

Lisa Hanneman
2808 Crestview Dr.
Appleton, WI 54915
May 9, 2017

Outagamie County Public Safety
James Duncan
2646 W. Spencer St.
Appleton, WI 54914

Dear Mr. Duncan,

Because of my experience in 2015 in Outagamie County Circuit Court Branch II and Outagamie County Jail (OCJ) that ultimately led to the death of my son, Nathan Crowe, forever 24, I am enclosing a 44-page letter for your review. Nathan and other families in the area have and are still experiencing inadequate care at the OCJ. I am bringing this to your attention before another tragedy occurs.

The jail mission statement on the Outagamie County Corrections Division website states:

The Outagamie County Jail provides for the medical, educational, emotional, spiritual and nutritional needs of the inmate population. The services and programs provided are designed to help offenders cope with incarceration and return to the community as productive members.

I am requesting that the OC Public Safety committee allow:

- the hiring of additional staff
- an increase in staff hours
- and/or evaluate procedures/contracted health services (CHC) to PROPERLY take care of the 400 plus inmates.

Jail staff need to do their jobs effectively. The medical community adheres to ethical standards of conduct and these ethical standards cannot be adhered to when inmates are denied proper medical care. It's also morally wrong to deny medical care to anyone, including inmates.

If there is no room in the county budget for adequate health services, then the next viable solution I highly suggest would be to request that the DA office and the OC Judges begin working proficiently with the Treatment Alternative & Diversions program, AND to stop incarcerating offenders who have substance abuse disorders and mental illness. Treatment is a much more economical and humane solution for taxpayers and all humanity!

I would appreciate a review of this proposal and my documents by June 27, 2017. After reviewing all of the documents, contact me at: 2808 Crestview Drive, Appleton, WI 54915 or lisadale2555@aol.com or feel free to call me at 920-989-2555 for further discussions so that we can move forward on this imperative initiative. Your acknowledgement is requested.

Thank you for your review.

Sincerely,

Lisa Hanneman

Lisa Hanneman

Lisa Hanneman
2808 Crestview Dr.
Appleton, WI 54915

March 1, 2017

The Honorable Judge Nancy J. Krueger
Outagamie Cty Circuit Court, Branch 2
320 S. Walnut Street
Appleton, WI 54911

RE: Death of former OCJ Inmate Nathan Crowe

Case 2013CF000985 involving 2 counts of 346.63(2)(a)3 Misdemeanor U Cause Injury/Operate Control Substance (1st) (PAC <0.15)

Dear Judge Krueger,

During my son, Nathan Crowe's incarceration from May 12, 2015 to July 9, 2015 he received extremely inadequate medical care by the jail staff in Outagamie County Jail (OCJ). On May 8, 2015, you sentenced Nathan to OCJ for a crime that occurred over three years earlier on February 5, 2012. You somehow believed that was the best punishment for a terminally ill person and it turned out to be a death sentence.

At the time of the 2012 accident, Nathan's blood test showed he had a Nano gram of a substance, a very miniscule amount. It is more likely that sleep deprivation or a seizure contributed to the accident rather than a miniscule amount of substance in his system.

I am enclosing with this letter court transcripts, recorded jail phone conversations, health records and other documents to ask you to: **Petition with me to the State of Wisconsin to amend WI Administrative Code DOC 325 to establish procedures relating to the department's release of an inmate to use palliative care resources outside of the prison system to care for inmates with a terminal condition.**

I am hoping that another family in a similar situation in Wisconsin never has to go through what Nathan and our family experienced. Nathan's sentence included 5 months in jail lock-up and 5 months on Huber. I unequivocally believe that Nathan's incarceration in OCJ contributed to his death on February 13, 2016. If Nathan's terminal medical condition (see Exh. A) had seriously been taken into consideration rather than incarcerating him, Nathan may still be alive today. Nathan would not have had to suffer through the torturous process he had while he was incarcerated in OCJ.

Addiction is a brain disease and treatment is a much better alternative for taxpayers and all humanity. "The National Institute for Drug Abuse estimates that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes. With some outpatient programs, total savings can exceed costs by a ratio of 12 to 1."(National Institute on Drug Abuse. 2006. NIDA InfoFacts: Treatment approaches for drug addiction. pgs 1-2. Online at www.nida.nih.gov/PDF/InfoFacts/Treatment06.pdf)

In March 2011, Nathan was diagnosed with a brain tumor, Oligoastrocytoma Grade II. During this time, Nathan's doctor prescribed Oxycodone to relieve his pain, especially after his three brain surgeries in 2011. When Nathan's Oxycodone prescription ended, he was addicted to opioids, which led to his finding the drug on the street along with other drugs. On February 5, 2012, Nathan unintentionally injured two people while driving his car with a valid license. Nathan was sober at the time of the accident. When the police tested his blood, it showed the Nano gram of non-prescribed drugs, which resulted in an arrest for OWI. Nathan admitted to taking the drugs **two days** before the accident. By 2014 Nathan had progressed to Grade III Malignant Anaplastic Astrocytoma Brain Cancer, which is a terminal brain cancer. Between the accident date of February 2012 and over the three years it took this case to get to the court date in May 2015, Nathan endured four brain surgeries, brain infection, placement of a bone flap prosthesis, radiation, CyberKnife, chemotherapy (See Exh. B) and 18 months of institutional stays (because of suicidal attempts and depression). Nathan was a first time offender. For this one and only crime you sentenced him to 5 months in jail lock-up and 5 months of Huber. The confinement sentence from the OWI Penalty Chart suggests: 30 days to 1 year in jail; or Safe Streets option of treatment and then 15 days to 1 year of jail time.

Nathan was prescribed a long-term chemotherapy drug called Temodar after his surgery that stops the growth of cancer cells in February 2014. All of his subsequent MRI scans in July 2014, October 2014, and January 2015 showed no new growth.

The jail **mission statement** on the Outagamie County Corrections Division website states:

The Outagamie County Jail provides for the medical, educational, emotional, spiritual and nutritional needs of the inmate population. The services and programs provided are designed to help offenders cope with incarceration and return to the community as productive members.

A person with a diagnosis of cancer should not be sentenced to serve a jail term when there are alternative ways to punish for a crime. Cancer patients need to be in a healthy environment. Nathan did not deserve to die for his crime.

*And the Wisconsin Constitution, Article I, Declaration of Rights. SECTION 6.
Excessive bail shall not be required, nor shall excessive fines be imposed, **nor cruel and unusual punishments inflicted***

C.) Ignoring inmate health claims. Nathan called me daily from the OCJ and complained for 34 days of head pain and focal seizures. On July 4, 2015 Nathan complained again about head pain. He was finally provided with an icepack, which consisted of ice cubes in a cloth on July 5, 2015. (See Exh.E).

On July 4 and July 6, 2015, Nathan complained about more head pain. He filled out an "Inmate Health Service Form with Copay" and both days, the written response was: "You are on the list to see the NP this week". (See Exh. F1 & F2).

Also on 7-6-15 Nathan verbally asked a guard to see a nurse due to his condition worsening with several days of focal seizures. The guard chose not to deliver the message to the nurse. (See Exh. G). Without adequate access to medical care, it is very obvious that jail is not a place to be if you have a terminal illness. Nathan did not deserve this torture, which was ***cruel and unusual punishment***.

Finally, on July 7, 2015 Nathan was rushed to St. Elizabeth Hospital for head pain. Nathan was given an MRI, which clearly showed new tumor growth. (See Exh. H1 & H2). The cause of Nathan's recent head pain, focal seizures, memory loss and cognitive impairment symptoms was **new tumor growth**. This was within two weeks of the originally scheduled appointment for him to receive another form of treatment called Avastin, which restricts blood supply to tumors. To have requests for help ignored, after having head pain and focal seizures for 34 days, especially with a history of brain tumors, clearly demonstrates a violation of the 8th amendment, ***imposing cruel and unusual punishment***.

D.) Switching doctor appointments for "security purposes". (See Exh I). Nathan was going to start a new tumor-starving(anti-angiogenic) IV therapy called Avastin on June 25, 2015. The purpose of Avastin is to prevent the growth of blood vessels going to the tumor. On June 3, 2015, the jail staff moved his appointment with Dr Klinkhammer out from June 25, 2015 to July 2, 2015. As a result, Nathan was tortured for more days with head pain and denial of a life-saving treatment.

Inadequate Medical Services
(Especially for cancer patients)

Here's how the OCJ **did not fulfill** its mission statement of "*to provide for the medical, educational, emotional, spiritual and nutritional needs*":

- A) Delay in medications.** Inmate's pills get shipped to another location to be bubble packed, therefore they do not have any pills for **three days after** they start to serve their sentence. The jail staff could not provide Nathan's medications on time nor in the correct order.
- a) Nathan took Keppra, an anti-seizure medication which he brought into the jail on 5-12-2015. The first time he received his anti-seizure medicine was on 5-15-2015. (See Exh. C1)
- b) In jail, the first time Nathan took his Temodar, a chemotherapy pill that he had been on for 8 months, the nurses neglected to give him his Ondansetron, an anti-nausea pill, as instructed on the prescription bottle, to be taken 30-45 minutes **BEFORE** the Temodar. The instructions are clear, yet Nathan was given both the Ondansetron and Temodar pills at the same time. Therefore, there was no time for the Ondansetron to relieve the nausea, as Nathan was already vomiting **violently**. As a result, Nathan declined his next dose of Temodar medication because he did not want to go through that experience again. OCJ staff dispenses medications only in the morning and evening. Nathan specifically needed his medications dispensed at three different times during the day. (See Exh. C2).
- c) A separate attachment (see Exh. D1, D2, D3), states other inmate stories telling about the inadequate medical services provided at OCJ and other facilities.
- B) Replacing and mixing up medications.** Nathan's Levetiracetam (Keppra) XR500 (extended release) was the current anti-seizure medication he was taking as prescribed. Somehow, Nathan was presented with 4 pills of Levetiracetam 500 (not extended), for a nighttime dose. This was erroneous and Nathan knew it. As a result, Nathan refused the dose and had ongoing focal seizures.

