

May 23, 2013

The Honorable Tom Harkin  
Chair, Subcommittee on Labor,  
Health and Human Services,  
Education, and Related Agencies,  
Committee on Appropriations  
731 Hart Senate Office Building  
Washington, DC 20510

The Honorable Jack Kingston  
Chair, Subcommittee on Labor,  
Health and Human Services,  
Education, and Related Agencies  
Committee on Appropriations  
2372 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jerry Moran  
Ranking Member, Subcommittee on Labor,  
Health and Human Services,  
Education, and Related Agencies,  
Committee on Appropriations  
731 Hart Senate Office Bldg  
Washington, DC 20510

The Honorable Rosa DeLauro  
Ranking Member, Subcommittee on Labor,  
Health and Human Services,  
Education, and Related Agencies  
Committee on Appropriations  
2413 Rayburn House Office Building  
Washington, DC 20515

Dear Chairmen Harkin and Kingston and Ranking Members Moran and DeLauro:

We appreciate your leadership on the Committee on Appropriation's Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and recognize the many difficult decisions you face as a result of budget constraints.

We are extremely concerned about the consequences for tuberculosis (TB) research and care as a result of sequestration funding cuts to the Center for Disease Control and Prevention's (CDC) Tuberculosis Trials Consortium (TBTC) in FY2013. As a result of sequestration, the CDC's Division of TB Elimination (DTBE) is being forced to reduce the already modest TBTC budget by 20-31% in FY2013. Funding reductions amounting to \$4 million will devastate the entire consortium and result in the closure of clinical trials sites and the halting of vital research into new TB treatment regimens that are urgently needed to halt the global TB pandemic. We urge you to restore this funding to CDC's DTBE in the FY2014 Labor-Health and Human Services Appropriations bill to prevent the halting of this vital global health research.

TB is the second leading infectious disease killer in the world. It is the top killer of people with HIV/AIDS in Africa and is the third leading cause of death for women of reproductive age globally. The growing global epidemic of drug-resistant TB poses a direct threat to the public health and national security of the United States. A single case of drug-resistant TB can cost hundreds of thousands of dollars to treat with existing tools. The need to conduct TB clinical trials has never been greater. But because TB is a disease of the poor, private sector research investment is very minimal, which means that government-funded research, including that conducted by the U.S. government through the National Institutes of Health and the CDC, is essential to our efforts to develop new TB diagnostic, treatment and prevention tools.

The TBTC is one of the leading TB clinical research collaboratives in the world. Funded by CDC through the DTBE, the TBTC has conducted groundbreaking clinical drug trials that

have had a direct impact on the treatment and control of TB. In 2011, TBTC studies produced the first new regimen in decades for preventing TB infection from developing into active disease. The new regimen reduces the treatment therapy from a 9-month daily course to a 3-month weekly course. This new regimen is the shortest and safest treatment for latent TB infection to date and it has the potential to significantly improve treatment success rates of not only latent TB, but also active TB, since latent TB cases are the reservoir for future active TB cases. But much more work is critically needed!

In 2014, the TBTC is poised to launch a promising phase 3 trial of a new treatment regimen, that if proven effective, would cut down the treatment for active TB disease from 6 months to just 3 or 4 months total. A shorter, safer, better-tolerated regimen would be transformative to TB control globally and would save many lives worldwide. But this clinical trial will not move forward unless funding is restored in FY2014.

The TBTC has trained an entire generation of clinical researchers in TB. TBTC investigators are recognized internationally as some of the leading experts in TB clinical trial design and execution. The proposed funding cut will force TBTC research sites to shut down, resulting in a loss of expertise and capacity for future trials. The elimination of domestic and international TBTC sites threatens the ability of the TBTC to study diverse populations and settings, affecting the applicability of study results.

We urge you to ensure that the CDC's TBTC can continue its vitally important TB research by restoring \$4 million to CDC's DTBE in FY2014. Thank you for your consideration.

Sincerely,



Mark Harrington  
Executive Director  
Treatment Action Group



Monica Kraft, MD  
President  
American Thoracic Society



David Relman, MD, FIDSA  
President  
Infectious Diseases Society of America