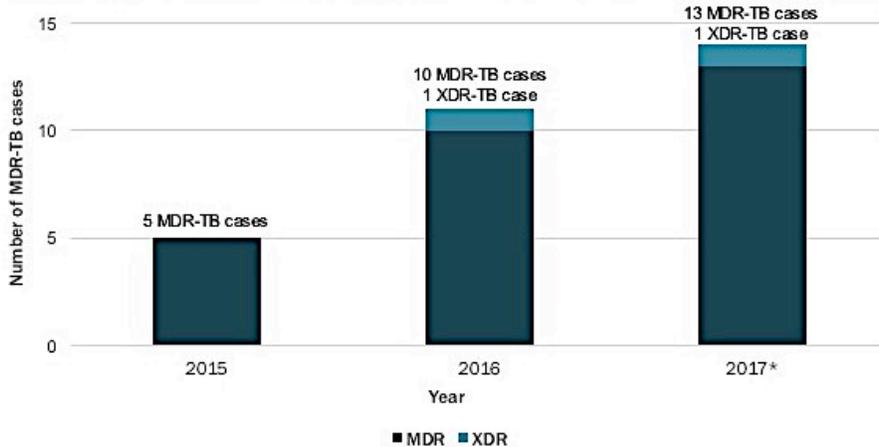


# Tuberculosis in New York City: A Growing Threat

Tuberculosis (TB) is the leading infectious killer worldwide, and New York City is not immune. TB is an airborne, communicable disease—if we don't prevent and treat it properly today, TB will spread, taking many more lives and costing much more to treat.

The New York City TB program leads the rest of the country in its cutting-edge, cost-effective programming to prevent, detect, and treat TB. However, New York has the 3<sup>rd</sup> highest TB case rate in the country, according to the U.S. Centers for Disease Control and Prevention (CDC). **TB is on the rise in New York City, as is multidrug-resistant TB (MDR-TB)**, which is even costlier and more difficult to treat. The CDC estimates that a single case of MDR-TB in the U.S. averages costs of \$294,000 in direct costs and productivity losses, and even more resistant cases known as extensively drug-resistant TB (XDR-TB) average \$694,000. These costs are likely even higher in New York City. The financial and human toll of TB on New York is immense.

## Since 2015, Multidrug-Resistant TB is on the Rise



**Immigrant communities disproportionately bear the burden of TB in New York City.** Among New Yorkers with TB, 85% are foreign-born, from over 67 different countries. The majority of New Yorkers with TB have been in the U.S. for five years or more, meaning they are likely entering the country with TB infection but not yet active disease, and there is ample time to intervene and prevent active TB disease from developing if resources are available to do so. Proactively addressing TB in linguistically and culturally appropriate ways is essential.

### Funding crisis

The capacity for a robust TB response has been weakened over the years through eroding funding for TB from the city, state, and federal funding levels. The impact of these cuts has been

### List of Chest Centers

Full-time (*losing Saturday hours*):

- Fort Green
- Corona

Part-time:

- Morrisania
- Washington Heights

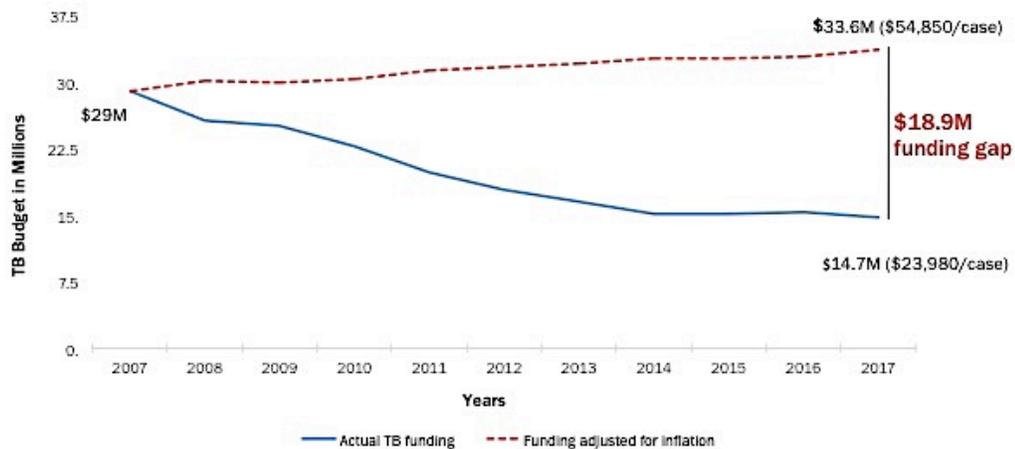
Closed:

- Brownsville
- Bushwick
- Jamaica
- Bedford
- Chelsea
- Richmond

grave, especially at a time when cases of TB and MDR-TB are on the rise, and as new treatment and prevention options offer great hope but require more resources. Many TB clinics have been closed. The remaining TB clinics are in disrepair, and have either been reduced to part-time, or are having to cut their convenient, patient- and community-friendly hours. The TB response workforce has been cut nearly in half, with key positions unfilled, limiting capacity for culturally-sensitive outreach. Funding available per case has shrunk from \$54,850 in 2007 (after adjusting for inflation) to just \$23,980 per case.

With these persistent cuts, New York City is repeating history. Similarly short-sighted underfunding of the public health response to TB in the 1980s contributed to a massive outbreak of drug-resistant TB in the early 1990s. Undoing that damage that took over \$1 billion and years of work. By investing more in the TB response now, we can save orders of magnitude more work and resources, and avoid further suffering from TB.

## New York City Department of Health and Mental Hygiene TB Funding and Funding Adjusted for Inflation, 2007-2017



Inflation adjustment reflects the Consumer Price Index (CPI), <https://www.bls.gov/cpi/tables/historical-cpi-u-201711.pdf>

To do its part in closing this perilous funding gap, **we request an increase to New York City funding to \$14.89 million to the New York City Department of Health and Mental Hygiene (DOHMH) Bureau of Tuberculosis Control (BTBC)**. This represents a \$6.3 million increase over last year. We are making similar requests (though proportionally higher) at the state and federal levels. Restored funding would allow for reversing the increase in TB cases and accelerating the decline of TB in New York City through:

- Reinstating key staff positions;
- Hiring additional staff to conduct culturally-sensitive outreach and care;
- Restoring part-time clinics to full-time, and allowing for patient-friendly clinic hours;
- Collaborating with community providers to test and treat for TB infection and active disease for all high-risk New Yorkers.