This incompetent delivery of medications violates:

*The 8th Amendment to the United States Constitution protects American citizens accused of a crime ... Additionally, this important addition to the Bill of Rights prohibits the government from leveling excessively high fines, or **imposing punishment** that is considered to be **cruel and unusual, on convicted individuals**.*

No Insurance

In June 2015, I realized Nathan's state aid Medicaid, and his Medicare (part B & D) were not valid in jail. At the time, Nathan's Temador prescription cost approximately \$4,285 a month. To treat a cancer patient with medications, physician visits and MRI's for 5 months would have totaled \$37,466 or more. The Avastin, the new IV drug Nathan which was prescribed to begin in June 2015, was an additional \$26,000 per month. The jail would have been billed for it, according to law, but Nathan would have been burdened with this huge bill from Outagamie County upon his jail release:

WI State Stat 302.38 Medical care of prisoners.

(2) The prisoner is liable for the costs of medical and hospital care outside of the jail or house of correction. If the prisoner is unable to pay the costs, the county shall pay the costs in the case of persons held under the state criminal laws or for contempt of court and, except as provided in s. 302.336 (2) and (3) (b), a municipality shall pay the costs in the case of persons held under municipal ordinance by the municipality.

(4) The governmental unit paying the costs of medical or hospital care under this section, regardless of whether the care is provided in or out of the jail or house of correction, may collect the value of the same from the prisoner or the prisoner's estate. If applicable, the governmental unit may proceed to collect under this section or may seek reimbursement under s.302.372, but may not collect for the same expenses twice.

Since 2011, Nathan had been receiving Medicaid and Medicare and was covered 100% for all his treatments. No one in a similar situation taking into consideration Nathan's age (24) or medical condition would have had the financial means nor the estate to reimburse the county. No matter what, the taxpayers ended up bearing the excessive, unnecessary expense of Nathan's medical care while he was incarcerated.

On June 19, 2015 we requested a review hearing to explain Nathan's loss of insurance situation and to request an alternative punishment. You requested for **me** to get proof from the Social Security Administration office and the OCJ, even after District Attorney Tempelis confirmed this was true (See Transcript from 6-19-15; p.3, line 13 & 25, Exh. J1 & J2). As a result, Nathan's medical care was needlessly delayed pending his new court date on 7-15-15. As a reminder, Nathan was rushed to St. Elizabeth Hospital ER on 7-7-15. If **WI State Stat 302.38, Medical care of prisoners**, would have been known by the Judge and DA, followed and taken into consideration, Nathan could have been released from OCJ and begun to receive proper health treatment on 6-19-15, but you declined our request and he suffered even more.

Additionally, you commented "*He'll have to be restricted to a particular location with no contact with anybody because of the past history in this case regarding use of drugs and things*"

like that" (See Transcript from 6-19-15; p.8, line 5, Exh. K). This statement is unfounded as Nathan has no other record of a drug arrest to this date. In addition does it really seem humane to keep a terminally ill person isolated as Dr. Klinkhammer writes? (See Exhibit L).

It appears there was a conflict of interest in Nathan's case as you presided over Drug Court for Renee Dupie after Nathans arrest on 2-5-12. It is most likely Nathan's association with Renee Dupie and her drug use that influenced your sentencing on 5-8-15 and your denial for GPS on 6-19-15. If he had, which he didn't, additional charges of drug crimes, shouldn't he have been given an Evidenced Based Decision Making (EBDM) treatment plan instead? What is the EBDM program and the Treatment Alternative Diversion (TAD) grant being used for in Outagamie County? You were judging him and making decisions based on **his association** with a person (Renee Dupie) **after** his crime on February 5, 2012. You saw him supporting his friend in drug court in 2015. (See Exh. M). Before Nathan's 2-5-12 crime, he was arrested for only one other offense, for graffiti.

During the 7-15-15 court date to provide proof that Medicare insurance is lost while incarcerated, you stated – "*but, essentially, you brought this upon yourself, and it's somewhat frustrating for me.*" (See Exh. N). Nathan did not bring upon himself a brain tumor, he did not ask for three brain surgeries in 2011, within 11 months of the diagnosis, and it was necessary for his pain to be treated with a controlled substance, oxycodone each time.

A person with a diagnosis of cancer should not be sentenced to serve a jail term when there are alternative ways to punish for a crime. Cancer patients need to be in a healthy environment. (See Exh. L). **Nathan did not deserve to be tortured and die for this crime.**

I would also like to make you aware the United States Surgeon General, Vivek Murphy, stated in his 433 page report on Nov. 17, 2016 that "Research on alcohol and drug use, and addiction, has led to an increase of knowledge and to one clear conclusion: Addiction to alcohol or drugs is a chronic but treatable brain disease that requires medical intervention, not moral judgment."

I am sure this is not the first time there have been terminally ill persons being sentenced. I suggest the Office of Judicial Education include health insurance information and addiction awareness information in the Continuing Judicial Education (CJE). In addition, Nathan would **never** have been able to pay back \$37,466. I highly doubt that the taxpayers of Outagamie County would appreciate paying for Nathan's healthcare especially when he had health insurance. The taxpayers did have to pay for his visit to the ER on 7-7-15.

Nutritional Needs Not Met

The OCJ did not provide its mission statement of “provides for the medical, educational, emotional, spiritual and nutritional needs” because:

An average individual staying in jail can hardly stomach the food, but when you have cancer, your body cannot be in an acidic state to fight the disease. It needs to be in an alkaline state with whole foods, not processed, nutritional foods. Ultra soy is served as the “meat”. There is not one piece of fruit served except for pregnant women and diabetics. If there are vegetables, they are overcooked green beans and broccoli with no nutritional value left. The Ultra soy product served at OCJ is not worthy of human consumption. Soybeans contain plant estrogens and other toxins and anti-nutrients that make soy products unacceptable as a source of nutrition. Most soybeans are genetically modified, and they contain one of the highest levels of pesticide contaminations of all foods. Cancer thrives in an acidic environment. The U.S. Food and Drug Administration (FDA) lists over 200 studies showing toxicity of soy in its Poisonous Plant Database. See the menu attached from OCJ. (See Exh. O). This menu might be OK for an average citizen but not a cancer patient. Canteen items are available, but there is nothing of nutritional value, only sugar, candy, salt and chips. (See Exh. P). Being incarcerated for 55 days while eating non-nutritional pesticide contaminated Ultra soy food definitely contributed to Nathan’s tumor growth. The canteen items should consist of protein, fruit, and vegetables if the jail cannot provide adequate food. Better yet, why aren’t vegetables being bought or brought from Riverview Gardens. This would be more aligned with the OCJ mission statement. And as stated in the Wisconsin Statutes:

302.37 Maintenance of jail and care of prisoners.

(1)(a) The sheriff or other keeper of a jail shall constantly keep it clean and in a healthful condition and pay strict attention to the personal cleanliness of the prisoners and shall cause the clothing of each prisoner to be properly laundered. The sheriff or keeper shall furnish each prisoner with clean water, towels and bedding. The sheriff or keeper shall serve each prisoner 3 times daily with enough well-cooked, wholesome food. The county board shall prescribe an adequate diet for the prisoners in the county jail.

There have been many cases brought to the courts in other parts of the country regarding the case against soy.

Spiritual Support

The OCJ did not provide its mission statement of “provides for the medical, educational, emotional, spiritual and nutritional needs” because:

Nathan put in a request on 5-17-15 to be allowed into the Narcotics Anonymous (NA) group that meets at the jail once a week. He got an acceptance slip on 7-2-2015, **six weeks later**. An inmate has to wait 6 weeks for recovery support? As the OCJ mission statement states: *The services and programs provided are designed to help offenders cope with incarceration and return to the community as productive members.*

There are 16 spots that are allowed during this meeting. If an accepted inmate does not want to participate on a particular day that they sign up for, the empty seat is not given to anyone else. This was the only “addiction help” allowed in OCJ, and for 16 inmates, if that.

Sentencing Options

As I read, ***“The mission of the Wisconsin Court System is to protect individuals’ rights, privileges and liberties, to maintain the rule of law, and to provide a forum for the resolution of disputes that is fair, accessible, independent and effective.”***

As a Judge you make critical decisions to keep all citizens safe and alive.

I feel terribly about the injuries sustained by the victims of Nathan’s car accident. I want you to know that those victims, the Sloanakers, approached me at the courthouse and said they had a change of heart. They realized young adults can make mistakes and they wanted what was best for Nathan because of his health. They told me, “We cannot go on with our lives without first forgiving Nathan, which we have”. You questioned the Sloanakers, about their agreement to GPS and on 7-15-15, you stated that their agreement was “*surprisingly*”. (See Exh. Q). I do believe Nathan could have been productive in society without going to jail. He had just been approved for DVR services (See Exh. R), and on his own had just got his new hire packet at Menards and bought steel toe boots that week. Nathan was also approved for a free “Cancer Survivor” rafting trip in Oregon State (See Exh. S), but all of these were canceled because of his jail sentence.

As a judge, you are supposed to take into consideration individual cases. Why wasn’t Nathan given better alternatives based on his terminal medical condition and being a first time offender? Why weren’t the following options provided to Nathan:

1. Deferred prosecution
2. Probation
3. Drug court
4. Day Report Center
5. Compassionate Release
6. Inpatient drug treatment
7. Outpatient drug treatment
8. Safe Streets Treatment Option Program – Wisconsin Stat. 346.65(3r)

9. Victim Impact Panel

10. Treatment Option - Wisconsin Stat. 961.475

In the future, when sentencing people with a terminal illness, please take into consideration the other listed options and **not** sentence terminally ill people to a County Jail. It is a **guaranteed death sentence**. Nathan Crowe did not deserve the punishment and torture that resulted from being sentenced to serve time in jail, which lead to his death.

