## MICHAEL G. ELLIS MAJORITY LEADER



19TH SENATE DISTRICT

Wisconsin State Senate

September 3, 1998

Vince Biskupic, District Attorney Outagamie County 320 S. Walnut Street Appleton, WI 54911

Dear Vince:

Thank you for your letter documenting the need for more prosecutor positions in Outagamie County.

I read your letter with great interest and concur with the need for another prosecutor position for your office. Caseloads have dramatically increased which warrant additional manpower to ensure speedy justice. Your request has my full support. Rest assured that I will work on this issue with Outagamie County's needs in mind as the next state budget continues to develop.

Please let me know if you have further concerns.

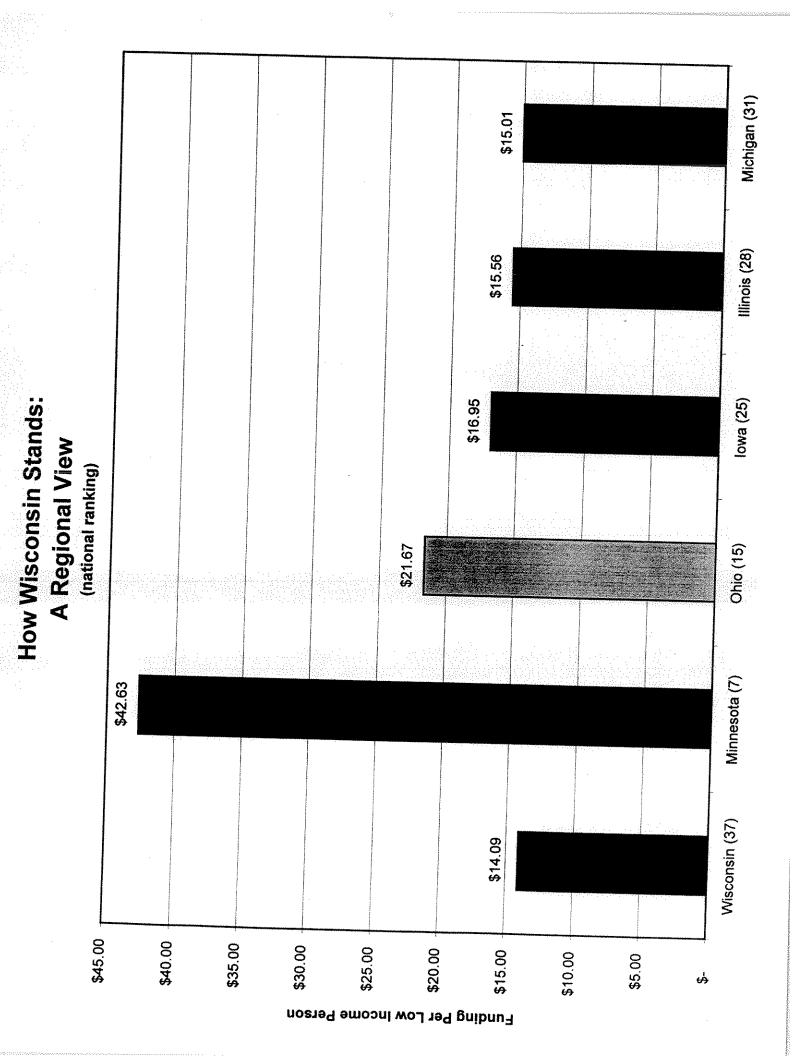
Thanks again for bringing this important matter to my attention, Vince.

Sincerely,

MICHAEL G. ELLIS

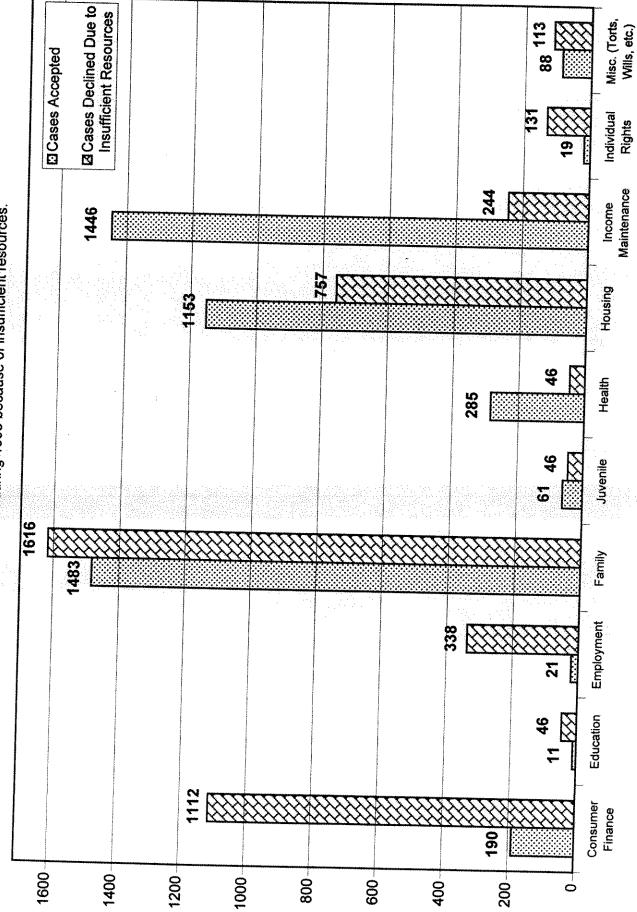
State Senator

19th Senate District

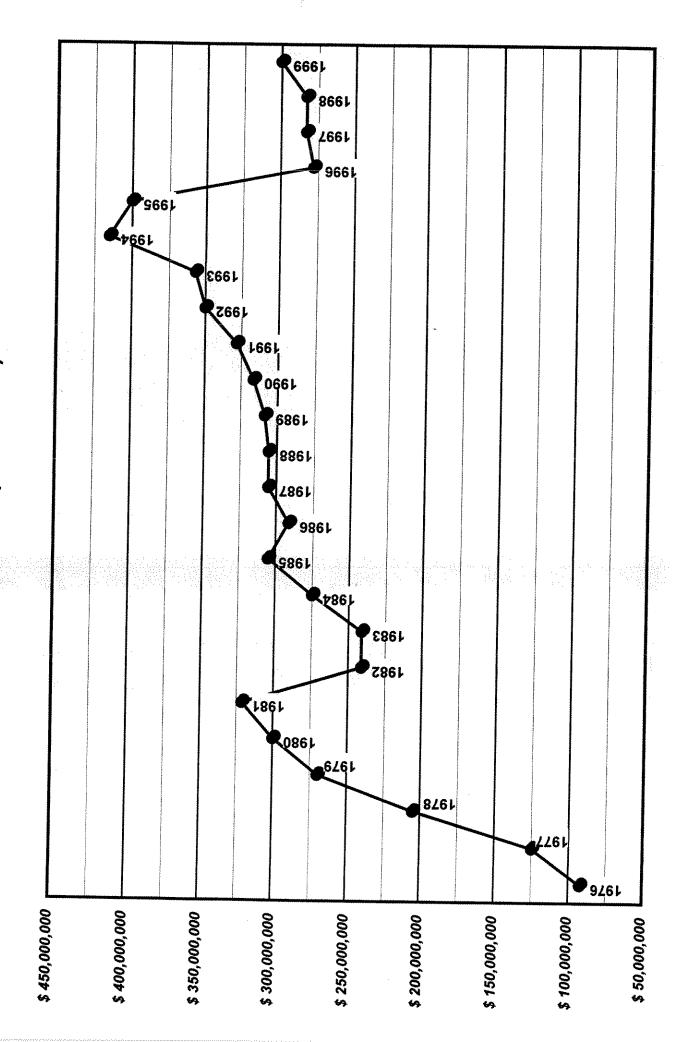


# **Cases Accepted vs Declined**

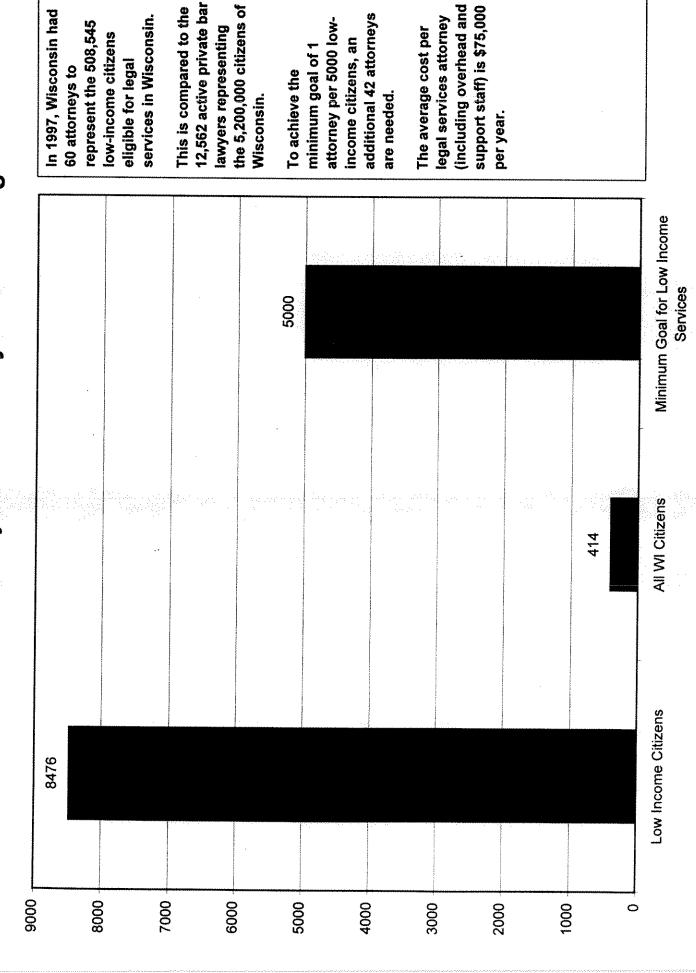
This data from Legal Action of Wisconsin, Inc. represents figures for January through August 1998. Assuming the other three federally-funded legal service firms have similar experiences, an estimated 13,350 cases will be declined in Wisconsin during 1998 because of insufficient resources.



Federal Legal Services Corporation Appropriations (1976-1999)



# Citizens Served by One Attorney when Averaged





### OFFICE OF

### DISTRICTATTORNEY

# MANITOWOC COUNTY MANITOWOC, WISCONSIN 54220-5398

TELEPHONE 683-4070

To: Joint Finance Committee

From: Manitowoc County District Attorney Jim FitzGerald

Re: Adding New Assistant District Attorney Positions To The 1999-2001 State

**Budget** 

Date: March 26, 1999

The following is supplemental to my oral remarks favoring new positions.

Attached is a copy of <u>DA Workload Analysis Using 1995-1997 Data (1227 hrs)</u>. This study analyzes the need for assistant district attorney positions on a county by county basis. The following numbers are from the statewide totals and show the rise in criminal prosecutions in Wisconsin:

Class A Homicides rose from 118 in 1995 to 284 in 1997.
Class B Homicides rose from 113 in 1995 to 266 in 1997.
All other felonies increased from 23,215 in 1995 to 27,346 in 1997.
Misdemeanors increased from 63,576 in 1995 to 71,441 in 1997.
Delinquencies decreased from 21,032 in 1995 to 19,704 in 1997.
Traffic Crimes increased from 31,961 to 41,427 in 1997.

Several factors are driving the increase in our caseloads, including:

- -Demographics. There are greater numbers of individuals in the crime producing years of 17 to 29 years of age;
- -Increased penalties for a range of crimes leading to more trials;
- -Three Strikes Law leading to more contested cases;
- -Criminalization of previous non-criminal behavior;
- -Truth in Sentencing leading to more trials in 2000;
- -Increased reporting of "secret crimes", i.e.: child sexual abuse
- -Increased sophistication of criminal enterprises, i.e.: drug trafficking rings and gang crimes (These always involve multiple defendants and frequently multiple counties).

