

## **Fund Protection, Prevention**

The first time Monkeypox, a rare and dangerous viral disease, ever appeared in the Western Hemisphere, it was 2003 and it arrived in Wisconsin.

It wasn't the first time a rare or new disease arrived on U.S. soil, and it certainly wouldn't be the last.

In 1993 Cryptosporidium sickened approximately 403,000 people in the Milwaukee area. In 2009, the H1N1 influenza pandemic hit Wisconsin hard. And, more recently, in 2014, Middle East Respiratory Syndrome (MERS) arrived via Chicago. Then Ebola arrived in Dallas.

The reality in our world today is that serious diseases are just a plane ride away. And not just rare or new diseases, highly communicable illnesses, such as measles, have returned with a vengeance.

Each time, public health must be ready to respond. These communicable diseases must be investigated, and the response coordinated and swift.

Respond well, and the outbreak is contained. Respond poorly, and the risks of hospitalizations and death go up dramatically. Responding well is hard work, and takes sufficient resources and a strong, well-trained public health workforce.

Today, that very response is at risk.

Wisconsin ranks almost dead last in the nation in funding for public health – investing only \$13.10 per capita compared to the national median of \$27.49 per capita. That's unfortunate, and it's dangerous too.

Even more alarmingly, Wisconsin has no dedicated, stable funding source for communicable disease control and prevention.

Local public health departments carry out work in our communities every day. Often, this work is invisible, but the results are not.

When public health is effective, your water is safe to drink and the food you eat at restaurants is safe to consume. The most pressing health needs of your community are monitored, and communicable diseases – from the rare to the more common – are prepared for.

When a communicable disease does arrive in our community, the behind-the-scenes work to investigate disease, limit exposure, and trace contacts, is rarely seen. But it is intense, and it makes a huge difference.

In 2008, when measles cases were diagnosed in several suburban Milwaukee individuals, local health departments across the region coordinated action to minimize exposure to others, protect the most vulnerable in our communities, and alert the public throughout our region.

Similar responses have occurred to large outbreaks of Hepatitis C in Manitowoc, tuberculosis in Sheboygan, Legionnaire's Disease in the greater Milwaukee area, and foodborne and other communicable illnesses in every corner of the state.

In each case, by taking quick action hundreds of contacts were traced. Possible exposure and suspect cases were investigated rapidly. Our residents were protected from the potential for an outbreak.

Capacity at the local level matters, and it is important for the Wisconsin Legislature to invest in prevention.

Adding only \$5 million in new funding over the upcoming two-year budget cycle – a fraction of the total \$68 billion State budget that amounts to less than \$1 per capita – will allow local health departments statewide to improve disease surveillance, provide staff training, and develop public awareness plans. And it will move Wisconsin closer to the national norm for state investments in public health.

From the largest city to the smallest, all across the state, we are sounding the alarm.

Our local health departments need more resources to fight communicable diseases. Our residents deserve it, and Wisconsin's health depends on it.

**SIGNED**

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