March 18, 2016

The Honorable Lindsey Graham
Chairman
Committee on Appropriations
Subcommittee on State, Foreign Operations, and Related Programs
United States Senate
Washington, DC 20515

The Honorable Patrick Leahy
Ranking Member
Committee on Appropriations
Subcommittee on State, Foreign Operations, and Related Programs
United States Senate
Washington, DC 20515

Dear Chairman Graham and Ranking Member Leahy:

Thank you for your leadership on the Appropriations Subcommittee on State, Foreign Operations, and Related Programs and for your dedication to global health and development efforts. In December 2015, the President released the National Action Plan (NAP) to Combat Multi-Drug Resistant (MDR) Tuberculosis. We write to request that you provide $400 million for bilateral tuberculosis (TB) control in the fiscal year 2017 State, Foreign Operations and Related Programs Appropriations bill to achieve the NAP’s goal of building both domestic and global capacity to stop this terrible disease.

The United States has made considerable progress in combatting TB domestically, and since 1992, TB’s prevalence in the United States has been reduced by more than 50 percent. Globally, however, TB remains the deadliest curable infectious disease, taking 1.5 million lives a year. Though a marked improvement from previous years, 1 million children were infected by and 140,000 children died from TB in 2014, according to the WHO. This occurred despite the existence of inexpensive drugs – $16-20 – to treat infection. Prevention is particularly cost effective relative to the estimated $150,000-$482,000 it costs in the U.S. to combat a case of drug resistant forms of TB, which infects nearly 500,000 individuals globally and whose prevalence is on the rise. Indeed, as USAID recently noted in testimony to Congress, “if the spread of drug-resistant TB is not quickly prevented and controlled, TB-related deaths and treatment costs will increase dramatically, reversing 20 years of progress.”

In recent years, there has been significant progress in developing quicker and more accurate diagnostic tools, as well as additional research into more effective treatment regimens and vaccines. However, most drugs used today to combat TB were developed decades ago and require a 6-9 month regimen. In addition, the more than 85-year-old vaccine, which provides some protection against severe forms of TB in children, is unreliable against adult pulmonary TB, which accounts for most worldwide cases.

Renewed U.S. investments would bring new technology to scale and provide continued support for new tools to fight TB. Focusing additional funds on the fight against TB would also ensure that the enormous gains made through the President’s Emergency Plan for AIDS Relief (PEPFAR) would not be lost, as individuals with HIV are 20-30 times more likely to develop active TB. Such an allocation of funding would also help stem the spread of MDR-TB,
preventing costlier treatment down the line. These additional resources would also support the WHO’s goal of an 80% drop in new TB cases and 90% in TB related death by 2030.

We recognize that you face difficult choices as you consider the many foreign assistance programs that require support in FY2017. We thank you for your continued leadership, and urge you consider TB as an important priority in your FY2017 appropriations bill.

Sincerely,

Sherrod Brown
United States Senator

Tammy Baldwin
United States Senator

Barbara Boxer
United States Senator

Sheldon Whitehouse
United States Senator

Mazie K. Hirono
United States Senator

Charles E. Schumer
United States Senator

Christopher A. Coons
United States Senator

Edward J. Markey
United States Senator

Benjamin L. Cardin
United States Senator

Richard J. Durbin
United States Senator