

Support FY25 Funding to Eliminate Tuberculosis

To cosign, [please use Quill](#)

FY24 Signers (129): Adams, Allred, Auchincloss, Balint, Barragan, Bera, Beyer, Blumenauer, Blunt Rochester, Bonamici, Bowman, Brownley, Bush, Carbajal, Cardenas, Carter, Casten, Castro, Cherfilus-McCormick, Cicilline, Cohen, Connolly, Costa, Courtney, Crockett, Crow, Davids, Davis (IL), Davis (NC), Dean, DeGette, DelBene, DeSaulnier, Dingell, Doggett, Escobar, Eshoo, Evans, Fitzpatrick, Fletcher, Garcia (IL), Garcia (TX), Gonzalez-Colon, Gottheimer, Green (TX), Grijalva, Hayes, Higgins (NY), Himes, Horsford, Houlahan, Hoyle, Jackson Lee (TX), Jackson (IL), Jacobs, Jayapal, Johnson (GA), Keating, Kelly (IL), Khanna, Kildee, Kim (NJ), Krishnamoorthi, Larsen (WA), Levin, Lieu, Lofgren, Lynch, Malliotakis, Matsui, McBath, McGovern, Meeks, Molinaro, Moskowitz, Nadler, Neal, Neguse, Norcross, Norton, Nunn, Omar, Pallone, Panetta, Pappas, Pascrell, Payne, Pingree, Plaskett, Porter, Radewagen, Raskin, Ross, Ruiz, Ruppertsberger, Sablan, Salazar, Salinas, Sanchez, Scanlon, Schakowsky, Schiff, Schneider, Scholten, Schrier, Scott (VA), Sewell, Sherman, Sherril, Slotkin, Smith (WA), Soto, Spanberger, Stevens, Strickland, Swalwell, Thanedar, Thompson (MS), Thompson (CA), Titus, Tlaib, Torres (NY), Trahan, Vargas, Veasey, Wagner, Wild, Wilson (FL), Wilson (SC)

Dear Colleague:

Please join us in supporting the fight against tuberculosis globally by supporting \$225 million to eliminate tuberculosis (TB) in the U.S., and \$1 billion for the global fight against TB, as part of the Fiscal Year (FY) 2025 Appropriations process.

Last fall, the U.S. led the charge to build global consensus for the political declaration at the U.N. high level meeting on Tuberculosis, and pushed for specific, measurable targets in the fight against TB. World leaders, including the U.S., committed to reaching 45 million people with TB testing and treatment by 2027. But without additional resources, the world will not meet the goal of ending tuberculosis by the end of the decade. **The only way to get ahead of TB is to find and treat people before their cases become active; reaching this population requires new investments.** Currently, one-quarter of all people worldwide live with latent TB infection. A U.S. 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. USAID's TB program must also focus on active case finding and improve contact tracing to reach the most vulnerable populations.

TB is resurging as the foremost lethal infectious disease in most low- and middle-income countries, and disproportionately affects people in poorest and vulnerable communities both in the U.S. and around the world. Often thought of as a disease of the past, the 2023 World Health Organization (WHO) [Global TB Report](#) found that TB sickened 10.6 million people and killed 1.3 million in 2022. In the U.S., this airborne disease remains a significant public health issue as every single state continues to report cases of TB each year and most states saw an increase in TB in 2022. According to the CDC, there are up to 13 million individuals in the U.S. with latent TB infections, a future reservoir of active TB cases.

This resurgence of TB must be met with increased resources to strengthen our domestic and global efforts to identify, treat, and prevent tuberculosis, including drug resistant TB and TB infection. Strong funding is critical for research, including efforts to develop new diagnostics, treatments, and prevention tools, such as a TB vaccine.

TB deaths are entirely preventable. If found and treated, drug-sensitive TB is a curable disease with a simple round of antibiotics. **TB anywhere is TB everywhere** and a coordinated and comprehensive approach for supporting global and domestic TB challenges is needed to address the TB pandemic.

