

Live captioning by Ai-Media

KEN PATTERSON:

I will hit record and I think Lakeisha will start us off today. So, when second.-- One second.

LAKEISHA McVEY:

awesome, thanks. Good morning, good afternoon. Depending on where your zooming in from. I am the Senior Associate that manages the Experts on Poverty program. And before we get into the weeds of our content today, I just wanted to take a few moments to remember the results mac advocate La'™Shon Marshall and her son, Caleb, who we lost last year around this time.

Because I know La'Shon, like a lot of us, had a lot of close relationships with her son and we wanted to acknowledge that. La'Shon had a really difficult life. From childhood into adulthood, the struggles of her and her family experienced as a result of poverty. And we have continued to advocate for anti-poverty policies over the past year.

In La'Shon's memory. The harsh reality is that a vast majority of the struggles and trauma she experienced in life really could have been easily avoided. We know poverty is 100% preventable. Poverty is the result of our countries continued failure to put more effective policies in place to ensure people ASIC human needs are met.

We all deserve safe, affordable, accessible housing. And taking care of safe neighborhoods. We all deserve the freedom to not have to compromise what we eat, where we live, or what we can provide for our children, a son the money we have. We are one of the wealthiest countries in the world and we can end poverty if we have the political will to do so.

La'Shon truly believed this. She believed in and was so grateful for the advocacy each one of you is doing. You know, that is why she was an advocate for results and an expert on poverty. She wanted to use her voice to speak for the millions of Americans like her who struggle every day to make ends meet. No matter how difficult the atmosphere was, La'Shon would never give up.

She was such a beautiful human being. Who had the biggest heart! And no matter what she was going through, you know, she always took the time to ask you how you are doing. She started every single conversation with everyone, no matter how well she knew you.

With a, "hey beautiful!" Which was one of my favorite things about her. You know, she was just such a kind person who would stand by your side until the very end. She left her son Caleb with such ferocity and did everything she could to give him the best life possible.

Despite the barriers she faced. She went out of her way she interacted with feel welcomed and appreciative. -- She loved her son Caleb. No one could light up a room and make people smile and laugh like she could. No one can make you feel more at home and enjoy her spirit the way that hers

radiated those things.

You know, we do work so that our children and every generation after us, you know, never have to experience the trauma and oppression and poverty that La'Shon and millions of other families like hers have had to experience. You know, like La'Shon, we cannot stop fighting for a better world and a better future.

I really want to encourage those of you on this call who knew her to share your memories of her in the chat. And you can also visit her Morrill page on the website, I will drop a link to in the chat. -- Her memorial page. I want to say, as you continue your advocacy this year and the advocacy, you know you are doing right now with the Set the Agenda Campaign.

I hope you will carry the strength and tenacity of La'Shon with you. You know, advocacy is a marathon, not a race. So, it starts to wear you down, just take a moment and remember La'Shon. And keep pushing forward! Thank you.

KEN PATTERSON:

Thanks for that, Lakeisha. I really appreciate you sharing the memory with La'Shon and that you want to continue

-- You want us to continue the work we are doing. I appreciate that. We will move on to the grassroots campaign section of the webinar right now. It was just a quick lunch of a poll to see how many people we have in the room today. Go ahead and fill that poll out quickly and then I will hand things over to Jos Linn in a second. In the same things that Lakisha was talking about. I will just wait another 30 seconds or so. Go ahead and hit that poll. It was a beautiful tribute, Lakisha, I appreciate it.

And La'Shon as well. She was amazing! Alright, I will go ahead and end the poll. Thanks for sharing. Do that, folks. Jocelyn, I will go ahead and hand this over to you. -- Jocelyn. To take us into the training.

JOS LINN:

Hi, if you do not know me, my name is Jocelyn. Before we kind of get started I do want to thank all of the new volunteers. Who have joined this over the last month and welcome you to the call if you are on today. There is a list of them on the slides, you can see.

We are always welcome to welcome new folks to resulted we are glad you are apart of our organization. Next, I want to say congratulations. Graduations to all of you to our Set the Agenda Campaign! Remember, Set the Agenda is all about getting the new Congress to prioritize poverty into their legislative agenda and you are already pushing them to do that.

We started the agenda camping off in January with group planning. Which was so pivotal to all of the success in the efficacy success. As of today, we have 76% of our roadmaps are done. We have 2023 roadmaps, excellent work! Let's work to get those finished up so we can help you reach your 2023 goals.

You have also been reaching out to new people in your state and many of whom are getting positive responses back, some of the new folks on the call today. Please continue to contact... And offer them the chance to make a difference with results. It is really important and helps us grow the movement. Finally, let's talk about lobby meetings.

Look into that map! In just eight weeks, you already have 54... The number is wrong and there, I should have updated it from a couple of days ago. You have gotten 54 lobby meetings up to this point.

That is just amazing work by all of you. Thank you so much! But, we have a lot more to do to reach our goal of every congressional office. We need a lot more meetings in March and the first two weeks of April for recess. So, let's keep pushing for those meetings!

If you have not contacted your members of Congress to schedule a meeting today, requested by, if you have reached out and have not heard back, asked again. We have resources you can see here.

Do not hesitate to reach out to staff for help. Now let's turn our attention to this month advocacy training, as Ken mentioned. As a reminder, results in success is entirely dependent on your success. So, you want to make sure you are always ready you are walking into a lobby meeting. But you know what you will talk about.

That means creating materials for you, we hold calls to make you ready, and trainings and webinar that provoke, prepare, and inspire you. One of our bread and butter trainings is the epic Laser Talk. For new people, the Laser Talk is the result version of the elevator...

On why you remember Congress, should support your position. On an issue. And results founders said you are not truly neighbors until you can speak powerfully -- speak powerfully. So, that helps you do that. So today, we will do a Laser Talk exercises to help you talk about mobile TV corporations and a Renter Tax Credit.

So that we are not rushed, you get to choose which ones you want to learn about. -- TB. If you want to learn about the global TB corporations, stay where you are. He will do that training here in the main room.

(Laughs) The main one! And if you want to learn talking about housing and the Renter Tax Credit, I sure to go to the Breakout Room when it can prompt you to. Again, global TB corporations, stay here. Renter Tax Credit, go to the Breakout Room. Once we are done with the training, we will bring everyone back and then we will move into our policies actions and hear from our guest speakers today.

Note, we only have one captioner on call today. So, if you need close captioning, stay in this room for the global TB corporations talk. So, can if you want to go ahead and open the Breakout Room. Remember, only go to the Breakout Room if you are doing the Renter Tax Credit. I cannot seem to find where I am supposed to be to get in there.

SPEAKER:

Before you go, can you stop sharing your screen? Okay, great. Thanks.

(Multiple speakers)

KEN PATTERSON:

If you want to do the Laser Talk, go to that room, go into check, and join that room. And momentarily, Lisa will get us started here.

LISA MARCHAL:

Yes, we will give you another moment if you want to go to the Breakout Room that has a U.S. Poverty Laser Talk. We will give it to just maybe 15 more seconds.

KEN PATTERSON:

It should kind of pop up on your screen there. In terms of, you know, finding that.

LISA MARCHAL:

The Breakout Room comes up on your screen. It says may be the link expired. Okay. Sometimes different windows open up on your computer can hide it accidentally.

KEN PATTERSON:

I will try to assign some people here, too.

