



## OFFICE OF THE MEDICAL EXAMINER

# *Milwaukee*

August 1, 2019

TO: Milwaukee County Board of Supervisors, Finance and Audit Committee

RE: Medical Examiner's Office operations in a new Forensic Science Center

At the July 18, 2019 meeting of the Finance and Audit Committee, under item 19-625, the following appeared:

"The Medical Examiner is requested to provide a written informational report for the September 2019 cycle detailing the proposed vision of operating the Medical Examiner's Office in a new Forensic Science Center. This includes any changes in scope and capacity to perform autopsies for other counties (including the types of cases), what is an appropriate per-autopsy fee for referral counties based on actual costs, and what cost recoupment policies will be implemented to cover a proportional share of Milwaukee County's cost to build, operate, and staff the new facility to address concerns raised in a March 2019 audit (File No. 19-348).

The Medical Examiner's Office is currently housed in the former St. Anthony's Hospital, built in the 1930s. The hospital had been closed; the decision was made by the county in the mid-1980s to renovate a portion of the hospital into our current facility, with the expectation that the new infrastructure would be suitable for a period of 20 years; we are now some 12 years beyond that operational window.

Challenges with this office are manifold, as have been outlined in previous reports and discussions. Such challenges have included floods, security breaches, vermin intrusion, and other such annoyances. Staff are regularly exposed to aerosols, odors, insects, lifting challenges, and other hazards to health and safety, all based on inadequate and aging infrastructure. Many features of this office were barely adequate at the outset, and with aging and changing standards, now verge on hopeless. Our quadrennial accreditation inspection by the National Association of Medical Examiners is scheduled for August 27, 2019; dozens of items in the accreditation checklist refer to the building and accoutrements.

With that as background, "scope and capacity" to perform autopsies for other counties is now limited not so much by staff as by the physical plant. We suffer from a lack of cooler and freezer space, lack for sufficient cart space, and an inadequate number of autopsy stations. All of these issues will be addressed by the proposed new facility. Important infrastructure issues, such as autopsy room air isolation, odor control, effluent control, etc., will all be addressed by the new building as well. Infectious or otherwise contaminated cases, decomposed cases, all will be handled in a separate autopsy room and cooler. In sum, we are in fact handling these cases now – but in a fashion that is in no way up to current health and safety standards.

The other issue is one of fiscal support and cost recoupment. As background, there are now some 93 medical examiner's offices around the country with either full or provisional accreditation from the National Association of Medical Examiners – such accreditation is important with respect to medicolegal credibility and accredited offices, in this very competitive environment, can much more easily attract and retain the best staff. Of accredited offices,

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Chief Medical Examiner

there are 7 that serve populations similar to Milwaukee County. Of these offices, ours ranks dead last in terms of per-capita tax support. For the other similar-sized offices, per-capita support runs from \$2.79-\$5.32, with a mean of \$4.04. Our support, in 2018, was roughly \$1.40. Importantly, a good deal of our annual cost to operate is covered by fees or outside work. Fees are charged, when possible, for cremation permits, death certificates, and so forth. Increases to these fees are limited by state statute to cost of living adjustment, so that while the cost of performing these services is covered, they do not represent a source of additional revenue. How much additional revenue, then, may be accrued by work for outside counties? The primary component of this work is autopsies; once an autopsy is performed, other income becomes possible, such as fees for courtroom testimony and consultation, additional toxicology testing, and so forth.

As noted above, the number of additional autopsies that this office could accomplish is limited not so much by staff capacity as by our building. A new building, with substantially more space and modern infrastructure, will simply allow for more productive work to be done in an efficient way. And as the number of forensic pathologists in the country is truly alarmingly small, concentrating them into regional centers will become not so much a cost-limiting measure as a necessity; the new Forensic Science Center will give Milwaukee County the advantage of having the sole large scale regional center in Wisconsin. More cases will come.

As noted in the audit report, our average fee to outside counties is approximately \$1600 per autopsy, varying a bit based on distance traveled from the specific county to our office. As our region expands, I expect this fee to increase; we are currently limited by past practices as well, to a certain degree, by competition with services provided by Dane, Fond du Lac, and Waukesha counties. Ultimately, the value of a “private” autopsy is nationally between \$3000-\$4000, and we can gradually increase our fee to approach such prices. While increased fees will offset a portion of our costs, this will in no way immediately address the substantial cost of building and completing the new Forensic Science Center. How to meet this cost is surely the big question. The Medical Examiner’s Office estimated “share” of the rent in the proposed new facility is \$860,000 per year. Were the fee for outside autopsies to be raised to \$3000 per autopsy, this would yield an additional \$840,000 per year at our current volume – and volume would likely increase. Alternately, were our tax levy support to be increased just to the average of support for similar-sized counties, that would represent an additional \$2.4 million initially, growing as the population increases. Either method, or a combination of both, would address the rent issue.

I can only point out two additional things. The first is that our current facility was built in 1987 for approximately \$2 million, and that investment, meant to suffice for 20 years, is now at year 32. Sadly, based on current health, safety, and accreditation standards, it is time and past time to invest in a new facility; making it a regional center will accrue advantages well beyond Milwaukee County. And finally, frankly, the kind of thorough, timely, excellent death investigation that we perform is expensive. Community expectation are high and deservedly so. Our workflow is not steady – there are peaks and troughs – and we must build and staff for the peak times; this is also expensive. By current standards and statutes, though, the alternative to our system is not “no” death investigation, it is “poor” death investigation. Given challenges such as excess mortality due to the opioid crisis, excess infant mortality amongst our African American population, adult health concerns such as hypertension, obesity, and heart disease, and even current community concerns regarding lead in drinking water, fastidious, accurate, and timely death investigation such as will be supported by a new regional forensic center may be expensive, but ultimately it is priceless. Our community deserves no less.

Respectfully,

A handwritten signature in black ink, appearing to read "Brian L. Peterson, M.D.", written in a cursive style.

Brian L. Peterson, M.D.

Chief Medical Examiner