



**Testimony to the State of Wisconsin
Joint Finance Committee Hearing
2000-01 State Budget**

Case High School Auditorium
7345 Washington Avenue
Racine, Wisconsin 53406

Thursday, April 8, 1999

Purpose

The purpose of this testimony is to seek the full restoration of \$100,000 in General Purpose Revenue funding to Runaway and Homeless Youth Programs in the State of Wisconsin.

Background and History

GPR Financing. Twelve years ago, Runaway and Homeless Youth Programs in the State of Wisconsin, under the auspices of the Wisconsin Association of Runaway Services, had been receiving \$100,000 in GPR per biennium. That funding was completely eliminated by gubernatorial veto, despite consistent bipartisan support in the Joint Finance Committee, for more than a decade. In the last budget, \$50,000 of this funding was restored.

Runaway Programs and Services. There are 23 runaway programs serving 62 of the 72 counties in the State of Wisconsin. Each of these programs maintains a 24 hour intake and referral service, directing runaway, homeless and abused children to safe shelter. Most programs use licensed foster homes for placement. There are four programs that are sufficiently funded to operate their own 24 hour shelters, and two that maintain transitional living programs.

Services provided include (but are not limited to): food clothing and shelter; individual, group and family counseling; health assessments, independent living skills training, tutoring, job readiness, transportation, recreation, and prevention services directed to reducing alcohol and other drug abuse, HIV/AIDS and other sexually transmitted diseases, and teen pregnancy.

State-wide, these programs have consistently reunited 90% (or more) of runaway and homeless youth with their families—an amazing accomplishment given the lack of resources and the difficulty of these cases.

WARS. The Wisconsin Association for Runaway Services has a national reputation as a model collaborative effort, unique in the country for its revenue sharing, training and technical assistance, voluntary implementation of compliance standards and outcome measures, among other efforts.

Rationale

Economic. It would be extremely difficult (if not impossible) to find another human service program that delivers so many quality services over so wide an area of the State for so little money. One reason this is possible is the extensive use of VISTA and Americorps funds and the extensive recruitment, training and utilization of local volunteers.

These programs have diverted Wisconsin youth from the extraordinarily expensive juvenile justice and mental health systems, saving the taxpayers of the State hundreds of thousands of dollars each year. The allocation of State revenue to these programs represents a wise investment of tax payer dollars that results in a very substantial savings of expenditures in court costs, juvenile detention, out of home placement, and mental health treatment.

Humanitarian. The volunteers, student interns and line staff working in these small programs address the most challenging of issues on a 24 hour basis: the physical abuse, sexual molestation, neglect, and homelessness of children. These issues, left untreated, perpetuate a cycle of violence that results in costly therapy, hospitalization, incarceration and death.

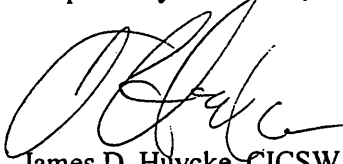
Summary

The biennial allocation of \$100,000 in General Purpose Revenue funding should be fully restored to Runaway and Homeless Youth Programs in the State of Wisconsin, not only because of fiscal prudence, but because it is the right thing to do for our children, our most precious natural resource.

Contacting the Presenter

The presenter can be reached by mail at SAFE Haven, 1030 Washington Avenue, Racine, Wisconsin 53403-1762; by voice at 1.888.333.6061; by fax at 1.414.632.8758; or by e mail at safehavn@execpc.com.

Respectfully Submitted,



James D. Huycke, CICSW, DCSW
Executive Director, SAFE Haven
President, Wisconsin Association for Runaway Services

cc file
/jh



AIDS RESOURCE CENTER
OF WISCONSIN

LEADING WISCONSIN'S RESPONSE TO AIDS

Life-Saving HIV Prevention Services
A Blueprint for Stopping AIDS in Wisconsin

The AIDS Resource Center of Wisconsin encourages the Joint Finance Committee to reinvest \$500,000 GPR funds in the 1999-2001 State Budget into effective, community-based HIV prevention services. This funding is available based on a reestimate in utilization and expenditures for the HIV/AIDS Insurance Continuation Program.

Eighteen years into the AIDS epidemic, the State of Wisconsin reports at least one new person living with HIV each day. Men, women and children across Wisconsin remain at high risk for HIV. In the past four years:

- 1,429 Wisconsin residents have been diagnosed as HIV positive, a 31% increase
- the number of teens with AIDS has increased by 44%, and, nationally, 50% of all new HIV infections occur among youth between the ages of 13 and 24
- the number of women with AIDS in Wisconsin has increased by 63%

The State of Wisconsin HIV Prevention Planning Council has done excellent work in determining the most effective HIV prevention strategies for urban and rural populations at greatest risk of contracting HIV. This initiative will fund professionally trained outreach workers located across Wisconsin to implement the HIV prevention strategies highlighted in the plan, include:

- one-on-one HIV prevention counseling
- HIV prevention case management
- outreach HIV counseling and testing
- peer education and opinion leader strategies
- HIV risk-reduction skills building

Since 1989, the State of Wisconsin has flat-funded HIV prevention at \$180,000 GPR even though reported HIV infections have increased 8-fold. Wisconsin now spends more money on administering AIDS programs than on preventing new infections.

The reinvestment of these funds into HIV prevention services will not reduce the access to health care through Wisconsin's HIV/AIDS Insurance Continuation Program and is an effective strategy to reduce future State-funded costs for HIV care and treatment which can be as high as \$125,000 per person living with HIV.



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Cost-effective Community-based Care for People with HIV and AIDS
Life Care Services/Early Intervention Grant

To adequately address statewide HIV/AIDS caseload expansion and the increasing complexity of service delivery, the AIDS Resource Center of Wisconsin urges the Joint Finance Committee to increase funding for the cost-effective Life Care Services/Early Intervention grant by \$196,800, or 10%, in SFY 2000 and maintain that level of funding in SFY 2001.

Community-based services funded by the Life Care Services/Early Intervention grant have been accessed at record levels, increasing by 20% from 1,947 clients in SFY94 to 2,325 clients in SFY98. This increase in caseload has been fueled both by more people diagnosed with HIV and by declining AIDS death rates that have resulted in clients accessing services for a longer period of time. With at least one new HIV case reported each day and an estimated 8,000 to 12,000 Wisconsin residents with HIV, caseloads are projected to increase in the upcoming biennium.

While new AIDS drug therapies have been successful in reducing Wisconsin's AIDS death rate, adherence to the treatments require significantly greater support. The Life Care Services/Early Intervention Grant provides access to one-on-one effective coordinated case management and support services to achieve the highest level of adherence possible. Each year thousands of clients and families with HIV disease and AIDS are seeking services funded by this grant. While the number of clients has risen significantly, the need for services has increased even more dramatically. Between 1997 and 1998, clients accessing:

- **Housing Assistance** programs that provide rent assistance, housing counseling and project based housing have been accessed 35% more frequently.
- **Legal and Benefits Counseling** programs that are crucial to assuring continuous health care and assisting with employment related issues have seen a 15% increase in utilization.
- **Food Assistance** including food pantry and nutritional counseling services have experienced a 75% increase in utilization.
- **Transportation** to medical appointments is critical for people with HIV/AIDS who can no longer miss appointments without potentially harming their health status. Access to this program has increased by 139%.