LISA MARCHAL:

Okay. Well hopefully, if you are here in the main room, you will not regret it. Even if you are here accidentally. What we will be doing is, a Laser Talk practice similar in both rooms. Except, the content will be different.

And we have Laser Talk's that are available on our website unknowingly. So, for those of you that I have not had the opportunity to meet, I am Lisa Marchal. I am the manager of grassroots impactful results. I live in Indianapolis and it is really my pleasure to see so many faces new and familiar.

To deliver this Laser Talk training. As Joss said, Laser Talk training is kind of -- is a tool that we have left for a really long time. And it is just a way to speak clearly, sufficiently, and confidently about an issue... It does not require you to be an expert. You can also use it as a cheat sheet for the letter to the editor.

So, we will take a look at a global TB appropriations Laser Talk today. And give it a practice. So, what I will do is, I will share my screen. OK, can you all see that?

I will see if I can enhance that a little bit. There, that coming through clearly? OK, I see thumbs up. Of course, I am asking you and you all are unmute. That is not fair. So, what I want to do is, set you up with a rhythm that you can use.

If you use our archive of Laser Talk's, you can utilize this pattern for doctors with each other. As group members. And prepare for a meeting or for an opportunity to speak.

So what we will do today is, we will listen to the Laser Talk. And then I will repeat the Laser Talk with pauses. In your room, collect the answers that you think go in the pauses. Call M's the phrases.

I will do it another time. -- Call out the phrases. Think the answers in the pauses. If we have time, we will ask for a volunteer. This is about repetition and letting the words spoken in helping you get familiar with it. Practice, practice, practice is the key.

So, here we go with our global TB appropriations Laser Talk. This is what it sounds like. Tuberculosis, an airborne bacteria, now kills more people each year than HIV and malaria combined. COVID, conflict, and other crises have specifically taken a toll on the fight against tuberculosis.

This disease drives and exacerbates global poverty and it targets vulnerable populations. Alarming, TB cases increased in both 2020 and 2021.

In 2020, 1.6 million people worldwide die from this often curable disease. The US has been a leader in the fight against TB. And fiscal year 2024 decisions will soon be made in Congress by the committee that funds foreign aid.

Will you, because this is directed at a member of Congress, will you write and speak to the leadership of the state and foreign operations subcommittee of appropriations? And ask that they include at least 1 billion for USAID bilateral tuberculosis funding in the FY 24 spending bill.

Will you also ask for at least 2 billion for global fund to fight AIDS, TB, and malaria. Now that you have heard the Laser Talk all the way through, you will notice the format of this and why we call it epic. We engage the listener with a phrase that startles or confronts or surprises. We state the problem.

We inform on a solution and we have a call to action. That is the Epics format. So, let's try it and see how much of this you remember. We will put some pauses in. And I want you, from your place, to call it what you think going the pauses. Do not worry about perfection.

Tuberculosis, what is tuberculosis? An airborne bacteria. Now kills more people each year than what combined? Than HIV and malaria combined. COVID, conflict and other crises have specifically taken a toll on what? -- COVID. On the fight against tuberculosis.

This disease drives and exacerbates global poverty and targets global populations. Alarming, TB cases increased what years? In both 2020 and 2021. In 2021, how many people worldwide died?

1.6 million people died worldwide from the often terrible disease. The US has been a leader in the fight against and what year of decisions, or what kind of decisions? Fiscal year 2024 decisions will soon be made in Congress by the committee that funds foreign aid.

Will you write and speak to the leadership of the state -- I am sorry, I almost gave you the answer. And speak to the leadership of what? (Laughs)

The state and foreign operations subcommittee of appropriations. And ask that they include how much for USAID bilateral tuberculosis funding? How much for bilateral? 1 billion. At least 1 billion. In the FY 24 spending bill.

Will you also ask for at least how much 20 global fund? At least 2 billion for the Global fund to fight AIDS, TB, and malaria. Okay, I'm hoping you felt good about what you did. If you remembered anything, you are doing a great job. Because you only first heard of this a minute ago.

OK, now we will do this once more. I want you to think the answers. See how many answers you get from our epic format. -- In our epic format. What kind of disease? An airborne bacteria. Now kills more people each year than what combined? HIV and malaria combined.

COVID, conflict, and other crises have specifically taken a toll on what? These fight against tuberculosis. -- The fight. This does he drives and exacerbates global poverty and its targets vulnerable populations. Alarmingly, TB cases increased in what years?

In both 2020 and 2021. In 2021, how many people worldwide died from this often curable disease? 1.6 million. The US has been a leader in the fight against TB and what year of decisions?

Fiscal year 2024 decisions will soon be made in Congress by the committee that funds foreign aid. Will you write and speak to the leadership of what committee?

The state and foreign operations subcommittee of appropriations. And ask that they include at least how much? How much for USAID bilateral TB?

1 billion for USAID bilateral TB. Spending. In the 2024, in the FY 2024 spending bill. Would you also ask for at least how much for the global fund? -- Will you. At least 2 billion.

For the Global fund to fight AIDS, TB, and malaria. You all did great. I can see males moving. You all did wonderful -- mouths moving. You all did wonderful! I know this is repetition, this is exactly how you practice this.

I will rated one more time and see how much you can remember quickly. Which is more than you probably think you did. Tuberculosis, and airborne bacteria, now kills more people each year than HIV and malaria combined.

COVID, conflict, and other crises have specifically taken a toll on the fight against tuberculosis. This disease drives, exacerbate, global poverty. And it targets vulnerable populations. Alarmingly, TB cases increased in both 2020 and 2021.

In 2021, 1.6 million people worldwide died from this often curable disease. The US has been a leader in the fight against TB. And fiscal year 2024 decisions will soon be made in Congress by the committee that funds foreign aid.

Will you write and speak to the leadership of the state and foreign operations subcommittee of appropriations? And aspect they include at least 1 billion for USAID bilateral TB. Spending. In that 2024 spending bill. -- And ask. Will you also ask for at least 2 billion for the global fund to fight AIDS, TB, and malaria?

Really good job! Now, I want to check our time and see if we are coming back yet. Because if we have a little bit wartime, I have a question for the room. -- A little bit more time. Cannot we have a little bit -- we have at least a couple more minutes.

LISA MARCHAL:

Okay. First off, I want to see if anyone has any questions. Is it possible for folks to come off need for a question? Or should they put it in the chat, Ken?

KEN PATTERSON:

Let me see if I can log into unmute. I should be able to do that. Yes, go ahead.

LISA MARCHAL:

Does anyone have a question you would like to ask about this Laser Talk? Or the Laser Talk process? Well, I want to recommend to you, first, you did great work.

Oh, Beth.

SPEAKER:

Hi! I am curious, where the numbers come from. How do we know that many people died? And, how many people get and that is that much more than malaria and HIV. How do we get the numbers?

LISA MARCHAL:

Yes. Well, I can speak fairly confidently. I do not want to speak to my other colleagues on how they write, but we pull straight from our policy information.

So, some of the policy briefs and the policy backgrounders that might have more specific mention of the WHO or other source material that we cannot fit in a really short Laser Talk, that is really the source of our data. It is our own internal briefs and reports.

As well as reports we reliance on the WHO and others. So, if you ever have a question or think that if you are writing your own Laser Talk and it may make it more powerful and convincing to quote exactly what the source material is, whether it is the WHO, or the global fund zone report, that kind of thing, let us know and we can make sure you have that clarity.