I plea with you to please support my cause by:

Signing and petitioning with me to the State of Wisconsin to amend WI Administrative Code DOC 325 to establish procedures relating to the department's alternatives to incarceration or permanent release of an inmate with chronic disease or terminal illness to utilize a Palliative Care program outside of the prison system. This could include diet, special medication orders, prompt medical attention and treatment, specialized medical services, and support.

How would you feel if your child with terminal cancer was being tortured due to necessary care needs being denied?

Respectfully,



Lisa Hanneman, mother of Nathan Crowe 5-28-91 to 2-13-16

Cc:

Thomas Nelson, Outagamie County Executive
The Honorable Mark McGinnis, Outagamie County Circuit Court, Branch 1
The Honorable Mitch Metropulos, Outagamie County Circuit Court, Branch 3
The Honorable Gregory Gill, Outagamie County Circuit Court, Branch 4
The Honorable Michael Gage, Outagamie County Circuit Court, Branch 5
The Honorable Vince Biskupic, Outagamie County Circuit Court, Branch 6
The Honorable John Des Jardins, Outagamie County Circuit Court, Branch 7
Bradley G. Gehring, Outagamie County Sheriff
Captain David Kiesner, Corrections Division, Outagamie Cty Jail
Carrie Schneider, Outagamie Cty DA
Brad Schimel, WI Attorney General
Jon Litscher, WI DOC Secretary
Nancy Thelen, NE WI Region; WI Detention Facilities
Kristi Dietz, Director; Office of WI Detention Facilities
Karla Baumgartner, Director of the Office of Judicial Education
James Greer, DOC Bureau of Health Services Director

Jon Padgham, Outagamie Cty Attorney Manager
Ed Berthiaume, Interim News Director, Appleton Post-Crescent
Senator Roger Roth
Representative David Murphy
Representative Amanda Stuck

Palliative Care vs. Hospice Care

Similar but Different

Focuses on relief from physical suffering. The patient may be being treated for a disease or may be living with a chronic disease, and may or may not be terminally ill.

Addresses the patient's physical, mental, social, and spiritual well-being, is appropriate for patients in all disease stages, and accompanies the patient from diagnosis to cure.

Uses life-prolonging medications.

Uses a multi-disciplinary approach using highly trained professionals. Is usually offered where the patient first sought treatment.

Available to terminally ill Medicaid participants. Each State decides the length of the life expectancy a patient must have to receive hospice care under Medicaid. In some States it is up to 6 months; in other States, up to 12 months. Check with your State Medicaid agency if you have questions.

Makes the patient comfortable and prepares the patient and the patient's family for the patient's end of life when it is determined treatment for the illness will no longer be pursued.


Does not use life-prolonging medications.

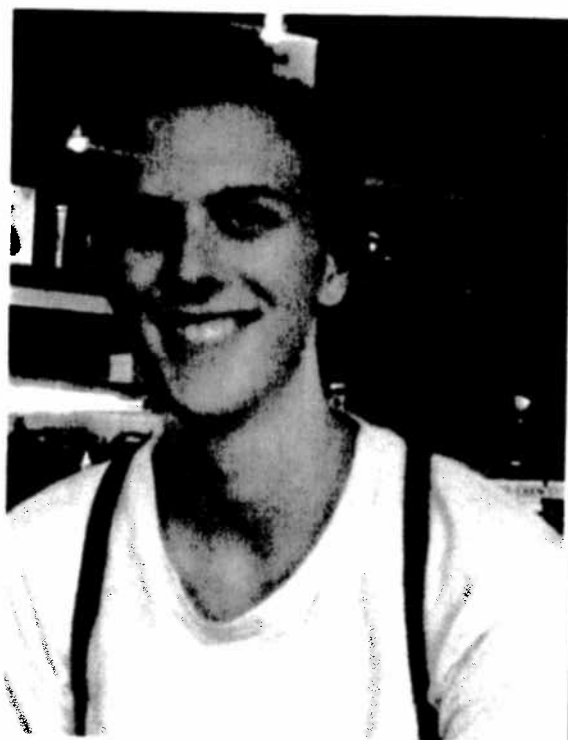
Relies on a family caregiver and a visiting hospice nurse. Is offered at a place the patient prefers such as in their home; in a nursing home; or, occasionally, in a hospital.

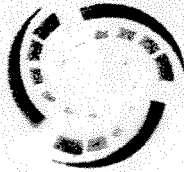
Combined Care

Hospices are the largest providers of palliative care services in the country. Many organizations work together to offer the patient a seamless continuum of care over the course of a serious illness.



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FOX VALLEY
HEMATOLOGY & ONCOLOGY
Cancer Specialists of Northeast Wisconsin

A

100 Thedaclark Medical Plaza, Suite 340
Neenah WI 54956
Ph (920) 729-5833 Fax (920) 729-3170

Nathan Carlson Crowe
APPLETON WI 54915

10/23/2014

To Whom It May Concern,

Nathan Crowe is diagnosed with a Anaplastic Astrocytoma, Grade 3. With any brain tumor diagnosis, we can not promise a cure. Statistics for his age group, and diagnosis, show a survival rate between 15 and 42 months. This is an average as all patients respond differently to treatments, and have different outcomes.

Nathan originally started Temodar, an oral chemotherapy, in March of 2014. His treatment length was 45 days. He is now being treated with oral Temodar days 1 through 5, every 28 days. He will have an MRI every 3 months to monitor his response to treatment. He started this treatment on September 11th, of 2014.

Tl

Nathan's Struggle

2-23-11	Discovery of a brain tumor in right front lobe.
3-03-11	Surgery to remove brain tumor. Diagnosis: Oligoastrocytoma Grade 2.
4-03-11	Infection of skull/dura mater layer & 2 nd tumor discovered on brain.
4-09-11	Bone flap removal. 6 weeks of Viomycin intravenous drip. 8 days in the hospital.
6-30-11	Bone flap replacement with prosthesis.
2-20-13 to 2-26-13	CyberKnife Radiation Treatment for 2 nd tumor at Martha Seikman Cancer Ctr.
2-4-14	Surgery to remove 3rd tumor. Diagnosis: Anaplastic Astrocytoma Grade 3.
3-14-14 to 4-30-14	Radiation at St. Agnes Hospital and protocol Temodar treatment.
9-11-14 to 5-30-15	Taking protocol Temodar every 23 days for 5 days.
5-12-15 to 7-9-15	Outagamie Cty Jail
7-7-15	MRI showed 3 new growths. Diagnosis: Glioblastoma Grade 4.
9-3-15	Started Avastin along with CCNU chemo dose
10-8-15	Compared 7-7-15 MRI. Tumors increased in size.
11-20-15	Tumors continue to grow.
1-28-16	5 tumors are growing. 6 cm tumor on the right frontal lobe. Hospice started. Prognosis: 3-6 months.
2-13-16	Nathan's struggle ends.

Patient Name	CROWE, NATHAN	Med Rec and #	4054988	Admission Date	11/11/2015	Date of Birth	05/28/1991	Sex	M
Aliases	Indicated Contrast Media IV Dye, Penicillins, Sulfis (Sulfonamide Antibiotics)	Indict #	129054						
Diagnosis									

1st Day in Jail 5-12-15
missed anti-seizure pills for 3 days (C1)

Discontinued

Medication Orders

Order No. 2807657	Order Status	Completed	05/21/2015 10:29	Verbal/Ph	Last Administered	05/20/2015 10:30	Submitt Date	05/18/2015 12:11	Start Date	05/18/2015 10:30	End Date	05/21/2015 10:29																					
hydroxyzine HCl 50 mg tablet, give 1 tablet PO Q HS for 3 days, during chemotherapy only - Ordering Provider: Kallina Bruckner																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10:30	Int																																

Order No. 2907310	Order Status	Discontinued	05/25/2015 09:53	Verbal/Ph	Last Administered	06/13/2015 06:30	Submitt Date	05/14/2015 09:45	Start Date	05/15/2015 06:30	End Date	06/14/2015 06:29																					
levetiracetam 500 mg tablet, give 4 tablet PO Q AM for 30 days, Total dose 2000mg - Ordering Provider: Kallina Bruckner																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10:30	Int																																

Order No. 3008078	Order Status	Completed	06/24/2015 10:29	Verbal/Ph	Last Administered	06/23/2015 10:30	Submitt Date	05/25/2015 08:54	Start Date	05/25/2015 10:30	End Date	06/24/2015 10:29																					
levetiracetam 500 mg tablet, give 4 tablet PO Q HS for 30 days, in his own meds, changing from am to pm - Ordering Provider: Adoyanni Taloku																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Order No. 2971917	Order Status	Completed	05/20/2015 10:29	Verbal/Ph	Last Administered	05/20/2015 06:30	Submitt Date	05/15/2015 08:22	Start Date	05/15/2015 10:30	End Date	05/20/2015 10:29																					
oxcarbazepine HCl 8 mg tablet, give 1 tablet PO BID AM & HS for 5 days. - Ordering Provider: Kallina Bruckner																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Order No. 2971876	Order Status	Discontinued	05/10/2015 13:45	Verbal/Ph	Last Administered	05/20/2015 06:30	Submitt Date	05/15/2015 11:30	Start Date	05/16/2015 06:30	End Date	05/21/2015 10:29																					
lomotilolamide 100 mg capsule, give 03 capsule PO Q AM for 5 days. - Ordering Provider: Kallina Bruckner																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10:30	Int																																

Order No. 2971892	Order Status	Completed	05/20/2015 10:29	Verbal/Ph	Last Administered	05/20/2015 10:30	Submitt Date	05/16/2015 08:07	Start Date	05/16/2015 10:30	End Date	05/21/2015 10:29																					
lomotilolamide 100 mg capsule, give 3 capsule PO Q HS for 5 days, IM OWN MEDS. - Ordering Provider: Kallina Bruckner																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10:30	Int																																

STAT-necessed pill needs to be taken 45 min prior to medication

(D1)

OTHER INMATE MEDICAL INADEQUACIES at Outagamie County Jail:

Renee Dupies(DOB 5-8-78) brought in Zoloft on 5-9-16, prescribed by her Doctor. She was informed the next day that the jail staff could not find it. On 5-13-16 at 1am her cellmate woke her up and told her the medical cart was going by her block. The cart should have been there at 10pm. The Zoloft was "found"(5 days late) but not administered correctly.