A 10% increase in funding for the Life Care/Early Intervention grant will enable Wisconsin to provide services to thousands of individual and families living with HIV, continue to reduce State MA HIV-related costs and to maintain a lower AIDS death rate.



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**Budget Neutral Expansion of Health Care for People with HIV
Medicaid Waiver for the Provision of Health Care and Treatment**

The AIDS Resource Center of Wisconsin endorses the Department of Health and Family Services effort to obtain a federal Medicaid waiver to expand coverage for health care for low income people with HIV. However, ARCW encourages the Joint Finance Committee to remove limitations in Section 1436 of the budget bill that capitates services under the waiver.

Waiver

The State of Wisconsin's Medical Assistance (MA) program and the access it provides to comprehensive health care services has been a powerful tool in the fight against AIDS. Unfortunately, eligibility for Wisconsin's MA program, much like other state's Medicaid programs, requires people with HIV to be diagnosed with AIDS before they can access medical care that would be prevented the deterioration of their health status. The proposed federal waiver will remedy this "catch-22" by providing early access to health care and medications for low income people with HIV through the State MA program.

For the waiver to be approved by the federal government, the State must prove cost-neutrality, meaning that over a five year time frame the cost of care under the waiver will not exceed the cost of care absent a waiver. There is significant data nationally demonstrating the cost neutrality of this waiver and at least 4 states are already seeking this type of waiver to extend MA eligibility to low income people with HIV.

Service Caps

ARCW encourages the Joint Finance Committee to remove the health care caps placed on this waiver in Section 1436 of the budget bill for the following reasons:

- Protease inhibitor HIV therapy is most effective in maintaining health and reducing future medical care costs when regular, continuous health care is accessed. The proposed capitated level of care would limit the effectiveness of treatment and potentially harm the health status of HIV+ patients.
- Significant breakthroughs in preventative care for HIV-related illnesses that are the standard of care would be cost-prohibitive under the proposed cap.

Because approval of the federal waiver is based on demonstrated cost-neutrality, removal of the cap will not increase State spending.



April 7, 1999

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**Position Statement to
THE JOINT COMMITTEE ON FINANCE
In Opposition To
PROPOSED CUTS IN BASE COMMUNITY AIDS FUNDING**

Transitional Living Services, Inc. is a nonprofit provider of housing, employment and other community support services for Wisconsin residents with mental illness, most of whom are of low income status. TLS has been in business since 1976, and currently serves over 450 consumers in Milwaukee, Ozaukee, Waukesha and Racine counties in residential and rehabilitative programs. It is not an overstatement to say that for the majority of TLS consumers, the services we provide not only offer their last best hope for a meaningful existence, without those services many would likely lead a life of hopelessness or worse.

Our primary source of funding is the revenues we are paid by the counties with which we contract. Our volunteer Board of Directors raises an additional \$150,000 per year to supplement the Base Community Aids and local tax levy contract dollars we receive, but over 65% of our budget comes from those contract revenues. We are a fiscally responsible and efficient operation dedicated to fulfilling our mission. For example, for the cost of *ten days* hospitalization at the Milwaukee County Mental Health Complex, TLS is able to provide CSP services to a consumer *for an entire year*.

Because of the cuts to Base Community Aids (BCA) dollars, TLS has been faced with reducing services in our residential, Community Support and Targeted Case Management programs. In the most direct ways, reductions in funding inevitably mean waiting lists for people who need medication, housing and treatment, and ultimately will mean making unwanted discharges into the community. In less direct ways, TLS consumers will also be impacted by the curtailment of day treatment services at the Mental Health Complex and the closing of the Outpatient Pharmacy. Moreover, TLS' ability to attract and retain the staff it requires to provide services will be significantly impaired. For TLS, the effects of the BCA cuts are especially harsh as they come on the heels of fiscal year 1998 in which TLS had already agreed to forego a cost to continue increase in its Milwaukee County Contract.



Position Statement
Joint Committee on Finance
April 7, 1999
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The BCA cuts seem particularly unfair given the lack of any forewarning to those most effected by the cuts. Indeed, when objections were raised at the time of the last biennial budget to supplementing State General Purpose Revenue with Federal TANF funds because of the risk of future federal fund cuts, Governor Thompson assured the agencies involved that future federal would not diminish their funding levels. It is now up to the legislature to replace the lost federal funds with GRP revenues.

To those of us involved in helping those who suffer from mental illness, the shortsightedness of the BCA cuts is obvious. People with mental illness who do not receive community services most likely end up in the hospital or in jail, options that are considerably more expensive to the taxpayers. To voters, such budgetary slight of hand smacks of politics as usual. More importantly, in this time of unparalleled prosperity, it is unconscionable to ignore the needs of those people who so desperately need and so greatly benefit from our services in the name of de minimis individual tax relief. For these reasons we urge to use the General Purpose Revenue to restore the BCA cuts in the proposed budget.

Robert E. Wrenn
President, Board of Directors



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APPLETON EAU CLAIRE GREEN BAY KENOSHA LA CROSSE MILWAUKEE RHINELANDER SUPERIOR WAUSAU



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MEMO

DATE: April 7, 1999

TO: Joint Finance Committee Members-
Wisconsin State Legislature

FROM: James R. Brown, M. S.,
Associate Director of Rehabilitation.
Milwaukee Center For Independence
1339 North Milwaukee Street
Milwaukee, Wisconsin 53202

RE: Restoration of Funding Cuts of Community
Aids to Milwaukee County

My name is James R. Brown. I live at 2640 North 81st Street, Wauwatosa, Wisconsin. I am the Associate Director of Rehabilitation Services at the Milwaukee Center For Independence (MCFI). Our Mission is to assist individuals with special needs to live and work in the community. MCFI has been providing services to people with Developmental Disabilities and Mental Illness for over 60 years. I have been involved for over 25 years working directly or indirectly with the people we serve. Our job is to help people develop to their full potential in community living skills, prevocational, vocational, supported and community job placement. We also assist in supporting their independent living either in their parents' home, a group home or their own apartment living.

In order to accomplish this Mission, we rely on Community Aids Funding, which is in danger of being cut by \$2.9 million from current levels. I have brought articles from the *Milwaukee Journal Sentinel* here today for your review. As these articles show, these funding cuts will have an adverse affect on agencies' abilities to provide services to people with special needs. It will be more difficult and in some cases impossible to assist people to develop their full potential as tax paying citizens, living and working in the community with dignity.

Please restore the funding, so that people can continue to receive the services that allow them full citizenship with dignity, and in the long run less costly to all of us. It is the right thing to do. It is the smart thing to do.

Those who would be hurt by cuts decry governor's budget plan

By MARGO HUSTON
of the Journal Sentinel staff

One after another, ordinary people and community leaders took to the podium Wednesday to tell state lawmakers that Milwaukeeans will suffer gravely from provisions in Gov. Tommy Thompson's proposed 1999-2001 biennial state budget.

Yolonda Cannon, 35, a mother of two who has AIDS, spoke on behalf of herself and her sister, Cashmarie Cannon, 42, who has five children and also has AIDS. Cannon said the state's \$100 a

child caretaker supplement was not enough to provide for children.

