

When Patient X checked into Memorial Hospital in late December 2010, he was coughing up blood, feverish, and homeless. He was diagnosed with an active case of tuberculosis, meaning he was not only sick, but highly infectious. When he coughed, sneezed, yelled, talked, or even just breathed, tiny particles of saliva infected with the mycobacterium tuberculosis filled the air around him. The spores can survive suspended in the atmosphere for 24 to 48 hours.

Because TB is so infectious, and potentially deadly, doctors and hospitals are required to follow state and federal protocols when they encounter a case. Memorial Hospital followed this protocol when they notified the Duval County Health Department on Dec. 21 that they had an active case of TB.

After notifying the Health Department, the hospital started the patient on the standard remedy -- an aggressive regimen of four drugs, to be taken for a month. When the man felt better -- no longer coughing, no fever -- and no longer had TB in his sputum, the hospital discharged him.

There is little dispute over what <<should>> have happened at that point. Because the man was homeless and indigent, he should have had a detailed aftercare plan, including supervision when taking the daily medication needed to keep his TB from regaining strength. The Health Department is responsible for managing such cases, making daily visits to ensure patients take their meds. In cases where the patient is unwilling or unable to comply, the Health Department will arrange for a patient to be involuntarily admitted to a state-run hospital until he completes the 6-to-9-month drug regimen.

What actually happened to Patient X quite different. Rather than being handed off to the Health Department, the man was put in a taxicab and sent to the I.M. Sulzbacher Center, the city's largest homeless shelter. Sulzbacher refused to take him in, for reasons unrelated to his TB. In fact, Sulzbacher says they weren't informed by the hospital of his illness, as they usually are. Then the man simply disappeared. By the time he turned up, in February 2011, he'd been wandering the streets of Jacksonville for a month. In that time, his TB had become active again. He was very sick, and highly contagious, meaning every place he went –

every bathroom, restaurant and social service agency – was a potential vector for disease.

Patient X was also potentially a breeding ground for a mutant strain of TB, which has become resistant to the four drugs traditionally use to block the bacteria. Though drug-resistant TB has not yet gained a foothold in the U.S., it has become a lethal reality in some nearby countries, including Haiti. Jacksonville already has a particular strain of tuberculosis, known as FL 1046, which is more prevalent here than anywhere else in the world, and has been linked to homeless shelters, day programs and other assisted living facilities. In the worst-case scenario, the man's TB might morphed into a drug resistant strain, and turned Jacksonville into Ground Zero for a drug resistant strain of FL 1046.

That didn't happen, but a former Duval County Health Department administrator turned whistleblower says the incident demonstrates the breakdown of a system designed to protect the community.

Kevin Davis, who was the health services administrator before he was fired in April 2011, says people in Jacksonville should be outraged that Patient X was allowed to disappear, and even

angrier that the Health Department did nothing to notify the public when it happened.

"A person with tuberculosis is on the loose and you can't <<find>> him?" says Davis. "That's like you've got murderer on the loose. At least [when it's a criminal], the sheriff says, "We got a fool on the loose and this is what he looks like!"

There were 19 cases of West Nile virus in Duval County this year, and every one of them made news. In most cases, reports of new infections were followed by clear and concise tips for avoiding exposure to mosquitoes, which transmit the disease, and advice for minimizing risk.

Something similar, if smaller, happens when there's a reported case of rabies. Communities are notified, given maps of outbreak boundaries and warned to keep their pets' immunizations current. But while the Health Department routinely sends out these alerts to TV stations and newspapers, it does not provide similar alerts for TB.

The Health Department has managed two major TB outbreaks since 2008, without issuing a word of public notice. The first one was at the Golden Retreat Shelter Care Center assisted living facility on Moncrief Road in 2008. The second one was at City Rescue Mission on West State Street and McDuff Avenue in February 2011, an outbreak that eventually spread to the Trinity Rescue Mission women's shelter on West Beaver Street. Though there is no way to know for certain, it's very possible the February 2011 outbreak was caused by Patient X, who was eventually found at City Rescue Mission.

