

July 6, 2021

The Honorable Jon Tester
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chairman Tester and Ranking Member Shelby:

The undersigned organizations are writing to request that Tuberculosis (TB) be included in the Congressionally Directed Medical Research Program's Peer Reviewed Medical Research Program's list of eligible disease. TB was first included on the eligible disease list in FY 2016 but was excluded in FY 2020 and FY 2021. During the time it was included, over \$23 million was awarded to TB research and development institutions around the US. This program is a critical part of the US government's TB research infrastructure and we urge you to ensure its inclusion on the list of eligible diseases again in FY 2022.

TB, an airborne disease, is the second leading global infectious killer globally—just behind COVID-19—with about 1.6 million deaths every year. The global TB pandemic, including the rapid spread of drug-resistant TB, poses a serious global security threat. Although considered a low-incidence country, every US state continues to report TB cases. Treatment costs for multi-drug resistant (MDR)-TB range from \$100,000 to \$250,000 per patient and the costs for extensively drug resistant (XDR)-TB can be over \$1 million per patient. The US had 25 cases of XDR-TB between 2008 and 2018.

TB is also a concern for the DoD. Our military's global footprint means that American military men and women are posted in countries or regions that experience high rates of both active TB infectious disease and TB infection. For instance, in Europe, where 80,000 troops and dependents are stationed, there were 323,000 cases of TB and 74,000 cases of MDR-TB in 2015. In the Western Pacific region, 74,000 troops and dependents live amidst 1.6 million cases of TB and 100,000 cases of MDR-TB, according to the most recent WHO estimates.

We are at a unique and unprecedented point in TB research with positive advancements in drugs, diagnostics, and vaccines in development—for example, the M72 vaccine candidate has shown to be an effective vaccine in results published in September 2018, and additionally, the FDA recently approved a new drug regimen to treat XDR-TB and complicated MDR-TB. Better diagnostics, a fully effective vaccine, and shorter, less toxic treatment regimens are the only way we will successfully eliminate TB, and DoD funding is core to this effort. We respectfully ask that as the FY 2022 Defense Appropriations Bill moves forward, you include TB in the CDMRP PRMRP's list of disease eligible to apply for funding.

Sincerely,