Caitlin Martin(DOB 1-18-90) came into the OCJ on Monday, 6-6-16 with her prescribed prescription anti-seizure medication Keppra. She did not get her anti-seizure pills until Wednesday, 6-8-16 from the jail nurse.

The entire 5E block was forgotten about for AM medications on 6-29-16. They were told at 12:45pm they couldn't have their morning meds because it was too late.

Dustin Van Vonderen(DOB 5-27-86) came into the jail on 5-8-15. His mother brought up his prescribed prescription of Lamictal(to treat epileptic seizures) and Seroquel on 5-8-15. Dustin was in the jail for 7 days and never received his medication. He is being treated for bipolar disorder. The medication was not sent home with his belongings. He had to make another trip back to the jail to get the medication.

_____ Schmidt was denied over half of what he was prescribed for bi-polar disorder and after a month, he attempted suicide. The family doctor who had been seeing him for years was very angry and said withholding his medication like that caused him to have a psychotic breakdown.

Winnebago Cty Jail

James Mongan was taking medication for advanced liver disease. The Winnebago Cty Jail deemed it too expensive and would not fill his prescription. James died 4 days later on 10-24-15.

Brown Cty Jail

Article from *Mother Jones*, *Go to Jail. Die From Drug Withdrawal. Welcome to the Criminal Justice System*. By Julia Lurie | Sun Feb. 5, 2017 9:00 AM EST

During the evening shift at the Brown County jail in Green Bay, Wisconsin, there is one nurse—and no other medical staff—for roughly 700 inmates, according to nurses who worked at the facility. "I had people detoxing, I had people with chest pain, I had people getting into fights, I

had emergencies where people aren't breathing," said Abby, who worked at the facility for nine months before leaving last fall. "I can't assess somebody three times a shift when there's one nurse for 700 inmates, and do a meaningful assessment, and also provide interventions when I have 20 people on opiate withdrawal."

Abby says she bought her own medical supplies because the blood pressure cuffs, thermometers, and stethoscopes provided by CCS didn't always work. She often found herself stuck between a rock and a hard place: There was no IV therapy in the jail, but sending inmates to the hospital was frowned upon. In order to send a withdrawal patient to the hospital, she said, the inmate would "need to be at the point where their vital signs were dropping, their internal organs were starting to become compromised."

Abby left CCS last fall because she was worried that the quality of care at the jail was so low that she was violating her nursing license. "If I was called into court, I couldn't say truthfully that I am providing good nursing care," she said.

Brown County declined to comment for this article.

D2

OUTAGAMIE COUNTY JAIL INMATE GRIEVANCE

Date: 6/29/16 Unit/Cell: SE 2-2 Grievance File # 15-16-017
Inmate Name: Kelly C. Conner Initial Grievance: ☐
Kelly C. Conner Appeal: ☐

Please read the instructions on the back of this form prior to filing a grievance and answer questions 1-6 below. If you cannot answer Yes to 1-5, your grievance will be rejected.

- 1 Does the issue address something that occurred in the last 7 calendar days? Yes / No
- 2 Does the grievance only address one issue? Yes / No
- 3 Does the grievance personally affect you in the area of health, welfare, or facility operations and service or does the grievance involve a rule, procedure, or complaint of oppression or misconduct by an employee in the administration of such rules that affects you? Yes / No
- 4 Have you attempted to resolve the grievance by speaking to a staff member? Yes / No
If Y then who: (name:) Bane or (badge #:) _____ date: 6/29/16
- 5 Have you spoken to a jail supervisor in an attempt to resolve the grievance? Yes / No
If Y then who: (name:) _____ or (badge #:) _____ date: _____
- 5a. If this issue is medically related have you spoken to a nurse or written HSU in an attempt to resolve this grievance? Yes / No If you spoke to a nurse, who was it: (name:) _____ date: _____
If you wrote to HSU, when was it: _____
- 6 Date /Time of incident giving rise to the grievance: 6/29/16

Detail the nature of the grievance below:

Medications were never brought to part of us in SE on the morning of 6/29/16. I brought it to one CO's attention @ 1130 AM. By 1230 PM we still had not seen the nurse so I asked officer Bane about it. She immediately called down to the nurse. After approximately 15 minutes she came back and told us that we could no longer have our morning meds. It was too late in the day. I need these morning meds to keep my anxiety in check and don't feel that I should be punished for the nurses mistake. She should be held accountable for her actions.

How do you believe this grievance could be resolved:

The nurse should be reprimanded and the inmates should get the medications they need.

Initially Recorded by:

Officer Name/Number: S. Stok Date/Time: 6/29/16

Response:

Please try to address all issues with a supervisor prior to filing grievances

SUSTAINED ☐ DENIED ☐ REJECTED ☒ RESOLVED ☐ OTHER ☐

Responding Officer:

Officer Name/Number: S. Stok Date & Time Returned to Inmate: #214

Reviewed by Grievance Supervisor:

Copy to Inmate: ☒
Officer Name/Number: S. Stok Date/Time: 6/29/16

Kelly C. Conner

S is not first
last name
the nurses.
as our
are in the
the med
just
we have
asked
of us
let
for our
ids are
the right
ES.

From: Lori Berncich (x364) [lberncich@wpg.org]

Sent: Thursday, June 23, 2016 12:10 PM

To: Duncan, James W.; Krueger, Anthony G.; Leski, Donna L.; bradley.gehring@outagamie.org

Cc: Hammen, Lee W.; Patience, Katrin E.; Thomas, Michael R.

Subject: Inmate Being Refused Medication Complaint

RE: Jacob Brantmeier –Inmate

My Son is in The OCJ and I have called and left messages several times for Health Services in regards to my Son Jacob Brantmeier **not being provided his medically prescribed medication mainly Invega**. It is detrimental that he take this medication and I am being told your facility will not provide it to him although you were given the prescription upon his booking.

I would like this matter dealt with immediately.

Thanks

Lori

From: Kiesner, David R. [mailto:Dave.Kiesner@outagamie.org]

Sent: Thursday, June 23, 2016 12:46 PM

To: Lori Berncich (x364)

Cc: Duncan, James W.; Krueger, Anthony G.; Hammen, Lee W.; Patience, Katrin E.; Thomas, Michael R.; Gehring, Brad G.

Subject: RE: Inmate Being Refused Medication Complaint

Hi Lori,

Thanks for reaching out. The Inmate Health Services supervisor will be giving you a call to discuss.

Thanks,

Dave

"Make a difference, one person at a time."

From: Lori Berncich (x364) [mailto:lberncich@wpg.org]

Sent: Friday, June 24, 2016 9:38 AM

To: Kiesner, David R.

Cc: Duncan, James W.; Krueger, Anthony G.; Hammen, Lee W.; Patience, Katrin E.; Thomas, Michael R.; Gehring, Brad G.

Subject: RE: Inmate Being Refused Medication Complaint

Hi David,

I was contacted by someone via phone yesterday after almost 3 weeks of leaving messages almost daily. I am very frustrated that this situation is not being taken care of. My Son has a mental health condition for which this medication is necessary and it has been almost 3 weeks since he has had it. I pay over \$1200.00 per month for this medication and am appalled that I am being ignored and that the OCJ is not administering these meds as prescribed which clearly states the dosage amount on the bottle.

My Son did call me last night and advised that he signed a waiver for the Health Services person to contact me to discuss this however as of this time no one has responded and this medication was withheld yet another day, it will be going on 3 weeks. Is he being monitored for any Psychosis he may be experiencing due to not having his meds??? Should anything happen to my Son while he is being refused his medication I will hold OCJ accountable, this is unacceptable and I would like this addressed immediately.

Thanks you,

Lori

From: Kiesner, David R. [mailto:Dave.Kiesner@outagamie.org]

Sent: Friday, June 24, 2016 11:21 AM

To: Lori Berncich (x364)

Cc: Duncan, James W.; Krueger, Anthony G.; Hammen, Lee W.; Patience, Katrin E.; Thomas, Michael R.; Gehring, Brad G.

Subject: RE: Inmate Being Refused Medication Complaint

Hi Lori,

I am sorry that things got to this point. First, your son's medication situation has been addressed as you requested and the nurse will be calling you again. Second, would you have some time next week to talk this through? I'd like to explain how this happened, but more importantly I'd like to get some insight from you to help better Health Services responses.

If this is ok with you, I'll give you a call to set up day/time to meet.

Thanks,

Dave

"Make a difference, one person at a time."

From: Lori Berncich (x364)

Sent: Monday, August 15, 2016 9:16 AM

To: 'Kiesner, David R.'

Cc: Duncan, James W.; Krueger, Anthony G.; Hammen, Lee W.; Patience, Katrin E.; Thomas, Michael R.; Gehring, Brad G.

Subject: RE: Inmate Being Refused Medication Complaint

Dave,

I am writing "again" in regards to my Son Jacob Brantmeier not receiving his prescription medication, due to first of all running out without any notification a week ago, and while I tried to get it refilled upon finding out, I have been told, the Dr at the Human Services will not refill it without seeing him as he needs to be monitored on these meds. I am requesting my Son to be seen by this Dr ASAP so that he may continue the prescription medication that he desperately needs. I don't understand how the jail does not take any responsibility for running out of med's and just letting someone GO without any. Are there not trained medical personnel who know the dangers of missing doses of Schizophrenia medication?

I would like resolution and my Son to either be seen by this Dr so his meds can be refilled immediately or for the jail's Physician to authorize refill and get his meds to him immediately. He has been without them for several days and I demand attention to this matter today.

