

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

August 8, 2018

President Donald J. Trump  
The White House  
Washington, DC 20500

Dear Mr. President:

The United Nations General Assembly (UNGA) will hold a High-Level Meeting on tuberculosis (TB) on September 26, 2018. We encourage you to ensure meaningful U.S. engagement around this crucial event, as such involvement will be essential in the fight to defeat TB.

TB is an airborne infection that kills more people worldwide than any other infectious disease. In 2016, 10.4 million people became ill with TB, including 1 million children, and 9,272 new TB cases were reported in the U.S. Of the more than 10 million cases in 2016, 1.7 million people died. TB is also the leading killer of people living with HIV/AIDS and, therefore, undermines the substantial progress achieved through the President's Emergency Plan for AIDS Relief (PEPFAR).

In 2016, the United Nations convened to consider the substantial dangers posed by antimicrobial resistance—a serious international health crisis wherein diseases are able to resist the very drugs meant to destroy them. Globally, drug-resistant TB is the most common and deadly airborne antimicrobial-resistant disease. These cases are significantly costlier to treat than drug-sensitive TB, and some forms are unresponsive to currently available antibiotics. Furthermore, most drug-resistant TB cases are now caused by transmission from person-to-person, not by inappropriate treatment, increasing the likelihood that drug-resistant TB will spread to new geographic areas.

History has shown us that infectious threats don't respect borders and can only be addressed effectively with robust international engagement. As such, failure to aggressively combat the growing threat of drug-resistant TB in coordination with our global partners would put America's health security at risk.

Thanks in large part to the United States, real progress has been made in the fight to end TB. Incidence in the priority countries that receive U.S. bilateral assistance for TB prevention, treatment, and control has fallen by nearly one-fifth since 2000—more than twice as quickly when compared with countries that do not receive such assistance. In addition, new medications and rapid diagnostics are enabling faster progress against the disease.

However, more progress is needed and new tools are necessary to address drug resistance. In the United States, the TB case rate – now at 2.9 cases per 100,000 persons – has declined, but not enough to put us on track for TB elimination by 2100. In addition, many innovative technologies are underutilized. If left unchecked, the TB pandemic could erase decades of progress in global efforts to end both TB and HIV/AIDS, much of which has been achieved with United States support.

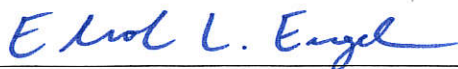
This September’s High-Level Meeting could accelerate progress against TB. We urge that the following priorities be addressed at this event:

1. **Close gaps in TB diagnosis, treatment and prevention.** Forty percent of people who become ill with TB are considered “missed.” They may be undiagnosed, misdiagnosed, or treated but not reported. Member states should commit to closing the gap in diagnosis and treatment, finding all the “missing” people with TB and providing TB preventive therapy to everyone in need by 2022.
2. **Ensure efforts to end TB are equitable and respect human rights, especially those of marginalized populations.** Poor and marginalized populations are disproportionately affected by TB, and must not be left behind.
3. **Accelerate the development of affordable new tools, such as vaccines, low-cost rapid diagnostic tests and shorter, less toxic treatments.** These tools will reduce costs and facilitate patient adherence to treatment regimens, which will in turn mitigate the growing threat of drug-resistant TB.
4. **Invest the funds necessary to end TB.** Globally, there is an annual \$2.3 billion gap between the resources needed for successful implementation of TB programs and what is currently being spent.
5. **Commit to decisive and accountable global leadership.** This should include regular UN reporting and review.

Ending TB will require careful coordination among stakeholders. We therefore urge you to ensure that the U.S. delegation demonstrates the prioritization of TB across the U.S. government. Membership should include high-level federal officials, representatives from cities and states with high TB burdens, TB programmers, health care providers, representatives from civil society, and Americans affected by TB.

It is essential to America’s health security that this High-Level Meeting produce meaningful results. We hope that the Administration will leverage this important opportunity for accelerated progress in the global effort to end TB.

