Lynn Taylor

January 5, 2018

Providence, Rhode Island

Primary Care Physician in the Hepatitis Field Since 2000

The following is an excerpt from the Hep Fall 2017 Special Issue cover story:

Across the United States, an estimated 3.5 million Americans are living with hepatitis C virus (HCV). The liver disease is the most common chronic blood-borne infection in the country and outranks both HIV and hepatitis B in total new cases and related deaths.

Despite the availability of new therapies that can cure more than 95 percent of people with HCV in as little as eight to 12 weeks, the Centers for Disease Control and Prevention (CDC) says hepatitis C remains a deadly threat in the United States. Last spring, the agency reported that although thousands of people have been cured over the past four years, the number of new HCV infections increased by nearly 300 percent nationwide between 2010 and 2015. The report also identified the most likely culprit behind this recent spike: Americans' skyrocketing use of heroin, opioids and other injection drugs.

"Every week, I see young people, who often have been shut off from their prescription opiates, coming in hooked," says Lynn Taylor, MD, a practicing physician, clinical researcher and associate professor of medicine at Brown University in Providence, Rhode Island. "Then they turn to heroin, and the next thing I know, they see me for hep C."

But the country's losing battle against the epidemic doesn't have to turn out this way, says Taylor. She is one of a growing number of doctors across the United States who want to treat hep C and opioid addiction as a syndemic—interrelated health crises that must be diagnosed, managed and treated together.

"We know that a rapid scale-up of treating the transmitting population is the best way to stem the spread of hep C and the number of new cases," says Taylor, who has been an HCV doc for nearly 17 years and has coauthored dozens of papers on the topic.

Since switching her focus from HIV to hepatitis C in the late '90s, Taylor has worked relentlessly to cure the liver virus among individuals often considered to be some of the toughest to treat: injection drug users, people with substance abuse issues, people coinfected with HIV, people living with mental illness and people with any combination of these.

“Most of my patients have seen doctor after doctor and have been told for years, ‘You’re not a candidate’—or, in other words, ‘You’re not worthy of treatment,’” she says.

According to Taylor, a typical day in the fight against the opioid and HCV syndemic involves treating these high-risk folks wherever it’s easiest to find them—whether that’s at Miriam Hospital’s HIV/HCV program at Brown University or at local HIV or methadone clinics and needle exchange programs. When she’s not treating hep C, Taylor also works as a general internist and a buprenorphine provider, extending primary care and medication-assisted therapy to people across the hep C risk spectrum.

Over the last two decades, Taylor has also used her advocacy-informed practice to help establish free HIV and HCV testing, education, vaccination and referral sites, as well as on-site HCV care at methadone maintenance programs, HIV clinics and needle exchange sites throughout Rhode Island.

Click here to read the complete story.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.hepmag.com/article/lynn-taylor