

August 23, 2021

The Honorable Patty Murray
Chairwoman
Labor, Health and Human Services, Education, and
Related Agencies Subcommittee
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Labor, Health and Human Services, Education, and
Related Agencies Subcommittee
Committee on Appropriations
U.S. Senate
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Blunt:

Thank you for your leadership in supporting domestic tuberculosis (TB) programs and research at the Centers for Disease Control and Prevention (CDC) through the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee. **We, the undersigned organizations, are grateful for the \$5 million funding increase that was proposed for the CDC's Division of Tuberculosis Elimination (DTBE) by the House of Representatives. We urge the Senate Subcommittee to meet or exceed the proposed \$5 million increase in the fiscal year 2022 (FY22) Appropriations package.**

The COVID-19 pandemic has had a significant effect on US TB programs with many state TB program staff diverted to focus almost exclusively on the COVID-19 response. As one can imagine, the expertise of our TB programs in dealing with highly infectious airborne disease was crucially needed. Some TB clinics were forced to close during COVID-19 restrictions, leading to a significant reduction in TB diagnosis and evaluation and fewer contact investigations of others in a community who may have been exposed.

Current funding for CDC's domestic TB program is at the FY 1994 level. We remain very concerned that this stagnant funding is eroding state TB programs' capacity to effectively protect the public's health, leaving communities vulnerable to this airborne disease. We know that current funding cannot support a much-needed prevention initiative, that without a substantial increase it will take longer for TB programs to bring their standard of care back to pre-pandemic levels, and that American families will suffer. Increased funding for the DTBE would help to support the critically needed national TB prevention initiative, address ongoing TB drug supply issues, further domestic implementation of the National Action Plan for Combating MDR-TB, and support the development of urgently needed new TB diagnostic, treatment, and prevention tools to support domestic and global TB elimination.

Tuberculosis regimens are long and rife with side effects. In response to the need for new tools, programmatically-relevant research being done through CDC's TB Trials Consortium (TBTC) within 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 eliminate funding for several long-standing trial sites. The requested funding increase could help restore funding for these TBTC trials sites that are conducting vital TB clinical drug trials critical to halting the TB pandemic.

CDC's DTBE is an essential frontline program for domestic public health. We are thankful for your past and future support of our country's public health programs, including **at least** \$140 million in FY22 funding. Please contact Elizabeth Lovinger (elizabeth.lovinger@treatmentactiongroup.org) or Kate O'Brien (ms.kate.obrien@gmail.com) if you have any questions or need more information.

Sincerely,

American Thoracic Society

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Global Health Technologies Coalition

Harvard Medical School Center for Global Health Delivery

IAVI

Infectious Diseases Society of America

National Tuberculosis Controllers Association

Partners in Health

RESULTS

Stop TB USA

The Global Alliance for TB Drug Development (TB Alliance)

Treatment Action Group

Tuberculosis Roundtable

We Are TB