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U.S.

Health Agencies Tackle Coronavirus Epidemic With Dwindling Resources

After years of budget cuts, experts say the system is ill-prepared to deal with a fast-spreading disease



Local public-health workers' ranks are thinning. These workers are tasked with identifying potentially infected people and arranging for testing.

PHOTO: MICHAEL NAGLE/BLOOMBERG NEWS

By David Harrison

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Local public-health agencies around the country are facing coronavirus outbreaks after years of shrinking budgets and expanding responsibilities.

The result is a local public-health system that is ill-prepared to deal with a fast-spreading disease, experts say.

Federal programs have been whittled down and state funding hasn't made up the difference. Local health workers, meanwhile, are tasked with responding to an increasing number of threats, including the Ebola crisis of 2014, hepatitis A outbreaks, natural disasters, vaping-related pulmonary illnesses and the opioid epidemic.

"Shrinking funding makes it really hard to continue to build the infrastructure that's needed to respond effectively," said Janet Hamilton, senior director of science and policy at the Council of

State and Territorial Epidemiologists.

Local public-health workers are at the front lines of the response to the spreading coronavirus. They are tasked with identifying potentially infected people, arranging for testing and arranging to isolate those who test positive.

Health workers also perform the detective work of epidemiology. They track how patients came in contact with the virus and who they might have unwittingly infected. They assess whether to cancel events or close schools and disseminate information to the public.

But their ranks are thinning. There are roughly 56,000 fewer local public-health workers than a decade ago, according to a survey by the National Association of County and City Health Officials.

Per capita government spending on public health fell sharply after the recent recession before recovering. But it started falling again in 2017 and remains about 3% below its 2009 level after adjusting for inflation, according to data from the Centers for Disease Control and Prevention.

Of particular concern to health officials is the depletion of a special federal program set up after the Sept. 11, 2001, attacks to help local agencies handle unexpected emergencies. The program, known as the Public Health Preparedness and Response agreement, received \$675 million in funding this year, down from \$918 million in 2002.

High-Speed Trains, International Flights: How the Coronavirus Spread



“Public health isn’t as visible as other sectors, like education and police and transportation,” said John Auerbach, president and chief executive of the Trust for America’s Health and the former health commissioner for Boston and Massachusetts. It is easy for its funding to get chipped away, he said.

States and local governments, meanwhile, are dealing with their own tight budgets. Many have made cuts of their own.

In Washington state, the epicenter of the U.S. coronavirus outbreak, health officials have urged legislators to beef up their ability to respond to unexpected events since the repeal of the state's car tax 20 years ago left agencies without a dedicated revenue source. Officials say the public-health system is facing a \$450 million funding gap.

In its most recent budget request to lawmakers, in September, the state's health agency said it was "struggling to provide the most basic, core public health services necessary to adequately protect and promote the health of all Washingtonians."

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"This makes all Washingtonians vulnerable to communicable diseases (both new and old)," the agency said.

The state's lawmakers are working on a \$100 million emergency funding package to fight the epidemic.

In Kentucky, where the state's first case was diagnosed on Friday, many agencies are trying to prepare while also battling financial insolvency. Fifteen health centers serving 41 counties could be forced to shut down this year because of spiking retirement contributions, said Allison Adams, president of the Kentucky Health Departments Association. Agencies must now contribute 93% of their total payroll in the form of required retirement contributions to prop up the state's underfunded pension system, she said.

Ms. Adams is also the director of the Buffalo Trace District Health Department, which serves Mason and Robertson counties. Since she started 12 years ago, her agency's staff has been cut in half even though it has had to deal with an outbreak of hepatitis A and the fallout from the opioid epidemic.

For now, Ms. Adams and her colleagues are trying to make sure people don't put themselves at risk of getting sick. It is easier to prevent an outbreak of coronavirus than to respond to one, she said.

"I don't think that I can say that we have the testing capacities and the surge capacity should people come down very sick with it," she said. "If an outbreak spreads, then I don't think we have the adequate resources to stop it quickly."

A long-lasting coronavirus epidemic could be overwhelming, experts say.

"While you have a skeleton crew, if you're hit with something that lasts for a sustainable time you're going to burn those people out," said Oscar Alleyne, chief program officer for the National Association of County and City Health Officials.

When crisis hits, health agencies now rely on emergency funding bills enacted by Congress to ramp up their response. Last week, Congress passed and President Trump signed a bill directing \$8.3 billion to combat the spread of coronavirus.

But it will take weeks to trickle down to municipal health agencies, Mr. Auerbach said. That isn't fast enough to fight a disease which hops around the globe in a matter of days.

"It's good to have one-time-only funding but it makes sense to invest in the day-in day-out shoe leather work that takes place by health departments and hospitals that keeps the public safe," he said.

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