

Testimony Regarding the Privatization of the Toxicology Lab

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Good morning, commissioners, and thanks for the opportunity to address you about the proposed privatization of the Toxicology Department at the Medical Examiner's Office.

Over the past week, we've been hearing from numerous public health experts about the risks that this poses. Today, I would like to address the two stated aims of this proposal, to allow us to consider whether these are worth compromising the public health interests of the county.

The first of these is a claimed cost savings. Initially, we were told that this will save \$1 million in 2017. In Skokie last week, we heard several new promises that, to my knowledge, were not included in the original budget proposal and would increase the costs. This is demonstrative of the fact that this plan does not seem to have been fully thought through.

We have been told that these promises will be negotiated into the contract with the private company. I find this to be uncertain, at best, given that there are just two private options available. Negotiating a single-source contract in a market of just two companies would not allow the county to negotiate from a position of strength. Without an RFP or RFQ in place, we cannot be confident in what the actual costs of the contract would be, nor in what it would include.

As a taxpayer, it is disconcerting that the county is voting on a budget proposal based on a contract that does not yet exist.

The second claim of this proposal is that it will decrease the turnaround time for producing toxicology reports. In testimony to the Board, the office guaranteed that toxicology reports would be completed in about one week.

This guarantee is particularly concerning as there are often times that pathologists request tests weeks after cases come into the office due to an investigation having revealed new information. This is an inherent part of forensic testing and is not uncommon. I encountered this as recently as Friday, when a new request was made for a test on a case that had come into the office over a month and a half ago. It is unclear to me how situations such as this would be handled, when the test can't be done within the office's guaranteed timeline as the test wouldn't have even been requested.

While it's possible that privatization may provide faster results in some cases, the difference is not nearly as drastic as has been presented. In 2016, the average time for our department to complete testing has been 42 days, which includes the interim time in examples like the one I have given. The timeline of about a week seems to correspond to a first round of testing when the requested drug is not present. Our department's goal is to complete this same testing within 10 days, and the office has never expressed dissatisfaction with our ability to do this.

Providing quick answers to families is an important and admirable goal, but we have a responsibility not to take shortcuts that could comprise a death investigation. As you are continuing to hear, the public health community is united in agreement with me about this.

Thanks very much for your time and attention throughout these public hearings.