In neither outbreak did the Health Department notify the public. It did conduct testing of staff and residents at the facility, but it did not post notices or in any way attempt to notify incoming residents or those who might have contact with shelter tenants. While <<all>> parents are notified if a child at their kid's public school tests positive for TB, there is no similar notification process when the disease occurs at homeless shelters or assisted living facilities.

In that respect, the local Health Department appears to differ from other large health departments in Florida. The Hillsborough County Health Department, for instance, says that a homeless

shelter outbreak would merit a public awareness campaign.

Spokesperson Steve Huard says they wouldn't issue a notice each time there is an active case of TB, because it's possible to trace someone's steps and have adequate prevention. When asked about an outbreak at a homeless center, however, Huard was quick to interject, "If we had an outbreak at a homeless shelter we would most likely notify the public about it. Or a group living facility. The impact of that could be much greater."

Yet when members of the Jacksonville City Council served a Thanksgiving meal at City Rescue Mission on Nov. 23, they weren't told anything about the previous outbreak or the risks associated with close-living environments. Kevin Davis makes a point to emphasize that not all homeless people have tuberculosis. But, he adds, "They should be made aware that homeless shelters are breeding grounds for infectious diseases."

Tuberculosis is an ancient scourge. The TB bacterium has been found on the spines of Egyptian mummies from 240 BCE. Hippocrates called it the most widespread disease in ancient Greece in 460

BCE. Almost always fatal throughout human history, it caused an estimated 25 percent of all deaths in 17th and 18th Century Europe. Effective treatment for the disease wasn't discovered until the 1950s. Still, it rages. As many as nine million people contract TB annually, according to the World Health Organization -- mostly in poor and developing countries -- but anyone with a compromised immune system is vulnerable. It remains the most common cause of infectious disease-related death in the world. Tuberculosis is a clever disease. It mimics the flu with fevers, night sweats, a hacking cough. It spreads like the common cold. And it can hide in the body in a latent state, only to rage like herpes when the immune system is weak. TB does require prolonged or very close contact with a carrier, and antibiotics can kill most strains of active TB. But the spores can live for 24 to 48 hours in the right conditions.

Controlling TB isn't cheap. Health Departments around the country are tasked with tracking every case, and must treat anyone diagnosed with the disease for free. It costs \$18,000 to treat a patient with latent TB (which doesn't make the carrier sick and is not contagious) and \$25,000 to treat an active case.

Managing a community's response to a disease like TB takes diligence and care. And until April 2011, the Health Department though employee Kevin Davis exhibited both.

Davis worked for the Health Department for 20 years, and in 2005 he was named the health services administrator the department's TB unit. That meant he tracked all active cases of TB, worked as the hospital liaison on active cases, coordinated responses to possible outbreaks and managed the field staff that administers drug therapy. In his time on the job, Davis earned the Employee of the Quarter award in 2010, the Director's Department of Distinction Award in 2010 (awarded to the TB team), the DCHD Leadership Award for 2009 and the state Davis Productivity Award in February 2010.

The last award was given to him for his diligence in tracking active TB cases. Because all TB tests are sent to a state laboratory for processing, Davis started doing what he called, "epidemiological surveillance of laboratory results." Every day, he would scan lab results looking for active cases. When there was an confirmed case of active TB at the Golden Retreat Shelter Care Center 2008, he knew it before they did.

Davis' supervisor, Gayle McLaughlin, praised his innovative approach to case tracking when she nominated him for the 2009 Leadership Award. "Mr. Davis's proactive case finding identified the initial case in a hospitalized patient before the institution was aware of the diagnosis," she wrote. Because of his efforts, the Health Department was able to provide onsite TB testing, chest X-rays, HIV and STD testing of 97 individuals in a single day. Out of that 97, a staggering 61 tested positive for TB, including 12 active cases. The Golden Retreat outbreak was addressed quickly and effectively, McLaughlin wrote, because of Davis' "outstanding leadership."

Davis also sought and received grant money to help manage the aftermath of the outbreak. The Centers for Disease Control and Prevention awarded the TB unit \$277,000 to pay for a senior community health nurse and two disease intervention specialists, plus X-ray costs, and miscellaneous expenses. In the long term, the CDC recommended that the county consider appointing a state-level TB epidemiologist to coordinate investigations, incorporate genotype data and give feedback to clinicians. One of Davis' complaints is that an epidemiologist was never hired.