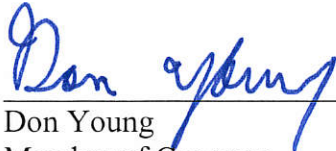
Sincerely,



Eliot L. Engel  
Member of Congress



Gene Green  
Member of Congress



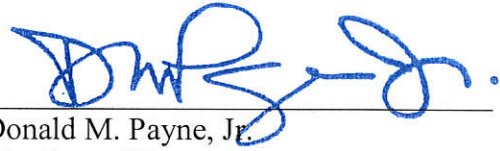
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Member of Congress



Mark DeSaulnier  
Member of Congress



Debbie Dingell  
Member of Congress



Donald M. Payne, Jr.  
Member of Congress



Salud Carbajal  
Member of Congress



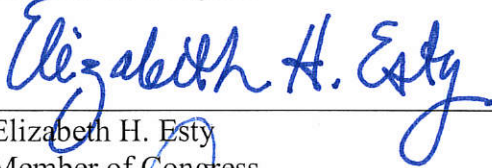
Josh Gottheimer  
Member of Congress



Michelle Lujan Grisham  
Member of Congress



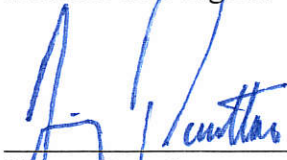
Mia Love  
Member of Congress



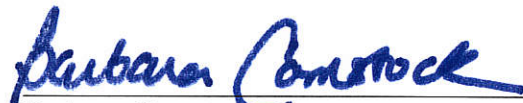
Elizabeth H. Esty  
Member of Congress



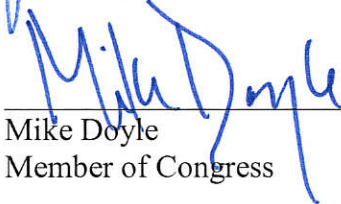
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Jimmy Panetta  
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Barbara Comstock  
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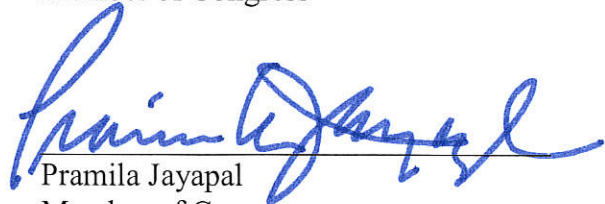
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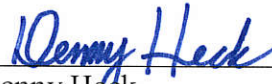
Ruben J. Kihuen  
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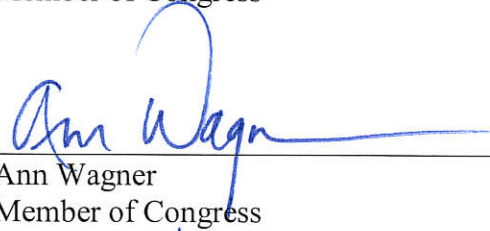
Chris Stewart  
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Denny Heck  
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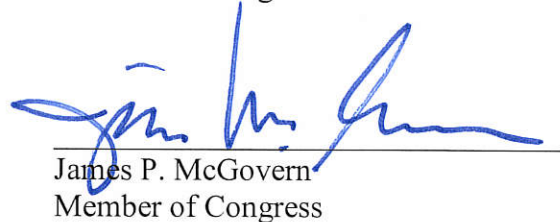
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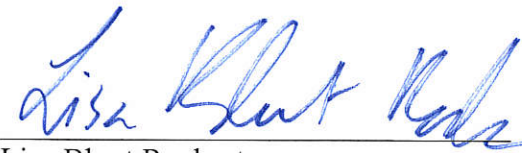
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Sander Levin

