

March 1, 2016

The Honorable Thad Cochran  
Chairman  
Defense Subcommittee  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

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

Dear Chairman Cochran and Ranking Member Durbin:

The undersigned organizations — members of the United States (U.S) global health community working on tuberculosis (TB) — are writing to express our gratitude for your support for the critical global health research and development programs at the U.S. Department of Defense (DoD). We recognize that you face many challenging decisions about expenditures. Given the urgent need, we are writing to request that you maintain TB, a deadly airborne infectious disease, on the list of approved diseases for the Congressionally Directed Medical Research Program (CDMRP) Peer Reviewed Medical Research Program (PRMRP) disease list in Fiscal Year (FY) 2017 DoD appropriations legislation.

As you know, the men and women in our Armed Forces are responsible for protecting our nation from threats domestically and abroad. A critical element of DoD's mission is supporting infectious disease research, which it conducts at various facilities such as the Walter Reed Army Institute of Research and the Naval Medical Research Center.

Since DoD cannot programmatically fund every disease that could cause harm to our nation's military personnel, Congress fills this gap in research through the CDMRP, which presents a critical opportunity for Congress to directly influence research funding by providing a list of approved diseases eligible for competitive grant opportunities via the PRMRP. TB was placed on this list in FY16 after a four-year absence, and it is important to maintain its position on the list now that it is recognized by the World Health Organization (WHO) as causing more deaths than any other single infectious disease agent.

TB killed approximately 1.5 million people in 2014. Additionally, 9.6 million people developed active TB in 2014, with an estimated 480,000 of those cases being multidrug-resistant (MDR) including 9.7% that were extensively drug-resistant (XDR), which is even more deadly and costly to treat. While these statistics are alarming, more concerning is the lack of research funding going towards new tools and treatments for one of humanity's oldest diseases. The only available vaccine for TB, Bacille Calmette-Guérin (BCG), is only moderately effective in preventing TB in infants and young children – and it doesn't adequately protect teens and adults. Current treatment regimens are long, expensive, and difficult to implement in many parts of the world. Treatment side effects are painful and long-lasting, including permanent hearing loss. Accurately diagnosing TB, and in particular detecting drug resistance, is still lengthy, complex, and costly.

Our military's global footprint means that American military men and women are posted in countries or regions that experience high rates of TB infection. For instance, in Europe where 80,000 troops and dependents are stationed, there were 320,000 cases of TB and 72,000 cases of MDR-TB in 2014. In the Western Pacific region, 61,000 troops and dependents live amidst 1.4 million cases of TB and 71,000 cases of MDR-TB, according to the most recent WHO estimates.

Pacific Pathways, an Army short rotation program, puts American forces directly in countries with high TB burdens such as the Philippines, Indonesia, and Thailand, and cycles them back to American bases in the Pacific and the U.S. This program could potentially create a migration pattern for TB from high-burden East Asia and Pacific countries directly back to the United States. Worse still, drug-resistant TB is contagious and poses a serious threat to public health in the U.S. if no new interventions are created, according to the U.S. Centers for Disease Control and Prevention.

In addition to threatening our military, TB poses tremendous difficulties for many of our allies abroad. Outbreaks of MDR-TB around the world could cause drug shortages, severe economic consequences and possibly extensive fatalities. Funding research and development now can make this scenario less likely in the future.

For these reasons, more research into TB and related vaccine technologies, treatments, and diagnostics is imperative if we want to avoid tragic scenarios of MDR- and XDR-TB outbreaks in the future. TB was included on the approved disease list in the FY2016 CDMRP PRMRP, and we must continue to recognize the threat TB poses to our military and the American public. We therefore strongly encourage you to include the disease again in the FY2017 CDMRP PRMRP.

Thank you very much for your leadership.

Sincerely,

Aeras

American Thoracic Society

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Georgia AIDS Coalition

Global Health Council

Health GAP

Infectious Diseases Society of America (IDSA)

National Association of County and City Health Officials

RESULTS

Stop TB USA

Student Global AIDS Campaign

TB Alliance

Treatment Action Group

Universities Allied for Essential Medicine