Instead, the department hired Cynthia Benjamin. For Davis, that was the beginning of the end of his career.

Kevin Davis has been out of work for seven months, but he dresses in a black pinstripe suit and crisp red tie to meet with a reporter. His decision to turn whistleblower on the agency he was once devoted to is rooted, in part, in the usual disgruntled former employee stuff. Davis was fired over allegedly misusing the Health Department's TB outreach van – driving it on personal time. At issue were 28 unaccounted-for miles on the van's odometer. The discrepancy was small, which may be why the Health Department's story on why he was fired differs depending on whom you ask. Xxx says it was for driving the van. Xxxx says it was for lying about driving the van.

But Davis says the reason he was fired has nothing to do with the van, and everything to do with his raising questions about his boss's failure to address a February 2011 TB outbreak.

That particular outbreak traces its roots to October 2010, a month after Cynthia Benjamin arrived at the Duval County Health Department. Until that time, Davis was the department's hospital liaison -- the person in charge of coordinating the response to TB outbreaks. Under Benjamin's direction, Davis contends, the department's response became decidedly uncoordinated.

In October 2011, Shands Jacksonville notified the Health Department of a case of TB that was traced back to the City Rescue Mission and Trinity Rescue Mission (related shelters for men and women, respectively). The Health Department sent out a crew to test employees and residents at both shelters. The first set of results showed 22 percent of the 80 people tested positive for TB, which Davis says should have set off alarms. A few weeks later, a second set of tests showed the rate had increased to 71 percent of 28 people tested.

"That should have been the second alarm," Davis says. It's not clear why the second round of tests sampled such a small number of people, but Davis says the high percentage of positive results clearly cross the line between isolated cases and an outbreak. At that point, he says, the Health Department should have moved into outbreak mode, going onsite to perform compressive multi-day

testing of employees and residents, using their mobile X-ray unit on the roughly 200 employees and residents, and tracking their points of contact. But the department did none of that. Instead, Cynthia Benjamin continued to deal with the outbreak as if it were the matter of a few sick individuals.

On Dec. 21, Davis recalls he personally took a fax off the office machine and handed it to Cynthia Benjamin. It was from Memorial Hospital, notifying the Health Department of an active TB case. It was Patient X – who'd come to the hospital from City Rescue Mission.

Davis says at that point there was no question what was happening; Benjamin should have sprung into action. At the very least, the Health Department should have sent someone out to the hospital to assess Patient X and create a plan for after care – standard protocol, according to both Health Department officials and Memorial Hospital spokesperson Adam Landeau. But nobody from the Health Department went to meet the patient – at least according to Davis and his former employer.

"We didn't do that," Davis says, still speaking of his former employer in the first person plural. "Cynthia Benjamin just didn't go," he says. (Benjamin declined to speak Folio Weekly.)

Benjamin's supervisor, Gayle McLaughlin, agrees nobody from the Health Department responded. She says that's because Memorial Hospital had arranged to have Patient X voluntarily admitted to A.G. Holley State Hospital in Palm Beach County, the hospital statutorily tasked with treating the most stubborn TB cases (and patients).

Here things get tricky. Memorial Hospital denies that it made arrangements to send Patient X to A.G. Holley, saying that task always falls to the Health Department. The hospital also says it would never have discharged a patient who didn't have a detailed aftercare plan – again, is something the Health Department creates. "Without that," says Landeau, "we wouldn't be able to release him."

Health Department officials acknowledge that these things are both standard practice; they are what is supposed to happen. However, in this case, they insist it did not.

In an datexxxx affidavit, Health Department supervisor Gayle McLaughlin says, "Ms. Benjamin did not go see the patient in the hospital, because the patient was supposed to be transported by the hospital to A.G. Hospital the next day as a voluntary admission."

Because A.G. Hospital is typically a destination for noncompliant patients, it would be very unusual for a patient to be sent there for "voluntary admission." In virtually every case where patients are taken to A.G. Holley, the Health Department gets a judge to commit the patient. He or she is detained by the Jacksonville Sheriff's Office and kept in isolation until transportation is provided via ambulance or private contractor. It's also not very credible that the hospital said they were transporting him "the next day," as McLaughlin claims, since they treated him for weeks and didn't even release him until sometime in January.