Janet?

SPEAKER:

Yes, I think it would add credence to it if there was a footnote as to where this came from.

LISA MARCHAL:

Okay, that is great. I know that this material for the brief, I am sorry, for the Laser Talk, came largely from our own tuberculosis brief for the set the agenda campaign.

Has kind of the larger context and the source material. But that is a great snow. And you can write your own Laser Talk, EPIC, and put in the footnotes you think will be the most powerful as well. Outside of this webinar, if you are using any of our materials and you go, "you know what, I would like to know more about the source material." But you could not quite fit into the short format, let us know, and we will make sure we get that footnote for you.

Welcome a brilliant job everyone, thank you. We will rejoin the main room. So, grab those Laser Talk, and keep practicing. Thanks!

KEN PATTERSON:

That was great, a couple more seconds here is that other folks will be rejoining us. He will do a couple of announcements and then move on to the US poverty section of the webinar. Thanks for that training, Lisa.

LISA MARCHAL:

My pleasure. It is always fun to do a Laser Talk.

KEN PATTERSON:

There are some good things in the chat. About sources of information. Which is great. You can always just stick in, "according to the World Health Organization." In your Laser Talk. Like you were talking about, Janet.

LISA MARCHAL:

Enjoy the rest of the webinar, everyone. And thanks for practicing.

KEN PATTERSON:

I will just wait a second here until folks come back. It looks like folks are coming back now. Alright, great. I hope that was informative and useful for everyone. Doing the Laser Talk training. Thanks to Lisa for leading debt. This is a stable of what we do. It is important to be a powerful speaker.

This is just in time for the huge Set the Agenda month of March. Which is a big, big month for meetings of members of Congress. So again, just in time to think powerfully with those members of Congress. We will still be having an the month of March. So again, things for the training. Just a couple of things on the calendar worth noting. I want to encourage all of you to check the grassroots offerings we have.

Via the weekly update. We usually put it in the weekly update. But, I wanted to know that we also offer more training and you know, collaborative opportunity – my collaborative opportunities then a person can possibly have. Find the opportunities that address your personal needs and the needs of your group to take part in.

A couple of things coming up: we have the US and poverty forms coming up on March 16. This is an opportunity to go deeper on the issues and ask questions of our policy staff. This year, the US policy will propose on equity in the tax code with the Barbara (unknown name) from -- she is the executive director of school has connection.

And then with world TB Day coming up... Our robust TV campaign for the year. So, you will want to hit that. Also, please check out our anti-oppression offerings. To learn more about the root causes of poverty into linkages to oppression. Also, how we as individuals can uncover our own blind spots and understanding that the challenges that people who are oppressed or those who are living in poverty face, it is really critical to building a movement that includes everyone.

Also, check out the opportunities for free agents and return peace core volunteer advocates. And then finally, I want to mention we have a free-agent action webinar on March 15. This is a great space for learning how to activate others. Immediate office hours later this month on March 22. -- Media.

I know a lot of people have come out of those hours and gotten themselves published with the help Jocelyn it provides. Now, it is time to turn over the women are to Michael Santos, the associate director for US poverty.

And to lead the US policy section of the webinar. Michael, are you there?

MICHAEL SANTOS:

Yes, can you see me and hear me?

KEN PATTERSON:

We can definitely hear you, I will make sure that people can see you now.

MICHAEL SANTOS:

(Laughs) Alright, great. Good afternoon, everyone. From Washington, DC. For those of you who I have not yet met, my name is Michael Santos. I am the director of US policy at results. Today, we will talk to a topic that is near and dear to my heart and a topic that is... Housing.

This year, as a reminder, we are supposed to focus on achieving economic justice in the tax code and housing plays an important role in an important pillar for a couple she does. This is why we are pushing, we are working on pushing Congress for the federal Renter Tax Credit and the extended Child Tax Credit. So, families and other household can aim to get better housing assistance, now can get rent through it. Especially at the time of high housing.

So, what exactly is a Renter Tax Credit? We have some resources on the Set the Agenda Campaign

and we will have more in the future. So, do not worry. But, here is a short video of explaining what that is.

(Video plays)

SPEAKER:

... It is time the tax code supports renters just as much as homeowners. It is time for a Renter Tax Credit. Here is how Renter Tax Credit works. For any household that pays more than 30% of its income towards housing, they will receive a monthly tax credit to bring down their housing costs to 30%. When folks say in their current homes, there is a reduced need for more expensive and complex supports, like vouchers or homelessness interventions.

Research shows that when renters stay house, they keep their jobs and can afford other basic needs, like food and childcare.

It is a key step towards economic justice and ending poverty. Which is why results will advocate in Congress for a permanent, refundable Renter Tax Credit. To join the effort, visit Results.org.

MICHAEL SANTOS:

Thank you for sharing that. Hopefully you find that very informative as a quick, short video. Very helpful. Alright, so next slide, please.

I went to spend the next few minutes with you talking about housing. I have two amazing guests joining us for this topic. I really thought it would be helpful for you to hear directly from other advocates, who were actually working with the populations who will benefit from a Renter Tax Credit and who are able to tap into existing federal housing and homelessness assistance programs. So, I want to introduce Cara Baldari. It is Kara's first time joining the result organization, so please give her a very warm results welcome in the chat.

And Stacy Pollard from Family Promise. She may look familiar some of you and that was because she was one of our speakers from a previous International Conference. Stacy Pollard has over 10 years of extremes working with homeless service field and she has serviced the regional director for Family Promise. Since 2016. Prior to that, she served as the second director of the Nevada Homeless Alliance. Also, as a Program Director and Interfaith Council of southern Nevada's Camp in a town.

She has... Stacy coordinate ledge that if updates and advocacy efforts with Family Promise. Up next is Cara Baldari, who is the vice president of family economics housing and homelessness a First Focus on children. She has been with First Focus since 2011.

In this welcome she leads the US child poverty action group on which First Focus is a founding member. Through her work, she advocates for cross sectors set of investments to end child poverty and homelessness. Including cash assistance, income supports, homeless assistance, and more.

She lives in Washington, DC. With her husband. Stacy and Cara are really glad -- we are really glad to

be here with you. Think of for joining. We would like to ask a few questions. I know we do not have a lot of time, but hopefully this will be very informative to our volunteers.

For those of you turning in today, feel free to answer questions in the chat and we will try to answer them time permitting. Time permitting. Stacy and Cara should leave their contact information should we run out of time today. Welcome, Karen and Stacy.

Okay, let's keep this panel off. Really quickly. With our first question: can you discuss why you support our current policy priorities with the Child Tax Credit, is the Renter Tax Credit. And how you think these priorities will advance for the needs of the families you work with. Either additional perspectives! Are there additional perspectives you think grassroots volunteers should consider in their work to push Congress for these priorities?

Why don't we start with Stacy?

STACY POLLARD:

Thank you for the warm welcome in the chat, everyone. It is so nice to be here today. Again, I am representing Family Promise today. We are a national nonprofit services children and family experiencing homelessness. Last year, we served over 187,000 individuals and families.

And this is a really important topic to us. Because our families and we are starting a really struggling. We serve families on the spectrum and homelessness. So, we serve families on the front end of homelessness, you know, that are at risk of losing their housing. We serve families that are in the midst of their homeless crisis. And we serve families that are coming out of homelessness.

