



Treatment Action Group

Hospital Committee Preliminary Budget Hearing: Testimony on TB's impact on New York City Hospitals

March 15, 2018

Thank you to the Hospital Committee members for your commitment to making New York a healthier, more equitable place, and for the opportunity to call your attention to the growing threat of tuberculosis (TB) in New York City.

My name is Erica Lessem, and I'm from Treatment Action Group (TAG). TAG is an independent, activist and community-based research and policy think tank fighting for better treatment, prevention, a vaccine, and a cure for HIV, TB, and hepatitis C.

We at TAG, and our partners representing immigrant communities, housing rights, and public health expertise, are alarmed by TB's recent rise in New York. TB is airborne and infectious, meaning anyone who breathes is at risk of contracting this potentially deadly disease. But TB disproportionately affects the most vulnerable: those with weakened immune systems, people living in crowded settings, and our immigrant communities.

Despite being preventable and curable, **TB is on the rise in New York City** for the first time in over twenty-five years. Also increasing at a rapid pace are cases of drug-resistant TB, which are more difficult and costly to treat: a single average case of drug-resistant TB costs \$294,000. This resurgence of TB is a direct result of years of underinvestment in New York City's TB response. While in recent years the City, thanks to your leadership, has steadily funded TB, a history of cuts since 2007 have reduced the City's TB funding from \$16.43M in 2007 (adjusted for inflation) to just \$8.59 million this year. Ongoing reductions at the state and federal levels over the past decade, and dramatic cuts in recent years, have exacerbated this situation. Total funding for the New York City Department of Health and Mental Hygiene (DOHMH) Bureau of TB Control (BTBC) has been reduced by half in the last ten years. Several of the City's TB clinics have closed, and the few that are still open have much more limited hours and staffing.

TB's impact on New York City's hospitals

We are concerned that, as a result of limited funding for TB, the ability to conduct outreach activities, prevent TB, and efficiently coordinate care between the BTBC and New York City hospitals is limited. The failure to adequately fund a TB response places a large burden on New York City hospitals, in addition to causing preventable suffering.

The majority of TB cases in New York City are first identified in hospitals. This means that we are failing to find TB earlier in our communities, to treat it before people become very sick and require hospitalization, and to provide preventive therapy to stop TB from developing in those who are infected, but not yet sick. It also means that when people do have symptoms, they are seeking care in hospitals rather than the City's

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chest clinics. This is in part because so few chest clinics remain (just four, two of which are part-time), and there is not widespread awareness about them.

Once in hospitals, people whose TB is infectious must be placed in expensive isolation wards to keep the disease from spreading. Over half of New Yorkers with TB are uninsured, which places an even greater financial burden on our hospitals.

People hospitalized for TB also require evaluations upon diagnosis and prior to discharge from the hospital to review their chart and medicines, assess if their home environment is safe to return to, and identify any close contacts needing testing for TB infection or disease. But the number of DOHMH public health advisors who can conduct these evaluations has been reduced because of budget cuts, and facing further reductions. This could mean patients having to stay longer in hospitals simply because they can't be evaluated in time for their planned discharge. Reduced clinic hours, especially the loss of Saturday clinic hours, may also mean patients who would otherwise be ready to leave the hospital on a Friday have to stay extra days in hospitals over weekends to ensure coordination of care.

Investing in the public health response to TB now will save billions

Adequate funding for the TB response would lift a heavy burden off of New Yorkers and our hospitals. Increased funding would allow for active outreach by community organizations to raise awareness about TB, and provide services to identify and prevent it, preventing hospitalizations in the first place. It would allow for restored clinic facilities that meet patient needs, so people can seek care in chest clinics instead of having to be hospitalized. And for those who are hospitalized, increased funding would allow for better coordinated care and a faster transition from hospital- to community-based care.

These efforts could save the City billions of dollars. Similar to what we're seeing today, budget cuts in the 1970s and 1980s dismantled the public health response to TB, and led to a massive outbreak of drug-resistant TB in New York City. This outbreak cost over \$1 billion to control in the 1990s. This is the first time since then that TB is on the rise again. We are in danger of repeating history, and of overburdening our hospital systems with an epidemic that could be entirely prevented. We are putting our already vulnerable communities, especially immigrants, at great risk.

I enclose a letter from dozens of your constituents appealing for **a restoration of New York City funding to the DOHMH BTBC to \$14.89 million** (a \$6.3 million dollar increase over the current year). We are making similar—though proportionally higher—requests at the state and federal levels. We look forward to your leadership.

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