She said she and her sister could not work and the families were ineligible for the Wisconsin Works welfare reform.

State Rep. Antonio Riley (D-Milwaukee) said that when W-2 was enacted, an amendment was defeated that would have aided people with HIV or AIDS. "I think we'll go back and resurrect that," he said.

Joe Volk, head of the Task Force on Emergency Shelter and Relocation Services, said W-2 fallout had hit shelters, mainly

in two ways: families staying longer and more mothers giving up children and moving to shelters.

Volk urged the state to double its contribution to homeless programs, to \$2.2 million a year.

In response, state Rep. Robert Cowles (R-Green Bay) said that he believed increasing services for homeless people would

be an appropriate use for the state's millions of dollars of excess federal welfare money.

State Sen. Brian Burke (D-Milwaukee), Senate chairman of the Joint Committee on Finance, which sponsored the "listening session" at the Milwaukee Public Schools Administration Building, said that speakers "reflected a cross section of community dissatisfaction with the proposed budget."

In related developments: The five W-2 agencies in Milwaukee County, along with most counties, have qualified for

"fast track" renewal of their contracts, meaning they won't have to participate in open competition for the next two-year W-2 contracts, beginning Jan. 1, 2000.

The governor has named a Wisconsin Works and Alcohol and Drug Abuse Task Force, with 12 of the 20 members from Milwaukee. J. Jean Rogers, economic support administrator for the Department of Development, will lead the task force, which is the state's response to calls from community leaders for an extra \$10 million to combat abuse problems.



Cuts will hurt Milwaukee County

It is true that Milwaukee County supervisors are frustrated with Gov. Tommy Thompson's budget. But we're not tossing "brickbats" ("Supervisors slam Thompson's state budget proposal," March 19). We're just telling it like it is.

As an administrative arm of state government, Milwaukee County provides services on the state's behalf, yet we are consistently given inadequate resources to meet demands. Needs of low-income people have not abated in our thriving economy. Yet the state insists

that we persevere with no increase in shared revenue since 1995, significant cuts in community aid and a youth aid formula that the state's own Legislative Audit Bureau says shortchanges Milwaukee County by \$13 million per year. This at a time when the state enjoys a \$500 million surplus.

The surplus, a result of our robust economy, is due in large part to Milwaukee County, the economic hub of Wisconsin. The fact that we are a large urban county means that our businesses and citizens provide a significant share of the state's revenue,

but we provide service to a disproportionate share of people in need.

Of course, tax cuts are popular, but if you use a surplus to provide minimal income tax relief, you must be honest about the consequences. In this case, the consequence will be a severe reduction in service to the most vulnerable coupled with an unfair burden on the county's property taxpayers. These cuts do not hurt county government; they hurt people.

Karen M. Ordinans
Chairman
Milwaukee County Board

Officials unite to demand state aid

Budget doesn't cover
mandates on local
government, they say

BY AMY RINARD
of the Journal Sentinel staff

THURSDAY, MARCH 25, 1999 MILWAUKEE JOURNAL SENTINEL

Pleasant Prairie — In an unprecedented move to speak with one voice in Madison, county, city, village and town officials have banded together to oppose provisions of Gov. Tommy G. Thompson's state budget that they say short-change local governments.

The effort to organize a united front of local officials continued here Wednesday night as representatives from seven southeastern Wisconsin counties met to plot a strategy for getting more state money for local governments.

"This would be a first for us. We've never really come together before to say, 'Let's lock our arms and go to Madison together,'" Waukesha County Board Chairman Jim Dwyer said during the meeting at the Radisson Hotel and Conference Center. It was attended by county board chairmen, executives and administrators from Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha counties.

The county officials targeted shared revenue, youth aid, community aid, transportation aid and funding for circuit courts as top priorities in their effort to obtain a larger share of state money for state-mandated programs.

Milwaukee County Executive F. Thomas Ament said that two years ago, when Thompson unveiled his last budget bill, Ament thought it was the worst state budget he'd seen in 29 years.

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Aid/Local officials want more from state

From page 1

"Sad to say, the governor's 1999-'01 budget continues that condition not only for county governments but for all local governments," he said. "It ill treats all local governments."

Dwyer said the goal of the Partners in Local Government coalition is to have county, city, village and town officials from across the state jointly argue they are getting a raw deal under Thompson's budget.

"I've not heard anyone yet from local government who thinks this is a good budget," Dwyer said.

Jean Jacobson, Racine County executive, said that local officials acting as a united force "should say something to them in Madison."

Dwyer and other county officials said that without more state aid, counties will be forced to either cut services or raise property taxes.

That's a "smoke and mirrors" tax shift by the state, Dwyer

said, noting that Thompson and most state legislators simply want to be able to tout that they cut income taxes in this budget bill.

Ken Miller, Washington County Board chairman, said on the issue of state funding for the courts that the state collects more in court fees and fines than it returns to counties to help pay for running the courts.

"Generally, we want the state to pay its fair share, which is what they've promised," he said.

Mark Bugher, Thompson's top budget adviser and the primary architect of the governor's 1999-2001 state budget bill, said in an interview Wednesday that he understood the frustration of local government officials. He attributed this year's united outcry to the cumulative effect of small increases in community and youth aid and the freeze on shared revenue in the last few years.

But he said local governments should be grateful for what they received.

"I would urge local governments to take what they got and be doggone happy they didn't get cut," he said.

The county officials said Thompson plans to cut youth aid, which helps pay for services to juvenile offenders, and community aid, which help pay for state-mandated services for abused children, the mentally ill, people with developmental disabilities and the elderly.

Bugher countered that Thompson is proposing modest increases in community aid and youth aid while the amount of state money distributed as shared revenue would remain frozen, as it has since 1994.

But, Bugher added, there will be talk during the budget debate in the Legislature about cutting shared revenue and even imposing spending caps on counties.

"I would encourage local governments to look at ways to pare back their budgets because I don't see much hope on the horizon for them to get more money," he said.

Supervisors slam Thompson's state budget proposal

Officials say plan ignores county's poor, elderly and disabled residents

By TOM HELD
of the Journal Sentinel staff

County supervisors took an hour Thursday to vent their frustrations over Gov. Tommy G. Thompson's biennial budget proposal, lobbing "verbal grenades" at everyone from the governor to the county's own lobbyists.

Also targeted were Assembly Speaker Scott Jensen (R-Town of Brookfield), other legislators and the Wisconsin Counties Association.

One supervisor called it the "blame game," sparked by a belief that the state is ignoring the needs of poor, elderly and disabled residents in Milwaukee County so it can finance property and income tax cuts.

"We ought to be a partner of the state; instead, we're an enemy," said Supervisor Roger Quindel, a frequent critic of Thompson and Jensen. "Everything being done by the state is geared to put Milwaukee County on the defensive."

The supervisors attacked a slew of provisions in Thompson's \$41 billion, two-year spending plan, including a personal property tax exemption for fax machines, cash registers, copiers and automated teller machines.

That provision will make it more difficult for the county to raise money through property taxes and will push the tax burden onto residential homeowners, the supervisors said.

"That's disgusting," Supervisor Kathleen Arciszewski said of the ATM exemption.