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XXXX	749.00	729.00	574.00	XXXXX	73.00	80.00	58.00	2222	7,007.00	255.00	701.00	XXXXX	150.00	127.00	125.00	AXAAA	385.00	497.00	309.00	XXXXX		109.00	58.00	XXXXX			26.00	XXXXX	87.00	81.00	50.00	Number	All Fel.		THE PARTY OF THE PROPERTY.
300	7.00	2.00	0.00	0.33	1.00	0.00	0.00	0.00	6.00	5.00	4.00	0.6/	1.00	0.00	1.00	0.67	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.33	0.00	0.00	1.00	Number	Class A Hom.		
0.33	0.00	1.00	0.00	0.00	0.00	0.00	0.00	11	1	2.00	3.00	0.33	0.00	1.00	0.00	0.33	7.00	0.00	0.00	0.00	1		0.00	0.00	0.00		0.00	0.33		0.00		Number	Class B Hom.		200,00
680.67	742.00	726.00	574.00	/0.00	72.00	80.00	58.00	10,000	7,043.00	848.00	694.00	133.00	149.00	126.00	124.00		384.00		308.00	87.33	95.00	109.00	58.00	35.33		17.00	26.00	72.00	86.00	81.00		Number	All other Fel.		5,740
1 638 33	1,733.00	1,716.00	1,466.00	150.00	167,00	161.00	122.00	1,51,55	4 534 22		1,399.00		334 00	334.00		-			720.00	199.67			130,00	38.67			32.00	188.00	231.00	217.00	116.00	Number	Misdemeanor		** **
360.00	375.00	353.00		42.67			45.00	*** (3)				61,33		-	84.00	2/2.5/					46.00			13.33		13.00	5,00	40.33		45.00		Number	Juv. Del.		
0.00	0.00	0.00	0.00	6,67	4.00	5,00	11.00	100,671	00.00	179.00	184.00	24.00	3.00	30,00	39.00	103.00	66.00	118.00	119.00	21.00	29.00	21.00	13.00	9.67	7.00	16.00	6.00	38.00	31.00	43.00	40.00	Number	CHIPS*		
548 33	547.00	532.00	566.00	94.67	100.00	86.00	98.00	202,33	1,000.00	1,040.00	843.00	174.33	225.00	177.00	121.00	595,00	619.00	653.00	516,00	152.67	176.00	165.00	117.00	15.33	35.00	7.00	4.00	72.67	67.00	99.00	52.00	Number	Crim. Traf.		4-11
0.00	0.00	0.00	0.00	5.67				20.33					0.00			13.00		17.00		2.00		4.00	1.00	0.00			0.00	0.00		0.00	0.00	Number	All TPR		
200	0.00	3.00	3.00	0.00	0.00	0.00	0.00	2.33			3.00	0.67	2.00	0.00	0.00	0.33			0.00	1.33	1.00	2.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Number	Habeas Corpus		2.00
0.00	0.00	0.00	0.00	0.00		Τ	T	0.00		T		Π	0.00		0.00	0.00		0.00	0.00	0.90	Π	0.00	0.00	0.00			0.00	0.00			0.00	Number	Inquests		2,00
0.00	0.00	0.00	NA	0.00	Γ	0.00		2,00	Τ	T		0.00			NΑ	2.00	Ī	3.00	NΑ	0.00	Ī	0.00		0.00			λA	0.00		)	NA	Number	Predator cases**	<b>)</b>	100.00
11.01	×		×	1,310.89	Г			15,606.81	Ţ	Ī		2,538.30		×		7,840.68		×	×	1,691.93	Γ	××		479.14			×	1,44			×	Hours	r hours	!	
7 00	X	×	×	1.50	×	×	×	13.00	×	×	××	2,00		×		5.30	×	×	×	2,00		××		1.00			ž	1.75			××	귀	Anticipated		Sources: DOM, DAS, State Courts, DOJ
0 670 60	ž	X	ž	1,840.50	×	×	X	15,951.00		×	×	2,454.00	ž	XX	X	6,503.10	×	×	×	2,454.00	×	X	×	1,227	ž	×	×	2,143	×	×	×	1,227,00	available (1227/FTE)	Total	UM, UMS, OE
30 475 6	×	×	×	-529.61	×	×	×	-344,19	×	×	×	84.30	×	×	ž	1,337.58	×	×	×	-762.07	×	×	×	-747.86	×	×	X	-706,18	×	×	×	Hours	Dif (≃needed- available)		te Courts, I
	×	×	×	-0,43	X	×	×	-0.28	×	X	×	0.07	×	×	×	1.09	×	X	X	-0.62	×	×	×		×	×	X	-0.58	×	×	×	FTE needed	FTE equivelant (=dif/1227)		COL
32			×	-28.78%	Š	X	ž	-2.16%	Τ	ķ	П	3,44%	×		×	20.57%	×		š	-31.05%	×	×	Š	-60,9			Š	-32.8	×		š	% FTE	as a % of current FTE		

40				Ϋ́					38				37				36				35				34				z				11:	9 0	D A	
Milwaukee				Maidnette					Marinette				Marathon				Manitowoc				LIECOR				Langlade				Lafayette				DA Office	Filename: CSLD9597.xls		
з уг аче	1997	1996	5661	حاية عدم	1681	GRA!	2661		3 yr ave	1997	1996	1995	3 yr ave	1997	1996	1995	o yi ave	1997	9661	5661	and if	1997	1996	1995	3 yr ave	1997	1996	1995	3 уг аче	1997	1996	5664	Year	***************************************		time wei
XXXXX	7,498,00	7,804.00	6,725.00	XXXXX	98.00	97,00	29.00		XXXXX	192.00	210.00	174.00	XXXXX	610.00	626.00	486.00	XXXXX	359.00	369.00	320,00	XXXXX		162.00	128.00	XXXX	116.00	123.00	96.00	XXXXX	47.00	60.00	10.00	Number	All Fel.		time weights in hours:
	63,00	61.00	51.00	0.33		I	1.00	П	0,67			0.00	.67			1.00	0.67					0.00				0.00		0.00	0.00	0.00	0.00	0.00	Number	Class A Hom.		100.00
	35.00	24.00	50.00	0.33	T	0.00	Т	П				0.00	0.67	Ī	1.00		Ī	0.00	Ī			0.00			0.33	0.00		0.00	0.00	0.00	0.00	0.00	Number	Class B Hom.	************	100.00
	7,400.00	7,719.00	6,624.00	79,00		97.00						174.00	571.67		624.00		345.07					183,00			111,33		122.00	96,00	39.00	47.00		10.00	Number	All other Fel.		8.49
	19,237.00	19,289.00		0 .00.07					364,33			335.00	7 2,046.67			1,816.00	1,024.00	I			285.33				3 253.67		239.00	261.00	0 84.33		0 113.00	2 41.00	Number	i. Misdemeanor	***************************************	2,17
	4,996.00			40.33	-							00 66	328.33			310.00	1	422.00			91.33				89.67	95.00		77.00	19.33	40.00	14.00	4.00	Number	Juv. Del.		3.32
	3,096.00	3,170.00		u.uu		0.00	0.00		33.67		36.00			63.00		65,00	0.00				33.33				34.00	23.00		43.00	0.00	0.00	0.00	0.00	Number	CHIPS*		2.61
10,388.67	13,232.00	9,534.00	8,400.00	00.33	123,00	80.00	38.00		223,33	251.00	216.00	203.00	746.00	821.00	762.00	655.00	629.67	838.00	560.00	491.00	152.33	133.00	156.00	168.00	104.33	100.00	110.00	103.00	27.33	35.00	29.00	18.00	Number	Crim. Traf.	. E	2,17 3.32 2.61 1.68 7.00
		313.00		0.00			0.00					0.00	0.00			0.00					0,00		I		10.67	15.00	14.00	3.00	0.00	0.00		0.00	Number	All TPR*		7.00
	79.00	73,00	59.00	0.00		T	T	П			2.00	0.00	4.90			5.00	0.00			0.00	1.00	Ī		1.00	0.00	0.00		0.00	0.00			0.00	Number	Habeas Corpus	Writs of	
		6.00	5.00	0.00				II				0.00	0.67		1.00	0.00	0.00		Ī		0.00			0.00	0.00			0.00	0.00		0.00		Number	inquests		2.00 64.00
		18	П	0.50		T		П				NΑ	1.50	0.00		NΑ	1.00		2.00	ΛN	0.50	Τ	1.00	NΑ	0.00		_	N.A	0.00		)	NA	Number	o 70	s e x	100.00
160 119		×		1,381.9/	T			П	3,388		×		12,252.15	×		×	7,811.20	T	×		2,655.91	T		ž	2,165.39			×	624.22	×			Hours	hours needed	Total	
101.50	×	×	×	1,00			ŀ	$\prod$			×		Ī	×	×		4.00		×		2.00	×	×		1.50			×	1.00		×		A	Anticipated		Sources: D
124 540	×	×	×	1,227.00	Π	×	×	П	3,067	×	×	×	8,58	×	ž	X	4,908.00	Γ	×	×	2,454.00	Π	×		1,840.50		×		1,227		×		1,227.00	available (1227/FTE)	Total	OA, DAS, S
35 570		××		154,97	Γ			П	300			×	3,663,15	×		×	2,903.20	T	×	×	201.91	Γ	××		324.89			×	-60%			×	Hours	(≡n	₹	Sources: DOA, DAs, State Courts, DOJ
29 00	×	×	×	0.13			×					×		<b>X</b>	×		2.37		×	×	0.16	×	×		0.26			×	4	×		×	FTE needed	p=()	T .	Po
28.5		×	×	12.63%	T			П	9.8			š	42.65%			×	59.15%	×	×	×	8.23%	×	^ X	×	5 17.65%			` X	49.13%			^ ×	needed	current	needed	