And cost of housing is incredibly prohibitive to family stability. And it is traumatic. It is traumatic for children, it is dramatic for peer -- parents watching their children go through the experience of homelessness or housing instability. Cost of childcare on top of that is just insane!

I am a mother, I have a six and eight-year-old. When I first moved, I lived in Oregon. When I first moved to Oregon, has been and I were paying 29% of her income on housing. We were paying 20% of our income on childcare. And it is just a lot to take on for families. -- 28%. The video did a good job explaining the lack of housing that is available.

In our industry, we call the housing that -- we defined housing wage as what you would need to make in order to spend 30% or less of your income on housing.

At this point in the United States, as of 2022, the housing wage for a one-bedroom apartment is 21.25 an hour. And for a two bedroom apartment, it is 25.82 an hour. As of January 2023, the New York Times just reported that the median income households are paid on average, at this point, 36% of their income on housing.

When you are working in homeless services, what we are seeing is, we cannot get families out of shelter because there is no place for them to go to. Hourly waitlist are increasing because we can

open up the beds and the shelter programs we are running. -- Our waitlist. We are very supportive of the Renter Tax Credit in the expanded Child Tax Credit because the families we are serving need as many income supports as they can get.

It is a game changer. You know, to have the supports would be a game changer for children we are serving and for families.

MICHAEL SANTOS:

Thanks. Tara, do you have anything to write?

CARA BALDARI:

Sure. Things again for having me. For those of you who are not familiar with First Focus, we are national bipartisan children advocacy organization. We cover a wide range of issues affecting kids. I have been lucky to work with Stacy and Michael and others in the space.

In family economic issues and housing and homelessness. And you know, First Focus does a lot of direct advocacy with congressional offices, you know, in the administration. We focus mostly on federal policy. We like to say that every issue is a kids issue. But yes, our lawmakers do not treat policy issues that way. Unfortunately, too often, kids are forgotten.

You know, their needs are not prioritized in policy, right? Policies are not always assessed for the impact of kids. You know, kids -- people think kids are sympathetic. Sometimes it is the opposite. We see in housing that there is discrimination against kids. Lenders do not want to rent to families with kids. Are they are left out of the housing policy. Which we might get into more.

That is for pretty obvious reasons. Right? Kids cannot vote. They cannot form packs. So, it is hard to keep lawmakers accountable for doing right to kids. In polls we have done, people care a lot about kids issues, but they do not vote based on kid issues. An example we saw was, we have this really important progress on child poverty as a result of the improvements to the Child Tax Credit. Yet, none of the midterm candidates really talked about in the midterms, right?

Even the ones who said they champion it. So, people do not see kids issue as always the winning issue, even though whenever we pull across the board, right across parties, that is, voters are overwhelmingly supportive of doing it by kids.

We really advocate for structural changes in the government to say, you know, we need marketability to our lawmakers and kids. Right? That is the only way they will do right by kids. For example, we advocate for national child poverty reduction target in the United States. Right? Setting some kind of goal to address child poverty.

Ideally, kind of going to law. Especially now with the progress we saw of the Child Tax Credit. Kind of saying, let's solidify your commitment. You know, I think we know the tax code. Is one important way to fill in the gaps of, you know, helping kids who needed for the Child Tax Credit right now. But those improvements have expired. There is a lot of kids left out. Right? The kids with the greatest needs are

left out of the Child Tax Credit once again.

For Renter Tax Credit, we know families of children often really ignored in housing and homelessness policy. So, we know that most, for example, most families extrinsic homelessness and housing instability are often in this doubled up situations. Right?

Really transient situations. Moving around a lot. So you know, that means they fall for the gaps for assistance. It is hard for them to get emergency rental assistance. Except, what was resulted as a result of COVID-19. They may not have a formal landlord. Right?

So, how do you get them to qualify? Yet, they are often considered homelessness through the department that the US Department uses. So, then they are not getting homelessness assistance either, right?

So, Renter Tax Credit could be really helpful. In that regard. We also see that for housing vouchers, you know, there's a lot of families on the waitlist but they are not always prioritize. They set priorities and that often does not make good families with children. We are trying to work on collecting more data.

From the reports we do have, families are declining share of those who are getting housing assistance. We know that voters are hard to use for many families. So, -- voters. That is plenty, I will stop there. I know we will talk more. I outgrew -- I echo everything you heard from Stacy.

MICHAEL SANTOS:

Thank you, both. Really a good way to start the conversation. I am sure we can have more conversations that go beyond today's program. I encourage people to reach out, especially to me. Or if you have any particular questions about the Renter Tax Credit. Switching gears a little bit.

Do any of you have tips on what perspectives our grassroots can share with their members of Congress to get them to support making our tax code more equitable and better serve families? Stacy, I will have you start again.

STACY POLLARD:

Alright. You know, we always recommend telling the stories. But I would definitely encourage you, and I think this is a little bit later in my part. But, connect with the Family Promise affiliate. Connect with your local service providers.

You know, next with people who have lived experiences. Tell the stories that the current impact is having on a policy of families with children. And then bring the numbers, too. At one point, I live in Oregon. At one point in Oregon, all of our families were working full time in shelter. They could not afford housing. That was their big private factor to getting out of shelter.

That is a big deal! You know, at this point, 2.3 million children in the United states are facing homelessness each year. Which is insane to me! One in, I think it is, no, when in 19 children will

explain homelessness by the time they are in kindergarten.

My daughter came home from school one day and she said, "mom, did you know my friend used to live in her car?" It hits home. You know, when in 19 kids. One in every kindergarten class will experience homelessness. That is a story you can bring. Show the impact of current policy and show the impact of what policy could do to address this. I think that is really important.

We also recommend trying to, you know, cater to the party. I think a lot of, I do not want to go on to partisan stuff, but I think a lot of us have the same goals. No one wants to see kids sleeping in cars. So, how do you use your language to frame it? You know, I joke that Republicans want to reduce dependence on programs and Democrats want to increase independence. That is the same thing. It is just the use of your language. So, think about how you can use your language to really frame the argument.

And the last thing I will say is that, you know, there's a lot of attention on homelessness now in the United States. There is a lot of focus on what we see on the streets. That tends to be not what we see. We do not see families. But you know, we have studies from Minneapolis, Los Angeles, Seattle, roughly 25% of people on the streets first experience homelessness as children with their families.

Another 25% first experience homelessness as a transition use. -- Youth. What we're seeing is roughly 50% of people on the street right now that are pulled, and those three committees which are very different. First experience homelessness as youth.

And I think that is another argument you can make for investing in kids and having stability.

MICHAEL SANTOS:

Thanks, Stacy. How about you, Cara? Anything else to add?

CARA BALDARI:

I echo all of that. I think we are coming from a children perspective, right? You really should focus on the kids. And you know, that seems simplistic. For example, when we were continuing to advocate for the Child Tax Credit, a lot of the focus of the back-and-forth of whether we should be extending the Child Tax Credit was around the adult in the household.

And how the Child Tax Credit affected their behavior. Meanwhile, when you focus in on the kids and the impact to the kids, that is where you see the support. You know, I think the message that no child, all children deserve the chance to grow up happy and healthy and thrive.

You know, there is support across the board. It is hard to argue with that, right? How are you putting kids in tears of deserving (indiscernible). There is study after study that shows whatever else is going on, right? When kids get, you know, when there is an increase of resources in how kids do better.