In her affidavit, McLaughlin appears to blame Memorial Hospital for releasing Patient X. "When the hospital learned that there were no beds available at A.G. Hospital, at some point, and without the knowledge or approval of DCHD, released the patient and put him in a cab to a homeless shelter." McLaughlin continues, "When this was discovered, Ms. Benjamin coordinated efforts to track the patient, working with all of the homeless shelters in and around Jacksonville."

McLaughlin attempts to spin the entire episode into a success story for the Health Department. In affidavits and in notes from meetings, McLaughlin praises Cynthia Benjamin for managing what

she called the largest outbreak in the history of Duval County (xxxcan we put some of that in quotes?) by coordinating mass testing at City Rescue and Trinity Rescue mission on Feb. 22 and 23, 2011. Benjamin put her handling of the outbreak on her resume, noting she was selected Disease Control Program Manager of the Year in 2011 by the Health Department for coordinating a "major TB Outreach effort at two locations of a homeless shelter in Duval County where over 105 clients were screened" with "less than two weeks to plan the event."

Davis observes that the reason Benjamin only had two weeks to coordinate a response was because she'd dropped the ball three times previously, and was scrambling to cover for her mistake. He says her actions once Patient X was found show just how desperate she was. Benjamin herself volunteered to transport Patient X – a 586 mile round trip to A.G. Holley -- where he was admitted as a voluntary patient.

McLaughlin acknowledged in her affidavit that the circumstances were extraordinary. She said it was the only time she could recall a Health Department employee personally transporting a patient to A.G. Holley, and the first time she could recall such an admission being made in a voluntary rather than a court-

compelled basis. Why the special treatment? McLaughlin's affidavit offers no explanation.

In truth, much of what the Health Department did or did not do in this case is unclear: why they didn't respond more quickly to the developing outbreak, why they didn't go see Patient X when notified by Memorial Hospital, why they didn't arrange for his aftercare are required by lawxxxx.

There are also questions about Memorial Hospital's response. Though spokesman Adam Landeau says the hospital's decision to discharge Patient X on xxxxdate would have been predicated on Health Department's involvement in the case, it seems clear that the Health Department wasn't involved. And while Landeau insists that the hospital would have notified the receiving homeless shelter before sending a TB patient their way, the Sulzbacher Center says it was not notified in this case.

Perhaps strangest is the Health Department's insistence it was out of the loop. Kevin Davis calls that a flat-out lie. He recalls Memorial Hospital calling the Health Department about the patient frequently that month. "They were steady blowing up the phone [saying] 'We need somebody out here!'" But the Health Department insists it wasn't contacted. Contrary to its mission,

the department either chose to or allowed itself to be sidelined in the most consequential outbreak in recent history.

Kevin Davis filed a whistleblower complaint with the Florida Commission on Human Relations shortly after he was fired in April 2001, saying he was retaliated against for speaking out about Benjamin's incompetence in the 2010-2011 TB outbreak. The fact that he was fired for driving the department's van, he says, is a red herring. He notes that two other employees were suspended for five days for the same offense.

Affidavits taken in Davis' complaint appear to substantiate at least part of his story. For instance, Levonne Mitchell-Salmon Medical Director for the TB clinics, recalled him complaining about Cynthia Benjamin during the 2010 TB outbreak, "but I don't remember the specifics of his complaint." She also affirmed that during the outbreak, she did not receive information in a timely

manner, but she attributed to the management changes when Cynthia Benjamin assumed Davis's duties.

But Davis' whistleblower complaint was investigated, found to be without merit, and dismissed on June 8. He plans to file a lawsuit, alleging discrimination and wrongful dismissal.

The outcome of that case is unclear, but his goal as a whistleblower may already be accomplished. The affidavits in the case paint a sobering portrait of county preparedness for combating contagion, and a worrisome lack of coordination among those on the front lines of any outbreak. Patient X may no longer be in Duval County, or even a carrier of disease. But in an age of swine flue, bird flu and even resurgent Dengue fever, the health of millions depend on the vigilance of health care administrators. Their failure is something from which none of us are immune.

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