Supervisors also attacked the governor and state legislators for failing to increase the amount of money allocated to counties through community aid, which funds programs for elderly residents and people with disabilities or drug and alcohol problems.

The state cut the allocation late last year because of a reduction in a federal block grant, and Thompson's budget does not re-

store the funding to its previous level.

Community aid given to counties statewide has dropped since 1995 from \$331 million to \$300 million in 1998 and 1999.

Supervisor Lee Holloway said the state has shown once again that it is "insensitive to poor people." With the cuts included in the governor's budget, the county is not able to provide the "safety net" that people need, he said.

As the blame game rolled on, Supervisor Mark Borkowski questioned the effectiveness of the county's lobbyists, and Supervisor Robert Krug accused the Wisconsin Counties Association of being ineffective in lobbying for the interests of counties throughout the state.

"We've continued to take hit after hit after hit, and it's time to hold some feet to the fire," Borkowski said.

Krug called the counties association "misguided and inept" and a cheerleader for the Thompson administration.

Darla Hium, deputy director of the association, said county officials throughout the state are unhappy with Thompson's budget proposal.

The association had hoped Thompson would use a part of the \$500 million budget surplus from the previous biennium to restore some of the funding cut from community aid. Instead, Thompson proposed using that surplus to help fund an income tax cut.

Jensen said he has found little opposition to the proposals to reduce both property and income taxes in the state. And he objects to the idea that the state should make the business climate less attractive in order to fund local governments.

The assembly speaker also said he will continue to work with local officials across the state to find better ways to raise money through taxes and provide money to meet residents' needs. That type of effort is more constructive than the tossing of "brickbats" at the governor and legislators, Jensen said.

A call to Thompson's office for comment was not returned.

Disabled residents make case for return of aid money

More than 100 turn out to urge lawmakers to restore \$2.9 million for programs

By TOM HELD
of the Journal Sentinel staff

Dozens of residents with physical and mental disabilities took turns as rookie lobbyists Monday, urging legislators to restore \$2.9 million in funding for community aids programs.

Like many of the others who spoke, Michelle Malmberg struggled as she addressed the three legislators who sat in front of more than 100 people in the Washington Park Senior Center.

Finally, Malmberg got her message out: "I need the money. I need the help."

In Malmberg's case, help is a job training and placement program run by United Cerebral Palsy of Southeast Wisconsin. An official with the agency said the cut in community aids funding would keep nearly 30 people like Malmberg from getting into the program.

For those people, a job means independence and a way to stay

out of an institution.

"If you can't meet my goals, I can't meet your goals," Malmberg said. "I would rather be working than on welfare."

The public hearing Monday was sponsored by the Milwaukee Human Services Coalition and served as a pep rally and dress rehearsal for a March 18 journey to Madison, where many of the same people will lobby other legislators to restore the community aids funding.

Late last year, the state reduced its 1999 allocation to Milwaukee County by \$2.9 million, based on a cut in a federal social services block grant.

In the trickle-down path of government funding, the state passed the cut to the county and the county will pass the cut to social service agencies. It all stops, however, with people like Malmberg.

Others who will be affected by cutbacks in various programs include people with mental illnesses, drug addictions, the elderly and those with developmental disabilities.

Kathleen McGwin, executive director of KindCare, which pro-

vides services to people with developmental disabilities, said she faces the prospect of telling clients and their families that they will have to leave the program. In some cases, that means elderly parents will be burdened with the 24-hour-a-day care of autistic children with behavioral problems, she said.

State Rep. Peter Bock (D-Milwaukee) said the session helped him see the faces behind the numbers in the community aids battle. Briefing papers have listed the dollar amounts and the number of slots set to be eliminated, but they don't have the impact of someone like Malmberg, he said.

"It's real people who need real services," Bock said after the hearing. "Legislators are like anyone else, you have to make it real for them."

Rep. Spencer Coggs (D-Milwaukee) and state Sen. Richard Grob Schmidt (D-South Milwaukee) also attended the public hearing. All three vowed to push the Joint Finance Committee to restore the \$2.9 million as part of the 1999-2001 biennial budget.

Agencies want funds restored

State cut \$2.9 million from
county community aids

By MARY BETH MURPHY
of the Journal Sentinel staff

A coalition of community-based agencies is calling on the state Legislature to replace the \$2.9 million cut from Milwaukee County's community aids programs.

The Milwaukee Human Services Coalition, a group of 75 agencies, also is asking the Legislature to establish a task force to develop a new state policy regarding federal cuts in the community aids program. The Milwaukee Child Welfare Partnership Council, which met Friday, adopted a resolution in support.

The coalition is inviting all state lawmakers from Milwaukee to attend a public hearing at noon March 1 at Washington Park for comment from people who will be affected by the cuts.

State officials reduced the amount of community aids based on a reduction in the amount of federal money the state receives. Other counties have protested the cuts, but Milwaukee County officials were infuriated over the method the state used to calculate its cut.

The county was to receive \$82 million in community aid for 1999, yet \$58.9 million of that already was committed for child welfare services. The state, however, calculated Milwaukee County's cut based on the full \$82 million — not the \$23.1 million that actually would have been available.

The effect in Milwaukee County is the equivalent of a cut of around 13%, Ramon Wagner, director of Community Advocates, told the Partnership Council Friday.

According to the coalition, that translates to:

- 428 people with mental health issues will not receive outpatient treatment.

- 550 people will be denied alcohol and drug abuse treatment.

- 25 developmentally disabled adults will be denied residential services.

- 92 children will not be provided day treatment services.

- 280 children will go without temporary shelter.

- 128 children in the Birth to Three program will be suspended.

- 2,080 nights at shelters for families will be eliminated.

The coalition proposed that the Legislature, through the Joint Finance Committee, use \$2.9 million in its emergency contingency fund to solve the immediate problem, effective next month, to prevent the county from cutting support and services already in place for 1999.

The Facts and the Impact of the 1999 Cut in Base Community Aids on Milwaukee County Dept. of Human Services

The Dollars

- * The Milwaukee County Department of Human Services concurs with the Legislative Fiscal Bureau's analysis of this issue in its December 9 memo to Sen. Rosenzweig, and acknowledges as correct the fact that, from the state DHFS perspective, Milwaukee County's BCA will be approximately \$42.7 million. However, when the \$20.1 million for state child welfare, which is intercepted from shared revenue payments to the County, is then deducted from the \$42.7 million of BCA, the result is an unchanged and fiscally painful bottom line impact: the Milwaukee County DHS will have available to it only \$22.6 million of Base Community Aids to address the social and mental health service needs of our clients.