With research and data, especially what for central policy making purposes and thinking about the budget resources for kids. We know that giving resources to kids early on makes it more successful as

adults. There is so much research showing that. It is hard to think about a lawmaker making an investment now that we will not see sometimes the fruits of that for, you know, another 10, 20 years.

That is not how are policymaking works. It is a major barrier in this. When you tell the stories of something they could really understand. The impact even if it does not show up in our budgeting.

I think that is really that is really helpful to lawmakers. I will leave it there, but I stressed those two points.

MICHAEL SANTOS:

Thank you, both. One last question. I am sure we can talk about this all day. But, let's hear what you have to say. What are some of the challenges you have been advocating on behalf of children's and families? How do you address them?

STACY POLLARD:

We have seen, but I would say, homeless services is that there is a limited amount of resources and we have advocates competing against each other. You know, the advocates for homeless adults. You know, do not want to broaden the definition of homelessness. So, children are obvious. The current policy is that children are locked out of homeless services.

We advocate for an extension of that definition. But, again, there is just competing priorities. Limited resources. Prioritization that comes against kids or does not. That is not children. So, I would say those are the top for us.

CARA BALDARI:

Yes. And you know, I agree with all of that. I think adding on to what I said earlier, there is no accountability to do right by kids. It is easy to have these meetings of people saying they agree, but you know, what will make them prioritize kids?

And I mean, the work you are all doing is so important. You know, we heard time and again that lawmakers who support, free sample, the Child Tax Credit said, "I did not get that many calls from families or people saying that this matters to me."

And we need more of that, right? There is not the same power indicates community for that kind of grassroots action and accountability. The way there is for seniors, right? We do not have an ARP for kids. So, the work you are all doing is so critical.

At the end of the day, it is a political accountability. You know, you can convince some lawmakers, but others, the only way they will vote the right way or take action is because they feel like it might affect their reelection, right?

That is just the way it works. It is hard to do that on kids issues. So, I mean, it is a constant battle. I think, you know, a Renter Tax Credit, I think the angle that there is so many kids and families being left out of assistance now is helpful. But there is other angles too. I think it will be helpful to have people

from all those different angles coming together to show the needs.

So, they keep are all you are doing. You're always happy to support that, provide information where we can. -- We are. You know, partner up. And whatever we can do to keep the fight going.

MICHAEL SANTOS:

Thank you. Just to go on that a little bit, one of the risk for the Renter Tax Credit come in addition to the Child Tax Credit, is that the CTC on its own is not enough. Imagine you are a family of five, you know, you're has old income is like \$100,000. You live in Idaho.

That may be a lot of money, but if you are in the same situation and you are living in San Francisco, California, where the housing cost is just so crazy right now, it is just crazy expensive to live there. Chances are, even if you are getting the full Child Tax Credit, you are still...

Because of the cost of living. High cost of living in San Francisco. So, we want to make sure that there is actually a tax credit that is -- specifically addresses housing needs of people. Not just people with kids, also other people who are unable to tap into existing house hold sometimes. Alright, so we're getting close to time. Before we close, is there anything else you would like to share?

Maybe my colleagues can put up the slides again. That Family Promise has. Stacy, I was hoping you could talk about the Family Promise, your chapters across the country. Volunteers. Getting involved. The work that you are doing. Since your chapters are also underground.

To hear more of the stories and you know, as is the situation. And what is happening locally. Go ahead, Stacy.

STACY POLLARD:

Absolutely. I know we are low on time, so I will make it short. We are in 43 states, we have over 200 affiliates. And I definitely recommend if you go to the next slide, going to our website, there is a way to look and see what affiliates we have by state. If there is an affiliate nearby you to connect with them for advocacy for some you're also welcome to reach out to me, my contact information is on the slide.

But, it is very powerful to have constituents. People on the ground sharing their stories with congressional offices. And we would love to partner with you to do that.

And yeah, I just cannot say it enough. Persons with lived experiences is very important for our leaders to hear their voices. If we are not helping them speak, if we are not speaking, that someone else is and that is not always favor children. So, I think that was all I had. I have a ton of stories that I can share with you.

If we connect at a later date. At this point, I had affiliate plane landlord incentive to just consider our families. But, we are happy to be very creative with housing. It is a rough market out there.

MICHAEL SANTOS:

Tara, I know we have a few minutes left. -- Cara. Is anything else you want to share?

CARA BALDARI:

I do not think so. Our website is First Focus.org. We have a mailing list where we send out materials. I do not think I share this with you, Michael. But, we produce a child budget book every year that analyzes spending on children each year. Both domestic and international. If that is ever helpful, that is on our main homepage. We find of the share spinning on kids remains low. It increased a little bit as a result of COVID assistance.

Now it is back down. That is another example of how we do not prioritize our kits. But yes, I believe that there.

MICHAEL SANTOS:

Thank you both for joining us. I know if you can stay a few minutes, if you would like to look at some of the questions, we try to answer them. This is the first time I have seen our chat, like, he does active (Laughs). I think there's a lot of interest in a lot of questions. -- Need this active. I encourage people to keep asking those questions. We have everyone's emails here. Please reach out if we are unable to answer your questions.

And to this webinar. So, next slide, please. Alright, so I know many of you have already met with your memory so Congress as part of our Set the Agenda Campaign. For that, thank you. Thank you very much for all of the work you do!

A special thanks for those of you talked about the US poverty because he prairies, the Child Tax Credit, the Renter Tax Credit, and to manage your lobbying review... For those of you who have yet to do your meetings or cement your lobby reports, it would be really helpful for our team if you include more information about what your member of Congress said about the Renter Tax Credit and the Child Tax Credit.

Because this allows us to better advise you as the government network, right! We are working here on a team as wet our strategy should be -- as what our strategy should be and how we can move it forward. Our initial goal is to really get members interested in this idea. There is no need to go deep dive.

On the policy. With granule details. We can do that later. We promise we will have more information and more resources available in the coming months.

We may also follow up with you if we need more information. So, I just wanted to provide a highlight here. On the hill. Based on what has been reported on lobbying report forms, there seems to be a universal support.

Universal support from the Democrats and the Child Tax Credit. The good news is, that there is a lot of Republican support for the Child Tax Credit too. So, a bipartisan bill is actually on the CTC. If possible on this Congress. Right? Even the chair of the powerful House Ways in the committee, representative

Jason Smith Frommer's worry that he is willing to work on the tax credit. -- From Missouri... We can advise when anything specific in terms of strategy.

That applies to your lawmakers. We are also looking at possible vehicles that would carry our priorities. Right now, what we are seeing is that it might not be until much later this year. Nothing is set. But, we may see one in late summer or early fall.

Certainly by the end of the year, a lot of time Congress has the annual budget. But, work continues even if this is the case. We want to be ahead before Congress even begins to consider some of those for the bill. By the time they actually have these vehicles lined up, it may be too late to really get them on board with the Child Tax Credit and Renter Tax Credit.

Next slide, please. So, I touch briefly on the state of the economy and how we are doing. This is really front and center with many families, many people struggling to pay for housing costs, right? Employment and joblessness is at an all-time low, the nation may not be in recession yes, but America is still poor. Many Americans feel squeezed in the economy. The true culprit of this is the lingering inflation. The average consumer good cost: 6.4% more in January 2023 than in January 2022.

In food costs grows – micro 10%. Low income Americans are struggling the most. And in a Gallup poll, 6% of low income respondents said they are worse off than a year ago, compared to 43% of upper income people.

