

Congress of the United States
Washington, DC 20515

April 26, 2021

The Honorable Rosa L. DeLauro
Chair
Subcommittee on Labor, HHS, Education, and
Related Agencies
House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS, Education, and
Related Agencies
House Appropriations Committee
Washington, DC 20515

The Honorable Barbara Lee
Chair
Subcommittee on State, Foreign Operations, and
Related Programs
House Appropriations Committee
Washington, DC 20515

The Honorable Hal Rogers
Ranking Member
Subcommittee on State, Foreign Operations, and
Related Programs
House Appropriations Committee
Washington, DC 20515

Dear Chairs DeLauro and Lee and Ranking Members Cole and Rogers:

As you craft legislation making appropriations for fiscal year (FY) 2022, we respectfully request \$225 million in funding for the Centers for Disease Control and Prevention's (CDC) domestic tuberculosis (TB) program in the Labor, Health and Human Services, Education, and Related Agencies Appropriations bill and \$1 billion in funding for the United States Agency for International Development's (USAID) global TB program in the State, Foreign Operations, and Related Programs Appropriations bill. We encourage these as priorities in addition to your continued support for the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund"), some 20 percent of which supports work on TB.

Although COVID-19 overtook TB as the leading infectious disease killer at the end of 2020, TB is still the foremost lethal infectious disease in most low- and middle-income countries, and disproportionately affects people in poor and vulnerable communities around the world and in the United States; historically, black and brown communities have continued to bear the brunt of the TB disease burden. Often thought of as a disease of the past, the most recent World Health Organization (WHO) Global TB Report found that TB sickened 10 million people and killed 1.4 million in 2019. That was before the compounding effects of COVID-19 and health system disruptions. A recent report from the STOP TB partnership finds that COVID-19 has set back the fight against TB by 12 years. In the United States, every single state continues to report cases of TB each year and this airborne disease is a significant public health issue. According to Centers for Disease Control and Prevention (CDC), there are up to 13 million individuals in the United States with latent TB infections, a future reservoir of active TB cases.

None of this needs to be the case and TB deaths are entirely preventable. If found and treated, drug-sensitive TB is a curable disease with a simple round of antibiotics. However, the COVID-19 pandemic has had a significant effect on US and global TB programs, with many TB program staff and resources diverted to focus almost exclusively on the COVID-19 response. Many TB clinics and laboratories closed during COVID-19 restrictions, leading to a significant reduction in diagnosis and evaluation of this airborne disease and fewer contact investigations for active TB cases. Recent World Health Organization reports show that globally, well over 1 million fewer people were diagnosed with TB last year and without urgent intervention, an increase in the mortality rate will follow due to delayed diagnosis.

Unfortunately, treatment interruptions alongside under-resourced programs over the past two decades have led to harder-to-treat and more deadly strains of drug-resistant forms of TB. Drug resistant TB is one of the leading causes of death from antimicrobial resistance globally and, in some areas, patients without access to U.S. programs are still treated with antiquated injectable regimens that may cause lifelong disability. In its 2019 report on antibiotic resistance, the CDC identified drug resistant TB as a serious health threat to the United States. State and local public health departments are struggling with the high costs of treating drug resistant TB, which can cost between \$154,000 and \$250,000 per case. Complicated co-morbidities such as diabetes also contribute to extremely high treatment costs, even for TB that is not drug resistant. According to the WHO, only 1 in 3 people with drug resistant TB access care globally, a proportion that is even lower for multi-drug resistant and extensively-drug resistant TB.

To accelerate the TB response, the United States signed on to the 2018 UN High Level Meeting on TB's bold targets to find and treat more people with active TB disease and to treat latent infection. Public health campaigns "Treatment is Prevention" have successfully led to the decline in new HIV/AIDS infections and would be a turning point for TB as well. A United States national *prevention* initiative, focused on those who are infected and are at greatest risk for progressing to disease, would bring the U.S. significantly closer to wiping out this curable disease for good. However, funding is currently not available to support these activities at the state and local levels. This is also a major concern for the global TB burden, as one quarter of all people worldwide are living with latent TB infection. Additional funding would also enable the U.S. Agency for International Development (USAID) to pursue active case finding to treat TB infection before it progresses to active disease, helping to save millions of lives for a fraction of the cost.

As a key partner in the fight against tuberculosis, the Global Fund works closely with USAID's tuberculosis program to accelerate efforts to end the AIDS, tuberculosis, and malaria epidemics. The Global Fund is the largest multilateral funder of global health programming in the world and plays a critical role in supporting global health programming in low- and middle-income countries. U.S. investments in global health, including the Global Fund, advance the health security of all Americans by helping to build health infrastructure in countries around the world, enabling them to quickly identify new disease threats, bring them under control, and prevent them from spreading to other countries, including the United States.