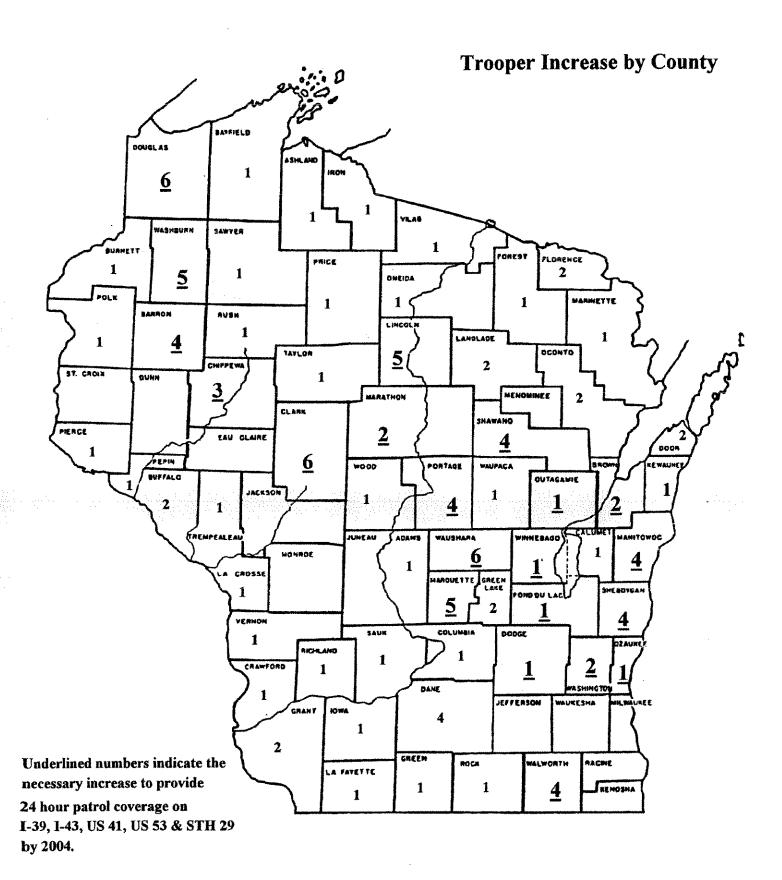
48					47		-			46					As								1	43				] ;	3			41				*		DA Office	
Polk					Pierce			***************************************		Pepin				Organia Creation	Ozaikaa	***************************************			Cotagaille					Oneida				000110	Oceania			MOLLOR				DA Office	CSLD9597.xls	Filename	
3 yr ave	1997	1996	C681		3 yr ave	1997	1996	5661		3 yr ave	1997	1996	1995		3 vr ave	1007	1996	1995	2 2 2 2 2	3 1/5 2/1	2007	1996	1995	3 yr ave	7997	1996	1995	0,1	3 Ur 3UP	7996	1995	o yr ave	]	1996	1995	Year			ите же
XXXXX	138,00	162.00	101.00		XXXXX	109.00	76.00	101.00		XXXXX	30.00	24.00	22.00	22222	AAAAA	220.00	222 00	162.00	*****	282.00	012.00	200.744	00.270	XXXXX	226.00	206.00	186.00	^^^^		147.00	114.00	XXXXX	324.00	305.00	191,00	Number	All Fel.		time weights in hours: 100.00
0.00	0,00	0.00	0.00		0.67	0.00	2.00	0.00		0.00	0.00	0.00	0.00	7.00	4 22	4 00	000	0.00	1,23	1.00	1.00	4.00	3 00	0.00	0.00	0.00	0.00	0.07		Γ		4.67		7	0.00	Number	Hom.	Class A	100.00
0.00	0,00	0.00	0.00		0.00	0.00	0.00	Ī	H	000	0.00	0.00	0.00	П	2.00	T	T	0.00	ľ	T	0.00		Ī	0.00	Ī	Γ		0.00	T	Τ.		Τ	0.00	Γ		Number	Hom.	Cass Ss B	700.00
133.67	138,00	162.00			94.67	109.00	74.00	101.00	П		30.00	24.00	22.00			20.00	T	162 00	332.07		T		Ī		226.00		186.00	124.07					322.00			Number	All other Fel.		8.49
446,33	413.00				208.67	227.00		220.00			113.00	127.00	49.00	014,30		600.00		582 00	1,515.33					560.00				197,00				503.00				Number	Misdemeanor		2.17
146.00	156.00	125.00			55.00	62.00	53.00	50.00			20.00	10.00	13.00	103.07		100.00	T	212 00	389.57	Ī		351.00	Ī	100.00			105.00		71.00				125.00		121.00	Number	Juv. Del.	***************************************	2.17 3.32 2.61 1.68 7.00
30.67	14.00	38.00	40.00		29.00	17.00	40.00	30.00		0.00	0.00	0.00	0.00	0.00		0.00		000	192,33	131.00		234.00		0.00			0.00	İ	0.00			0.00				Number	CHIPS*		2.61
181.00	173.00	183.00	187.00		87.00	102.00	82.00	77.00		34.67	47.00	35.00	22.00	un'ecs	357.00	352.00	20.00	00 tet	951,00	930.00	968.00	955.00	000	183.33	198.00	170.00	182.00	147.67	172.00	158.00	113.00	246.33	283.00	298.00	158.00	Number	Crim, Traf.		1.68
16.00	28.00	19.00	1.00		6.67	10.00	10.00	0.00		30.0	0.00	0.00	0.00	0.00		200		I	62.33	Γ		83.00		0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	Number	All TPR:		7.00
	1.00	0.00	0.00	П	•	0.00	1.00	0.00				0.00	0.00	0.33				000	9.33			7		1,00	2.00	0.00	1.00	0.33			0.00	0.67	1.00	1.00	0.00	Number	Corpus	Writs of	2.00
1.00	3.00	0.00	0.00	П			0.00	0.00	П	1	0.00		0.00	0.00	I			T	0.00	Γ	Π	T		1.67		5.00	0.00	0.00				0.00	0.00	0.00	0.00	Number	Inquests		2.00 64.00
0.00	0,00	0.00	NA.	П		0.00	1.00	N/A	П			0.00		0.00				T	1.50	I	Ī	Γ	П	0.50	1.00	0.00	NA.	0.00	Τ	0.00	NA.	0.50		1.00		Number		Sex	100.00
3,148.88	×	×	×	П	1,824	×	Š	×	П	530	×			4,434,60		×			12,044.35	┪	×			3,762		×	×	1,998.31		×		4,893.98		×		Hours		Total	
2.00	×	×	×			×		X	0.00			×		3.00					8.00					**			×	1.50		×	-	3.00		×		TE	FTE		Sources: D
2,454.00	ž	ž	×		3.681.00	×	ž	×	700.60	Ī	×	ž	×	3,681.00	Γ				9,816.00	×			П	2,454		×		1,840.50	T	X	÷	3,681.00	×		×	1,227.00	(1227/FTE)	Total	Sources: DOA, DAs, State Courts, DOJ
694.88	×	×	×		-1 856 02	×	×	ই	2003	300	×	×	×	753.60	×	×	××		2,228.35	×	×	×		1,308,81	×	×	×	157.81	X	ž	××	1,212.98	ž	×	×	Hours	available)	2	ate Courts, L
0.57	×	×	×		-1 51	×	×	×	-0. ( <i>r</i>		×	X	ž	0.61	×	X	XX		1.82	×	×	×		1.07	×	X	××	0.13	XX	×	××	0.99	××	×	×	FTE needed	equiverant (≖dif/1227)	7	ρõ
28.32%	×	ž	×	00.11.00	50 42%	×	X	ž.	-20.0276	200	X	×	×	20.47%	×	×	×		22.70%	×	×	×		53.33%	×	ž	×	8.57%	×	š	ž	32.9	×	ž	×	% FTE	FTE	needed as a % o	1 1

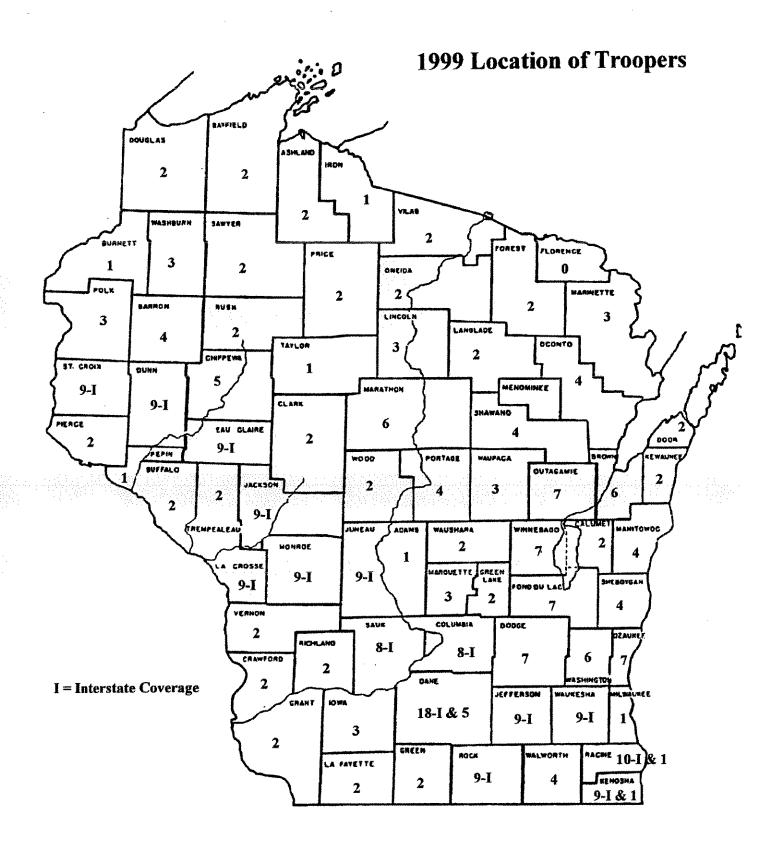
56				55				54				53					52				51				50				49				11:	Office	D <sub>A</sub>	
Sauk				Saint Croix	***************************************			KUSK				Rock					Richland				Racine		AM111AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		Price				Portage	WATERWAY THE WATER TO SEE THE SECOND TO SECOND			DA Office	Filename: CSLD9597.xls		
3 yr ave	1997	1996	1995	3 yr ave	Τ	1996	1995	s yr ave	,	1996	1995	3 yr ave	Г	1996	1995		3 yr ave	1997	1996	1995	3 yr ave	1997	1996	1995	3 yr ave		1996	1995	3 yr ave	1997	1996	1995	Year			time wei
XXXXX	399.00	294.00	224.00	XXXXX		196.00	225.00	XXXXX		61,00	48.00		1,166.00	1,009.00	987.00		xxxxx	88.00	65.00	61.00	XXXXX	1,113.00	1,100.00	1,178,00	XXXXX	74.00	00.69	53.00	XXXXX	282.00	262.00	251.00	Number	All Fel.		time weights in hours: 100.00
1.00	0.00	2.00	1.00	1.67		Γ	0.00			2.00		l	11.00		5.00	Π		0.00			17.33	19.00	23.00		0.00	Γ	0.00		0.67		Γ	0.00	Number	Class A Hom.		100.00
2.33	0.00		7.00	0.00	Γ	Γ	0.00	0.33	Γ		1.00		0,00			П		0.00		0.00	3.33			5:00	0.00		0.00		0.67		1.00		Number	Class B		100.00
302.33	399.00	292.00	216.00	209.67	l	Ī	225.00	68.67			47.00		1,155.00					88.00		61.00	1,109.67		1,075.00	1,163.00	65.33		69.00		263.67			250.00	Number	All other Fel.		8.49
1,067.33	1,287.00	1	895.00	469,67			448.00	150.67			152.00	2,893.00	l						131.00	137.00	2,817.00	2,868.00	2,631.00	2,952.00	174.67	· · · · · · · · · · · · · · · · · · ·	182.00		466.00			484.00	Number	Misdemeanor		2.17
166.00	202.00	172.00	124.00	182.67		Γ	188.00	37.00		30,00		1,055.00			1				35.00	62.00	1,112.67	1,123.00	1,028.00	1,187.00	14.67		20.00	12.00	162.00			165.00	Number	Juv. Del.		3.32
102.33	80.00	126.00	101.00	66.67	47.00	79.00	74.00	18.33	26.00	13.00	16.00	0.00	0.00	0.00	220.00		20.00	20.00	19.00	21.00	305.33	154.00	344.00	418.00	0.00	0.00	0.00	0.00	41.67	18.00	43.00	64.00	Number	CHIPS*		2.61
381.33	439.00	369.00	336.00	225.67	198.00	234.00	245.00	51.00	56.00	43.00	54.00	1,108.33	1,158.00	1,109.00	1,058.00		68.67	77.00	61.00	68.00	1,345.33	1,416.00	1,230.00	1,390.00	55.67	72.00	51.00	44.00	364.67	368.00	338,00	388.00	Number	Crim. Traf.		2.17 3.32 2.61 1.68 7.00
11.67	21.00		4.00	17.00			3.00	1.67			0.00		0.00						5.00	0.00	54.33	79 00	72.00	12.00	0.00		0.00	0.00	6.67	9.00	8.00	3.00	Number	All TPR*		7.00
0.37	1.00	0.70	0.00	0.67	1.00	1.00	0.00	0.33	0.00	0.00	1.00	9.33	9.00	7.00	12.00		00.00	0.00	0.00	0.00	12.00	3.00	13.00	20.00	0.00	0.00	0.00	0.00	0.33	0.00	1.00	0.00	Number	Habeas Corpus	Writs of	2.00 64.00
0.00	0.00	0.00	0,00	0.33	1.00	0.00	0.00	0.33		0.00	1.00	0.00	0.00	0.00		П		0.00		0.00	0.00	0.00	0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00	Number	Inquests		64.00
1.50	0.00	3.00	N/A	0.00	Ī	Ī	NA.	0.00	Т	Γ	NΑ	5.50				П		0.00	-	N.A	2.50	2.00	3.00	NA	0.00	0.00	0.00		1.00	1.00	1.00	NA.	Number		Sex	100.00
6,907,51	×		×	4,267,15	Т		×	1,299.96		×	×	21,800,11	T			П	1,276	×		×	25,006.09		×		1,075.92	T	××	X	4,789.65	Ī	ž	×	Hours		Total	
4.50	×	×	×	6.00	×	×	×	1,50	×	×	×	13,50	×	×	×		1.75	×	×	×	19,00	×	×	×	1.00	×	××	×	4.00	×	×	ž	FE	Anticipated FTE***		Sources: DC
5.521.50	×	×	×	7,362.00	×	×	X	1,840.50	×	××	×	16,564.50	×	×	X		2,147.25	ž	×	×	23,313.00	×	XX	X	1,227.00	×	XX	×	4,908.00	×	×	×	1,227.00	Till o	Total	Sources: DOA, DAs, State Courts, DOJ
1,386,01	×	×	×	-3,094.85	×	×	×	-540.54	×	×	ž	5,235.61	×	×	×		-870.51	×	×	×	1,693.09	×	X	×	-151.08	×	X	×	-118.35	×	×	×	Hours	(=needed- available)	D.	te Courts, L
1.13	×	×	×	-2.52	×	××	XX	-0,44	X	×	X	4.27	×	X	×		-0.71	×	×	×	1.38		XX	×	-0.12	××	××	×	-0.10	XX			FTE needed	equivelant (=dif/1227)	T m	Ş
25.10%	×	×	ž	-42.04%	ž	×	ž	-29.37%	×	×	ŏ	31.61%	×	×	×		4		×	š	7,26%	X	×	Ķ	-12.31%	ž		š	-2.41%	×	×	×	% FTE	current FTE	needed as a % o	

