

**EDITOR'S NOTE**

No obituaries were received for this edition of The Robesonian. Find the latest obituaries as they are received at [robsonian.com](http://robsonian.com). Obituaries can be submitted to [robobits@cmpapers.com](mailto:robobits@cmpapers.com).

# Red Springs receives fire department grant

**Victoria Sanderson**  
The Robesonian

RED SPRINGS — The Red Springs Board of Commissioners announced a grant for the town's fire department at its January meeting. The grant adds approximately \$9,000 to the fire department's budget, to be used as needed. Additionally, Commissioner Ellion McQueen stepped down from the planning board upon his appointment as town commissioner, and Commissioner Ronnie Patterson was elected Mayor Pro Tem for the upcoming term.

Contact Victoria Sanderson at [vsanderson@robsonian.com](mailto:vsanderson@robsonian.com).

# Maxton man sentenced to 14 years on drug charges

Staff report

WILMINGTON — A federal judge sentenced a Maxton man to 14 years in federal prison on Dec. 11 for distributing cocaine and methamphetamine and being a felon in possession of a firearm. Lloyd Kinston Locklear, Jr., age 36, pleaded guilty on April 9, 2024.

"Drug dealers who flood our communities with dangerous drugs that put families and children at risk. They don't care who they kill. We will not tolerate it," said U.S. Attorney Ellis Boyle. "This criminal chose drugs, guns, and chaos over the safety of kids in our neighborhoods. Spending the next 14 years in prison ensures he can no longer threaten our families or poison our communities. We will continue to aggressively pursue anyone who sells drugs that kills our kids. Good riddance."



Locklear

According to the court documents and other information presented in court, investigators with the Robeson County Sheriff's Office learned in Jan. 2022 that Locklear was selling drugs. On Jan. 26, 2022, law enforcement officers conducted a controlled purchase of approximately 3.7 grams of cocaine from Locklear. Officers executed a search warrant at Locklear's residence the following day. When officers arrived, Locklear turned tail and scurried away, but they arrested him shortly afterward.

During the execution of the search warrant and arrest of Locklear, law enforcement located and seized large amounts of cocaine, heroin, methamphetamine, hydrocodone, oxycodone, alprazolam, marijuana and a firearm. On Nov. 2, 2022, officers arrested Locklear again and conducted a search incident to that arrest, seizing additional amounts of cocaine and methamphetamine. State judges released Locklear on bond.

On Jan. 20, 2023, a Robeson County Sheriff's Office deputy stopped Locklear in his car on Interstate 95 after observing him fail to maintain his lane. Deputies determined that Locklear had a pending federal arrest warrant and attempted to take him into custody. Locklear fought the officers, resisting arrest. The officer tazed Locklear and had to shoot at him. Thankfully, officers ultimately subdued Locklear before he could kill them, and detained him pending federal prosecution.

The ATF, Maxton Police Department and Robeson County Sheriff's Office performed excellent work investigating this case as a team, the U.S. Attorney's office for the Eastern District of North Carolina said in a press release.

# UNC Health Southeastern asking patients to seek alternatives to Emergency Department

Staff report

LUMBERTON — Officials with UNC Health Southeastern are urging the public to visit their primary care physician or use local urgent care clinics for all health conditions not requiring emergency care as patients seeking admission are facing delays.

"We have seen a marked increase in Emergency Department visits over the past few weeks, resulting in prolonged wait times," said Renae Taylor, UNC Health Southeastern vice president and chief nursing officer. "We are doing all we can to treat patients as timely as possible, however choosing the right place to seek care helps us all."

Individuals experiencing medical emergencies, such as trauma, chest pain and difficulty breathing, should call 911 immediately. Patients who do seek care from the Emergency Department will be treated in order of the seriousness of their condition; therefore, individuals who seek emergency care for minor health issues will likely face extensive delays.