Next slide, please. So, I discovered a lot of materials. Thanks for wonderful grants, parent and Stacy. Hopefully, you can join us again in future webinar. I am sharing resources we just discussed in the slide and you can have them handy and look at them closer later. There is a whole list of materials from the Set the Agenda Campaign. On the Renter Tax Credit into Child Tax Credit. Also, additional resources from today's speaker.

If you are not able to capture that on the chat or you are not able to access that from Cara or Stacy, the slides will be made available for you to use and they are available later. Next slide, please.

And this is just as light I also included for your reference. Just to remind you of what our current policy asks are for Renter Tax Credit and the Child Tax Credit. Next slide.

And lastly, we want to make a quick and short, but important announcement regarding our US policy team. We brought in (unknown name), are 2023 Bill Emerson National Hunger Fellow to further our work on the Renter Tax Credit... And date has -- Gabe has over eight years of experience in... Political campaigns. Political organizing and outreach.

I just wanted to keep an eye out from the messages from them as we expand our policymaking. With that, I will turn it over to our Executive Director, Joanne Carter.

JOANNE CARTER:

Thanks so much, Michael. Hello, everyone. Again, really grateful to be with all of you today. Thanks so

much Stacy and Cara for the great discussion. And thank you, Michael, for leading the work on the Renter Tax Credit campaign. Just to say again, we have such a critical role to play in helping drive efforts to use the tax code.

To actually drive for cheaper equity to help not only reduce but eventually end child poverty in this country and ensure that everyone can have an affordable and state -- safe place to live. It is really critical work. In the interest of everyone, again, I want to say that your work on Set the Agenda Campaign has been really inspiring!

Over 15 meetings with congressional offices already. I know you are pursuing for hunt -- hundreds more. I'm already seeing some more important opportunities and allies from your efforts, getting in the early with Congress to build relationships. To help shift their priorities. Most important, the call to action. I want to remind us again that without you, Congress might literally never hear about some of these crucial issues.

The Renter Tax Credit is an example of that. And the challenge of tuberculosis around the world is another. TB is on track to again become the world's deadliest infectious disease.

And it is a huge cost and consequence of poverty. It does not have to be that way. You know, a disease that is treatable, preventable, the biggest barrier is not just science, but funding and political will. You will have played an essential role in building support for the fight against TB.

And have a historic opportunity this year to really take a giant step towards ending this disease. You know, new momentum in Congress that you are helping drive and around the world. In the global leaders gathering at the UN in September for next high-level meeting. To make new commitments and drive new goals.

So, I am really thrilled to have our next special guest on this call he was a leading voice for health equity. -- Who is. As for the fight against tuberculosis. Doctor Atul Gawande. Welcome, 12. Atul Gawande is the assistant and administrator, which means the senior leader for global health of the United States and the supranational development, USAID.

He is a renowned surgeon, writer, and global public health leader. He has worked to make surgeries safer globally and much more. And not many of you may actually be familiar with the tool from one of his four New York Times best-selling books. Each of which, I think, has been important and profound in its own way.

And Atul, today you are drawing from committee grass root -- grassroots advocates from all around the country. Many are longtime advocates on TV. We are excited to welcome many new people to this critical work. Result advocates have already been working this year, as you heard, to sit in antipoverty agenda for the Congress.

That prioritizes the fight against TB and also support for child and maternal health and nutrition. So, really great to have you stay, welcome. I would love if I could just start with a few opening questions

and then I will see what we have time for from the network. So, welcome, Atul.

ATUL GAWANDE:

Thank you. Would you like me to say a few words to start then.

JOANNE CARTER:

That would be great.

ATUL GAWANDE:

Hello, everyone. It is great to see you and meet you. I am leading global health and USAID. As you heard, this was just one year now after I was sworn in. One of the things that I have gotten to learn NC is the incredible impact and importance of the TB program.

That we have here. We are the leading US government agency on TB. And the US is the largest bilateral donor leading the international TB response. As a result, the USAID has had a critical role in driving progress towards ending TB in the world.

So, I am currently grateful for your support in making sure that leaders understand this vital contribution. So, after a year in the job, I have gotten to now see firsthand what we were accomplishing. I was in Indonesia two weeks ago.

In coupon, which is on the island of (unknown name). I was visiting a primary healthcare clinic, which gave me a sense of the scale that is being achieved. At that frontline committee health clinic for nine villages, they now have a modern TB testing capacity.

With a machine that allowed for accurate diagnosis of TB. Therefore, getting people directly onto treatment. In a country with the second-highest burden of TB in the world. I was in Vietnam in November. And I got to see the diagnostic innovations of screening capabilities.

With an ultraportable chest x-ray system. That USAID has been supporting the development of innovation around. It is portable and to reach communities that do not have radiologists, because it has an AI driven readout. It -- to determine whether you are at risk, your chest x-ray shows you are -- high likelihood of TB or not. That drives people into testing and getting into treatment.

And then I was a month before that, in South Africa. Where I got to see the Peapod regimen. Which USAID supported the research to develop. Which is the first major new breakthrough in treatment in years.

For TB. I saw the difference it could make, one of the biggest TB wards in the world at this display tropical diseases hospital. -- As the (unknown name) tropical diseases hospital. That was a kind of granular capacity that is being created through the TB efforts that you are helping us back.

This is a consequence for global TB response, as Joanne was indicating. Number one, we have lost ground. During the pandemic, we had a 7% increase in deaths in TB. Where we had years of

successful study progress.

And that is a major setback. We have critical pending legislation. With the NTB now act. Which holds USAID and the US government accountable for turning the situation around.

In demonstrating and driving results. -- And. We are delighted to be expected to have that accountability. We welcome it and urge for this to pass. Before the UN high-level meeting. Which will occur in September. That high-level meeting on TV is when countries all around the world -- TB, come all around the world to acknowledge that we have come backwards and set the next goals.

Where we begin our stat -- path for steady improvement to ending TB. So, it is a challenge to leaders who have not only donor countries, but high burden countries, to make real commitment to addressing the gaps.

We really look forward to integrating our USAID global TB strategy into the high level targets, the UN high-level meeting targets. We hope that the UN high-level meeting political declaration will be aligned with USAID global strategy we announced last year. That strategy framework is a results framework that aims to reduce TB incidents by 35% and TB deaths by 50%.

By 2030. Using what we have called the 90, 90, 90 approach. Taking a leaf from the success that folks have had in HIV. So, what is the 90, 90, 90 approach in TB? That 90% of individuals with TB are diagnosed and initiated on treatment.

That 90% of individuals with drug resistant TB are diagnosed and initiated on the appropriate treatment for drug-resistant TB. And that, the third 90, is that 90% of individuals with drug sensitive or drug-resistant TB are successfully treated.

In addition to that 90, 90, 90, we want to make sure we are providing 30 million individuals with TB preventative treatments. There is also new innovations that we can see coming on the horizon. For one, USAID is working on research activities to inform and improve vaccines.

There is now a phase 3 trial of a anti-TB vaccine. That is beginning later this year. That is a very big deal! And a promising opportunity. There is also, secondly, for innovation research, about a all oral shortened pan TB regimens that can treat drug sensitive TB and drug-resistant TB.

So, we have old targets. We have amazing innovations. -- Bold targets. Where we have not had them for a long time. Touche -- to share our vision of a TB free world, we are really grateful to you to help make it possible for Congress to come together and work on these efforts.