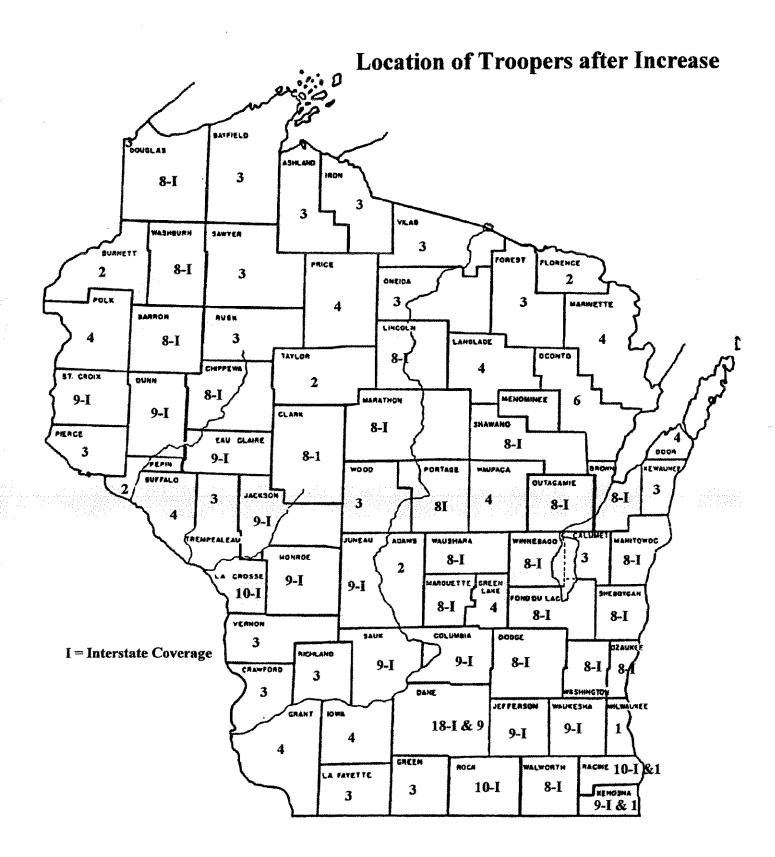
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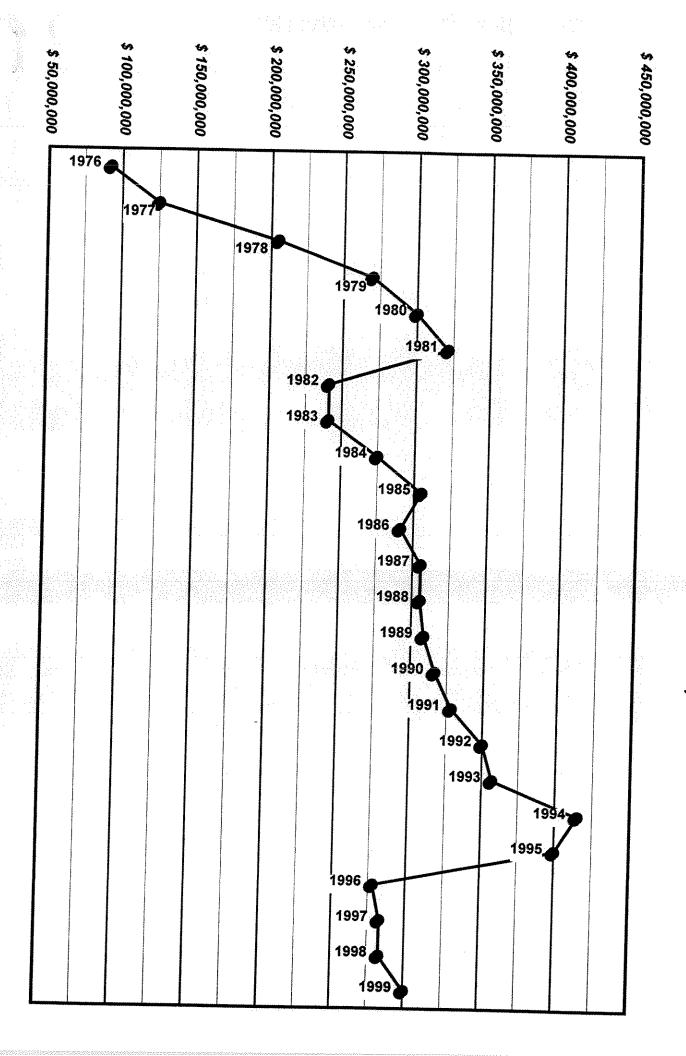
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2 ten 23	6,092.00	6,567.00	7,375.00	77.67	63.00	71.00	99.00	0.00	0.00	150.00	347.00	0.00	200	0.00	0.00	07.00	37.00	32.00	49.00		0.00	0.00	0.00	0.00	131.33	72.00	168.00	154.00	16.33	7.00	18.00	24.00	Number	CHIPS*		2.61
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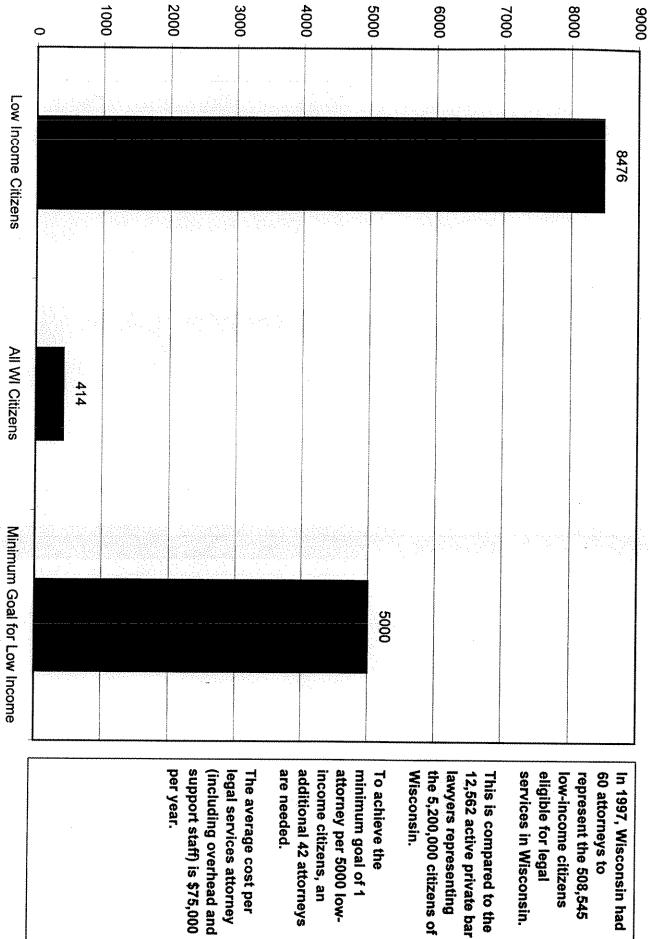






Federal Legal Services Corporation Appropriations (1976-1999)

# Citizens Served by One Attorney when Averaged



services in Wisconsin. eligible for legal low-income citizens represent the 508,545 60 attorneys to In 1997, Wisconsin had

Wisconsin. the 5,200,000 citizens of lawyers representing

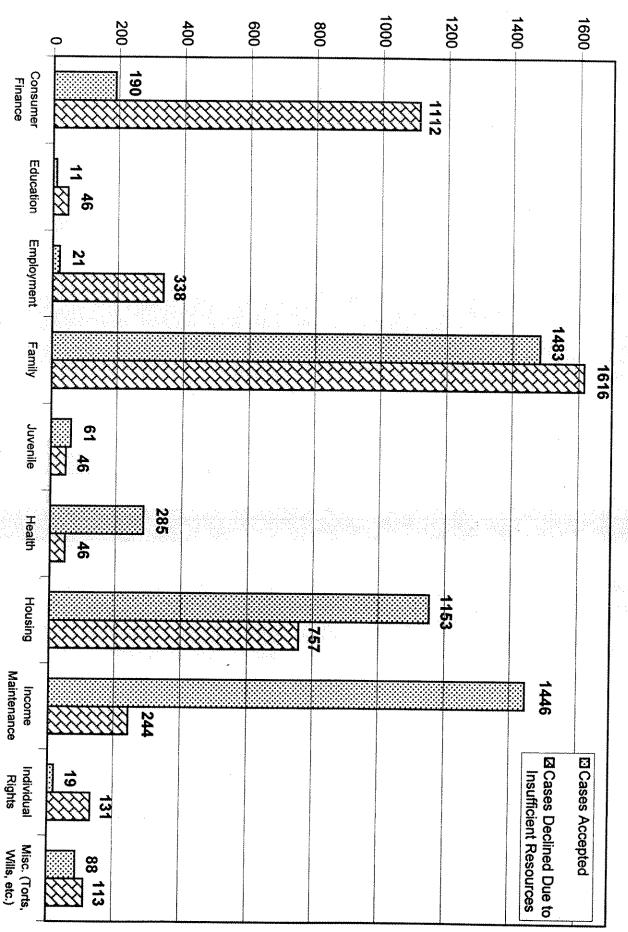
are needed. additional 42 attorneys income citizens, an attorney per 5000 lowminimum goal of 1 To achieve the

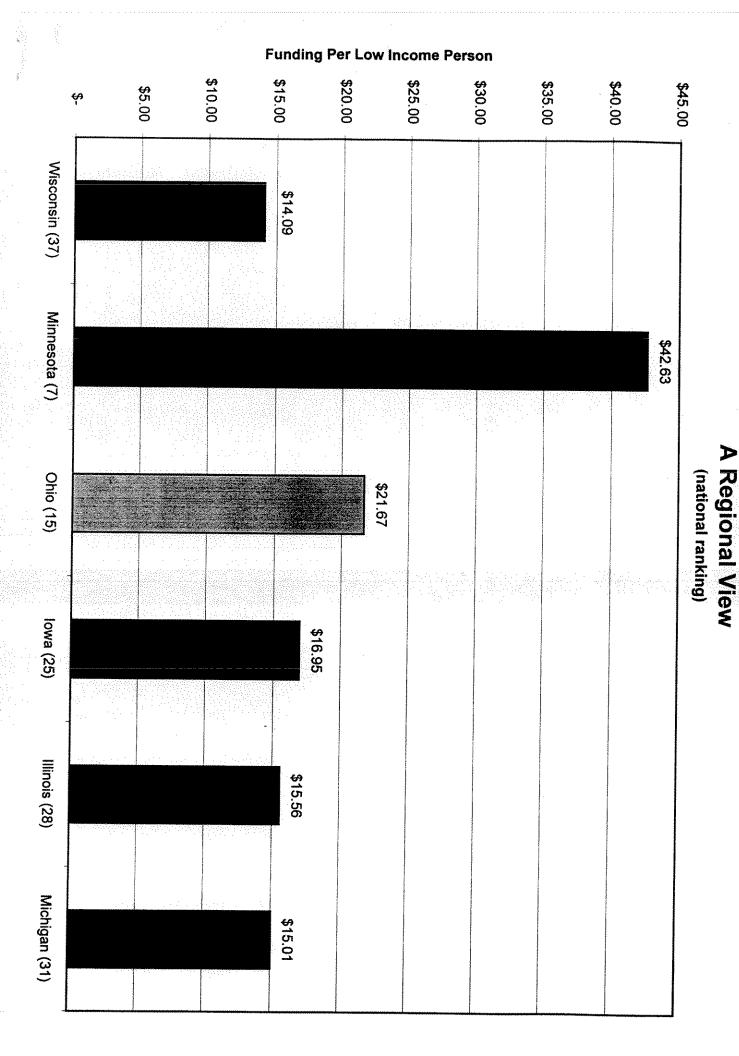
support staff) is \$75,000 (including overhead and legal services attorney The average cost per

Services

# Cases Accepted vs Declined

This data from Legal Action of Wisconsin, Inc. represents figures for January through August 1998. Assuming the other three federally-funded legal service firms have similar experiences, an estimated 13,350 cases will be declined in Wisconsin during 1998 because of insufficient resources.





**How Wisconsin Stands:** 

March 26, 1999

MEMO TO: State Legislative Joint Finance Committee

on occasion of hearing at Green Bay

FROM: Tom & Elaine McIntosh

148 Rose Lane, Green Bay

SUBJECT: Wisconsin Heritage Trust Program

We are members of the Historic Preservation Committee of the Brown County Historical Society. We favor the legislative efforts to encourage saving components of our heritage for the benefit of future generations. Such preservation may include maintaining physical artifacts and/or suitable documentation of their prior existence and reason for being. Such preservation costs money.