UNC HEALTH Southeastern		
Where to Seek Care		
<b>Primary Care – Non-urgent/Minor Health Care Needs</b>		
Accepting new patients		
Same day sick visits available	Colds, cough, flu, fevers	Nausea, migraines
Ear infection	Minor burns, cuts/lacerations	Pink eye
Sprain or strain	Asthma attacks (minor), bronchitis	Sore throat
Allergic reaction		Dehydration
<b>Urgent Care – Minor Injuries and Illnesses</b>		
Allergies	Fever and flu symptoms	Strains and sprains
Coughs and colds	Respiratory problems	Sinus infections
Diarrhea	Skin rashes	Minor cuts
Ear infections	Sore or strep throat	Urinary tract infections
<b>Emergency Department – Life-threatening Injuries and Illnesses</b>		
Chest pain or heart attack	Constant vomiting	Head injuries and/or unconsciousness
Stroke	Severe and prolonged shortness of breath	Heavy, uncontrolled bleeding
Broken bones or deep wounds	Allergic reactions to food or insect bites	

UNC Health Southeastern

Individuals who feel they may be sick and need to seek non-emergency medical care may visit a UNC Health Medical Group primary care, urgent care or walk-

in clinic or they may schedule a virtual visit through MyChart.

The walk-in clinics which do not require an appointment include The Clinic at Walmart in the Lumberton Walmart Supercenter and The Clinic at Brisson Drugs in St. Pauls. Appointments are suggested for

UNC Health Urgent Care at Southeastern Health Mall and UNC Health Urgent Care at Pembroke.

For a complete clinic listing with hours and phone numbers, logon to [unchealthse.org](http://unchealthse.org) and click on "Locations," "Primary Care Clinics" and "Urgent Care Clinics."



The Public Schools of Robeson County Board of Education. Pictured, in front from left, are Kristy Fields, John Simmons, Linda Emanuel, Crystal Weindel Monroe, Henry Brewer, Terry Locklear. In the back row, from left, are Craig Lowry, Nelissa Ocean, Tre Britt, Vonta Leach, Bradley Phillips.

# PSRC celebrates School Board Appreciation Month

**Jessica Sealey**  
For The Robesonian

ROBESON COUNTY — The Public Schools of Robeson County is celebrating School Board Appreciation Month, honoring the dedication, service and commitment of PSRC Board of Education members.

"Our board members dedicate their time, energy and service to our school district as they make decisions and shape policies that guide our daily work," said PSRC Superintendent Freddie Williamson.

"Leadership matters and leadership is not always easy. We know that our board members make personal sacrifices, often taking calls at all hours and giving up time with their families. As leaders, they also have the responsibility to make decisions in the best interest of our students even when those decisions are difficult. We commend them for their work and celebrate them during School Board Appreciation Month," Williamson added.

School board members provide leadership and direction for the school district through policy decisions and oversight. They champion student success and well-being while helping guide the district's vision and priorities. Through their leadership, they ensure resources are used responsibly, high educational standards are maintained and students have access to opportunities that support learning, growth and achievement. Their service is essential to driving continued progress across the district.

The Board of Education of the Public Schools of Robeson County is made up of eleven members, eight of whom are elected by district and three at-large members. They are elected on a nonpartisan basis during spring primary elections of even-numbered years. Terms are for four years.

**PSRC Board of Education Members**  
John Simmons, District 1 Representative  
Melissa Ocean, District 2 Representative and Board Vice Chair

Dr. Linda Emanuel, District 3 Representative  
Dr. Terry Locklear, District 4 Representative  
Craig Lowry, District 5 Representative  
Crystal Monroe, District 6 Representative  
Bradley Phillips, District 7 Representative  
Tre' Britt, District 8 Representative and Board Chairman  
Kristy Fields, At-Large Representative  
Vonta Leach, At-Large Representative  
Henry Brewer, At-Large Representative  
The PSRC Board of Education meets monthly at 6 p.m. on the second Tuesday of each month at PSRC Central Office, located at 100 Hargrave Street in Lumberton, unless otherwise announced. For more information about the PSRC Board of Education or to learn more, visit [www.robeson.k12.nc.us](http://www.robeson.k12.nc.us).

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## One step away: The injuries that change NBA careers

Playing in the NBA looks like nonstop excitement, but there's a serious side to the game that every fan should understand. Injuries can end a season or even a career in a single moment. Fast breaks, hard landings and explosive moves put huge stress on the body. Sometimes that stress is too much, and even the best players can go down.

Ankle injuries are among the most common injuries in the NBA. About one in four players sprains an ankle each season. This often happens when a player comes down on someone else's foot and the ankle rolls to the side. Braces can help lessen the damage, but they can't stop these injuries from happening. While most ankle sprains heal, repeat sprains can lead to long-term pain and instability that might also require surgery to restore ankle stability. The most severe ankle sprain is called a high ankle sprain.

These devastating injuries also tear very strong ligaments between the ankle bones (tibia and fibula) and can leave the ankle stiff and painful for months. High ankle sprains often need screws or tape to be surgically placed in the ankle to keep the tibia and fibula together.