USAID and the CDC are leading the global and U.S. response to this debilitating and deadly disease. In order to maintain our role as a world leader in the fight against TB and make significant progress towards ending TB globally, the CDC's domestic TB program must be funded at \$225 million and USAID's TB program must be funded at \$1 billion in FY 2025.

To join, please sign on [via Quill](#). If you have questions, please contact Emma Bruce at Emma.Bruce@mail.house.gov (Bera) or Molly Joseph at Molly.Joseph@mail.house.gov (Wagner).

Sincerely,

Ami Bera, M.D.

Ann Wagner

Member of Congress

Member of Congress

Dear Chairman Aderholt, Ranking Member DeLauro, Chairman Diaz-Balart, and Ranking Member Lee,

As you craft legislation making appropriations for fiscal year (FY) 2025, we respectfully ask that you prioritize investments in the fight to eliminate tuberculosis (TB) which again is the leading infectious disease killer globally.

We are at a critical moment in the fight against tuberculosis and have the opportunity to end this disease as a public health threat by the end of this decade – but only with appropriate resources and global political commitment. Last fall, the U.S. led the charge to build global consensus for the political declaration at the U.N. high level meeting on Tuberculosis, and pushed for specific, measurable targets in the fight against TB. World leaders, including the U.S., committed to reaching 45 million people with TB testing and treatment by 2027. Additionally, the U.S. unveiled a new TB initiative with lower drug costs, funding for conflict settings, and a localization pledge.

Thanks to your support, Congress has year on year increased resources for the fight against TB, a clear demonstration of the strong bipartisan support for these programs. With the historic strain on TB programs as the frontline response against airborne infectious diseases, we respectfully request \$1 billion for bilateral TB programming at USAID and \$225 million need for TB programs at the CDC. We again urge you to increase TB funding for fighting this debilitating disease globally and in the U.S., in addition to maintaining your ongoing support for a robust U.S. contribution to the Global Fund on AIDS, Tuberculosis and Malaria—some 20 percent of which supports work on TB.

Many believe TB is a disease of the past, but that is not the case. TB continues to be a public health concern 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. In fact, TB is resurging as the foremost lethal infectious disease in most low- and middle-income countries, and disproportionately affects people in poorest and vulnerable communities both in the U.S. and around the world.

The 2023 World Health Organization (WHO) Global TB Report found that TB sickened 10.6 million people and killed 1.3 million in 2022. In the U.S., this airborne disease remains a significant public health issue as every single state continues to report cases of TB each year and most states saw an increase in TB in 2022. According to the CDC, there are up to 13 million individuals in the U.S. with latent TB infections, a future reservoir of active TB cases.

This resurgence of TB must be met with redoubled efforts to strengthen our domestic and global efforts to identify, treat, and prevent tuberculosis, including drug resistant TB and TB infection. Delays or incomplete treatment for TB can have severe consequences; drug resistant TB is a leading cause of death from antimicrobial resistance (AMR) globally, including multidrug resistant (MDR) and extensively drug resistant (XDR) TB which are significantly more difficult and expensive to treat, with higher rates of treatment failure.

However, TB deaths are entirely preventable. If found and treated, drug-sensitive TB is a curable disease with a simple round of antibiotics. TB continues to be a public health concern 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. Strong funding is critical for research, including efforts to develop new diagnostic, treatment, and prevention tools. New, more effective vaccines that protect adolescents, adults, and infants from TB, are crucial to TB elimination efforts, yet investment in TB vaccine product development is severely lacking at a critical juncture with promising candidates poised to move into efficacy trials. Additional funding would also enable CDC and USAID programs to pursue active case finding to treat TB infection before it progresses to active disease, helping save millions of lives for a fraction of the cost.

USAID and the CDC are leading the global and U.S. response to this debilitating and deadly disease, and we are proud that Congress has consistently supported their efforts on a bipartisan basis. In order to maintain our role as a world leader in the fight against TB and make significant progress towards ending TB globally, we ask you to again support full funding for domestic and international TB programs. TB anywhere is TB everywhere and a coordinated and comprehensive approach for supporting global and domestic TB challenges is needed to address the TB pandemic.

Thank you for your consideration of this request.

Sincerely,