

Rhode Island House of Representatives  
Chairman Marvin Abney  
House Finance Committee  
State House  
Providence, Rhode Island

RE: Support for Restoring Funding – Department of Health Tuberculosis (TB) Clinic

Chair Abney and Members of the Committee:

My name is Dr Joseph Garland and I am an infectious diseases specialist at Brown University Health. I am also the Medical Director of the Infectious Diseases outpatient clinic at The Miriam Hospital, and I additionally provide inpatient infectious diseases consultation at both The Miriam Hospital and Rhode Island Hospital. I have also worked in the RISE TB Clinic many times over the years and provide consultation for patients with a multitude of infectious diseases, including tuberculosis.

I am writing to strongly urge the Committee to restore funding for the Rhode Island Department of Health Tuberculosis (TB) Clinic at the Miriam Hospital.

The treatment and prevention of tuberculosis is one of the historic cornerstones of public health. TB is somewhat unique among infectious diseases, as it is contagious through aerosolized particles – so unlike influenza where a person would need to cough on or near you to transmit disease, tuberculosis stays in the air. It can linger in the air long after someone has left the room, meaning someone can transmit tuberculosis to you just by being in a room (or on a bus or in a store, etc.) before you, *without ever having any contact with you*. And tuberculosis is *common*; it is estimated that 1/4 of the world has been infected with tuberculosis. For all of these reasons, diagnosis, treatment, and prevention of tuberculosis is one of the most important public health measures any state undertakes.

The RISE TB Clinic at The Miriam Hospital provides specialized clinical expertise and coordination that supports physicians, hospitals, and community health programs across Rhode Island. Tuberculosis care requires careful monitoring, treatment adherence, and public health follow-up to ensure patients complete therapy and to prevent further transmission. What they do is amazing – the amount of care and coordination in this clinic is astounding. They regularly help RI DOH do “contact investigations” of literally hundreds of people who were potentially exposed to a patient with active TB, get them tested, treat anyone with prophylaxis (prevention) when needed, and get any new cases in immediately to start treatment. They are very good at what they do – the fact that tuberculosis is extremely rare in Rhode Island is a testament to the success of this clinic and its partnership with the RI DOH. To be clear, the rarity of tuberculosis in Rhode Island demonstrates the *effectiveness* of the clinic, not that it isn’t needed. Tuberculosis is *everywhere* (as I said, 1/4 of the world’s population has been infected with tuberculosis). Without a central, coordinated, dedicated, and highly effective clinic to diagnose patients quickly ensure they are treated, and investigate all contacts, TB will *absolutely* cross our borders and spread in Rhode Island. Tuberculosis is already here -- **this week alone, we have diagnosed five patients with active tuberculosis in Rhode Island in our hospitals**. And TB will keep coming, as new people move to our state, and as Rhode Islanders travel outside the state for work or pleasure. What protects us all is the highly effective clinic at The Miriam Hospital, and its close coordination with the RI DOH. Both are highly effective at what they do, and both are needed to make this system of treatment and prevention work.

As a doctor on the inpatient consultation service at The Miriam Hospital, I just diagnosed a patient with tuberculosis this past week in the hospital. She is a young adult and lives with several family members, and works at a public-facing job. BUT because of this clinic, she has already gotten started on treatment, and already has an appointment for follow-up at the RISE TB Clinic. The clinic is already coordinating a contact investigation with the RI DOH to bring in family members and close contacts for testing, treatment, and/or prophylaxis. This is how we prevent an outbreak, and this is what this Clinic does extremely well. This team is “small but mighty.” They are truly experts at what they do, something no one else is set up to do in our state.

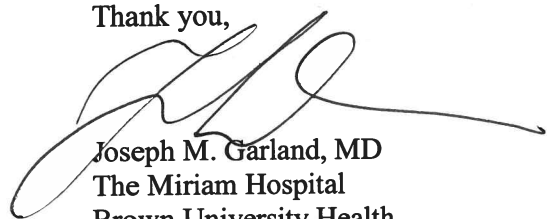
If TMH loses the RI DOH TB contract and funds, the clinic would have to close. It already operates at a deficit most years. Further, without a DOH contract, it would not be nearly as effective since the key to its public health success is the close collaboration between the two. Without the clinic, RI DOH would be forced to work with every patient’s individual primary care provider (PCP), most of whom have never seen or treated this condition. Contact investigation would fall completely on the RI DOH, who would then need to find and secure PCP appointments for each of the potential contacts, many of whom may not even have a PCP. The next available appointments may be months out, and when they happen, those PCP’s may not know the appropriate workup to offer, or treatment to initiate. If you just walk this through in your head, you realize how the system completely breaks down – and *fast* – without a centralized, specialized clinic.

For just \$310,000 a year the state gets all of this. Treatment of all patients with active disease. Identification and workup of sometimes hundreds of potentially exposed people. Prevention for all who need it. Careful, coordinated public health that keeps tuberculosis a rare disease in Rhode Island, something for the history books and the stories of other places, and not on the front pages of the *Providence Journal*. We all know that running this clinic costs way more than what the state gives in the contract, and certainly if all of that care falls to the RI DOH, **it will cost much more**. And they will not be as effective. RI DOH is an outstanding program, but it does not run clinics or treat patients. Instead, without the RISE TB Clinic, that role will be placed on already-overworked primary care providers across the state, doctors who do not have the immediate availability, nor the prior training and expertise needed, to manage active cases or exposed individuals. That would be a disaster, and potentially catastrophic.

Cutting this funding to The Miriam Hospital will cost the state more in the short-term and the long-term. In the short-term, more money will be needed just for RI DOH to fulfil its obligations under its CDC contract for tuberculosis management, if the RISE TB Clinic is gone. Then, as TB cases start to climb, costs will snowball, meanwhile the health of Rhode Islanders will be at risk. The current rarity of TB in Rhode Island makes it obvious that the Miriam Hospital’s RISE TB Clinic is a massive success story, and a remarkably good financial “deal” to the state as well. We should not break something that is highly effective. There is no question that this “cost saving” measure will actually cost us much much more even in the short term, let alone the long term.

For these many reasons, I respectfully urge the Committee to restore funding for the RISE TB Clinic and ensure Rhode Island maintains the capacity to manage tuberculosis effectively and protect public health.

Thank you,



Joseph M. Garland, MD  
The Miriam Hospital  
Brown University Health  
Providence, RI 02904