And all of you, advocates, partners, countries around the world, to be re-added -- read and write dies after three decades of pandemic diver did as from what is it still now the biggest infectious disease killer in the world in 2023.

So, back to you, Joanne. Happy to have any alignment discussion here.

JOANNE CARTER:

Thanks so much, Atul. Both for their perspective on the specific things that USAID funding is helping countries drive. It also, that sort of an portion of the targets that USAID has said, you know, really important targets. And the opportunities we have. With the tools we got, but with these new regiments.

And the new vaccine. At least several vaccines in the pipeline. I am wondering if I could just ask another question. Folks, if you have a question, please place it in the chat.

I was wondering if I could ask a question about, sort of, TB in relation to the sort of better prepared for the next pandemic? You know, could you talk a little bit about, like, what it would look like to build systems that respond to the existing pandemic system like TB?

But also for the pandemics in the future, and frankly, as a path of preparing ourselves. Just to acknowledge, you have been a tremendous leader before you came to USAID. But, in this critical, critical role in primary healthcare. What role does that plan public preparedness?

How can we wake up the idea that you sort of have to choose between, you know, fighting the current epidemics in the future once? And how we can really build strong systems to do both?

ATUL GAWANDE:

Joanne, so glad you asked this question. Because pandemic preparedness means at Penn denigrating primary healthcare workforce. It is mainly -- meaningless to have preparedness for outbreaks unless you have a frontline who can actually do something about it. So, a case in point.

In Ebola, 2014 and 2015. Well, 2014 and 2015 in West Africa. 2018 in Art of Congo. He had months of virus circuiting

This wreck circulating. People turning up with a bullet in clinics, not being recognized to have a bullet. Sickening more people, including healthcare workers. Before it was finally diagnosed.

And that it was months to mount a response. We have been investing in a USAID in West Africa since 2015 in building intensive support to help them get the capacity to address these issues. So, in 2020, actually, there have been many Ebola outbreaks. I will tell you the most recent ones.

This year, in April, in the DRC, and in a bowl outbreak and they were able to -- on Ebola outbreak. It was a frontier health worker who recognized because they had had the training. That this was not just a severe malaria, by the way, these folks turned out to have malaria. So, it confuses the picture.

But, this from line worker recognize that this could be a bola. They had a gene expert testing system for TB. -- Ebola. In a cartridge you could use for E bullet testing on the same machine. -- Ebola testing. They tested it that day, turned out to be positive, they had the PPE and training in place to protect themselves and isolate the patient.

They immediately had the reporting system so that the central response was mounted. A day later, contact tracing occurred. 250 initial people started bringing back oxidation the day after that. Instead of -- vaccination. Instead of 10,000 people dead, and in international spread, it was confined to that community. Only five people died and it was stopped in the first round.

I see that again and again. That same diagnostic capability. Has been provided the backbone of COVID response and many of the same TB workers, these were respiratory illnesses, people know how to address and take care of them.

Now we're in the midst of figuring out the emergency of COVID is coming to a close in the spring. And we have to integrate COVID into regular work. That, it turns out, we they were just discussing this this week. The TB work address between illnesses is where we have to bring this respiratory capability to bear.

So you know, the same people who are looking at is, the people who have a fever and a cough and needing to be tested for TB are the same clinicians now also have the capacity for COVID or avian flu, or anything else we need to have as our outbreak preparedness. It is primary care.

JOANNE CARTER:

Thanks for that great example, too. Literally using the same machines. It also feels like you have been such a champion around health equity and not only are we fighting the current and the building capacity for future pandemics, but we are building out that primary system that actually gets to everyone.

I've been watching for some questions in the chat, I will come back to this. I wanted to take a moment to also announce, we are just past the one year mark. Of the world losing Dr. Paul Farmer. And so many of us that do this work, so many of us in results are inspired by Paul understanding a systemic and equity.

His relentless commitment. And what he helps shows as is possible. How we called out injustice in a way that might wake policymakers up for calls to action. He would also this Mikey was a colleague and friend of yours. So, may build -- maybe building on what you are sharing. Any thoughts about how we carry this work forward that he championed for so many years and that you and many others have as well.

How do we use this moment to kind of forward the work, maybe even more ambitiously?

ATUL GAWANDE:

The loss of Paul was just so gutwrenching and an incredible blow. And you know, he has touched so many thousands of people individually. I felt so lucky to be one of them. We were - one of the odd things is that, well, not odd things. But, one of the striking things is, Weese came from the same hospital system in Boston where we were both trained. -- We came from.

And Paul and Jim Kim, who beat the shot performed Partners in Health together. Jim Kim would go on

to become the leader of the World Bank. Another guy named Tim Evans would become assistant general of a way travel to another person named Chris Murray were all in the same, who created the global burden of disease measures, were all in the same intern class.

Living in the same house in old age corner. I was a surgery resident off along the side. Also interested in many of these things. And Paul, when he became an infectious disease pilot I was working my way through, we got to get to know each other. Late nights. In ICUs. Just having these conversations. Having this constant argument about, you know for him, it was getting there on the ground and witnessing the suffering.

And bring the world to witness the suffering. For me, I was always about scale. Like, how do we take -- how do we raise the standards of everything in the world? My mission was, among other things, to make it clear that surgery is not a luxury. I am a surgeon by training.

And that to live a long, healthy life, the average person needs eight operations on average. In their lifetime. Ranging from two cataract procedures to, you know, a one third chance of meeting a C-section if you have two or more children along the way. In order to save your life.

And we bonded through, you know, it is of course both (Laughs). The thing about Paul was, he was just unreasonable. He was an insistent voice for the unreasonable expectation that if the top 1% can live 87 years, because they have access to the 6000 drugs, 4000 medical and surgical procedures, and can afford them, that the science has given us in the last century.

Along with all of the public health interventions. Well, then everyone should be able to have that. And we have gaps within our country. That are as big as the gaps between our countries.

And the thing that is the core that he had I have always believed, is that global health is not about international, it is not about how the bratwurst is held at home. Global health is the idea that everybody deserves the capacity to live out their full lives potential. -- It is not about the global health at home.

Whether it is at the United States or abroad. I spit half my life trying to advance the human healthcare is trying to advance equity in the United States as much as trying to drive it upon. So, Paul has created a set of institutions that are carrying on this work. -- I spent.

In incredible ways. But, the biggest thing he created was an unreasonable expectation that we do not have to have TB. We do not have to have it HIV, AIDS. We certainly do not have to have deaths from these kinds of things.

JOANNE CARTER:

Thanks so much for saying that. So powerfully. You know, Paul is one of the reasons that they started working on TB two decades ago. Like, it all lined up together. I love the unreasonable expectation. I am seeing some questions.

I am seeing some questions in the chat. A few that are to be specific. Just to kind of, people are not

treated for TB. Like, how many people do they infect? What is the impact of one person with TB and the impact of drug-resistant TB? Anything you would say there? There was also a question about how the case for -- how do we make a case for Congress for why it makes sense to increase funding for TB programs? We will come back to a broader question as well.

ATUL GAWANDE:

The untreated TB, is the difference between active and latent TB. It is complicated. But, the untreated TB person can infect hundreds of people, ultimately.

