system and that professionals hold an accurate account of a patient’s mental health history, not just one dependent on a patient’s personal bias.
Infrastructure

Students commuting from rural areas and suburban Columbia drive their cars over the rickety roads, their vehicles taking the toll as they travel to class. Many of the students at the University of South Carolina reside in the nearby states. Upon crossing the border to the state students call their second home, they can only shake their heads at the pitiful and shameful road conditions. Students at the University gave the roads a 2.5 out of 5 based on their satisfaction with the current quality. No one gave the roads five stars.lix

Of course, the roads were only the most visible problem to students, but on Oct. 4, 2015, citizens of this state suffered dearly. Bridges were destroyed, water was contaminated, schools were closed, students were scared, and the community was traumatized; This “one-in-a-thousand-year storm” devastated South Carolina.

Leaving holes and gaps in infrastructure is asking to endanger our citizens in a natural disaster. Instead, we must update the current infrastructure instead of waiting for current structures to crumble; we must put the public works in the hands of the federal or state governments instead of allowing unregulated entities such as private landowners to take care of potentially dangerous situations; and we need to incentivize the federal guidelines for all infrastructure thereby modernizing the state uniformly. Together, we will build a stronger state.

Roads and Bridges

Prior to the historic flooding on Oct. 4, 2015, 20 percent of South Carolina’s 8,300 bridges were considered to be either structurally obsolete, meaning completely inadequate for public use, or structurally deficient, a title designated to bridges receiving a condition rating of four out of 10 or below by the Department of Transportation.lix In light of the conditions of many of our state’s roads and bridges, a vote for an additional $400 million dollars in infrastructure spending via a gas tax was brought to the South Carolina Senate, and it was voted down in May
A similar increase in infrastructure spending ($900 million) was conversely approved in the Georgia Senate around the same time. The rejected increase in the gas tax, from which the majority of South Carolina’s infrastructure revenue is derived, would increase the price of gas by mere cents (even with the increase, South Carolina gas would still be taxed less than any other in the country), and it has not been raised since 1987. This minimal increase, which would have raised millions in new infrastructure spending and maximized tourism in South Carolina (currently a $15 billion per year industry), seems now, in light of the flooding, to have been a bargain, considering the estimated $1 billion of damage wrought by Hurricane Joaquin. While a storm of this magnitude is admittedly a rarity, catastrophic weather like this is becoming ever more frequent. Events like these emphasize the necessity of upkeep and maintenance over simply repairing damage post hoc, as well as the need for federal assistance in regards to infrastructure, given the difficulty South Carolina and other states have had.

**Recommendation: H.R. 22 Fixing America’s Surface Transportation Act**

On Dec. 4, 2015, President Obama signed the Fixing America’s Surface Transportation Act, the first infrastructure spending plan since 2005 that extends beyond two years, and one that draws $70 billion from other areas in the federal budget. This increase in infrastructure spending, which adds up to an impressive $305 billion in additional funds, is a welcome improvement from the previous patch jobs that have kept America’s infrastructure afloat in years past. According to the U.S. Department of Transportation, “states and local governments may now move forward with critical transportation projects, like new highways and transit lines, with the confidence that they will have a federal partner over the long term.” Stop-gap measures, which are frequently used to prop up infrastructure spending, are no way for a government to sustain its essential ground transportation, and in this sense, the FAST Act is a great success. States need reassurance that their programs will not be cut off mid-completion, and while students would naturally prefer
a longer-term bill, five years is plenty to begin with and we congratulate Congress on such an effort. However, it does not increase the gas tax of 18.4 cents per gallon that has, since it was last raised in 1993, single handedly supported the Highway Trust Fund.\textsuperscript{lxvi} Without such an adjustment, the federal government, under the FAST Act, is unable to acquire additional funds outside of its five-year limitation.

Since its establishment in 1956, the Highway Trust Fund has been the main source of revenue for infrastructure in the United States, drawing its funds from a gas tax of 18.4 cents per gallon (last updated in 1993 and considering inflation, decreased by 40 percent).\textsuperscript{lxvii} The fund has been insufficient in meeting the needs of America’s infrastructure. It first required stimulus in 2008 as a result of declining gas usage and has needed additional funding ($19.5 billion in 2010 alone) every year since.\textsuperscript{lxviii} In order to keep a balance above zero, money from the fund must soon be withheld, potentially depriving states such as South Carolina of much needed infrastructure spending, a trend that has gone on far too long considering the necessity of adequately maintaining America’s roads and bridges.

Congress was left with two options: increase the gas tax or find other sources of income. Considering the declining use of gasoline and the ever diminishing supply, Congress chose the latter by taking money from the Federal Reserve and other programs completely unrelated to highways or infrastructure. Had the government chosen the former, a 10 cent increase would have been sufficient for the Highway Trust Fund to compensate for recent deficits—an amount smaller than day-to-day fluctuations. Now, at the end of the bill’s term, Congress would need to approve nearly double that amount to offset future deficits.\textsuperscript{lxix} We advise an immediate increase in the federal gas tax before the Highway Trust Fund falls behind and reliance on temporary fixes becomes too great.
Another major problem with the FAST Act passed by Congress is the limited growth of infrastructure. The bill calls for an overall increase in infrastructure spending of 11%, a number that the U.S. Department of Transportation considers grossly insufficient compared to the amount “needed to reduce congestion on our roads and meet the increasing demands on our transportation systems.” The GROW AMERICA Act suggests an increase of 45%.\textsuperscript{lxv} We must recognize that investment in infrastructure is critical early; money spent now is dollars saved later.