Thank you,

Lori Berncich

E

Female Operator: Call number 14087628. NDID 00129054. Date, 2015-7-6. Time, 17:10:53. Dialed number 19209892555. From station 2312

Nathan Crowe: They gave fucking ice in a cloth. Like, no fucking plastic bag or anything, just hard ass ice in a fucking piece of cloth.

Lisa Hanneman: A piece of ice in wash cloth?

Nathan Crowe: Yeah. Not a wash cloth. A little cloth bag that leaked everywhere.

Lisa Hanneman: So, not an ice pack? An ice cube in a cloth?

Nathan Crowe: A couple of ice cubes in a little cloth bag.

Lisa Hanneman: Cloth bag. Okay.

Nathan Crowe: I give up. I don't even fucking care anymore. I'm at wit's end right now. I'm at the end right now. I can't even fucking deal with this shit anymore.

Nathan Crowe: You think God sends people to earth just to suffer?

Lisa Hanneman: You think God what?

Nathan Crowe: Sends people to earth to suffer, that's the only purpose?

Lisa Hanneman: Put them on earth to suffer?

Lisa Hanneman: No. There's a purpose for all of this. Don't ask me what, but...

Nathan Crowe: I'm scared.

Lisa Hanneman: Did you eat supper?

Nathan Crowe: No, not yet. I can't stand this. This food is disgusting. [Inaudible]

Lisa Hanneman: What?

Nathan Crowe: I haven't been eating it.

Lisa Hanneman: Plug your nose and don't look at it. Just eat it.

Nathan Crowe: No, I'm not putting this nasty shit in my body. More fucking chemicals in my body, put more fucking cancer in me.

F1

INMATE HEALTH SERVICE FORM WITH CO-PAY

NAME / NOMBRE: <u>Nate Cooper</u>		DATE OF BIRTH / FECHA DE NACIMIENTO: <u>5/28/91</u>
ID #:	HOUSING UNIT / UNIDAD:	CELL / CELDA #:

Check only one box per slip

- ☒ Sick Call: Describe Problem / Especifique el Problema ☐ Dental Treatment / Tratamiento Dental
☐ Mental Health / Tratamiento Mental

My head isn't feeling right. feels
like more than a headache.

I UNDERSTAND AND AGREE THAT A CO-PAY OF \$7.50 MAY BE CHARGED TO MY INMATE ACCOUNT
FOR A VISIT WITH THE NURSE, NURSE PRACTITIONER AND/OR PHYSICIAN.

NO INMATE IS REFUSED MEDICAL CARE DUE TO AN INABILITY TO PAY!

Patient Signature / Firma: [Signature] Date / Fecha: 7/4 Time / Hora: _____ AM / PM
INMATE - DO NOT WRITE BELOW THIS LINE

Health Care Staff Triage:

- ☐ Referral to Provider
- ☐ Urgent, Called Provider: Date _____ Time _____
(See Detailed Disposition)
- ☐ Next Provider Sick Call
- ☐ Referral to Next Nurse Sick Call
- ☐ Referral to Dentist
- ☐ Referral to Mental Health
- ☐ Other: _____
- ☐ If no referral, Why? _____

Detailed Disposition or Comments:

You are on the NP list for this week.

Health Care Staff Signature & Title: [Signature] NP Date Received: 7/4/15 Time: 1600

CHC Companies include:

CHM
Correctional Healthcare Management
Correctional Healthcare Companies

HP
HEALTH
PROFESSIONALS, LLC
Correctional Healthcare Companies

Form# 00098
Authority: J-E-07
Effective Date: 4/1/2009

Property of CHC

F2

INMATE HEALTH SERVICE FORM WITH CO-PAY

NAME / NOMBRE: Nate Crowe		DATE OF BIRTH / FECHA DE NACIMIENTO: 5/28/91
ID #: 129054	HOUSING UNIT / UNIDAD: 3B	CELL / CELDA #: 2

Check only one box per slip

- ☒ Sick Call: Describe Problem / Especifique el Problema ☐ Dental Treatment / Tratamiento Dental
- ☐ Mental Health / Tratamiento Mental

I've been having focal seizures that I feel are triggered by the visuals of my surroundings. Also I'm forgetting how to do certain cognitive skills I would otherwise know how to (a few hours later). Now my hands & feet are numb & tingly. My head hurts still very bad.

I UNDERSTAND AND AGREE THAT A CO-PAY OF \$7.50 MAY BE CHARGED TO MY INMATE ACCOUNT FOR A VISIT WITH THE NURSE, NURSE PRACTITIONER AND/OR PHYSICIAN.

NO INMATE IS REFUSED MEDICAL CARE DUE TO AN INABILITY TO PAY!

Patient Signature / Firma: [Signature] Date / Fecha: 7/6 Time / Hora: _____ AM (PM)

INMATE - DO NOT WRITE BELOW THIS LINE

Health Care Staff Triage:

- ☐ Referral to Provider
- ☐ Urgent Care

I've been having focal seizures that I feel are triggered by the visuals of my surroundings. Also, I'm forgetting how to do certain cognitive skills I would otherwise know how to (a few hours later). Now my hands & feet are numb and tingly. My head hurts still very bad.

- ☐ Or _____
- ☐ If no referral, Why? _____

Detailed Disposition or Comments:

you are on the list to see the NP

Thank you

HSC

Health Care Staff Signature & Title _____ Date Received: _____ Time: _____

CHC Companies include:

CHM
Correctional Healthcare Management
Correctional Healthcare Companies

H?
HEALTH
PROFESSIONALS, LLC

Form# 00098
Authority: J-E-07
Effective Date: 4/1/2009

Property of CHC

(6)

Operator: Call number: 1-4-0-8-7-9-4-1 Inmate I.D: 0-0-1-2-9-0-5-4 Date: 2015-7-6
Time: 1-8-0-3-4-8 Dialed number: 1-9-2-0-9-8-9-2-5-5-5 from station 2-3-1-2

Lisa Hanneman: Their not gonna make you do that. She wants to come over and talk to you but she probably got tied up or something

Nathan Crowe: No. He just told me, he said "she's gonna make you go back to holding" I told him, "I want her to make the decision for herself."

Nathan Crowe: Its fucking ridiculous. I explained to him what kind of seizure I'm having]and tell him he's fucking retarded. Low fucking I.Q. I can't fucking take it.

Lisa Hanneman: Okay. You know what, I mean I can't hear. I know that you want to come over and talk to the guard and the guard said that she's gonna make you go back to the holding, well she's not. She's supposed to come with the time and all.

Nathan Crowe: She's not going to, I guarantee it.

Lisa Hanneman: Well okay. I called her at 5:36 and now its 6:10, give her one more hour

Nathan Crowe: Mom. I don't even want to explain myself because its not worth explaining because nobody fucking gives shit its ridiculous. I'm all alone in this fucking world. There's much people that all hear me crying for help, its useless. I'm just alone. That's all there is to it.

Nathan Crowe: [inaudible] Can I call you later and all?

Lisa Hanneman: yeah. You can call later. Call me.

Nathan Crowe: Okay. Bye I love you.

Lisa Hanneman: -bye. I love you bye.

(H)

ST. ELIZABETH HOSPITAL
EMERGENCY DEPARTMENT
PHYSICIAN NOTE

Patient Name: CROWE, NATHAN
DOB: 05/28/91 Sex: M
Date: 07/07/15

Unit Number: E000239526
Acct No: E29960348
Report No: 0707-0098

Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait.

13:54 Constitutional: The patient appears alert, awake, non-toxic, well developed, well hydrated, uncomfortable.

13:54 Head/face: Noted is Previous right-sided frontal and parietal scar is noted consistent with previous surgery..

13:54 Abdomen/GI: Bowel sounds: active, all quadrants, Palpation: abdomen is soft and non-tender, in all quadrants.

Vital Signs:

10:36 BP 131 / 91 LA (auto/reg); Pulse 92; Resp 18; Temp 99.2(O); Pulse Ox 97% on R/A; Weight 77.11 kg (R); Height 5 ft. 10 in. (177.80 cm) (R);	rdm
11:49 BP 124 / 72 RA (auto/reg); Pulse 91; Resp 16; Pulse Ox 96% on R/A;	rdm
13:33 Pain 7/10;	al
13:52 BP 130 / 87; Pulse 77; Resp 18; Pulse Ox 98% ; Pain 7/10;	phl
14:30 BP 132 / 87; Pulse 80; Resp 18; Pulse Ox 99% ; Pain 7/10;	phl
10:36 Body Mass Index 24.39 (77.11 kg, 177.80 cm)	rdm
13:33 States pain was better until all the noise with the MRI	al

MDM:

10:58 Patient medically screened.	mem
13:57 Multiple diagnosis were considered in this patient. Data reviewed: vital signs, nurses notes, lab test result(s), radiologic studies.	mem
Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, a neurosurgeon, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home, disposition plan. Physician consultation: Sumon Bhattacharjee MD was contacted at 11:40, Recommends MRI with and without contrast her further evaluation. MRI findings were discussed at 1358. There is a recurrence of the astrocytoma in his right frontal area measuring 2.5 cm. There are 2 new areas of foci measuring 7-8 mm to the basal ganglia. There is no midline shift, or severe hemorrhage or edema. He will be to increase his seizure medication, and states the jail can contact his office for recommendations on increasing his medication as well as to schedule an outpatient followup. The patient is otherwise neurologically stable and does not need to be admitted to the hospital today..	