Milwaukee County Calculation

- * \$81.5 million gross BCA (per DHFS - the 2.94% + 0.59% cuts were calculated on this amount, resulting in a \$2.9 million BCA reduction. Based on a recalculation, the County's original estimate of a \$3.2 million BCA has been revised. The \$2.9 million is the correct amount.)
- 38.8 million BCA intercepted for state child welfare (per LFB)
\$42.7 million 1999 BCA to Milwaukee County (per LFB)
- 20.1 million shared revenue intercepted for state child welfare (per LFB)
\$22.6 million net available BCA in 1999

The Potential Human Toll

A \$2.9 million cut in our BCA produces service impacts that are stark and painful:

- * In mental health, 200 clients will go without cost-effective targeted case management; 428 will not receive outpatient treatment for mental disorders; 75 will go without services to avoid costly institutionalization; 7 community-based residential facility slots will go unfunded;
- * In juvenile justice, instead of 24 group home slots for delinquent youth, we will fund only 4, leaving 60 youths at risk of confinement in state juvenile correctional institutions at significantly greater cost to both the state and the County; similarly, 92 children will be turned away from day treatment, and most of them will be sent to those same state facilities; 280 children will go without court-ordered temporary shelter;
- * In adult services, 550 drug and alcohol-addicted adults will be left without treatment and counselling; community-based, residential services for 25 developmentally disabled adults will be discontinued; Birth-to-Three services on behalf of 128 children will be suspended; 2,080 shelter nights will not be provided for the homeless and victims of domestic violence; the list goes on.

The Bottom Line

- * A \$2.9 million cut in Milwaukee County's 1999 net BCA of \$22.6 million is unfair and harmful to the clients we are mandated to serve.

This music man makes a difference

At age 9, John Hartman's life changed forever. After months of blackouts, headaches and feeling dizzy and disoriented, John and his family had their answer. A neurologist diagnosed John with a brain tumor and surgery to treat the tumor left the little boy virtually blind.

As difficult as this might seem to tackle at age 9, John always moved forward with a positive attitude. He never attended any special schools, never felt sorry for himself, despite the fact that the eyes that had once worked perfectly now could only discern foggy shapes, as if John were looking at the world through two narrow straws.

Still, he was determined to find passion in his life, something that he truly loved. From that early age, he discovered that love in music, singing in school ensembles and national singing groups. At Western Michigan University, John

incredible benefits it provides for people with all sorts of disabilities — mental illness, cognitive disorders, developmental disabilities or degenerative diseases or recovering from strokes or other trauma.

"I've seen some wonderful things happen," John said. "One guy never used to talk when he came here, and he talks now. This therapy changed his life.

"For other clients, it motivates them.

Some of these people just used to sit around all day. Now they've had success making music, and they'll try other things. We give people all sorts of opportunities to try new things here."

Music therapy combines the best of both worlds for many clients — it's both nonthreatening and fun.

"They develop skills and make music. We don't use tilt tables or braces around their arms. (As a result) we have people

lining up at our door at the beginning of the day. People want to be a part of this," John said.

His unique perspective as someone who also had to overcome obstacles makes him someone the clients can relate to.

"I've experienced feelings of being different, of failure, of not being able to do something," John said. "And I've also overcome those. I can use my experience to help them use their talents to overcome their disabilities to become more independent."

Very at peace with his job, John now says he's also at peace at home. He moved to Wauwatosa in the fall from Milwaukee's East Side.

"I wanted grass, a porch and to see something other than a concrete wall when I looked outside," John said. "I wanted to sit on my porch and hear the birds."

As always, John's surrounding himself with music.



John Hartman



studied how music can help people with disabilities learn to overcome obstacles, find success in their lives and enjoy themselves while getting some therapeutic benefit. He graduated with a bachelor's degree in music and a degree in music therapy.

Today, at 25 years old, this board certified music therapist and Wauwatosa resident leads the music therapy program at the Milwaukee Center for Independence.

John built the program from the ground up, and has witnessed the

THE MORNING MAIL

WEDNESDAY, JANUARY 20, 1999

MILWAUKEE JOURNAL SENTINEL

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Send letters to: The Morning Mail, Milwaukee Journal Sentinel, P.O. Box 371, Milwaukee, Wis. 53201-0371. Fax us at (414) 224-5175. Our e-mail address is: jseidl@onwis.com

Support for disabled is money well-spent

I was gratified to read about President Clinton's recent request for \$2 billion to help thousands of Americans with disabilities return to work by offering tax credits to pay for health insurance, transportation and equipment.

A portion is earmarked for the development of new technologies to improve the ability of individuals with disabilities to function in the workplace.

An investment of such a source will be well-spent.

By some estimates, \$1 of reha-

ment in the disabled is both sound economically and an opportunity for someone to gain personal dignity.

Protecting health insurance and providing appropriate transportation are all cost-wise supports to people whose personal growth and independence add immeasurably to our community.

Howard L. Garber, president
Milwaukee Center
for Independence
Milwaukee

Garber says:

"An investment in the disabled is both sound economically and an opportunity for someone to gain personal dignity."

Supportive services to a person with a disability — in an effort to gain employment — will return anywhere from \$11 to \$22 to the community.

By these figures, an invest-

A newsletter for and about people

On the **MOVE**

Self Advocacy means **YOU** can make things happen

You can call it determination, consumer choice, or just speaking up and taking action for what you want or believe. If you are a **self advocate**, you are a person who advocates for the things that are important to you.

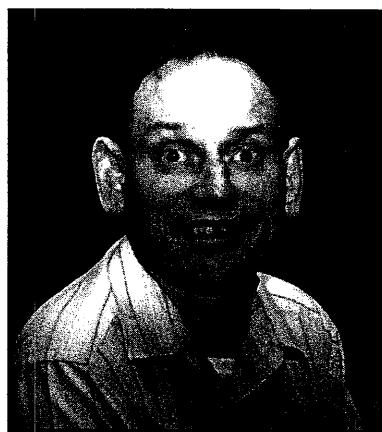
Self advocacy is about making more decisions and making new and different things happen for you. Where you work and live, what friends you see, or even what to have for dinner must be personal choices, as much as it is possible.

People are getting together:

Self advocacy in Wisconsin is growing. There are many organizations around the state for self advocates to join. Some have been established for a long time and others are just getting started. The groups meet to learn about and promote the idea of self advocacy on both a personal and community level. There is a list of these organizations on the last page of this newsletter.

One of the leaders:

One of the leaders who has been very active in helping self advocacy groups around the state is **Dan Remick** of Madison. Self advocacy is nothing new to Dan. He



Dan Remick is a big promoter of self advocacy.

has lots of experience. In fact, he made his first speech about it to members of his church thirty years ago. He talked about how people with developmental disabilities need to handle their own problems and speak up for their rights.

Dan is fifty one years old and spent much of his early life in an institution. He also spent many years living in a nursing home. Since 1979 he has had his own apartment in Madison. He believes that state institutions should be closed.

Dan works for the Arc-Wisconsin and travels around the state to speak to self advocates and others about these issues and something very important to him - organizing a statewide group of self advocates.

Statewide Conference:

Dan Remick and other leaders in self advocacy hope many people will come to the **1999 Statewide Self Advocacy Conference**. It is being held **May 19 & 20, 1999**, at the **Hyatt Hotel in Milwaukee, Wisconsin**. The conference will include workshops about self advocacy, ways to get involved in a statewide organization, and a speakers bureau for people with disabilities.

There may be money available to help people attend. For more information about the conference, turn to page 4.

On the **MOVE**

"On the MOVE" is for and about people with developmental disabilities. It is intended to be read and shared by them, their families and the people involved in their lives.

"On the MOVE" is published by **Rehabilitation For Wisconsin, Inc.** and made possible through a grant from the **Wisconsin Council on Developmental Disabilities (WCDD)**. It will be published four times in 1999.

