

Mitchell L. Cohen, M.D., Director
Coordinating Center for Infectious Diseases
Centers for Disease Control and Prevention
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Dear Dr. Cohen:

On behalf of ACET, I would like to thank you for the opportunity to provide the Council's input on the proposal to place the Division of TB Elimination (DTBE) in the CI04 grouping. In our discussions of the prospective change, Council members, liaisons and ex officio members uniformly support leaving the TB program in the same group as the HIV/AIDS program—the CIO3 group. The reasons are as follows.

The current organizational grouping is functioning at a very high level of efficiency and enjoys productive working relationships both within the Center (with HIV and the Global AIDS Program—GAP) and outside of the Center with the Division of Quarantine and Global Migration and the Division of Health Care Quality and Promotion. The current grouping also shares the same target populations. DTBE and ACET are well supported by the NCHSTP administration in mission and orientation for domestic and international disease control. DTBE is widely respected by local, state and international agencies. While DTBE's long-term reputation may not change from organizational shifts, public opinion and perception of CDC itself may be called into question by their decision to make this unnecessary change. Finally, the programmatic focus of STD, HIV, hepatitis and TB and its day-to-day operations have commonalities that beg for continued leadership that understands and supports these functions as a primary goal.

The placement of DTBE in the CI04 grouping with BT, emerging infectious diseases, DGMQ, Artic Investigations and the Division of Health Care Quality and Promotion appears to be mismatched in overall mission and program orientation. The differences can be summarized as follows: DTBE deals with a well-known chronic pathogen, with an established structure for control, prevention and surveillance. In contrast, the proposed grouping of programs in the CI03 group/center implies a focus on surveillance and readiness or preparedness for theoretical or unknown pathogens. With mismatched missions, there is a concern that DTBE may not get the administrative support or expertise it needs from the newly assigned center and may be marginalized by other CI04 center priorities.

While MDR-TB is considered a category C bio-terror agent and anthrax contact investigation mirrors TB investigation, a decision by CDC to place DTBE into CI04 sends the wrong message; it suggests that potential threats are more important than the ongoing real need to control, prevent and eliminate TB nationally and internationally. This will cause confusion and potential loss of credibility for local and state tuberculosis programs. Administratively, dealing with an MDR-TB or anthrax bio-terror attack would require the expertise and manpower of DTBE, but not necessarily the whole program along with its contrasting priorities.

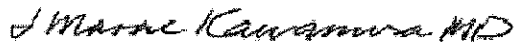
Separating DTBE from HIV and GAP into different centers is strategically worrisome and will have serious long-term impact on the current positive and productive working relationships that have been built over time under the same roof. Politically, it disassociates the diseases as being separate, when in fact they are synergistic, and need to be addressed by public health authorities together. As you are well aware, co-infection with HIV and *M. tuberculosis* is the driving force for much of the explosion of

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TB throughout the world. It is critical that these programs are organized within the CDC in a manner that supports their close coordination and disease control missions. To summarize, DTBE in its current grouping has been an efficient, productive and well-recognized member of CDC. At a time when governments and nongovernmental organizations internationally are recognizing natural synergies as the key to effective disease control, it is clearly not the time to relocate DTBE away from HIV, a disease to which it is inextricably linked.

Thank you for providing us with this opportunity to voice our serious reservations regarding the proposed reorganization plan. As the CDC's Advisory Council for the Elimination of Tuberculosis, we hope that you will give our concerns careful consideration in your final decision. We look forward to your response.

Sincerely,



L. Masae Kawamura, M.D.
Chair, ACET

Director, TB Control Section
San Francisco Department of Public Health

Cc: Dr. Kenneth Castro, Director, Division of Tuberculosis Elimination
Dr. Julie Gerberding, CDC Director
The Honorable Michael Leavitt, Secretary, Department of Health and Human Services
Dr. Ronald Valdiserri, ACET Executive Secretary