Knee injuries are another major issue, especially tears of the anterior cruciate ligament (ACL). These usually happen during sudden stops, quick turns or awkward landings. Surgery and months of rehab are needed to recover. Some players return to their old level, but others don't regain the same speed or confidence. Some never return to playing professional basketball at all.

Achilles tendon tears are less common but even more likely to end a career. The Achilles tendon connects the calf muscle to the heel and is key for jumping and pushing off the ground. A sudden explosive movement can make it snap. Most players need surgery and a long recovery. Even after healing, many can't play the same way again because they lose power and quickness.

Why do these injuries happen so often? NBA players compete in long seasons with heavy travel and little time to rest. Fatigue makes injuries more likely, especially for older players or veterans who have been through many seasons. Guards are hurt most often because their position demands constant quick movements, sharp cuts and fast stops.

Some injuries can be prevented or at least made less serious even through strength training programs that improve balance, flexibility and body control. Warm-ups and ankle braces can also help protect players during games and practices, though no method can remove the risk completely.

Ankle sprains, ACL tears and Achilles tendon injuries are the main reasons NBA players lose playtime or their careers. Many work incredibly hard to return, and some make it all the way back. Others never reach the level they once had. These injuries remind us that basketball isn't just about scoring or winning. It's about courage, resilience and the love of the game. This is why we respect the athletes who give their all, knowing the next play could change everything.

Athletes who are experiencing persistent or unnatural pain should consult with their provider for guidance on treatment therapies if necessary.

To learn more about the services offered through UNC Health Orthopedics at Southeastern Health Park, call 910-738-1065 or visit [unchealthsoutheastern.org/care-treatment/orthopedics/](https://www.unchealthsoutheastern.org/care-treatment/orthopedics/).

James Slauterbeck, MD, is an orthopedic surgeon whose special interests include sports medicine, adolescent sports medicine, female sports medicine, and high school and college athletic injuries. He is affiliated with UNC Health Orthopedics at Southeastern Health Park and UNC Health Southeastern. To learn more, call (910) 738-1065 or visit <https://www.unchealth.org/care-services/doctors/s/james-r-slauterbeck-md>.

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UNC-Chapel Hill chemistry professor Frank Leibfarth, co-founder of NC PURE, discusses new material he and his colleagues are developing to help water utilities more effectively remove PFAS from drinking water.

## PFAS, microplastics and what comes next for NC's water

### As state regulators weigh PFAS rules, scientists push for solutions that fit existing water systems.

Will Atwater  
NC Health News

In North Carolina, debates over how to regulate emerging water contaminants are moving from the lab to the policy arena — and this week, those debates could translate into binding policy. The North Carolina Environmental Management Commission, which sets statewide water quality standards, is scheduled to meet Jan. 7-8 and is expected to finalize rules that limit the discharge of PFAS and other pollutants into state waterways.

Per- and polyfluoroalkyl substances make up a class of 15,000 synthetic compounds often called “forever chemicals” because of their persistence in the environment and resistance to breaking down. Used for decades in products like nonstick cookware, food packaging and stain-resistant fabrics, PFAS have been linked to immune suppression, developmental harm and certain cancers.

An emerging contaminant, microplastics, plastic particles smaller than 5 millimeters — about the size of a pencil eraser — and even smaller nanoplastics are now considered ubiquitous in the environment. In the past few years, scientists have increasingly been able to detect these particles in water, food and human tissue, including organs such as the liver, kidneys and brain, raising new questions about how plastics move through the body.

Previously, PFAS and microplastics were studied as separate contaminants. But newer research suggests that real-world exposure rarely occurs that way. Studies increasingly show the two pollutants co-exist in water, food and the environment, where microplastics may carry or interact with other chemicals, and both can persist in living tissue. This realization has prompted calls for a more integrated approach to assessing environmental and human health risks.

As North Carolina and the nation brace for an active year of policy debates and new research on PFAS and microplastics, Frank Leibfarth, a UNC Chapel

Hill chemistry professor and the university's first recipient of the Blavatnik National Award for Young Scientists, is working at the intersection of both challenges. Leibfarth's research focuses on designing advanced polymer materials and chemical processes to capture and destroy PFAS in drinking water, while also developing safer, more sustainable plastics aimed at reducing long-term environmental contamination.