Orders:

Order: SL or Maintenance of Field IV; Ordered: 07/07 11:46; By: mem;
For: mem; Completed: 07/07 11:58; By: rdm; Order Method: Electronic
Order: NS - Sodium Chloride 0.9% * 1000 ml IV at bolus once; Ordered:
CROWE, NATHAN
MRN: E000239526
DOB: 05/28/91

ST. ELIZABETH HOSPITAL
EMERGENCY DEPARTMENT
PHYSICIAN NOTE

H/2

Patient Name: CROWE, NATHAN
DOB: 05/28/91 Sex: M
Date: 07/07/15

Unit Number: E000239526
Acct No: E29960348
Report No: 0707-0098

07/07 11:46; By: mem; For: mem; Administered: 07/07 12:07 By: phl;
Rate: bolus; Frequency: once; Order Method: Electronic
Administration: NS - Sodium Chloride 0.9% * 1000 ml Follow Up:
07/07 13:51 IV Status: Completed infusion; IV Intake: 1000ml ;
patient was returned from MRI and infusion was noted as complete
Order: MRI Head W/NO Contrast; Ordered: 07/07 11:46; By: mem; For:
mem; Returned: 07/07 14:04; By: EDMS; Notes: Bed Name: E12; Order
Method: Electronic; TRANSPORTATION? (OETRANS): CART; CAMPUS?
(OECAMPUS): SEH; CLINICAL HISTORY? (OECH): 77.11Kg; COMMENTS
(OECOM): E12; Does the patient have an Insulin Pump? (RADINSPMP1):
No; REASON FOR EXAM? (OERFE) limit to 40 characters: HEADACHE
Test: MRI Head W/NO Contrast
; ; ; DEPARTMENT OF RADIOLOGY; D.O.B AGE SEX EXAM DATE; CROWE, NATHAN
05/28/1991 24 M 07/07/15; LOC: E.ER; Pt Ph#: 920-843-0899; MR#:
E000239526; Ordered By: MILLOY PA-C, MEGAN E ACCT# E29960348; Status:
REG ER; ; ; EXAM# TYPE/EXAM RESULT; 002418045 MRI/HEAD W/NO CONTRAST;
; History headache. Patient has astrocytoma historically which has
been; treated previous imaging from outside institution available
for; January 26, 2015.; ; TECHNIQUE: Brain MRI routine multiplanar T1
and T2 weighted pulse; sequences but then study repeated after
injection gadolinium using 10; cc gado this and perfusion analysis
included blood flow blood volume; and transit time assessment.; ;
FINDINGS: Since previous study January 26, 2015, new area of;
enhancement in the high right frontal pole at the site of tumor;
resection margin with also some edema consistent with recurrent;
malignancy the right frontal brain; ; In addition, as a subtle likely
change from the January 2015 outside; previous studies a new area of
enhancement just above and to the right; of third ventricle measuring
6 mm and then also a ring-enhancing area; signal abnormality in the
right basal ganglia suspicious for; multifocal disease from; ; No
significant mass effect or shift. No evidence of acute hemorrhage.; ;
; IMPRESSION: Change since outside MRI brain January 26 2015 - new;
enhancement at the cephalad aspect of the right frontal pole tumor;
resection bed and 2 small new areas of enhancement in the more
central; right brain all suspicious for recurrent malignant disease
including; at sites somewhat remote from the original resection bed.;
; RAFVSTE; ; ; ** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/07/2015 **;
Reported By: DOUGLAS, BRUCE R MD; ; ; CC: DAVIS APNP, LAURA L; EFEREM
MD, ERIN K; MILLOY PA-C, MEGAN E; ; ; Edited Date: 07/07/15 by
PROVIDER; Printed Date/Time: 07/07/2015 (1404); ; PAGE 1 Signed Report
Order: BMP; Ordered: 07/07 11:47; By: mem; For: mem; Reviewed: 07/07
13:01; By: mem; Order Method: Electronic; CAMPUS? (OECAMPUS): SEH;
COLL BY NURSE? (OECBN): YES; COMMENTS (OECOM): E12; Hold Specimen
in OE Until Collected? (OEHOLD): NO; LINE DRAW? (OELABLINE): ;
PHLEB CMNTS? (OEPC) limit to 39 characters:
Test: NA; Value: 137; Abnormal: ; Range: 134-143; Units:
CROWE, NATHAN
MRN: E000239526
DOB: 05/28/91

I

Neuroscience Group, 1305 West American Drive, Neenah
WI 54956-1993 Ph:800-201-1194

Patient Instructions

Jordan R-(920) 725-9373 ext 7642 (updates, results, questions, refills)

Sheyanne S. - Clinical Assistant—(920) 725-9373 ext. 1018 (forms)

Neuroscience Group of Northeast Wisconsin, SC
(920) 725-9373 or (800) 201-1194

06/03/15 PL TO FVHO TO RESCHEDULE ADPT D/T SECURITY PURPOSES. SCHEDULER WILL CALL BACK TO SET UP. SPS#313
06/03/15 - ADPT SCHEDULE TO 07/02 @ 1400. SAST 312

Future Appointments	Provider	Department	Dept Phone
6/25/2015 12:00 PM	LAB CHAIR-FVHO TC	Fox Valley Hematology & Oncology	920-729-5833
6/25/2015 12:30 PM	Manke, Michelle	Fox Valley Hematology & Oncology 200 THEA CLARK MEDICAL NEENAH WI	920-729-5833

Current Medications Which Reflect Any Changes Made This Visit

levetiracetam (KEPPRA XR) 500 mg oral TB24	TAKE 4 TABLETS BY MOUTH DAILY
ondansetron (ZOFTRAN) 8 mg oral tablet	Take one tab 30 minutes prior to temodar. May also take one tab every 8 hours prn nausea.
temozolomide (TEMODAR) 100 mg oral capsule	Take 3 capsules (300 mg total) by mouth every day 5 Out of 28 days.

Allergies

Gadolinium	Hives, Shortness of Breath
Patient had hives with omniscan mri contrast years ago. Patient receives iv benadryl prior to multihance mri contrast and does not react.	
Penicillins	Rash
As an infant. Tolerates piperacillin/tazobactam (4/5/11)	
Sulfa Antibiotics	Rash

Problem List

Brain tumor
Altered mental status
Hyponatremia
Polysubstance dependence
Intermittent explosive disorder
Depressive disorder, not elsewhere classified
Anxiety state, unspecified
Mixed oligoastrocytoma
Tobacco abuse
Secondary seizure disorder/brain tumor
Leukocytosis
Acne
Attention Deficit Disorder with Hyperactivity
ASTHMA NOS
Allergic Rhinitis, Cause Unspecified

Recommendations for Your Health

Dtap/Tdap/Td (#1 - Tdap)	Date Due
Flu 6m+ (#1 Of 1)	5/28/2002
	8/1/2015

MyThedaCare

1 per Miss Hanneman's calculation, would total about a
 2 little bit under \$38,000, which would impose a
 3 significant hardship on Nathan and his family, and she
 4 asked what I could do. Frankly, I didn't know what
 5 else to do other than to bring it to the Court's
 6 attention.

7 In speaking prior to this hearing with Attorney
 8 Tempelis, it was her understanding that she thought the
 9 county and the jail might absorb some of the costs of
 10 Nathan's treatment. Frankly, I don't know to what
 11 extent and to what level and to what costs he's still
 12 responsible for.

13 THE COURT: I have no idea. As a judge I don't
 14 get involved in who pays what regarding medical care
 15 for inmates. I have no clue.

16 Miss Tempelis.

17 MS. TEMPELIS: I don't have much information
 18 about it either. My understanding I thought was that
 19 his Badger Care went through the end of the month. I
 20 just got this paperwork when I came in today. I think
 21 it might be beneficial if we would review this at a
 22 different time. Obviously, the medical issues are
 23 important, and he'll have medical needs that need to be
 24 addressed.

25 I know in the past I have had requests from the

1 sheriff's department to have somebody put on GPS
2 because the county doesn't want to pay exorbitant
3 medical costs for individuals in similar situations.
4 So, that's where in some way, shape, or form I think
5 the county ends up absorbing the costs, and then I
6 don't know if they turn that back over to the defendant
7 or people who are incarcerated that they have to pay
8 the county back. I'm not sure how that works.

9 But, there -- Attorney Welygan indicated that
10 if he had GPS he would maybe be eligible for Badger
11 Care. I don't know that either.

12 So, I think that there would be a number of
13 things that could be looked into before the end of the
14 month by Attorney Welygan and we could readdress it.

15 When I looked at Nathan's mom's information,
16 the options other than GPS, the other options are
17 really not within the Court's jurisdiction. I don't
18 think that the Court can place him in an
19 intensive-outpatient program. I don't think the Court
20 can place him at Winnebago Mental Institute in the
21 Gemini Unit, and I don't think the Court can place him
22 in a residential facility.

23 What I'm thinking what would make sense would
24 be for us to gather more information, talk to jail
25 staff. Attorney Welygan can look into the conditions

(K)

1 allows him to go anywhere. Essentially, he would be
2 like at home-lockup on GPS, if that's what has to
3 happen; and, you know, he is not going to be permitted
4 to go out and about, go to jobs, or anything like that.
5 He'll have to be restricted to a particular location
6 with no contact with anybody because of the past
7 history in this case regarding use of drugs and things
8 like that. All right?

9 So, how much time do you think you will need to
10 get the information?

11 MS. TEMPELIS: I don't know. Certainly I can
12 leave that to the defense to respond to. Perhaps they
13 can work on getting the information and set a date. If
14 we set it too soon and they don't have all the
15 information, I would hate to have everybody reconvene
16 and have the Slonakers come.

17 THE COURT: And it is possible, counsel, I
18 mean, having heard what I had to say, also, the input
19 from the victims here, I mean, you may be able to reach
20 an agreement that's reasonable and that you can
21 stipulate to and I can approve once you get that
22 information.