"On the MOVE" invites your comments, ideas and stories.

Write to Tammy Liddicoat at: **Rehabilitation For Wisconsin, Inc.** • 4785 Hayes Rd., Second Floor, Madison, WI 53704 • 608/244-5310 voice tty • 608/244-9097

There's never a dull moment for Cindy Bentley



Cindy Bentley keeps very, very busy. Between her job, volunteer work, sports and the work she does on two statewide boards, she is making great things happen for herself and others.

Cindy lives in her own apartment in Glendale, Wisconsin, near Milwaukee. As a child, she lived in an institution.

As a young adult she lived in various group homes. She's now very proud to say she's been in the same apartment for twelve years.

She's a good neighbor. When her neighbors go on vacation she dog sits, takes in the mail and keeps an eye out for them. She gets around by bus, taxi, friends, and her bike in the summer.

Cindy works as a stocker four days a week at the Marshall Fields store in Milwaukee. She's been there just a few months and likes it very much. Her boss is understanding and very helpful. Cindy is always looking out for new opportunities for herself and others at the store.

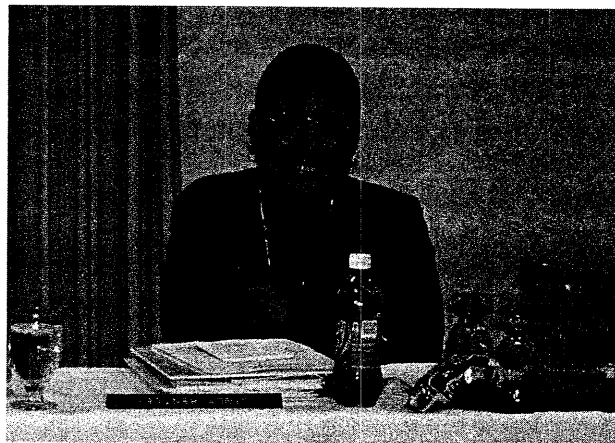
In 1996 Cindy was appointed by Governor Thompson to serve as a member of the Wisconsin Council on Developmental Disabilities. She attends meetings in Madison several times a year. Cindy goes to the meetings to share her ideas about how to improve services for people with developmental disabilities. She has also been a speaker on that topic at several conferences, talking to service providers, consumers and others.

Cindy is also a new member of the Wisconsin Special Olympics Board. She is the first athlete to serve on the board. She has lots of experience with Special Olympics since she has in several sports for many years. She participates in basketball, volleyball and snow-shoe events in the winter. In the summer she

plays tennis, soccer and runs track. She also volunteers during the competitions where help is needed.

Volunteer work is something very important to Cindy. She donates time at the Shade Tree Family Resource Center once a week to help serve meals and play with the children. She helps out in the food pantry at Our Saviors Lutheran church, which provides food to the homeless and poor. She also volunteers at the Shores Nursing Home, spending time with the residents and playing Bingo.

Her favorite things to do are going to the movies with her friends, playing all kinds of sports, and inviting her friends over to watch TV.



Cindy, at age thirty nine, is proud to say she is in charge of what goes on in her daily life. She chooses what services she gets, who she hangs around with, and how she will spend her day.

Cindy chooses to do a lot.

Volunteering - help yourself & others

For over nine years Marianne Rozinske has donated her free time to assist elderly people in Kenosha, Wisconsin. Two days a week she volunteers at different nursing homes. At Woodstock Health and Rehabilitation Center she assists residents to and from the dining room and helps with activities. Marianne also volunteers at Brookside Nursing Home. She assists the residents get to and from the beauty shop, helps remove hair rollers and keeps residents company while they wait.

Volunteering has helped Marianne in her search for a community job. She still volunteers but is now employed in the beauty shops at Washington Manor and Sheridan Medical Complex in the Kenosha area.

Going to the doctor? Here's help getting ready

For a person going to the doctor or other health care provider, it is important that the doctor understand their sickness or health problem. For some people, a disability makes it harder to tell someone else what is going on in their body. Some people have to see a doctor because of a disability, but most of the time they go to the doctor because they are sick or need a check up. We need to find our own best ways of telling doctors these things. For many that means talking to someone who can help by asking questions, writing things down or going along to the doctor or dentist.

For this reason, the Wisconsin Council on Developmental Disabilities (WCDD) has developed the "Health Care Tool Kit". It can help a person get ready to go to the doctor by themselves or with a support person. It includes a variety of forms to be used by the

person going to the doctor or dentist, their support people, and the doctor or dentist involved. Being ready will make it easier for both the doctor or dentist and the patient.

Remember -- all people have health problems. People with disabilities need the same care as other people, but some doctors don't always understand that. The "Health Care Tool Kit" can help.



You can get one free copy of the "Health Care Tool Kit". Call WCDD at 608-266-7826 or write WCDD, P.O. Box 7851, Madison, WI 53707.

Thinking about buying a house? Think about this first

Owning a house is a dream that many people have. It is an exciting idea, but it is a **BIG** decision to make. The buying process can be long and complex. Also, owning a home means many new, long term responsibilities. There are many things you need to consider.

Every person who thinks about buying a house needs assistance from many people. They can include: 1.) **People in your life** who help you on a daily basis; 2.) **Housing specialists** who work at various organizations that know about the process and programs associated with buying a home; 3.) **Bankers, real estate brokers, attorneys, accountants, inspectors, and other advisors** who must help in the stages of buying a house.

Buying a house takes money. There are many programs available to people with low incomes to make owning a home more affordable.

Buying a house takes time. It takes at least three months and sometimes up to a year or more.

There is a new guide about buying a house available through the Wisconsin Council on Developmental Disabilities. It's called **"Threshold: A House Buying Guide for People with Disabilities"**. The cost is **\$4.00**. The guide can help you answer some of the questions and help describe the many details involved in buying a house. It can tell you where to start and things to think about along the way. It is intended for adults with disabilities, their families, and parents who have children with disabilities. Call WCDD at 608-266-7826 or write WCDD, P.O. Box 7851, Madison, WI 53707.

HOUSING QUESTIONS:

Why do you want to own a house?

Are there problems with your current housing situation?

Is moving the best way to solve those problems?

Will you live in the same area for a long period of time?

What can you afford every month?

Where would the down payment come from?

Do you have experience handling money and monthly bills?

How would the house be maintained?

Are you ready for the long and complex process of finding a house, getting the right price, getting a loan, and moving?

Who would help you through the process?

Come to the 1999 Self Advocacy Conference

For Who? Self Advocates **What is it?** 1999 Statewide Self Advocacy Conference **When is it?** May 19-20, 1999
Where is it? Hyatt Hotel, Milwaukee, Wisconsin **How do I get involved?** Get a brochure to register by calling Lisa Mills at 608/242-8484 or Arc Wisconsin at 608/251-9272.

Don't miss the Evening Kick-Off May 19th with a concert by special guest **CHRIS BURKE**, star of the popular TV series "Life Goes On". Chris and his band will entertain with their act "Anyone Can Be in the Band".

Get involved in your local area!

There are organizations for self advocates located all over Wisconsin. Many of these have been together for a long time. Some are just getting started. The person's name listed for each organization is either an advisor or consumer leader.