Much preservation effort is supported by private funds, either by individuals or non-profit charitable institutions such as Historical Societies and Museums. Even small amounts of supplemental funding can provide substantial assistance to these groups and their efforts to preserve our heritage. Perhaps of greater importance is the message which state support of Preservation and Heritage legislation and funding sends to local developers and political leaders. Namely, that consideration of our prehistoric and historic places, artifacts and records are important and should be considered as changes are being made in the local environment to meet current and future needs of the community.

Presenters' Background:

Tom McIntosh is Professor Emeritus, Department of Natural and Applied Sciences, University of Wisconsin Green Bay. Other Memberships include; Mayor's Beautification Committee, Neville Public Museum, National Railroad Museum, Burlington Route Historical Society, and Brown County Historical Society.

Elaine McIntosh is Professor Emerita, Department of Human Biology, University of Wisconsin Green Bay. She is author of the book, American Food Habits in Historical Perspective (Praeger Publ.). Memberships include; Center for Western Studies, National Railroad Museum, Neville Public Museum, Brown County Historical Society and Norskadalen.

# Heritage Hill

# State Historical Park

March 26, 1999

2640 South Webster Avenue Green Bay, Wisconsin 54301 Phone: 920-448-5150

Fax: 920-448-5147

I wish to express my support for legislation of the Heritage Trust Bill.

I am the Site Manager at Heritage Hill State Park in Green Bay WI. Heritage Hill is a living history museum who's land and buildings are owned by the Department of Natural Resources. Heritage Hill is unique in that its operations are not funded by the State. The Park is governed by Heritage Hill Corporation, a non-profit organization.

The mission of Heritage Hill is to preserve the material culture of Northeastern Wisconsin. This includes preservation of buildings, artifacts and material culture.

At Heritage Hill we often hear statements from elderly visitors, such as the following: "I remember my parents or grandparents threshing that way or cooking on a wood stove or churning butter." Visitors are entranced as our oxen plow a field or the blacksmith pounds iron. Children eagerly participate in making book marks in the print shop, or in shocking corn with our farm interpreter. These are historic activities with meaning and connection to modern life. Our heritage is important to us. Technology continually changes our lives and our communities. By knowing and understanding our past we are more effective in planning our future.

Visitors to Heritage Hill often pick up an artifact and remark "We had one of those, but someone threw it away." The next sentence is invariably, "I sure wish we had kept it." We need to learn from the example of throwing the past away, only to regret it in the future.

We can not afford to throw our history away. We are losing buildings, artifacts, land, and cultural knowledge at an alarming rate. We may currently be familiar with small town cheese factories, corn as far as the eye can see, wilderness areas, diverse architectural styles, and ethnic diversity, but will future generations? It is vitally important that aspects of what makes us a society, what shapes and defines us, not be lost.

The Heritage Trust bill will enable local communities to preserve and protect what is unique to them. Funded projects will allow us to better know our communities, our state and to make our heritage accessible to residents as well as to the growing heritage tourism industry. Wisconsin's many sesquicentennial celebrations demonstrated that state residents felt the importance of our heritage. Without the funding provided by the State and other agencies, many communities would not have had the resources to participate in events such as wagon trains, historic plays, school programs, cultural events and ethnic festivals. The Heritage Trust legislation will provide many communities with the opportunity and expertise to preserve their heritage. We must make the connection between our heritage and our daily lives, and appreciate the delicate balance between the past, present and future.

Sincerely,

histine Dunka

PRESERVING OUR HISTORY THROUGH LIVING HISTORY

25 March 1999

Members of the Joint Finance Committee TO:

Wisconsin State Legislature

Patricia Finder-Stone, MS, RN FROM:

-Wisconsin Nurses Association

-American Cancer Society, Wisconsin

Support for the TRUST Campaign's efforts to use tobacco RE:

settlement dollars to fund tobacco prevention efforts

Members of the Joint Finance Committee:

My name is Patricia Finder-Stone. I am a registered nurse. I am here today representing the American Cancer Society, as well as the Wisconsin Nurses Association, and the Northeastern WI District Nurses Association. And I am also an individual who lost both parents and only sis to what I call "smoking suicide."

I appreciate the opportunity to speak with you today. I am concerned about the llimited dollar amount allocated to tobacco prevention efforts in the Governor's budget. I am speaking in support of the TRUST Campaign, Tobacco Reduction Using the SettlemenT.

You are facing a monumental policy decision as you consider how to allocate the dollars to be paid to Wisconsin from the tobacco settlement. Of course it may be tempting and politically popular to talk of tax cuts, highway improvements, and the like, but please don't forget the money is coming from the tobacco industry for financial damages. Wisconsin taxpayers, for years, have been paying billions of dollars to treat tobacco-related diseases of Medicaid recipients. In fact, tobacco addiction costs the people in Wisconsin \$1.3 billion each and every year in increased health care, health insurance, and medical costs. It would seem to be terribly hypocritical, therefore, to divert settlement funds from purposes which would reduce tobacco use to general purpose funds. The intent of the settlement is to right tobacco's wrongs, from the past and for the future!! And a recent survey has reflected that 89% of Wisconsin taxpayers want settlement dollars used for prevention over any other purpose.

I am embarrassed for our state that Governor Thompson has proposed only \$4 million over the next biennium, less than 1.5% of the \$338 million settlement on efforts related to tobacco. That's the lowest of any of the states receiving tobacco funds. Yet Wisconsin youth hold the dubious distinction of having a smoking rate higher than the national average.

Your ethical responsibility is to take this once-in-a-lifetime opportunity to focus on consistently funded, comprehensive, science-based prevention efforts to bring down smoking rates.

You've heard the figures. Nothing kills like tobacco. Each day in WI, 22 people die from tobacco-related illnesses, that's 7300 every year, seventeen percent of all deaths in Wisconsin!! Each year we fork out \$1.4 billion for tobacco-related diseases. Wisconsin children become smokers more often than do other children throughout the nation, and right now over 117,000 kids under the age of 18 will die prematurely due to their smoking addiction. Sixty youngsters start smoking every day and health experts predict that 20% of them...that is one third of those who start...will die from illnesses related to smoking!!!

The TRUST proposal uses only half of the total settlement funds...with \$25 m. recommended for counter advertising and public education, \$22 m. for cessation services, \$8 m. for tobacco-related research, and \$25 for community based programs

We urge that the integrity of the administrative structure be protected by an independent oversight body, with members appointed by the Governor and the Legislature. It would make funding recommendations based on best practices and research findings from across the nation, and would coordinate programs with partnerships of the many groups in the state that are addressing the implications of tobacco use.

Reducing tobacco use is the only way to reduce the burden on our taxpayers and to save many many lives!!!

Thank you for your attention.

Patricia Finder-Stone, MS, RN

starlede tonde-Strue

985 N. Broadway De Pere, WI 54115

(920) 336-4187

# Sue Judy 1707 Delaware Street Sturgeon Bay, WI 54235 (920) 743-8378

Tobacco Settlement Money (\$5.9 billion over 25 years, the first payment is approximately \$338 million over 2 years.)

# Brief History of My Own Experience with Tobacco

I am 45 years old and an ex-smoker. I quit smoking 6 years ago. Three years ago I found out I had cancer of the tongue. This was treated surgically with removal of not only the cancer but a portion of my tongue as well. Less than 1 year later I found out I had cancer at the base of my skull. I spent a total of 7 weeks in hospitals in Sturgeon Bay and Green Bay and 3 months in a Green Bay nursing home. The treatment this time was chemotherapy and radiation. I was extremely sick and lost all of my hair. I sustained the following damage to nerves: the hearing in my left ear is less than before and it sometimes sounds like I'm talking in a tunnel. My vocal cords were affected so badly I couldn't talk for awhile and now I sound very different from before. My left eye can't blink and only closes with aid of gold weight and because of this it waters all the time. I have no feeling on left side of my face except for some minor tingling sensations. I never know when my nose is running until someone tells me. I have a drooping mouth which doesn't move or smile/frown on left side and no feeling so I don't know when I drool unless someone tells me. I am unable to swallow anything, not even my own saliva, which means I must use a tube placed into my stomach in order to take medicines and eat. I was told to look at my life in terms of months, not years. I almost died at one point due to a terrible infection since chemotherapy destroys the body's ability to fight off infections.

I began smoking when I was 15 and it was cool then. I knew people who had cancer and never smoked and people who smoked and didn't have cancer. I basically had been told that I would die from smoking. Like most people I believed it could never happen to me. Nobody ever told me that I might have to live this way. Nobody ever told me I would be eating through tubes for the rest of my life. I didn't know people would stare at me like I was retarded or some kind of monster. It happened to me 3 years after I quit smoking.

I am aware than my cancer will come back. Where in my body and when is unknown.

I am now disabled and receive Social Security Disability payments. I will not be able to work again. I need medical assistance as well as Medicare Parts A and B to cover the medical expenses I have.

# Statistics I Have Read About Tobacco

Young children eat some form of tobacco. Most will spit it out. Children who don't spit it out can be poisoned by eating just 1 cigarette or 3 cigarette butts. This can also be fatal. I read this in the Readers Digest, News from the World of Medicine section, the December 1997 issue.

An article in the Press Gazette dated March 10, 1999, states that 2 out of 5 kids, age 14-17 smoke, that direct costs attributed to smoking was \$1.4 billion in 1997, and that last year (1998) 7,800 people died prematurely from smoking-related diseases. I'm lucky I wasn't one of those people.

Health Insurance is too expensive for many people. According to an article in the Press Gazette on Monday, March 15, 1999, Milwaukee County has approximately 113,000 who don't have insurance. Medical Assistance helps approximately 18,000 and 12,800 are to be covered under the new BadgerCare program. The article headline proclaims that it "may reach the critical limit" for health care providers. 6 hospitals in Milwaukee County say that the charity value of care was \$23 million in 1995 and last year it rose to \$38 million. I cannot imagine what the amount would be statewide.

According to a study at the University of North Carolina at Chapel Hill where 50 animated feature films were reviewed, 68% had at least one character who used tobacco or alcohol. They found that 76 characters smoked and 63 drank alcoholic beverages. The worst things they show are exploding cigars and those who drink walk in crooked lines and walk into just about everything. I don't remember any bad things about smoking or drinking ever being shown.

The Harvard Medical School in Boston, Massachusetts, reported in the March 17<sup>th</sup> issue of The Journal of the American Medical Association that most smokers do not recognize that smoking increases their risk for cancer and heart disease. The survey also shows that many smokers continue to deny their own personal risks from smoking.

# **Proposals**

I have read a number of proposals but it is my understanding that the proposal actually in the budget with regard to the tobacco settlement money is as follows:

The Governor wants to spend \$40.8 million on the state's cost increase on employees' health insurance, \$92.2 million on Medicaid, \$32.8 million on BadgerCare, \$11.2 million on Family Care, and \$5.2 million on anti-smoking. (March 9, 1999, Press Gazette) This adds up to \$182.2 million. The remaining \$155.8 million is to be placed in the general fund.

Of the \$5.2 million to be used on anti-smoking, \$500,000 is for cardiovascular disease and cancer research, \$1 million for educational programs, and \$500,000 for grants to establish a smoking prevention program for women and children.

## Uses for the Money

I believe we should use a large part of this money to assist in payment of medical bills for smoking-related health problems. In the past two years, medical assistance paid \$150,000 for me, and will continue to pay \$10,000 to \$12,000 per year until my death for doctor visits, supplies, medicine, and special food. The radiation treatment alone was close to \$50,000. It will cost extra for further hospitalizations and treatments. They will also be paying the fee for Medicare Part B.

I believe we should help those who wish to quit but need extra help to stop the damage before it's too late. In an article in the Press Gazette on February 28<sup>th</sup> the Governor stated that "we are spending a lot of money on the cessation of smoking in the state and we are being very successful". The only thing I am aware of was that each county was given approximately 100 patch kits to hand out to women over 18 who wanted to quit. I am not aware of anything else that has been done. But handing out a few patch kits isn't enough. Give counseling with these kits and a list of things that can be done to help change their habits that are associated with smoking. Perhaps we could establish groups similar to AA, people who have been through the process to offer courage and hope to those who need moral support. Someone to call if they need just a little extra help.

I believe we should fight smoking through better education on the dangers of smoking and how it can change your life and lead to an early death. We should do all we can to protect the future for our kids. Maybe people like me should go into the schools and let the kids see for themselves what could happen. If they knew how I had to drag around an IV pole with a pump on it so I could eat for almost two years, maybe that would give them a reason to think about it very carefully before they began to smoke. There will need to be other programs instituted as well within the schools.