And our ability, now that we have the capability to actually capture and identify people, have timely treatment. This combination of, like you see the system of what an ultraportable x-ray with a right -- AA reading is. It is a laptop and it is nothing more complicated than a kind of place with a -- AI reading. With the USB port stuck plugged into that.

That you can get high quality images. An instant reading on the screen tell you this is a high, medium, or low risk of TB. If it is high-risk, you need to go ahead and go over to the next room and get your screening test for your molecular diagnostic.

And there are new diagnostics coming up that are battery-powered. Small. Inexpensive. And now, we can have that capability where, before you had the skin test, you have to wait. You did not know who quite to treat. He really have that ability to march through in a very HIV like way. We can identify people who are at risk. He can treat and we can follow through. -- We can treat.

That is a dramatic, dramatic change. The impact of TB, you know, it is 1.7 million people who died in 2021 from this disease. In 2022, it was 1.3 million or so people who died from COVID.

We are now at a phase where we are managing to get it to a manageable respiratory illness. This is the persistent pandemic respiratory illness that we still have -- is the unfinished business. And country after country has demonstrated, you can eliminate.

It is wiped out in much of the world. On its way back in the US, but we have other stuff we also have to fix. We can make it gone.

JOANNE CARTER:

Thanks so much again for that perspective. Really, the exciting tools we have to get diagnoses early. We are testing individuals, but also helps academics. So, we are just getting close to time. I guess, just a, there was one question maybe you could just say words about those much broader. I think also USAID did important work of a how you're working with advocacy. So, that was just... Maybe anything he was saying closing to the sort of advocates on the US on this work.

ATUL GAWANDE:

The important thing to understand about advocacy is, it is not sufficient to have -- we have the World Health Organization. We have our global health experts. And implementation capability that can come out behind what the right thing to do is.

But if the political apparatus, if the heads of state and the financing ministers and the people who are the ministers of real works and so on, are not behind this effort, -- rail works. Whether it is an outbreak response, whether it is COVID, whether it is primary care needs, etc.

Then we do not get anywhere. The most important ways in which we are interacting with advocacy is, they bring the heads of state to the table around the most important public health needs in the world. And you saw that just from the recent African Union annual summit.

Where again, advocacy DC played this critical role in galvanizing the African heads of state. To own and drive the priority of outbreak preparedness and recovery after three years of pandemic that have produced the first reduction in global life expectancy since World War II.

And we need to work on the recovery to regain the gains that -- reclaim the gains we have lost. So, our partnership with advocacy CTC is critical. In almost everything we do, we are joined up with advocacy CTC around creating the political momentum.

Two harness this effort. I would save a single most important thing advocacy CTC has broaden is, the African leader voice. -- Has brought in. Over having the sovereignty over their own health and their own health system investments.

JOANNE CARTER:

Thanks for sharing that. It is really exciting and powerful to hear you saying that so clearly. We are about at the time, so I just want to say to you, I feel like commit they were saying it in the chat. We are just really lucky to have you in this role. I mean, across the board. On primary health here.

But on the specific, we talked about it in an inflection point for TB. So, looking forward to continue to work with you closely. And you know, support your efforts. Working with you closely and really making this a pivot point on these issues. And accept what you're doing. And help build and drive that support in Congress. So, thank you.

ATUL GAWANDE:

Joanne, thank you. You're such a special leader. Thank you for your team and this group of advocates who are going to be helping get the word out. You do not know how important the work you do is. The conversations you have on the hill and in our community.

Our help people know this work. USAID is not well known. As well-known inside the US as it is around the rest of the world. And you are helping us address that. So, thank you.

JOANNE CARTER:

Thanks so much for being with us. I look forward to working with you, thank you so much, Atul. Thank you. Now I will turn it back over to Ken -- Ken Patterson. Thanks so much, everyone.

KEN PATTERSON:

Thanks so much, Joanne. Thanks so much, Atul. That was fantastic. I think that's accessible for the actions we need to take. Just as a closing of statement, I give you a quick update on top global actions. March is appropriations month.

At the time we input to our members of Congress about our spending priorities for the coming year. Every member of Congress can bring in what the state and foreign operations subcommittee for cooperation, or SFOX. For the coming fiscal year. It is important we do that on issues like tuberculosis, which we just got done talking about.

This is particularly urgent this year. Given that some uppers of Congress want to do across-the-board cuts. In some programs, we cannot really afford to be cutting programs like our bilateral TB programs. We actually need to increase the funding, as you heard, TB has gotten worse over the past couple of years. We actually need to be doing more.

This is where it hits the road, through the appropriations process. If you hit the next slide here, so you can see where our spending levels are an hour request are for fiscal year 2024 and past spending levels... One page documents among - you can find this on the Set the Agenda resources page.

You can share those with your representatives and senators to provide them information on the amounts, why it is important to fund these programs, and our specific requests for 2024. -- Fund these programs. These are the two kind of things we could do with these now. One is, ask them to include one or more of our four appropriations request in their individual submissions to the state.

In foreign operations subcommittee operations. So, every member of Congress, like I said, can do that. Every representative, every Senator. You can find those memos and those requests and the Set the Agenda materials.

Before I end, I will drop those in the chat as well. A link to those. So, every member of Congress can do this. Base your request for them on what they have supported in the past around the appropriations process or legislation they reported, like the nutrition legislation that they help past last year. You can also find the scorecard on the Set the Agenda resources page to give you some ideas about what requests you make.

If your members of Congress are new to Congress, think of one request you can make based on what they seem to care about. But, tuberculosis would be a really good one to use for that. The second request you can make for your members of Congress right now, is to ask them to sign into the appropriations Dear Colleagues letters.

These are like petitions to the leaders of the state of foreign operations subcommittee. They are very influential. So far, we have two Dear Colleagues letters available for signing in-house. The global education letter and the global fund letter. You can find those letters and all future Dear Colleagues letters for this year in the block post that just went out at the end of this past week.

They will put a link of the check for that as well. It will be updated regularly. Again, base your request

on what they have supported in the past. This is important: do not wait until you have meetings with your congressional offices to make these requests. Make these requests now because they are very time sensitive.

SFOX committee has set a deadline of March 24 to hear from their colleagues in the house. This means your own representatives will set an earlier deadline to hear from constituents. Since they need to process all of those requests and submit them by the deadline. So, some house members already have deadlines as early as next week. The Senate SFOPS deadline is April 12. The Senators are already setting a deadline to hear from constituents.

So, submit those request right after you do the house once. Please contact your group leader, result coordinator, and staff, if you need any help submitting these requests.

This morning, I sent out an email to group leaders at RCs and resource and sample letters that they can use to make these requests and also find information in the weekly update to do this. I want to thank everyone for joining today's webinar and remind you that every action you take matters. We hear from! We heard from Oliver speakers today, how important your advocacy is. -- We heard from all of our speakers today.

It may not seem like you are making a difference, but your educating and persisting is what changes the world and the world would be a very different place and not as good of a place without you. Thank you for your partnership. I will let folks unmute their lines. I you to wish everyone good luck on their Set the Agenda efforts for March. We should -- you should be able to unmute yourselves.

SPEAKER:

Thank you, everyone!

(Multiple speakers)

KEN PATTERSON:

Good luck, everyone.

SPEAKER:

Thank you!

KEN PATTERSON:

See you, everyone.

SPEAKER:

Thank you, everyone. Cannot see you, but love you!

SPEAKER:

Good luck!

SPEAKER:

Bye-bye.

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