OFFICIAL NOTICE OF MEDICAL LIABILITY & ENDANGERMENT

SUBJECT: Contraindicated Use of Olanzapine (Zyprexa) in Patient with Seizure Disorder & TBI

RE: Inmate Conrad Rockenhaus (Reg. No. 39400-480)

DATE: January 16, 2026

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1. EXECUTIVE SUMMARY

This report serves as formal notification that the current medical regimen for Inmate Conrad Rockenhaus, specifically the administration of Olanzapine (Zyprexa), constitutes a gross deviation from established medical standards and poses an imminent threat to the patient's life.

The patient is a 100% Service-Connected Disabled Veteran with documented Grand Mal Epilepsy and Traumatic Brain Injury (TBI). The administration of Olanzapine to a patient with this specific neurological profile is clinically contraindicated, violates FDA warnings, and meets the federal definition of Chemical Restraint.

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2. CLINICAL CONTRAINDICATIONS (THE "FATAL FLAWS")

A. VIOLATION OF SEIZURE PRECAUTIONS (Life-Threatening Risk)

- **The Patient:** Conrad Rockenhaus is rated 100% Disabled for a "Seizure Disorder" (Grand Mal Epilepsy). His VA Rating Decision explicitly states: "Continuous medication is shown necessary for the control of epilepsy."
- **The Drug:** FDA labeling for Olanzapine warns that the drug "should be used cautiously in patients with a history of seizures or with conditions that potentially lower the seizure threshold."
- **The Danger:** Olanzapine is known to lower the seizure threshold, effectively making the brain more susceptible to seizures.
- **The Malpractice:** Administering a seizure-inducing agent to a known epileptic, while simultaneously denying proper anti-seizure medication, creates a foreseeable risk of Status Epilepticus and Sudden Unexpected Death in Epilepsy (SUDEP).

B. NEUROTOXICITY TO TRAUMATIC BRAIN INJURY (Inhibited Recovery)

- **The Patient:** The patient suffers from a Combat-Related Traumatic Brain Injury (TBI).
- **The Mechanism:** Recovery from TBI relies on neuroplasticity, a process heavily dependent on dopaminergic signaling. Olanzapine is a dopamine antagonist.
- **The Damage:** Research indicates that this class of drugs "impedes behavioral recovery" and "hinders the recovery of traumatic brain injury-induced deficits." By blocking dopamine receptors, the facility is chemically preventing the patient's brain from healing, effectively causing iatrogenic neurotoxicity.

- **Guideline Violation:** This directly contradicts American Academy of Neurology (AAN) guidelines which advise minimizing neuroleptics in TBI patients to avoid inhibiting recovery.

C. METABOLIC & CARDIAC DANGER (PTSD Interaction)

- **The Patient:** The patient has Service-Connected PTSD.
- **The Risk:** Veterans with PTSD have high sympathetic tone ("fight or flight"). Olanzapine is linked to Sudden Cardiac Death and metabolic syndrome.
- **The Interaction:** The combination of PTSD-induced stress and Olanzapine's metabolic side effects creates a synergistic toxicity, increasing the risk of cardiovascular collapse in a patient already under extreme physiological stress.

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3. LEGAL VIOLATION: CHEMICAL RESTRAINT

Under CMS and BOP standards, a drug is defined as a Chemical Restraint if it is used to restrict freedom of movement or control behavior and is not standard treatment for the patient's condition.

- **Not Standard Treatment:** The 2023 VA/DoD Clinical Practice Guidelines "suggest against" the use of Olanzapine for PTSD due to "known harms."
- **Behavioral Control:** The drug is being used to sedate a patient labeled "agitated," rather than treating the underlying medical causes of his distress (TBI symptoms).
- **Lack of Due Process:** Under 28 CFR § 549.43, the BOP cannot involuntarily medicate an inmate without a due process hearing. The facility's use of "emergency" exceptions to maintain long-term sedation is a procedural violation of the Fifth Amendment.

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4. DEMAND FOR REMEDY

Based on the imminent risk of seizure induction and neurotoxicity, I demand:

1. **Immediate Discontinuation:** A safe, medically supervised tapering of Olanzapine at a local VA or local emergency room.
2. **Transfer:** An immediate transfer to the local VA, local emergency room, or release to his home, so that he may have immediate access to life-saving care, as the current environment cannot meet his medical needs and is actively killing him.
3. **Preservation of Records:** The immediate preservation of all medication administration records (MARs) and "Psychiatric Emergency" authorization forms.

Signed:

Adrienne Rockenhaus

Power of Attorney for Conrad Rockenhaus