In 2022, Leibfarth and Orlando Coronell, a UNC Chapel Hill environmental sciences and engineering professor, launched the NC Pure pilot project to pilot test new materials designed to remove PFAS from public drinking water and wastewater systems as part of the North Carolina PFAS University Research Alliance. The work was funded by the North Carolina Collaboratory, a General Assembly initiative that coordinates research across the UNC System to support state and local government decision-making.

In late 2025, NC Health News spoke with Leibfarth about what the latest science reveals about PFAS and microplastics — and what questions researchers are still trying to answer.

North Carolina Health News: Can you share an update on the PFAS pilot testing?

Frank Leibfarth: We completed three pilot tests. One involved surface water from the Cape Fear River, which we conducted at [Cape Fear Public Utility Authority] Sweeney Water Treatment Plant. Another focused on groundwater drawn from the Pee Dee Aquifer and was carried out at [CFPUA's] Richardson Drinking Water Treatment Plant in Wilmington. The third took place at a wastewater facility in the Piedmont Triad. We also conducted pilot testing with Orange Water and Sewer Authority in Chapel Hill.

Leibfarth told NCHN that in addition to field pilots, his team is working with several utilities on bench-scale tests to evaluate how the materials perform under different treatment conditions.

NCHN: Beyond studying the liquids produced by

landfills (called leachate), what other goals do you have for 2026?

Leibfarth: With the information that we've learned from the pilots and the feedback we've gotten from the utilities, we want to start at least two more pilots in order to solve specific problems that they've asked us to solve. Those are things like increasing the capacity of our resins for long chain PFAS, and implementing an on-site regeneration procedure that could be used by utilities and reduce overall costs.

NCHN: Many water utilities already rely on granular activated carbon systems to remove PFAS. What are the challenges in adding new treatment technologies without rebuilding entire systems?

Leibfarth: In 2026, we want to pilot ion exchange resins that are denser and could be used in combination with carbon. Most surface water plants, like Sweeney, will likely use carbon because it makes practical and economic sense. For utilities to adopt another technology, it has to fit into that existing infrastructure. No municipal treatment plant wants to tell customers they need a whole new building to make the technology work.

NCHN: One challenge utilities face is what happens to PFAS after filters are cleaned. How does that process work for granular activated carbon?

Leibfarth: For granular activated carbon filters, they send them to what are called reactivation facilities. That's a thermal treatment process that reactivates a granular activated carbon so it can be used again. The information for how effectively [the process] destroys PFAS is still not known because the data isn't released. That reactivation isn't 100 percent, so, typically, new granular activated carbon has to supplement the reactivated material in order to bring the performance up to what it was.

NCHN: Let's shift to plastic waste. In a recent Duke University study put a price tag on the societal costs of plastic pollution as much as \$1 trillion yearly. What do you think about single-use

plastics in that context?

Leibfarth: Plastics do have a huge societal cost, but plastics are often replacing something that would be used in their place. The real question is one of trade-offs. There's a well-known study comparing coffee cups that illustrates this tension. Over its lifetime, a porcelain mug can generate more greenhouse gas emissions than hundreds of disposable polystyrene cups, largely because porcelain is energy-intensive to manufacture and wash.

We need to reduce the amount of plastics that we make and use. There's clearly huge opportunities to recycle plastics better and reuse them more. But the flip side of the coin is that plastics often save a tremendous amount of energy compared to alternatives.

NCHN: But much of that polystyrene still ends up discarded in the environment. How do you reconcile that?

Leibfarth: A flaw in the coffee cup example is that it doesn't take into account the consequences of disposal, whereas the Duke study does. One challenge is that society currently materials for the most extreme use case. Think about a food truck — packaging is designed for someone who might drive 30 miles and want the food still hot. But most people walk up and eat right there. Do we really need all that excess material, or could we create incentives to use only the amount each use case requires? A lot of this comes down to how we think about using things, not just the material itself.

Large, complex problems like plastic pollution and climate change can be difficult for people to grasp at an individual level, Leibfarth noted. Studies that quantify environmental impacts, he said, help show how everyday choices — multiplied across millions of people — can add up to significant harm, even as he cautioned against simplistic narratives that frame all plastics as inherently bad.

Will Atwater has spent the past decade working with educators, artists and community-based organizations as a short-form documentary and promotional video producer. A native North Carolinian, Will grew up in Chapel Hill, and now splits time between North Carolina and New Jersey, where he lives with his wife and two children. Reach him at [watwater@northcarolinahealthnews.org](mailto:watwater@northcarolinahealthnews.org).