According to an article that appeared in the Orlando Sentinal, the Florida legislature wants to cut how much they spend on their own no smoking projects. There has only been a small amount of change, but they have only been working at it for 1 year. I don't believe the tobacco industry built their empire in a year, and 1 don't think anyone would be able to tear it down in 1 year. No matter how much we spend, we will never get everyone to quit smoking, but spending a paltry \$5 million just isn't much of an effort. Florida spent \$65 million in one year. How can anyone really believe \$5 million will have any effect at all?

Even the Surgeon General wants all states to use this money to help smokers quit and prevent children from taking up smoking. "The court cases were not about money, but about health – the health of generations of Americans, young and old, whose lives are threatened by tobacco addiction." "At a time when states are being asked to choose between school construction, tax cuts and healthcare, I would like to suggest that there can be no greater priority to public health, community health, or family health than assuring a robust and comprehensive tobacco control program in every state." "For the first time in American History, a source of funding is available to make the goal of a smoke-free generation a reality." These comments were made in his speech to a conference sponsored by the National Cancer Institute.

At the hearing this past Monday of the Senate Health, Utilities and Veterans and Military Affairs Committee, many people were there representing various health groups with regard to Family Care and Community Options Program. I agree that part of the tobacco settlement money should be used to help finance these programs. Some of the people who are helped have tobacco related illnesses. I know that nursing homes don't have enough staff. I spent 3 months in a nursing home and have seen that condition first hand. Many older people don't understand why they are not helped immediately. The things the staff have to do for the residents are pretty basic and some are very disgusting. I'm not sure I would want to clean up after an incontinent resident for less money than what I could make if I worked at McDonalds.

In my own experience, I am not able to do some of the housekeeping things I used to do. I have a lady through the Home Health Services who comes in twice a month to help me do the things I can't do anymore. I also know that I would rather be taken care of at home than in a nursing home if it were at all possible. Most everyone in this room would rather be at home than in a hospital or nursing home if they had a choice.

At this same hearing, I was reminded that some of the State's tax money had been used for tobacco related issues in the past, therefore, some of the tobacco settlement money should be used to lower taxes for everyone in the state. Possibly a small amount could be used for this purpose. But remember, the more money we spend to educate people on the dangers of smoking and what it can mean to your health means more people who don't start smoking and more people who quit smoking. This leaves more money in future budgets for other issues.

I also agree that a small portion of this money should be used to finance BadgerCare which I understand is basically health insurance for low income people. I know that if I had been able to afford health insurance the State would not have had to pay my medical bills. There are businesses which are too small and don't have to provide insurance for their employees. Even when insurance is provided, the cost is still paid by the employee and is still too high.

### Conclusion

I'm not sure, but I don't believe the Governor has ever smoked. If he did, he would realize the importance of getting help for those people who can't quit cold turkey. The nicotine placed into the cigarettes by the tobacco companies is truly addictive and they know it. They are spending extremely large amounts of money each year to keep people smoking. It's obvious that they don't care what medical problems are associated with their product.

This country spends lots of money through the FDA to decide if a medication is okay to be used for just about everything. If it shows the least bit of a problem, then it is not accepted. We are going to be spending a large amount of money cleaning out the PCBs of the Fox River. The PCBs are thought to cause cancer and who knows what other problems.

Are we not willing to spend money with regard to the smoking issues? The manufacturers show us how cool and beautiful it is to smoke, but they never tell you about the cruel addiction and what that addiction could cause.

We have already made it against the law for minors to smoke. Big deal! This doesn't appear to be working at all. When the retailers have to have a way to find out who is selling cigarettes illegally, doesn't this convince you that we need to do more? Just because it is against the law, doesn't mean the police departments are arresting those who smoke and the kids are aware that the police departments do not take that time. Even if they did, the punishment is so light it doesn't matter. Some people believe that because it isn't in cigarette form then it can't hurt you. Chewing tobacco is just as lethal with cigars and pipes not too far behind.

It appears that our only defense is education. This takes more than just a few pamphlets and caution labels on cigarettes. Have you ever seen anyone read one of those labels? It is still legal to advertise smoking products. Just recently I saw two large ads in the Green Bay Press-Gazette that were impossible to miss. What about that study of cartoon characters? What does that tell our youth? We have other programs to help those addicted to drugs so why not those who are addicted to nicotine. I have seen more TV advertising with regard to sniffing chemicals than the effects of smoking.

This country appears to be worried about the future. We fight for the ecology and we fight for our kids' education. If we don't stop the kids from smoking, drinking, sniffing all kinds of chemicals and taking drugs, what will the future be? Do we really want lower taxes at the expense of our kids and their future? The Governor wants to spend \$515 million on "Stewardship 2000" to acquire land for state parks and recreational areas yet is only willing to spend \$5 million on anti-smoking programs. Perhaps this \$515 million would be better spent on the graveyards that will be needed for those who will die from smoking-related diseases.

This money came from tobacco, the majority of it should go back into tobacco related matters. The court obviously felt that the tobacco companies did a bad thing and now they should pay for what they did to our society. Part of the evidence in this case was the financial difficulties faced due to the health problems. The main part of the case was about the health problems associated with smoking. I believe the Court meant for this settlement money to be used with regard to tobacco, not taxes. I think we should do like we did with the welfare system. Show other states that this money should be used to fight tobacco like it was meant to do. Smoking is a national problem and I believe that the fight needs to begin in each State. Wisconsin should help set an example of what should be done with this money and what can be done to battle the smoking issue and the health problems it causes.

I don't have kids, but we owe it to the future generations to do something about the problems associated with smoking. It will take a major effort by everyone. No matter how much we spend we will never get everyone to quit. But what about the young people? Do we really want them to live with the effects of smoking and condemn them to an early, painful death? I certainly don't want anyone to have to live like me. We have the funds at our disposal now so why not take advantage of this once-in-a-lifetime opportunity to make a difference.

# My Fight Against Cancer

This story is not easy to write, but I hope to help someone who is about to make the same mistake I did when I was 15 years old. If they have already made the mistake, maybe this will help them correct that error. I am now 45 years old. I began smoking when I was 15 and by the time I was 17 I was smoking at least 1 pack per day. My father was a doctor and he kept telling me that smoking was bad and caused cancer and other problems related to the heart and lungs. But, like most kids, I knew more than my parents did. I knew lots of people who smoked and they didn't get cancer. I also knew those who never smoked and they did get cancer. Besides, smoking was cool back then.

Over the years, I have tried to quit smoking several times, but I never managed to do it. You would think it would be easy, but it wasn't for me. My brother quit "cold turkey" and it was easy for him. So why couldn't I quit the same way? It might have been because he never smoked as much as I did, never smoked for as long as I did, or maybe he just had more willpower and wanted to quit more than I did. Still, that's no excuse not to try to quit. The Patch" was made available by prescription only. I asked my dad for information about it even though I wasn't sure I was ready to quit just yet. In about a week, I received the information and a full supply of patches. My father had purchased the prescription for the entire program for me since he knew I couldn't afford it. Of course, now the "patch" is sold over the counter, you know the one with the "steps". I decided to give it a try and it worked! You still have to want to quit and you can't have a cigarette while you are using the patches, or you could die. It certainly made everything easier for me. It also made it a little easier on my husband . . . I wasn't quite so cranky and didn't get mad at the least little thing.

When I was 40 years old, I began joking with my husband and friends that my body was beginning to fall apart. My teeth had gotten to be so bad that I had to have them all removed and begin to use dentures. It wasn't too bad, except that I had to be given several needles to get me through the procedure and I have a terrible fear of needles. Thanks to the caring dentist and his assistants I was able to get through the ordeal. I would return to the dentist every 6 months for a checkup to be sure my dentures were fitting properly and not causing any problems in my mouth. On one such occasion, the dentist found a spot on my tongue that he was concerned about. He sent me to an oral surgeon for his advice. The oral surgeon suggested a treatment and I was to return in 2 weeks. At that time, it was decided that I should have a biopsy to determine what the problem was. I was sent to another surgeon for the biopsy. They cut a piece of my tongue off and sent it to a lab for analysis. A week later I return to the oral surgeon to find out what the biopsy showed. He said, "There's no easy way to say this, but you have cancer." I told him that since my father was a doctor and I was going to talk to him, I wanted to know just what kind of cancer I had. He told me it was squamous cell carcinoma. I was so scared, cancer, "the big C", what could be worse? As I walked in the door of our home, I was crying and my husband asked what was wrong. My reply

that I had TMJ (temperomandibular joint syndrome). The pain was worse when I ate. After awhile, the pain was so bad that even extra strength aspirin wasn't working. My father gave me Valium to see if that would relax me enough so that the aspirin would relieve my pain. That worked for a short period of time. After that, we tried morphine pills. This was a strong narcotic and did help ease the pain somewhat. I continued to see the doctors and they continued with the TMJ diagnosis. Finally, my father referred me to a neurologist. The neurologist tended to agree with the diagnosis of the other doctors. When I asked about having a MRI (magnetic resonance imaging), he stated that it was too expensive (over \$1,000) and it wouldn't show anything anyway. The pain continued and the doctors maintained that TMJ was still the culprit. TMJ is usually caused by the joints being out of line so we even tried a specialist who began to manipulate my jaw and temple in order to relieve the pain and perhaps move the joints back into place. However, the manipulation didn't work either. The pain continued and was getting worse daily. I saw the neurologist again. When asked about a MRI, he again stated that it was too expensive and wouldn't show anything anyway. By Thanksgiving, the pain was so bad I couldn't even enjoy turkey dinner (one of my favorite meals). By December, I had lost a lot of weight, was in constant, overwhelming pain, and now it hurt to swallow so my husband took me back to our family physician and said, "Do something!" I was admitted to the hospital where I would finally get some tests to find out what the problem was.

We had to find out why I was having such difficulty with swallowing. They did an endoscopy. This is where they insert a miniature camera down your throat and into your stomach so they can see a picture of what is happening. They found a duodenal ulcer that was most likely caused by the large amount of pain relievers I had been taking. They also did a swallow study. They give you this chalky stuff to drink and watch by way of x-ray to see how it goes down the throat and through the swallowing action. They found that the mechanism for swallowing just wasn't working right. Since I couldn't swallow, they did a flexible laryngoscopy and inserted a feeding tube into my stomach. This tube is about 9 inches long and comes out of my stomach right at my waist. I had a spinal tap done. I was given IV fluids. Drugs could be given via IV tube or the feeding tube. All my food was liquid. I had a blood test taken. They decided that since I was going to have many more blood tests and my IV would need to be changed every 3 or 4 days, they would give me a Groshong Catheter. Give my intense fear of needles, this was the best thing for me. This is a tube that is inserted into a vein near the heart and comes out in the middle of your chest. This meant that there were 2 tubes hanging off my chest, 1 for blood tests and 1 for medication. The only bad thing about the catheter was that you couldn't get it wet so bathing was not an easy task. I also had a CT scan and finally had the MRI. Both of these are specialized kinds of x-rays and were painless. The problem with each is that you have to be perfectly still for several minutes. That's pretty hard for anybody to do, but for me it was almost impossible since I could choke on my own saliva. However, I did get through both tests and the radiologist (person doing the test) complemented me on how still I had been considering my difficulties.

By this time, there was extreme pain on the left side of my face from my temple down my jaw. My mouth on the left side was drooping. My left eyelid didn't blink or close on it's own. I couldn't swallow at all. The pain was so bad that they placed me on a special

to make the best of a bad situation. I got into a routine very quickly. They woke me up every morning for radiation therapy at 7 a.m. I was being fed liquids by tube 24 hrs a day. I had to ask for help to go to the bathroom. They made me walk down the hall and back to my room at least once a day. The dressing around my feeding tube had to be changed 4 times a day. Unfortunately for me, I became very sick with the first chemotherapy treatment. We began radiation after that. I was given another chemotherapy treatment and became very sick again. It was definitely not romantic, but I celebrated my wedding anniversary here. After the second chemotherapy treatment they decided that it was enough and I could be released to a nursing home facility only a block away from the hospital so that I could continue the radiation treatments and not have to spend 2 hours on the road every day.