23 Why don't we just -- I'll put it on for review
24 by my judicial assistant in about ten days to find out
25 what the status is. Hopefully, by that time, you'll



FOX VALLEY
HEMATOLOGY & ONCOLOGY
Cancer Specialists of Northeast Wisconsin

①

William C. Guenther, M.D.
Avi Bar-Lev, M.D.
John D. Swanson, Jr., M.D.
Anthony W. Phillips, M.D.
Karen M. Gremminger, M.D.
Timothy F. Coggins, M.D.
Thomas A. Klinkhammer, M.D.
Xin Yao, M.D.
William A. Conkright, M.D.
Jennifer L. Hart, APNP
Nancy L. Gudex, APNP
Jennifer L. Greiner, APNP
Jennifer L. Mladucky, APNP
Daisy A. Boehm, APNP
Patricia J. Martins, APNP
Jennifer H. Giebel, APNP
Shelley L. Roeske, APNP
Alicia M. Schumacher, APNP
Sara J. Meiers, APNP

September 22, 2015

RE: Nathan Crowe, DOB 05/28/1991

Dear Judge Krueger,

Nathan Crowe is a patient currently under my care for a recurrent malignant glioma. The glioma was originally diagnosed in 2011, and Nathan has been receiving treatment intermittently since that time. Repeat MRI of the brain in July 2015 revealed recurrent disease. Due to multiple recurrences, I am now treating this glioma as a grade IV glioblastoma multiforme. Glioblastoma multiforme is a terminal diagnosis with a median prognosis of 18 months. Nathan will be receiving treatment with Avastin likely for the rest of his life.

I feel that being isolated in his home is not beneficial physically, emotionally, or spiritually for Nathan. Terminal cancer patients tend to do better overall when exposed to enjoyable daily activities with the support of family, friends, and community support groups.

Thank you for your consideration in this matter. If you have questions, please contact me at 920-729-5833.

Sincerely,

Thomas Klinkhammer, MD

Martha Siekman Cancer Center • Appleton Medical Center • 900 E. Grant St. • Appleton, WI 54911-3487
(920) 749-1171 • (800) 720-1171 • Fax (920) 738-6278

Aylward Medical Office Building • 100 Theda Clark Medical Plaza, Suite 340 • Neenah, WI 54956
(920) 729-5833 • (800) 720-1171 • Fax (920) 729-3170

Michael D. Wachtel Cancer Center • 2700 W. 9th Ave., Suite 11 • Oshkosh, WI 54904
(920) 236-1555 • (866) 808-1555 • Fax (920) 236-1565

Madison Center • 1531 S. Madison St., Suite 250 • Appleton, WI 54915
(920) 730-4429 • (866) 302-4429 • Fax (920) 831-1472

(M)

Lisa

hi Renee, hope all is well, the grandbaby girl is cute. I am still working on my letter and wanted to confirm something else with you. I wrote this in my notes from last year "in drug court, J. Krueger prohibited nance from visiting nathan and knows nate is going to the meth clinic & was worried about nate going and her not." is this correct and do you think you were in drug court when he was up for his first sentencing may 8, 2015. you were at casa around that time last year, right?

Renee



Yes I was at Casa, but I started drug court in February, and they knew Nate went to the methadone clinic, they wouldn't let me visit him when he was in jail. Judge Krueger should not have sentenced Nathan

she judged him on his behavior after the feb 5, 2012 bike/car accident...now I'm even sadder.



Yeah I know, but in drug court they know a lot about us, and the people close to us. So I'm sure she used some of that information against him. I had told my PO about the fight that Nathan and I got into. So they did not want me to be associated with him at all. Even though I told them that isn't his normal character. It never happened before, and nothing like that ever happened again. He stopped himself and I know he felt horrible. I really think some of his anger was caused by his tumor. But I'm sure judge Krueger used that info against him, and that isn't fair.



I'm sorry this stuff can't be easy for you to deal with. Anything I can do to help though, I will.

was your po at the drug court too
thanks for helping. I guess I am trying to finish it up and move on but its gotta be done. for anyone in the future with a terminal illness to be in OCJail is not right and deadly



Yeah my PO is part of the drug court team. They all know everything about us. They have a meeting before court every Thursday to talk about us

I just involved with a group called ESTHER and they fight for crimeless revocation, no solitary confinement, ban the box, money for TAD, etc
Are you still on probation?



No I got revoked because I violated a treatment rule at Arc in FDL. I didn't use drugs or committed a crime...I basically didn't go to the Library when I said I was, I went to visit my friend. So that's why I was just in jail for that 7 months. I'm glad it's done though

you are a good example of the stupid revocation of a probation rule. no new crime committed. you were in treatment and violated a stupid rule-right and you went back to jail- a waste of taxpayers money...
dont know if I am using the terms correctly, but its a stupid rule



Yeah it pretty much was but to be honest it worked out for me...I'm done with drug court & found a job I really like while I was on huber...but it was very senseless

1 jail.

2 THE COURT: Oh, okay. So that would be
3 different than the actual SSI benefits.

4 MISS HANNEMAN: Right. The money doesn't
5 come until then.

6 THE COURT: Right. Okay.

7 Anything further that either side wishes to
8 present?

9 Okay. I -- based upon the information I've been
10 provided regarding the medical care, and I will -- I
11 will note that -- I mean I still actually struggle
12 with this, Mr. Crowe, because the effects on your
13 victims here were substantial, and essentially I
14 recognize that all of this has an effect on you and
15 your medical care and -- but, essentially, you
16 brought this upon yourself, and it's somewhat
17 frustrating for me. But recognizing that you've got
18 a serious medical condition, and I -- I think it
19 would be unjust to potentially have you risk your
20 life because you can't get -- you can't pay for your
21 medical care that you need, I am going to change your
22 current sentence to effectively permit you to,
23 tomorrow, be discharged to house arrest on GPS.

24 And I need you to understand it's house arrest.
25 You may not go anywhere other than you remain within

June 2016 Jalc menu

Breakfast bags

1 1/2 milk carton only in morning
 Cup of corn flakes or bran flakes
 "Fat Cake" cinnamon or plain
 Peanut butter, jelly

Lunches

"Salami" sandwich, noodles, carrots, applesauce Kcolaid
 "Chicken" patty, noodles, green beans, bun, oatmeal bar "
 "Soy burger", white bread, plastic cheese, cole slaw "
 "Ham" scalloped potatoes, salad, bun "
 "Salisbury", mashed potatoes, gravy, carrots, bun, applesauce "
 "meatballs", rice + gravy, bun, salad, oatmeal bar "
 "bologna", white bread, cole slaw, potatoes, brownie "

Dinners

"Chili", rice, corn bread, oatmeal bar b.tea
 "sloppy joes", broccoli, beans, cake "
 "hamburger helper", carrots, salad, bun, oatmeal bar "
 "tacos", tortilla shell, beans, rice, lettuce, cheese, oatmeal bar "
 "hotdogs", white bread, potatoes, beans, applesauce "
 "spaghetti", green beans, bun, oatmeal bar "



Outagamie Cty is the same

Winnebago County Jail Commissary Menu

Prices are subject to change without notice. Substitutions will not be made. Sales tax is included in below prices. All sales are final.

BEVERAGES

PLU	ITEM	PRICE	Taxable/Exempt
3002	3oz Decaf Coffee	7.59	E
3023	Cherry Pomegranate Crystal Light	0.59	E
3003	Creamer Packs (10 each)	0.51	E
3012	Hot Chocolate	0.39	E
3025	Raspberry Lemonade Crystal Light	0.89	E
3004	Single Serve SANKA Decaf Coffee	0.41	E
3005	Sugar Free Black Cherry Drink Mix	0.30	E
3018	Sugar Free Grape Drink Mix	0.30	E
3020	Sugar Free Ice Tea Drink Mix	0.30	E
3021	Sugar Free Lemonade Drink Mix	0.30	E
3011	Sugar Free Orange Drink Mix	0.30	E
3022	Sugar Free Watermelon Drink Mix	0.30	E
3000	Sugar Substitute (10 each)	0.62	E

FOOD

PLU	ITEM	PRICE	Taxable/Exempt
4001	Beef & Cheese Stick	0.99	E
4022	12pk Flour Tortilla Shells	2.19	E
4023	3oz Tuna Pouch	2.99	E
4030	Armour Hot Chili w/Beans	2.89	E
4013	Beef Ramen Noodle	0.79	E
4000	Beef Stick Twin	0.99	E
4002	Cheddar Cheese Pack	0.99	E
6034	Cheese Bit Crackers	3.59	E
4014	Chicken Ramen Noodle	0.79	E
4015	Chili Ramen Noodle	0.79	E
4050	Hot Pickle	1.59	E
4007	Jalapeno Cheese Pack	0.99	E
4037	Ketchup (10 pack)	0.99	E
4009	Mayo (10 pack)	1.19	E
4012	Oatmeal - Maple & Brown Sugar	4.29	E
5035	Peanut Butter Granola Bar	0.89	E
4011	Peanut Butter Pack	0.79	E

HEALTH AND BEAUTY

PLU	ITEM	PRICE	Taxable/Exempt
1088	Afro Pick	0.79	0.83
1042	Antiungal Cream	3.79	T
1035	Baby Powder	1.39	1.46
1501	Blue Magic Hair Conditioner	3.99	4.19
1026	Body Wash	2.69	2.82
1028	Brushless Shaving Cream	2.59	2.72
1045	Close-Up Toothpaste	2.89	3.03
1086	Cocoa Butter Lotion	1.09	1.14
1086	Colgate Toothpaste	2.49	2.61
1005	Contact Lens Case	2.79	2.93
1023	Contact Solution	4.79	5.03
1038	Curl Activator Gel	2.99	3.14
1024	Dandruff Shampoo	2.79	2.93
1088	Denure Cup Bath	2.79	2.93
1080	Dial Soap	1.49	1.56
1119	Ear Plugs	0.59	0.62
1007	Energrip	4.09	4.29
1000	Extra Strength Non-Aspirin (Limit of 2)	0.49	0.51
1016	Halls Menthol Cough Drops	1.59	1.67
1120	Hypo-Allergenic Bar Soap	2.59	2.72
1073	Ibuprofen (Limit of 2)	0.49	0.51
1027	Irish Spring Soap	1.49	1.56
1121	Jergens Lotion	4.99	5.24
1064	Ladies Speed Stick	3.69	3.77
1019	Lip Balm	1.39	1.46
1065	Men's Clear Stick Deodorant	3.29	3.46
1040	Men's Hair Brush	1.79	1.88
1061	Mouthwash	2.09	2.19
1076	Oral pain Relief	2.09	2.19
1021	Petroleum Jelly	1.79	1.88
1014	Pony Tail Holder	0.39	0.41
1122	Right Guard Deodorant	4.49	4.71
1016	Skin Care Lotion	1.09	1.14
1029	Soap Dish	0.79	0.83
1012	Tamppons	5.29	5.55
1030	Toothbrush	0.99	1.04
1031	Toothbrush Holder	0.79	0.83
1047	Triple Antibiotic Ointment	3.99	4.19
1004	V05 Conditioner	3.59	3.77
1025	V05 Shampoo	3.59	3.77
1123	Vented Hair Brush	1.69	1.77
1124	Women's Clear Stick Deodorant	2.89	3.03