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<th>FAST Act\textsuperscript{lxvi}</th>
<th>GROW AMERICA Act\textsuperscript{lxvii}</th>
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<tr>
<td>Average Annual Budget for Highways</td>
<td>$41.5 billion</td>
<td>$52.8 billion</td>
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<td>Average Annual Budget for FHWA Programs</td>
<td>$460 million</td>
<td>$478 million</td>
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<tr>
<td>Average Annual Budget for Innovation and Research</td>
<td>$418 million</td>
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<tr>
<td>Total</td>
<td>$305 billion over 5 years</td>
<td>$478 billion over 6 years</td>
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<td>Funding Supplements</td>
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Finally, students approve of the delegation of regulatory responsibilities from the Federal government to the states because the law currently provides training from the Department of Transportation. Knowledgeable officials should share their understanding of America’s structural needs; this sort of education is critical in modernizing our roads as a whole.\textsuperscript{lxviii}

\textbf{Dams}

South Carolina is the home to more than 150 high hazard dams\textsuperscript{lxix}, yet the majority of the total dams are in the hands of private owners; the state only owns 2,400. The National Inventory of Dams lists 2,439\textsuperscript{lxx} dams (see map) in South
Carolina, but the South Carolina Emergency Management Division lists another 48,000 dams that go unaccounted for and unregulated\textsuperscript{lixxvi}.

In fact nationally, 69 percent of the dams are “privately owned” according to the Federal Emergency Management Division. When asked “do you believe the federal government or the state government should be in charge of dam regulations?”, not a single student answered “private organizations.”\textsuperscript{lixxvii} These dams (10 percent of which are more than 100 years old with a mean age of more than 60 years), were nearly all constructed of earthen materials (as opposed to concrete or even stone) and are not fit to modern standards\textsuperscript{lixxviii}. It is a miracle that more dams did not burst from the flooding.

South Carolina’s dams are a constant safety risk to its citizens. Bringing the current dams up to standard is more cost effective than building entirely new dams, and this will save money and lives. But the federal government needs to play an active role in the maintenance of these dams. Private ownership allows dams to go unregulated. For the safety of our citizens and the efficiency of our taxpayer dollars, we need to increase spending on such projects now so that we save on incredibly costly repairs in the future. It is the job of the federal government to incentivize the proper spending and regulations (and not just guidelines) in regard to dams. Three state officials and $260,000 for several tens of thousands of dams is not adequate.

\textbf{Recommendation: H.R. 2489 Dam Rehabilitation and Repair Act of 2015}

We urge Congress to adopt or submit for discussion a similar bill to H.R. 2489 the Dam Rehabilitation and Repair Act.\textsuperscript{lixxix} The bill recognizes that the dams of this nation are deficient and establishes a program to provide grant assistance to states for use in rehabilitating publicly-owned dams that fail to meet certain standards. The Federal Emergency Management Agency becomes the vehicle through which we keep our dams safe and ensures that owners, whoever they may be, are maintaining the dams. The grants provided from this bill are solely for non-federal dams and can be used only for improving dam safety. We strongly suggest backing this bill.
Waterworks

When the historic flooding of 2015 occurred in South Carolina, the waterworks systems failed the citizens of South Carolina. Roughly 40,000 people went without clean water across the state. A boil water advisory was issued throughout parts of the state, including Columbia, Charleston, Blythewood, Gaston, and Sumter. While some areas were cleared within a day, many families suffered for weeks due to the effects of poor waterworks systems. In turn, Curfews were issued throughout South Carolina.

The Environmental Protection Agency (EPA) offers the Watershed Academy, an independent research portal available to help aid in the understanding of the implementation of watershed approaches. This access portal provides citizens with a database of information and web seminars that are able to educate citizens on proper watershed approaches and the signs of what they should look for in case something goes wrong. Currently, in the Senate bill S. 1140, the Federal Water Quality Protection Act would require the federal government to regulate and revise what they define as “water” in the United States. This act would improve the water quality in the United States by raising the standards for water that is transported and distributed. The act would be extremely beneficial for disasters such as the aftermath of Hurricane Sandy in the eastern parts of the United States which left poor quality water. The U.S. Geological Survey (USGS) conducted tests that illustrated the increased amounts of bacteria, pesticides, and E.coli in the water after the floods. Similar results are expected from the South Carolina floods, as a boil water advisory was issued because there was known contamination to the water sources/supplies.
**Recommendations**

We urge Congress to further fund databases such as the one accessible via the EPA in order to improve public knowledge on various watershed approaches. If further funded, the average citizen would be able to implement the acquired skills from the database portal in order to help lessen the damaging effects of natural disasters. We also recommend the support of the S. 1140 bill, which would drastically improve the water quality conditions of the country by raising the standards of what can be classified as useable/drinkable water. It is our recommendation that the United States also use the U.S. Geological Survey as a response to water quality issues to regularly test the waters after a natural disaster to ensure the health of the citizens. Moreover, new waterworks systems should be put into place in order to help with the draining of the water as parts of Columbia, South Carolina for example, were left submerged for multiple days. Improved waterworks systems would not only help with the average rainfall, but in times of natural disasters.


A bill to amend the Internal Revenue Code of 1986 to expand the deduction for interest on education loans, to extend and expand the deduction for qualified tuition and related expenses, and to eliminate the limitation on contributions to Coverdell education savings accounts, S. 1973, 114th Cong.


Myers, Jenn. Personal interview. 6 Nov. 2015.


Suicide Prevention Research INNovaTion Act, S. 2035, 113th Cong. Web.

Suicide Prevention Research INNovaTion Act, H.R. 4075, 113th Cong. Web.