I was only 43 years old so being in the nursing home was not easy to get used to. However, the one I went to looked a lot like home with pictures on the walls, nice carpeting, two beautiful visiting areas, and yet it had the necessities of a nursing home including a rehabilitation area. The facility allowed pets to be brought in to visit all of the residents and my roommate was allowed to keep two birds in the room (in cages). Sometimes they were pretty noisy but this was my roommate's home now and she couldn't give away her good friends. She used to let them out of their cages each day to fly around. She said they might land on my head, but they never did. I didn't mind them at all even though they were a little noisy sometimes. On the day I arrived, I met my roommate and immediately she told me she was going to take me to the main activity room to play Bingo as soon as I got a bit of paperwork taken care of. There was always something planned each day, but I didn't have to partake of any of it if I didn't want to. There were also religious services available although the only choices were Lutheran or Catholic but you were welcome to attend whenever you wanted. There was a TV in our room so that wasn't too bad. Since I wasn't able to swallow I was not required to go to the dining room. I was allowed to sleep as late as I wanted since I wasn't sleeping well at night and always had to wake up for medicines and when the food ran out and I needed more. That buzzer was always going off just as I was falling asleep. I had to be up and ready to go to radiation therapy by 9:30 a.m. but that was better than 7 a.m. I was encouraged to do things instead of staying in bed all day. If you stay in bed all day, you can't regain any strength and no amount of physical therapy will help. I was so weak that I could barely walk from my bed to the bathroom which was only about 10 steps away, therefore, I was using a wheelchair to get around for awhile. I still couldn't swallow so I was hooked up to a machine that pumped liquid food into my stomach all day and all night. Wearing clothes was difficult since I had to worry about the tube hanging out of my stomach and its placement was very inconvenient. Even after I didn't have to use the wheelchair any longer I had to have help going to the bathroom for awhile since I had to bring the IV pole with machine and several feet of tubing with me. After a period of time, I was able to get around with all this equipment by myself. Eventually, I was allowed to unhook myself from the machine and walk outside if the weather was good. Eventually I was able to walk around the building at least once. I got so good at cleaning the site around the feeding tube that the nurses let me do that while they got my medicines ready for me to put directly into the tube with a large syringe. I still had to write everything I wanted to say. If the nurse turned her back to me and I wanted her

and I was allowed to begin washing away the marks. It took a couple of weeks before they were gone.

During my stay in the nursing home, I continued to visit my oncologist. He would take blood tests and check to be sure the cancer had not come back or moved somewhere else. He was impressed with how well I was doing and that my spirits were always pretty good. At one point, I had the nursing staff at the home call and ask if I could have a weekend visit home. Three things had to happen before they would let me go home. First. I had to be able to walk up and down steps particularly since we lived in a mobile home. I had been working on this in physical therapy and I was pretty sure this was not a problem. Second, I had to be able to talk. Through speech therapy I was able to talk again. I sounded pretty funny, I couldn't talk as loud as usual, and it was a little difficult to understand what I was saying, but I could talk. Finally, someone always had to be with me. My husband would be there all weekend and I knew he would not leave me alone. The doctor said it was okay so the nurses put together the medicines I would need to take and gave me a schedule to follow with regard to taking medicines and cleaning my catheter and feeding tube. That Friday I went home and the visit went very well. The only problem was my cat. She hissed at me and wouldn't even come near me. Since I had been gone for several months, it was like she had never known me. She never did like kids and it always took a long time before she would come out in the front room if we had guests. I returned to the nursing home on Monday. On Tuesday, I had an office visit with the doctor. He inquired about my home visit and I told him I was ready to go home for good. He said okay and I went home that day. I had spent Valentine's Day and St. Patrick's Day in the nursing home was very happy to be going home at last.

It took the cat awhile to get used to me again, but things are back to normal with us. I still cannot swallow and still have to use the machine to eat. I have gained back most of the weight I lost and do well to keep it where the doctors wants me to be. In case I get sick again, he feels that I should keep my weight at around 125-130 pounds. I still don't have much strength. My face still droops on the left side and has no real feeling. When I touch it, it just tingles. I cannot feel myself drool on the left side or feel my nose run on , that side either. My husband has to tell me and we have developed a movement he makes to let me know without saying anything so he doesn't embarrass me, or anyone else in the room. The pain is finally gone. I still talk funny. I have trouble hearing in my left ear. My left eyelid does not blink, but with the help of a gold weight that was inserted in the eyelid and a little concentration, I can close my eye without using my finger. These things were caused by the damage done to 2 or 3 nerves on the left side of my face. I believe the radiation has affected my memory a little since I have more trouble remembering things than I did before the treatment. My face and neck are still a little red, like sunburn, and the skin is very dry on the left side. Sometimes I can take my fingernail and actually scrape off bits of skin. After being in the sun for only 5 minutes, I look like I have a nasty sunburn. Once I go inside, it goes away. I have changed the feeding tube to a "button". This is located in the same place, at my waistline, but at least the button is even with the skin instead of being a tube hanging out about 9 inches. My Groshong catheter had to be removed due to infection. Clearing my throat and mouth of saliva is still an embarrassing procedure.

behind schedule. I am also part of another group who is trying to get the word out to kids about the dangers of smoking. I am more than willing to adjust my schedule around for this group. Perhaps I will even meet with students and let them watch me eat so they can see part of what I live with and speak to them about how my life has changed. I don't cook for my husband too often. It's kind of hard to be around food that you know you can't eat. It's also hard to season food since I can't test it. My imagination takes over whenever I smell food so that I can taste it. I'm getting used to not eating since it has been over 2 years since I've had anything but liquids. Everybody knows it's pretty special for me to cook.

My husband isn't very comfortable about leaving me at home alone when he has to work. There is a special telephone system that is connected to the hospital called Lifeline. It also has a necklace to wear. It's that "Help, I've fallen and I can't get up" thing. If I push the help button the hospital can call me and if necessary there are 3 friends that can be called to help me. If they can tell there is a problem, they can send an ambulance for me. I must remember to push the reset button once every 24 hours. If I go somewhere, there is a button I pull up which lets them know I'm not home. If even says "Away". When I come back and push the button down it says "Welcome Home" and the hospital knows I'm home again. When he does have to be gone, my husband always calls at least twice and sometimes more just to be sure I'm okay.

I still have to visit 2 doctors on a regular basis. Both want to see me every 3 months. We alternate appointments so that I see a doctor every 1 ½ months. The surgeon and the oncologist keep a lookout for any signs of cancer. I must also visit my family physician at least once a year for female examinations. Of course, I must also examine my body for any signs of lumps. I do this at least once a week. Obviously, if I find something, I must see the oncologist as soon as possible. On one Friday night, I discovered a lump on my side quite by accident. I just happened to be looking in the mirror and standing in just the right place to see it. Of course, there are no doctors in the offices on the weekend. So I called my father in Florida and described the lump to him over the phone. He said it sounded like a lipoma. This is a fatty tissue tumor and they are never malignant. He told me not to worry, but with my history it would be best to check it out. On Monday, I had an appointment already with my ENT doctor. While I was there, I talked with him about it and even showed it to him. He said it appeared to be a lipoma. I still wasn't convinced, so I immediately went to the oncologist's office. When they asked if I had an appointment, I started to cry and said no but I had found a lump. They worked me into the schedule. Fortunately for me it was really only a lipoma. Unless it changed in some way, the doctor said I didn't need to worry about it. What a relief!

Unfortunately, once I go to bed it doesn't necessarily mean my day is over. I have difficulty falling asleep. Even without a cold I have a problem, but with a cold it's even worse. I am no able to breathe well with my left nostril and due to the choking problem I must not lay on my back. I use a special wedge shaped pillow so that I can sleep. After I have fallen asleep, I always wake up at least twice having to clear my throat. Normally, I can go back to sleep, but not always. By 7 a.m., I am awake again to clear my throat and

was aware of my problems and would not object if the song were interrupted for an emergency. Did I want to be kept alive on a respirator? Did I want to continue tube feeding if it's all that was keeping me alive? If I stopped breathing, did I want to be resuscitated? Did I want to be hooked up to a kidney dialysis machine? Did I want to donate my organs and would they even want them since I had cancer? These decisions were very difficult for me to think about. What would my husband do? I didn't worry too much about the financial question because we didn't have much money or property anyway. I trusted my husband to do what was right. But what if I didn't trust my husband with my finances or to make health decisions for me? We have talked about all these things, but we won't know how we will react until it actually comes up. At least he will have some idea of what to do. We talked about what he would want even though we feel that he will have to make these decisions on my behalf long before anyone would have to make these decisions on his behalf. What if I have to go back to a nursing home? My husband is aware that I liked the one I was in and if I must return to one I would prefer this one. He knows what to look for in a nursing home if I must go to a different one. I don't want him to feel bad about taking me to a nursing home because I know he can't take care of me properly. It also gives him a place to be "normal" if I'm not at home. He can be as emotional as he wants where he is comfortable and he doesn't have to worry about me seeing him fall apart. The other obvious question we had to face is what happens if I die? Where will I be buried? Will I be cremated? Do I want a church service or just a memorial? I have answered these questions, but it was very hard to even think about that outcome. Do I need a Will? I don't have any money or property like a house or car. Even if I did, it would go to my husband automatically. However, there are some things I wish to have given to other people. My husband is aware of many of these things now.

How do I get through each day? I used to think it would be nice to not have to work and stay in bed all day if I wanted, but it has gotten very boring. Now that I look back on it, I enjoyed being a secretary and I will never be able to do that again. Aside from the physical difficulties that would affect my work, not too many people would hire me knowing that I had cancer and especially if the cancer could come back. It has been found that your health is better if you maintain a good outlook on life. In other words, the more you laugh, the better you feel. It has been found that depression leaves your emotions in an "I don't care" attitude and this kind of attitude can affect your health as well as your mind. When we originally found the cancer on the tongue, I was told I might have to have a skin graft. There isn't anything funny about a skin graft but I was able to imagine a situation regarding the area the skin would be taken from and found something to laugh about. My left eye not closing gave us the chance to have a nightly routine. My husband would tell me to close my eye and I would use my finger to close it. Now I don't have that problem since I had a gold weight placed in the eyelid to help it close. My disability does allow me to park closer when I go to the store which is good if you go to a large mall. I have a sign that I place on the rearview mirror giving me this privilege. Not exactly funny, but it is something good that came out of the cancer. My disability leaves the door-to-door salesperson very uncomfortable so it means a very short time that I have to listen to them. My standard reply when people ask how I'm doing is that I'm alive and that's all that matters. Of course, I also tell them that I'm still getting

knew that all I had to do was put myself in His hands. I have to admit that I wondered how God could let this happen? What had I done to deserve this? I've still been unable to answer that question. Only God knows what His purpose is for my life. I do know that without the doctors' intelligence, education, and the tools to do their jobs, my survival would not have been possible. I believe that a higher power led them to their profession. He also led scientists to the many wonderful scientific findings that led to the treatments I needed. Maybe my surviving was so that I could let people, especially the young, know what could happen if they smoke. So far that's the only reason I can come up with. I do believe that if I can help one person not smoke then what I live with is worth it. My faith in God was greatly tested. Throughout my experience I have prayed and I continue to be on many prayer group lists. I can only fight so much on my own. Doctors and scientists can only go so far. My husband, friends and family can only do so much. I needed to count on my faith to get me through. I hoped God's plan for me wasn't finished. I know that when my job on this earth is done, I will be with Him in a much better place.

The other major difficulty is financial. When you can't work, you can't make money. I get Social Security Disability benefits, but that is not even half of what I could make if I worked. The medical bills associated with cancer are astronomical. I never had health insurance since it was too expensive and I couldn't afford it. I wish I had! Now I must accept medical assistance from the state. They pay most of my medical bills. The radiation alone was \$50,000. Add to this, the many doctors visits, hospital costs, x-rays and the radiologists to read them, the CT scan and the MRI, nursing home costs, medicines, food, and various tests I need from time to time. I decided to see if I could figure out what medical assistance had paid for my treatments up to now. I have some records that I receive when I get my new medical assistance card each month. I didn't receive it while I was in the hospital or in the nursing home. I had seen a couple of bills from the hospital so I could use that information to help figure the approximate amount that they had paid. What I found was a big surprise to me. I figured that at this time medical assistance had covered approximately \$150,000. That was in just two years. They still have to pay for food and medicine and various other supplies each month. This adds approximately \$18,000 to \$20,000 each year I stay alive. Add to that the doctors I must see every 3-4 months. There are also the lab tests and x-rays that are required each year. Then, of course, I also have to consider that I will be placed back in the hospital at some point in the future. It might even include another stay at a nursing home. What the state won't pay for are the medical bills I incurred while trying to find out what my pain was from and some of the supplies I need to clean the site of my button. They also won't pay housing, normal living expenses and automobile costs. We lost both our cars that we were leasing. It has now been two years since I was deemed to be disabled, so now Medicare kicks in. Medicare is usually for people over 65.

I always said I would never be one of those reformed smokers who would always be on somebody's back to quit. That is very irritating to everyone. But, if I had had any idea what having cancer really meant and what I would have to live through, I might not have started smoking in the first place. I certainly would have quit smoking a lot earlier than I

**Budget Hearing** Friday, March 26, 1999 Brown County Public Library, Green Bay

Proposals in the Governor's Budget Bill call for the Department of Administration taking over the Wisconsin Land Information Program (WLIP), taking away half of the Program grant money, and removing the Wisconsin Land Information Board (WLIB) even before the year 2003 sunset. This budget initiative ignores 10 years of foundational work by land information professionals in the state.