Arc Consumer Council

Daire Keane
 7816 W. Waterford #4
 Milwaukee, WI 53220

Everyone Counts

Terri Friederich
 4214 Sheridan Road
 Racine, WI 53403

People First Beaver Dam

Kathy Clark
 Green Valley
 1223 Madison St.
 Beaver Dam, WI 53916

People First

Outagamie Co.

Scott Peeples
 633 W. Wisconsin Ave.
 Appleton, WI 54911

The Partners Advocacy

Donna Watters
 2841 Hwy 81 West
 Platteville, WI 53818

Chippers

Shirley Ulberg
 828 Veronica
 Chippewa Falls, WI 54729

People First Dane County

Dan Remick
 1907 Sherman Ave. #19
 Madison, WI 53704

Carolyn Bailey

565 Waxwing Lane
 Madison, WI 53704

Marinette Area

Cindy Dierks
 1545 Ludington Ave.
 #314
 Marinette, WI 54143

Opportunity League

Judy Behlen
 1012 Riverbend Dr. # 103
 Hartford, WI 53027

CARE Committee

Mary Beth Popchock
 1225 14th St.
 Racine, WI 53403

F.A.C.E.

Leo Nikson
 190 East Follett St.
 Fond du Lac, WI 54935

Consumer Advisory Committee

Kirstie Keene
 115 5th Ave. S, Suite 200
 LaCrosse, WI 54601

People First

Winnebago Co.

Jeanne Langlitz
 201 Ceape
 Oshkosh, WI 54901

People First

Richland County

Jim Quist
 23150 McDougal Lane
 Richland Center, WI
 53581

Stepping Stones

Wanda Viellieux
 444 W. 5th St. #205
 New Richmond, WI
 54017

Arc Consumer Council

Perry Mueller
 6055 North 91st St.
 PO Box 25919
 Milwaukee, WI 53225

Eau Claire People First

Chris Stelzer
 901 South Farwell St.
 Eau Claire, WI 54701

Client Employee Council

Tom Schroeder
 Hodan Center
 941 West fountain St.
 Mineral Point, WI 53565

West Bend Area

Tom Haeferer
 1901 Annette Ct.
 West Bend, WI 53095

Barrier Busters

Jason Endres
 2611 Boardwalk Cir. #1
 Eau Claire, WI 54701

Fond du Lac Area

Patrick Schuppe
 112 N. Butler St.
 Fond du Lac, WI 54935

East Shore Industries

Center Council

Julie Reinhold
 813 Rabas St.
 Algoma, WI 54201

NEW Curative Advisory Committee

John Bloor
 P.O. Box 8027
 Green Bay, WI 54303

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 17th 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 28th 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 Sentinel, 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 I 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 (temporomandibular 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 want 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

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

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. Then less than 1 year later I found out I had cancer at the base of my skull. I sustained the following damage to nerves: the hearing in my left ear is less than before and sometimes sounds like I'm 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 and 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; and I am unable to swallow anything necessitating the feeding tube system.

I began smoking when I was 15 and it was cool then. I knew people who had cancer and never smoked and those who smoked and didn't have cancer. Like most people I believed it couldn't happen to me. 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 need medical assistance as well as Medicare Parts A and B to cover the medical expenses I have.

Statistics I Have Read About

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

In an article in Press Gazette on February 28, 1999, the Governor states "we are spending a lot of money on the cessation of smoking in the state and we are being very successful". I am aware that Brown County and Door County were given 100 patch kits to hand out to women who were over 18 and who wish to quit smoking.

Retailers have proposed statewide standards for tobacco stings according to an article in the Press Gazette on March 10, 1999, to see who is responsible for the illegal selling of cigarettes to minors.

Another article in the Press Gazette dated March 10, 1999, states that 2 out of 5 kids, age 14-17 smoke, direct costs attributed to smoking was \$1.4 billion in 1997, and last year (1998) 7,800 people died prematurely from smoking-related diseases.

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 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.

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 Harvard Medical School in Boston, Massachusetts, reported in the March 17th 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've Read So Far

The Associated Press says that Attorney General Jim Doyle and Governor Thompson's proposals differ. Governor Thompson proposes that approximately \$47 million be spent to hire more teachers and make elementary school classes smaller and spending the "lion's" share of the money on income tax cuts. (February 12, 1999, Press Gazette)

Senator Lasee states the Governor wants "a portion of the 338 million in the tobacco settlement money for health care programs; \$500,000 to expend cardiovascular disease and cancer research, \$1 million on education programs, \$500,000 for grants to establish a smoking prevention program for women and children". (Letter received from Senator Lasee dated March 2, 1999)

The Governor wants to spend \$40.8 million on state employees' health insurance, \$92.2 million on Medicaid, \$32.8 million on BadgerCare, \$11.2 million to overhaul long-term care, and \$5.2 million on anti-smoking. (March 9, 1999, Press Gazette)

Attorney General Jim Doyle: \$130 million to treat Medicaid patient's for tobacco-related illnesses and more than \$200 million for prevention, help to kick the habit, and protect non-smokers from second-hand smoke in next 2 years. \$60 million to \$65 million a year going to the taxpayers and the rest in a trust for anti-smoking efforts. (March 10, 1999, Opinion Section of Press Gazette)

The Governor proposes spending \$35 million to BadgerCare, \$11 on Family Care (overhaul of long-term care programs), \$5 million for anti-smoking, and the rest to the general fund. (March 10, 1999, Press Gazette, In Our View)

Representative Dave Hutchison states "The dangers associated with tobacco use are clear, and I strongly believe we need to continue to work to keep people from starting to smoke and use other tobacco products." (Letter of March 17, 1999)

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 two years, medical assistance paid \$150,000 for me, and continues to pay \$10,000 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.

I believe we should help those who wish to quit but need extra help to stop the damage before it's too late. Don't just hand out a few patch kits. Give counseling. Establish groups similar to AA who have been through the process to offer courage and hope. 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.

According to an article that appeared in the Orlando Sentinel, their 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 I 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.

Conclusion

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. What happened to cigarettes? 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? Just because it is against the law, doesn't mean the police departments are arresting those who smoke. Kids are aware that the police departments do not take that time. 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. We have other programs to help those addicted to drugs so why not those who are addicted to nicotine.

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, 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.

Sue Judy
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(920) 743-8378



April 14, 1999

Joint Committee on Finance
Brian Burke, Senate Chair
John Gard, Assembly Chair

WRITTEN TESTIMONY
ON
GOVERNOR'S PROPOSED BUDGET
4-14-99
BY
KATHLEEN M. NEWMAN, DIRECTOR
BARRON COUNTY HEALTH DEPARTMENT

and
PRESIDENT
WISCONSIN PUBLIC HEALTH ASSOCIATION

On behalf of the Wisconsin Public Health Association [WPHA] representing over 350 members throughout the State and Barron County Health Department, I urge the Joint Finance Committee to take a hard look at what the Governor is proposing regarding the tobacco settlement. By committing so few dollars to anti-smoking, the taxpayers of Wisconsin will continue to pay out \$200 million a year in Medicaid expenses to treat individuals with tobacco related illnesses.