TB is still a real public health threat due to a lack of resources to properly identify, treat, and prevent all forms of the disease and develop new, more effective tools to fight TB. There is an urgent need to implement nationwide and worldwide prevention initiatives, as well as develop shorter treatment regimens, faster diagnostics and vaccines to prevent all forms of TB in children and adults. In response to the need for new tools, programmatically-relevant research being done through CDC's TB Trials

Consortium (TBTC) within the Division of TB Elimination (DTBE) has resulted in breakthrough new short-course treatment regimens for active and latent TB. But due to reduced funding, the DTBE was recently forced to cut funding for several long-standing trial sites. The requested funding would restore some funding for these TBTC trials sites that are conducting vital TB clinical drug trials critical to halting the global TB pandemic.

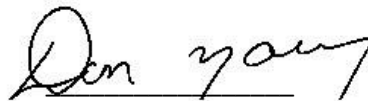
We ask that the FY 2022 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill provide \$225 million for CDC's domestic TB elimination program and that the FY 2022 State, Foreign Operations, and Related Programs Appropriations bill provide \$1 billion for USAID's global TB program alongside continued support for the Global Fund, to put the United States back on the path to TB elimination and to make significant progress towards ending TB globally.

Thank you for your consideration of this request.

Sincerely,



Ami Bera, M.D.
Member of Congress



Don Young
Member of Congress

Additional Member of Congress Signatories

/s/ Colin Z. Allred
/s/ Jake Auchincloss
/s/ Karen Bass
/s/ Donald S. Beyer Jr.
/s/ Sanford D. Bishop, Jr.
/s/ Earl Blumenauer
/s/ Suzanne Bonamici
/s/ Carolyn Bourdeaux
/s/ Jamaal Bowman
/s/ Anthony G. Brown
/s/ Julia Brownley
/s/ Cori Bush
/s/ G. K. Butterfield
/s/ Salud Carbajal
/s/ André Carson
/s/ Sean Casten
/s/ Joaquin Castro
/s/ David N. Cicilline
/s/ Gerald E. Connolly
/s/ Jim Costa
/s/ Joe Courtney
/s/ Jason Crow
/s/ Sharice L. Davids
/s/ Danny K. Davis
/s/ Peter A. DeFazio
/s/ Diana DeGette
/s/ Suzan K. DelBene
/s/ Antonio Delgado
/s/ Mark DeSaulnier
/s/ Ted Deutch
/s/ Lloyd Doggett
/s/ Anna G. Eshoo
/s/ Dwight Evans
/s/ Brian Fitzpatrick
/s/ Lizzie Fletcher
/s/ Ruben Gallego
/s/ Raúl M. Grijalva
/s/ Jahana Hayes
/s/ Brian Higgins
/s/ Jim Himes
/s/ Steven Horsford
/s/ Chrissy Houlahan
/s/ Sheila Jackson Lee
/s/ Sara Jacobs
/s/ Pramila Jayapal
/s/ Eddie Bernice Johnson
/s/ Mondaire Jones
/s/ William R. Keating
/s/ Robin L. Kelly
/s/ Ro Khanna
/s/ Daniel T. Kildee
/s/ Andy Kim
/s/ Rick Larsen
/s/ John B. Larson
/s/ Andy Levin
/s/ Mike Levin
/s/ Zoe Lofgren
/s/ Alan Lowenthal
/s/ Stephen F. Lynch
/s/ Tom Malinowski
/s/ Nicole Malliotakis
/s/ A. Donald McEachin
/s/ James P. McGovern
/s/ David B. McKinley P.E.
/s/ Jerry McNerney
/s/ Joseph D. Morelle
/s/ Stephanie Murphy
/s/ Jerrold Nadler
/s/ Richard E. Neal
/s/ Joe Neguse
/s/ Marie Newman
/s/ Donald Norcross
/s/ Eleanor Holmes Norton
/s/ Ilhan Omar
/s/ Jimmy Panetta
/s/ Donald M. Payne, Jr.
/s/ Stacey E. Plaskett
/s/ Katie Porter
/s/ Ayanna Pressley
/s/ Jamie Raskin
/s/ Kathleen M. Rice
/s/ Deborah K. Ross
/s/ Raul Ruiz, M.D.
/s/ C.A. Dutch Ruppersberger
/s/ Mary Gay Scanlon
/s/ Kim Schrier, M.D.
/s/ Robert C. "Bobby" Scott
/s/ Terri A. Sewell
/s/ Brad Sherman
/s/ Mikie Sherrill
/s/ Albio Sires
/s/ Elissa Slotkin
/s/ Adam Smith
/s/ Abigail D. Spanberger
/s/ Jackie Speier
/s/ Haley Stevens
/s/ Marilyn Strickland
/s/ Eric Swalwell
/s/ Bennie G. Thompson
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