PASTRIES AND COOKIES

PLU	ITEM	PRICE	Taxable/Exempt
5015	Mini Chocolate Chip Cookies	2.59	E
5026	Blueberry Cheese Claw	1.29	E
5027	Cherry Pop Tarts	1.19	E
5005	Chocolate Cupcakes	1.29	E
5028	Chocolate Gem Donuts	1.29	E
5038	Chocolate Honey Bun	1.29	E
5002	Duplex Crime Cookies	1.19	E
5024	Grandma's Choc Chip Cookies	1.09	E
5049	Grandma's Peanut Butter Cookies	1.09	E
5048	Hot Fudge Sundae Pop Tarts	1.19	E
5008	Iced Grand Honey Bun	1.29	E
5025	Texas Cinnamon Roll	1.29	E

CLOTHING

PLU	ITEM	PRICE	Price + Tax
8073	Shower Shoes Small	1.99	2.09
8074	Shower Shoes Medium	1.99	2.09
8075	Shower Shoes Large	1.99	2.09
8076	Shower Shoes X-Large	1.99	2.09
8077	Shower Shoes 2-XL	1.99	2.09

CANDY

PLU	ITEM	PRICE	Price + Tax
9001	3 Musketeer	1.29	1.35
9008	Assorted Jolly Rancher	1.49	1.56
9002	Atomic Fireballs	1.39	1.46
9018	Baby Ruth	1.29	1.35
9003	Butterfinger	1.29	1.35
9015	Gummi Bears	1.89	1.98
9032	Hershey w/ Almonds	1.29	1.35
9023	KR Kat	1.29	E*
9048	Lemon Heads	1.39	1.46
9007	M & M Peanut	1.29	1.35
9009	Milly Way	1.29	1.35
9036	Now & Later	1.39	1.46
9035	Nutrisious	1.29	1.35
9046	Peanut Butter M&M's	1.29	1.35
9011	Reese's Peanut Butter Cups	1.29	1.35
9031	Reese's Pieces	1.29	1.35
9038	Root Beer Barrels	1.39	1.46
9013	Snickers	1.29	1.35
9018	Sour Balls	1.39	1.46
9022	Starburst Fave Rnds	1.29	1.35
9017	Sugar-Free Candy	1.39	1.46
9044	Twix	1.29	E*
9014	Starlight Mnt	1.30	1.36
9120	Junior Mints	1.89	1.98

GENERAL MERCHANDISE

PLU	ITEM	PRICE	Price + Tax
7000	9 x 12 Manila Envelope	0.29	0.30
7001	AA Batteries	1.59	1.67
7018	AAA Batteries	1.59	1.67
7004	Birthday Card	2.19	2.30
7011	Clear Radio AM/FM	37.09	38.94
7021	Colored Pencils	1.89	1.98
7031	Digital Ear Wraps	8.79	9.23
7006	Friendship Card	2.19	2.30
7028	Get Well Card	2.19	2.30
7002	Headphones	5.69	5.97
7005	Holiday Card - Most Current Holiday	2.19	2.30
7030	Kids Birthday Card	2.19	2.30
7008	Legal Pad 8 1/2 x 11	1.59	1.67
7047	Love Card	2.19	2.30
7009	Pen	0.89	0.93
7035	Plastic Bowl	0.99	1.04
7046	Plastic Spoon	0.29	0.30
7013	Pocket Folder	0.89	0.93
7012	Sketch Pad	2.99	3.14
7048	Sudoku Puzzle	2.49	2.61
7007	Thank You Card	2.19	2.30
7024	Tumbler Cup w/ Lid	1.19	1.25
7003	Word Search Book	2.49	2.61

POSTAGE

PLU	ITEM	PRICE	Taxable/Exempt
2001	Stamped Envelope	0.55	E
2005	Stamp	0.45	E

Revised: 02/15/2012

*If the candy contains flour - it is exempt

CHIPS AND SNACKS

PLU	ITEM	PRICE	Price + Tax
8011	BBQ Chips	1.09	E
8015	BBQ Pork Skins	1.09	E
8001	Cheese Chexos	1.09	E
8029	Cheese Popcorn	1.09	E
8031	Chili Cheese Fritos	1.09	E
5003	Animal Crackers	1.09	E
8009	Doritos	1.09	E
8010	Honey BBQ Fritos	1.09	E
8042	Hot Chexos	1.09	E
8021	Jalapeno Cheddar Chexos	1.09	E
8025	Peanuts	1.09	E
8028	Plain Chips	1.09	E
8020	Ray's Hot Chips	3.39	E
8027	Snyder's Hot Buffalo Wing Pretzel	1.09	E
8000	Spicy Sweet Chili Doritos	1.09	E
8036	Sweet & Hot Nuts	1.29	1.35

(Q)

1 my recollection, and correct me if I'm wrong,
2 Counsel, was that they were -- they were not --
3 surprisingly not opposed to it.

4 So, Mr. Welygan, if you have anything else you
5 wanted to add regarding the request here?

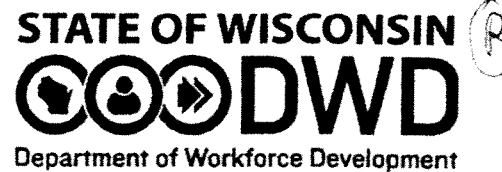
6 ATTORNEY WELYGAN: Just simply that it's my
7 understanding that Nathan met with his doctors on
8 Monday. The tumor has had a bit of a recurrence, and
9 we were trying to get some of the documentation on
10 that, but getting medical records quickly is not the
11 easiest of tasks. The short version is that he
12 probably -- Nathan probably has to undergo surgery
13 again. They want to do treatment. And everything
14 that I've provided here suggests that if he is on
15 some sort of Huber, even with a house arrest with
16 extremely limited rules and rights, that would still
17 be enough to get him his benefits back almost
18 immediately and that would allow a lot more options
19 in treating this and hopefully saving Nathan's life.

20 THE COURT: All right. State's position
21 regarding this request?

22 And I'll let both counsel know that if I approve
23 it, it would be essentially GPS home confinement
24 period. I mean it would not permit leaving the home
25 environment except for medical appointments. That

Department of Workforce Development
Division of Vocational Rehabilitation
1802 Appleton Road
Menasha, WI 54952

Telephone: (920) 968-6970
Toll-Free: (800) 442-3477
TTY: (888) 877-5939
Email: DVR@dwd.wisconsin.gov



Scott Walker Governor
Reginald J. Newson Secretary
Case # 001569180

May 12, 2015

NATHAN C CROWE
2323 Southwood Dr #7
Appleton, WI 54915

Dear NATHAN:

You are eligible for DVR services and are in Category 1. Our next step is to work together to develop a plan to help you reach your job goal.

Please contact our office at 920 968 6219 to schedule an appointment by 5-26-15. DVR office hours are Monday - Friday, 7:45 a.m. to 4:30 p.m.

I am also sending you additional information about DVR. I've enclosed the DVR Counselor Professional Disclosure Statement and information on your rights as a DVR consumer.

We look forward to working with you.

Sincerely,

Jenna Goddeyne

(920) 968-6970
Jenna.Goddeyne@dwd.wisconsin.gov

Enclosures: Consumer Rights/Appeals Statement
DVR Counselor Professional Disclosure Statement

3/15/2017

First Descents Official Program Acceptance (Important Info Inside)

5

From: Programs <programs@firstdescents.org>

To: lisadale2555 <lisadale2555@aol.com>

Subject: First Descents Official Program Acceptance (Important Info Inside)

Date: Mon, May 4, 2015 11:25 am



Dear Nathan,

Thank you for getting your forms in, you are now OFFICIALLY accepted into Rogue River OR Kayaking August 18-22 2015. We are very excited that you'll be participating with First Descents this season, it's going to be an awesome experience!

What's next...Book Your Travel and sign our Waiver! - If you applied for a travel scholarship, you will receive more info in a separate email about the next steps (if it is earlier than 8 weeks prior to the program, we are still reviewing your info so sit tight).

If you did not apply for a scholarship, feel free to book your travel now! Make sure to arrange your arrival and departures times inside the specified time window that was sent to you. Arrive between 10:00 am - 3:00 pm, Depart after 11:00 am. Once you book your travel, be sure to fill out our travel form so we know when to pick you up:

[Travel Form](#)

Also, take a minute to **sign our waiver** so that you'll be ready to go when you arrive:

[Waiver](#)

If your medical status changes between now and the time your program begins, please get in touch with us immediately so that we have the most up to date medical information for you.

As always if you have any questions let us know! We're stoked to have you out there with us!

-First Descents Programs Team

programs@firstdescents.org

303.945.2490

FD1

THE ORIGINAL

What is it? The original First Descents experience. A multi-day adventure program centered around whitewater kayaking, rock climbing or surfing. You'll be pushed beyond your limits, meet some of the most inspiring people and experience some of the most stunningly beautiful settings in the country.

Who is eligible? All young adult cancer fighters and survivors (ages 18 – 39) who have never attended an FD camp before. FD1 level programs are for all first-time participants.

What does it cost? Nothing! The FD experience is 100% free of cost to all first-time participants. We ask that you cover your own cost of travel, but if you're not able, travel scholarships are available based on need. All food, lodging, instruction, gear and activities during the week are included.