I urge you to direct *\$50 million annually* of the *tobacco settlement* for statewide, comprehensive programs and services that will reduce the addiction, disease, disability, and premature death caused by the use of tobacco.

This is your once-in-a-lifetime opportunity to prevent our young people from getting hooked on this deadly addictive habit and to significantly reduce the harmful consequences of tobacco. Your investment in *prevention* will offset some immediate

costs realized by **Medicaid** and **Badger Care**, illness care costs allocated to goods and services throughout our state, and **future damages** caused by the tobacco industry.

The *single most important thing* people can do to improve their health and the health of their family is to *quit smoking*. The use of tobacco is the single most important preventable cause of disease and premature death in the State and in Barron County.

Tobacco use is directly related to heart disease, cancer, chronic obstructive lung disease, strokes, low birth weight infants, premature births, upper respiratory infections in our children and SIDS.

The estimated hospital costs to Medicaid for low birth weight infants in Wisconsin is approximately \$60 million and surpasses the hospital costs for all remaining infants born of normal weight. In Barron County, approximately 40% of the hospital admissions of children under the age of 15 are due to respiratory infections. A major contributing risk factor is second hand smoke. The direct health care costs of smoking in Barron County is \$7 million annually and \$1 billion in the state.

By reducing the rate of low birth weight infants alone you will begin to realize a cost savings to Medicaid and Badger Care in the short term. Additional savings will be realized by reducing the hospital rates for respiratory infections, and in the long term by reducing the high illness care costs for coronary by-pass surgery, chemotherapy, and rehabilitation following a stroke.

Seventy percent of those who smoke want to quit. Unfortunately, it is very difficult to quit. On the average it takes 6-8 times trying to quit before individuals are successful. That is because *nicotine is the most addictive drug around.* The industry laces their products with additional nicotine to make it more addictive and targets our youth, when

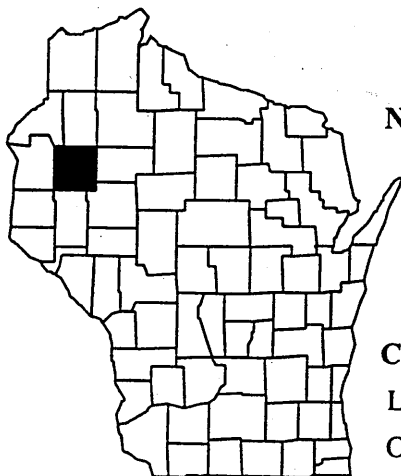
they are more susceptible to addiction, to peddle their drugs. That is what the suit was all about.

A recent study published in the Journal of the National Cancer Institute concludes that **permanent genetic changes** that for ever **increase the risk of lung cancer** occur in teenagers who smoke, even if they quit later in life. And *the younger the smoking starts*, the *more damage is done*. In Wisconsin and in Barron County 37% of children between the ages of 14 -17 smoke. That is 115,200 children statewide and 1010 in Barron County. If this trend continues, one third will die of long term high cost smoking related illnesses.

Prevention works. States that invest in anti-tobacco campaigns get results.

Smoking among middle school students in Florida **dropped 19 percent** in the year since the state launched an aggressive anti-tobacco campaign aimed at children. The Florida Legislature last year allocated \$70 million to vigorously enforce smoking age limits and for TV and radio ads produced by teenagers that poke fun at the tobacco industry. The results show why every state including Wisconsin should have a comprehensive program to reduce youth smoking and why we urge you to allocate **\$50 million annually of the tobacco settlement** dollars for statewide comprehensive programs and services that will reduce the addiction, disease, disability, and premature death--and the high costs of illness care. It is time to stop playing politics with individual's lives.

Barron County



Number of Smokers

Adults (18+)
Children (14-17)
Mothers of Newborns

State of Wisconsin		Barron County	
1,034,400		7,200	
919,200	24%	6,190	20%
115,200	37%	1,010	37%
12,735	19%	125	23%

Cause of Death (% Due to Smoking)

Lung Cancer (80%)
Other Tobacco-Related Cancers (39%)
Heart Disease (18%)
Stroke (12%)
Respiratory Diseases (51%)
Perinatal Diseases (12%)
Burns (46%)
All Causes (17% statewide)

	Total Deaths	Due to Smoking	Total Deaths	Due to Smoking
Lung Cancer (80%)	2,554	2,048	19	15
Other Tobacco-Related Cancers (39%)	1,581	621	10	4
Heart Disease (18%)	9,547	1,718	100	18
Stroke (12%)	3,578	422	54	6
Respiratory Diseases (51%)	3,573	1,808	26	13
Perinatal Diseases (12%)	220	26	0	0
Burns (46%)	57	26	0	0
All Causes (17% statewide)	45,037	7,725	450	67

Total Cigarette Packs Sold

Adults (18+)
Children (14-17)

465,356,800	3,166,090
449,073,000	3,023,290
16,283,800	142,800

Direct Health Care Costs of Smoking

\$1,000,000,000	\$6,960,800
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- In Wisconsin, 24% of all adults and 37% of children 14 to 17 years old are current smokers. The use of tobacco is the single most important preventable cause of disease and premature death in the state and in Barron County.
- There are over one million smokers in Wisconsin, with 7,200 adult and child smokers in Barron County.
- Women who smoke often have infants who have lower birth weights than infants born to non-smokers. Smoking during pregnancy also contributes to premature delivery and a wide variety of health problems.
- In 1995, over 7,700 Wisconsin residents died from smoking related illnesses and injuries; 67 were residents of Barron County. Of all deaths, 17% in Wisconsin and 15% in Barron County were due to smoking.
- In an average year, over 465 million packs of cigarettes are sold in Wisconsin, with approximately 3.2 million sold to residents of Barron County.
- The direct health care costs of smoking (e.g., physician visits, hospitalizations, etc.), are estimated at \$1 billion annually in Wisconsin; \$7.0 million in Barron County.
- In Wisconsin, total annual Medicaid costs attributed to smoking are estimated to be \$113 million.



April 14, 1999

Joint Committee On Finance
Brian Burke, Senate Chair
John Gard, Assembly Chair

WRITTEN TESTIMONY
ON
GOVERNOR'S PROPOSED BUDGET
3-10-99
BY
KATHLEEN M NEWMAN, PRESIDENT

On behalf of the Wisconsin Public Health Association (WPHA) representing over 350 public health officials throughout the State, I wish to express concern regarding the *tobacco settlement*. The Governor's proposal allocates less than 2% of tobacco settlement monies to help smokers quit or on measures to keep our young people from taking up the deadly, addictive habit.

We urge the Legislature to take a hard look at what the Governor is proposing. By committing so few dollars to anti-smoking, the taxpayers of Wisconsin will continue to *pay out \$200 million a year in Medicaid expenses* to treat people with tobacco related illnesses. In addition, we will all continue to pay higher insurance rates and higher prices for products due to the high cost of illness care.

This is a *once-in-a-lifetime opportunity to prevent* our young people from getting hooked on tobacco, to reduce the high cost of illness care, and to prevent premature deaths due to heart disease and cancer.

The tobacco settlement is meant to be directed against the Number 1 preventable health problem. *WPHA supports the TRUST campaign and requests \$50 million be dedicated annually to the comprehensive prevention plan* outlined in the TRUST campaign.