The Wisconsin Land Information Association (WLIA), organized in 1987, conceived the idea of a "bottom-up" approach to a land information system. The WLIA promoted legislation creating the WLIP and the WLIB.

The Wisconsin Land Information Association and Wisconsin Land Information Board have worked together and built a partnership in developing a confederated system. The integrity and statutory role of the WLIB must be preserved. The funding of the WLIP for Board approved and directed activities must also be preserved.

Diverting WLIP funds to an undefined Wisconsin Land Information system that has the disastrous potential of becoming a monolithic database housed and controlled at the DOA ignores the basic grass roots approach that has been so successful in modernization efforts across the state of Wisconsin.

Marely & Mueler Kewaunee County Register of Deeds Land Information Office

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LAND INFORMATION OFFICE COORDINATOR

To:

Members of the Wisconsin Legislature's Joint Committee on Finance

From:

Noel S. Halvorsen, Brown County Land Information Office Coordinator

Re

Land Information Initiative in the Governor's Budget Recommendation for the Department of

Administration

March 26, 1999

The Wisconsin Land Information Program has enabled Brown County to modernize tax parcel mapping, soils mapping, farm field mapping, soils mapping, and practices related to land use planning, stormwater management, agricultural management, and local assessment operations.

A critical element of the Wisconsin Land Information Program that has contributed to our success in Brown County has been the availability of grants from the Wisconsin Land Information Board (WLIB). Without these grants (funded by dollars contributed by all 72 Wisconsin Counties) our efforts would be years behind their current status.

The Land Information Initiative (Number 6) in the Governor's Proposed Budget for the Department of Administration contains two specific proposals that could adversely impact land records modernization efforts in Brown County and throughout Wisconsin by limiting the availability of grant funds to counties. These are listed on Page 23 of the Governor's Executive Budget as Items 1 and 2 under the Land Information Initiative.

The <u>first Item</u> proposes reallocating \$620,000 annually from the Wisconsin Land Information Board and funds from several state agencies to contract with the USDA Natural Resources Conservation Service (NRCS) to complete soils surveys and soils mapping statewide over the next four years. Brown County has recently received countywide soil maps from the NRCS and we can attest to their usefulness. Completing soils mapping statewide is an excellent proposal and will provide much valuable information. In January of this year, the Wisconsin Land Information Board voted to support this project and contribute funding toward it over a six-year period. The WLIB approved a six-year funding period because representatives of the NRCS stated that completing the mapping in four years was not technically feasible. Also, the four-year cycle would reduce funds available to counties via grants by over \$200,000 annually. The Brown County Land Information Office asks that you use the six-year project cycle suggested by the NRCS and approved by the Land Information Board.

The second Item proposes reallocating \$202,300 in FY00 and \$410,300 in FY01 from the WLIB to develop and implement a statewide Land Information System. While this goal is praiseworthy, there does not seem to be enough local data available to make a significant impact on local planning decisions. As a professional land use planner, I know the value of current, local data to making sound land use and policy decisions. The statewide data sets currently available can help in various natural resource or transportation planning efforts, but they are no substitute for locally developed data when making land use decisions. Funding a statewide land information system from funds collected at the county level, and that would otherwise be available to local government to continue to modernize local data, is premature. Funding such a system now will only delay the completion of the databases such a system is designed to serve. Please remove this item from the Land Information Initiative. If it is imperative that a system be built in the next biennium, please fund its development from other sources because as stated, this proposal will slow Wisconsin counties' efforts to build that data for making sound local planning decisions.

Nancy Dunosé

I would like to speak in favor of Governor's Thompsons request for expanding the State Patrol by 14 officers raising the statutory limit to 400.

As a member of the Highway 57 Project I can testify first hand that without the cooperation of the State Highway Patrol last year we could not boast an accident rate DROP of 51%. It took not only the cooperation of the State Patrol but the cooperation of 3 county police departments, all working together patrolling Highway 57 to bring this dramatic drop about. Door, Kewaunee and Brown County officers along with the State Patrol officers, helicopter and planes coordinated their efforts to bring speeds down. It was very successful....much to the shegrin of speeders! Word got out very quickly that if stopped, a ticket was going to be written. We owe these officers much as there were NO FATALITIES during the 1998 tourist season.

We will once again need the cooperation of the State Patrol on Highway 57.....and again for the next 9 years during construction. It will take a concerted effort on all law enforcement people to repeat last years success of NO FATALITIES.

I was told by Door County Sheriff Chuck Braun that a study was done as to the number of tourists in Door County on any given day....how about 100,000 people....and that was not on the "special event" days (4th of July, Memorial Day, Labor Day) in an area populated by just over 26,000 residents. How did all those people arrive in Door County? Not all came by plane or boat, most came up Hwy 57. A lot of traffic for 29 miles of bad road.

Last year the Highway 57 Project won a national award from the National Assoc. of Governor's Highway Safety Representatives, it was one of 5 given. We won this award because of the success in making Hwy 57 safer. I didn't make the Hwy safer, none of us individually did. It took the cooperation of 3 county police departments, the State Patrol and the Dept. of Transportation, all working together. It was expensive for the counties and State Patrol to fund the dollars for the extra man hours, so along with asking for you to approve the hiring of 14 State Patrol officers, I am asking you to consider helping the counties fund these extra man hours. Their budgets are tight and I know the state's is too, but we need those officers on that highway during this year because construction is beginning (at long last) and we will need those officers for the next 9 years during the continued construction.

Now of course if the construction phase were to be moved forward even more so the construction were completed faster.....why then we wouldn't need those extra man hours!

And just in case you get the idea that Highway 57 is safe...just a few weeks ago 3 young ladies (2 - 18 and a 24 year old single mom) lost their lives in a head on crash. Death is still a part of Highway 57 and head on crashes are reality on a two-lane road. With construction the chances of a fatal crash go up and with the amount of tourist traffic the odds change dramatically.

We need the patrols. Help us. Why wait for another fatality. Be proactive, not reactive!

Date: March 26, 1999

To: Legislative Joint Finance Committee

From: Jack Young, Executive Director Wisconsin Grassroots Alliance 1345 W. Mason St. Suite L-3 Green Bay, Wisconsin 54303

I am her to represent Wisconsin Grassroots Alliance. We are a non-profit, non-partisan citizen's group of over 10,000 Wisconsin families.

We are here to applaud Governor Thompson for proposing \$35,000 in his budget for a feasibility study on a state-wide Pesticide Data Base System.

We, however, urge the committee, to fully fund this Data Base System at \$400,000, as other states have already successfully implemented this system.

A Wisconsin Pesticide Data Base System would:

- 1. Help families make safer choices for their lawns, gardens, and households.
- 2. Assist researchers in establishing base lines for more accurate studies.
- 3. Give farmers accurate, unbiased information that will help them make more economical and safer purchasing choices.

In conclusion we thank the governor for his proposal and strongly urge that he fully fund this program to be most effective.

Thank you for your consideration

## TO THE FINANCE COMMITTEE FOR THE STATE OF WI

Introduction: I am a Tax Payer of State of WI, Brown County and township of Rockland. As with most, I am tired of seeing an increase in taxes that I pay out year after year. With each year, it seems we have less concern about what we truly "need" and what is purely a luxury. It is not difficult to see how our deficit has become what it is today. (a major credit card – over-drawn!)

A good example of this is The Rails to Trails programs that WI seems to finance with an unlimited cap. Currently the state of WI (as quoted by Gary Hansen" "Leads the Nation in current active miles of trails). 1400 miles with approximately 1130 THOUSAND MILES, still available. With an approximately ½ million for each 10miles of trail, this is huge!

And who does this benefit?

- \*Professional Bike Clubs
- \*Local walkers who live near the Trail. (common sense will tell us, the majority of bikers & walkers will continue to use area's near their home to recreate. (Sidewalks & City streets)

In our local community meeting: I asked Gary Hansen the reason for wanting to spend our State & Federal dollars on a program that supports only a few? His reply: "IF WE DON'T SPEND IT HERE, WE'LL JUST SPEND IT SOMEWHERE ELSE". Is this truly how our Tax \$\$\$ works?

Two railroad beds that I'm familiar with are:

Proposed Fox River Trail: which seems to have some hidden costs. Although the DNR inform us our State cost will be less than ½ million, they are not sharing the cost of two bridge removals & |Contamination clean-up. Our State will be expected to pick-up the tab for if an "Agreement" is decided.

Rail Bed South of Greenleaf: was recently used by local businesses as a cheaper means to transport to the Midwest. This also, was recently shut down to project the next Proposed trail.

What's cause this?

The flashing of our own State & Federal \$\$\$ in the face of the Transportation Board. They are making a killing at Tax-Payers & Land-Owners expense.

From a state prospective, I would ask of you to investigate how much of our State \$\$ ( to include those so call "Federal Grants", "Surplus", etc.) have been spent thus far on Purchasing Rail-Road right-a-ways. Regardless of what it's called, it's still funded by you & me. (The Taxpayers)

I would also encourage you to investigate those hidden cost (such as removal/repairs of bridges, clean-up, etc) that seem to not surface until after finance decisions are made.

I appreciate your willingness to allow me to voice my concern.

Nose Anckers 920-336-7765 920-336, C387

## Presentation to the Joint Finance Committee Brown County Library, Green Bay, Wisconsin Friday, March 26, 1999

Good Morning, I am here this morning to speak in support of SHWEC. My name is Dan Busch, Environmental Project Manager at Green Bay Metropolitan Sewerage District. As Environmental Manager, I am responsible for District compliance with air, water, solid waste and hazardous waste environmental regulations. I am also the lead person for District pollution prevention initiatives in the community.

The District's mercury reduction program, Program to Reduce Environmental Mercury (PREM), is a pollution prevention program designed to encourage proper recycling of mercury and substitution of non-mercury alternatives where possible. Our program was implemented in support of the Wisconsin Mercury Reduction Strategy which includes pollution prevention as a primary control method.

I became familiar with the services offered by SHWEC as a result of our PREM efforts. SHWEC staff have actively participated in both local and state level stakeholder meetings.

At the local level they have provided material and assistance in developing procedures for doing mercury audits and inventories in Manufacturing, Commercial and Industrial facilities. Last fall, a flourescent lamp clean sweep was organized under a three way partnership between SHWEC, Brown Co. Household Hazardous Waste facility and the District. They have been a active participant in the Sustainable Green Bay Initiative which will be held this weekend at UWGB.

At the state level, they have participated in similar mercury reduction efforts in Milwaukee, Madison and Superior. They have assisted the dental and medical sectors with mercury reduction activities. They have been participants in several medical and dental seminars addressing the issue of mercury in the environment.

Wastewater Treatment Plants (WWTP's) are beginning to use pollution prevention concepts as means of addressing unconventional pollutants like mercury. The Wisconsin Mercury Strategy and The Great Lakes Initiative, will both require WWTP's to begin pollution prevention programs if they have a problem meeting water quality standards. Non regulatory agencies, like SHWEC will be a valuable resource when developing these programs.

Toxicity Reduction Evaluations (TRE's) are necessary when WWTP's fail bioassay toxicity tests. Here again SHWEC has proven to be a valuable partner to have when investigating toxins that may be present in the discharge from a facility.

I recently returned from the winter conference for Great Lakes Pollution Prevention Roundtable held at EPA headquarters in Chicago. It was obvious that EPA is promoting pollution prevention as the leading tool to control pollutants that have been identified as persistent, bio-accumulating, toxins (PBT's). WWTP's are not designed to remove these pollutants, the only effective way to keep them out of our water resources is by pollution prevention.

I support continued funding of SHWEC programs and activities. I envision an increasing need for their pollution prevention services in the future as WWTP's continue to deal with controlling unconventional pollutants, like persistent, bio-accumulating, toxins, (PBT's).

I believe that WWTP's in Wisconsin are first becoming aware of the assistance that SHWEC can offer when dealing with toxins in the wastewater stream.

A case study which features a cooperative effort between a WWTP and SHWEC will be presented this Fall at the Wisconsin Wastewater Operators' Association Annual Conference in Stevens Point.

Thank you for the opportunity to speak to you this morning in support of SHWEC.

Dan Busch Environmental Project Manager Green Bay Metropolitan Sewerage District. (920) 438-1039 (phone) dbusch@gbmsd.org (e-mail)