

**Congress of the United States**  
**Washington, DC 20515**

March 20, 2012

The Honorable Kay Granger  
Chairman  
Subcommittee on State, Foreign Operations,  
and Related Programs  
HB-26, the Capitol  
Washington, DC 20515

The Honorable Nita M. Lowey  
Ranking Member  
Subcommittee on State, Foreign Operations,  
and Related Programs  
2329 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Granger and Ranking Member Lowey:

Thank you for your leadership on the Foreign Operations Subcommittee and your dedication to global health and development efforts. We write to request that you provide \$400 million for bilateral tuberculosis (TB) control in the Fiscal Year 2013 State, Foreign Operations and Related Programs Appropriations bill.

Although usually treatable with a course of inexpensive drugs (\$16–\$20), TB is the leading curable infectious killer in the world, claiming 1.4 million lives per year. Worldwide, TB is the third leading cause of death among women of reproductive age and it is under-recognized health problem in children. In 2009, there were 9.7 million children orphaned as a result of one of more of their parents dying of TB.

Improper or incomplete treatment has led to the emergence of multidrug-resistant and now totally drug-resistant TB strains – MDR-TB and TDR-TB. In a globally connected world, these dangerous and costly strains pose a direct threat to the public health of the United States. Globally, there are about 640,000 MDR-TB cases each year; in the U.S. these cases cost an estimated \$100,000 - \$300,000 per patient to treat.

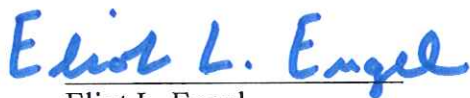
As the leading infectious killer of people with HIV/AIDS, TB is undermining the substantial gains we have made through PEPFAR. In some sub-Saharan African countries, the proportion of TB patients living with HIV can exceed 50 percent, and one in four AIDS deaths is related to TB. As the Subcommittee considers maximizing the impact of our global health dollars, we urge you to protect our PEPFAR investments by supporting funding to prevent, detect, and treat TB.

Scientific advances have led to progress in the development of new and better diagnostic tools that will transform the fight against TB, but research must be accelerated to develop shorter treatment regimens and a more effective vaccine. The current TB drugs were developed more than 40 years old and must be taken for 6-9 months. The TB vaccine, which is more than 85 years old, provides some protection against severe forms of TB in children, but is unreliable against adult pulmonary TB, which accounts for most of the worldwide disease burden. U.S. investments can help take this technology to scale, and provide continued support for new tools to fight TB.

In 2008, Congress passed into law the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. An allocation of \$400 million in FY 2013 would be consistent with this authorization and commensurate with the global burden of TB. Funding for USAID's TB control programs provides assistance to nearly 40 countries highly-burdened by TB countries and supports the development of new diagnostic and treatment tools, and is authorized to support research to develop new vaccines to combat TB.

We recognize that you face difficult choices in deciding to best fund the many foreign assistance programs that require support in FY 2013. We thank you for your continued leadership, and urge you consider TB as an important priority in your FY 2013 appropriations bill.

Sincerely,



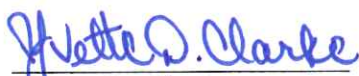
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Dennis J. Kucinich  
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Zoe Lofgren  
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Don Young  
Member of Congress



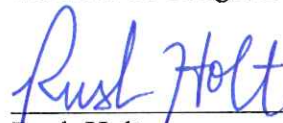
Joe Baca  
Member of Congress



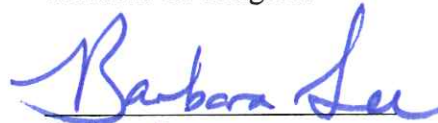
Corrine Brown  
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Bob Filner  
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Rush Holt  
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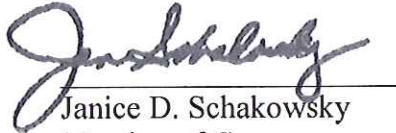
Brad Miller  
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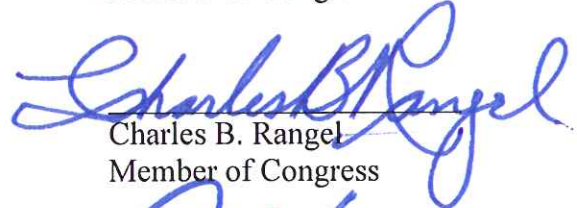
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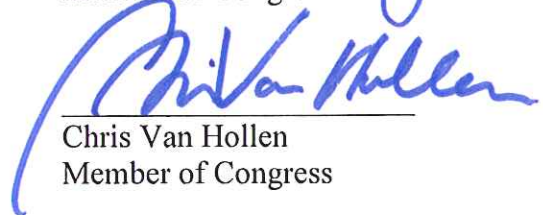
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