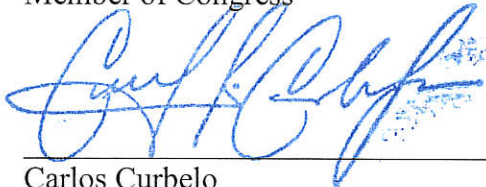
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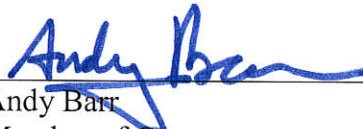
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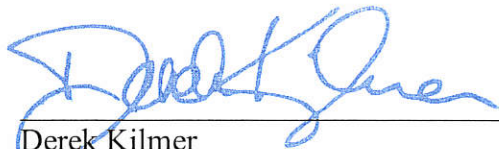
Anthony G. Brown  
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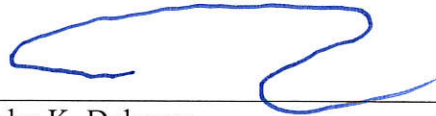
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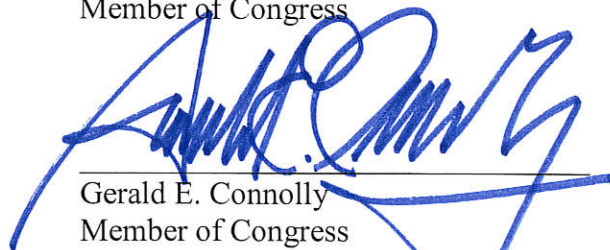
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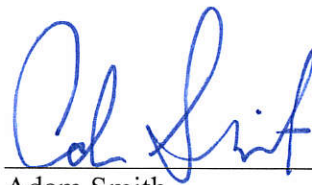
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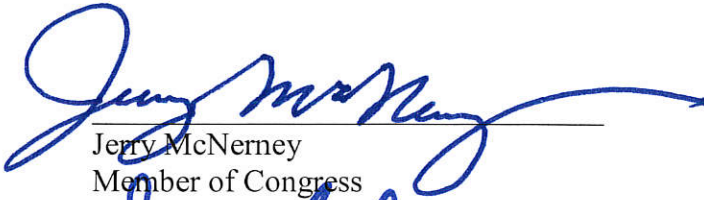
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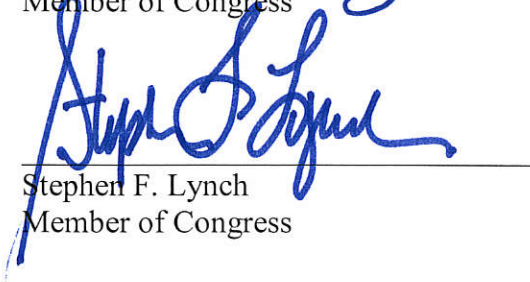
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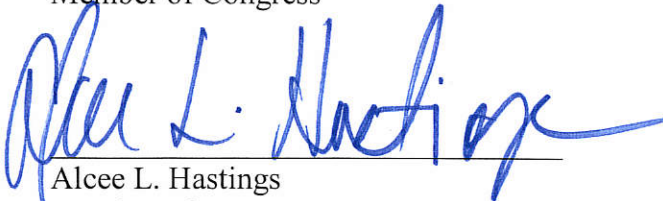
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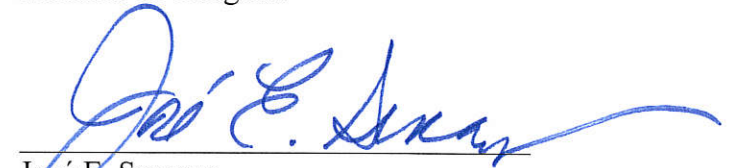
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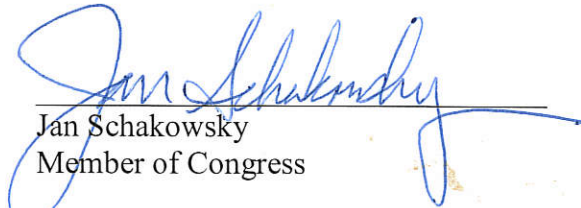
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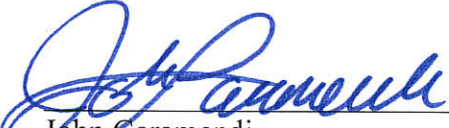


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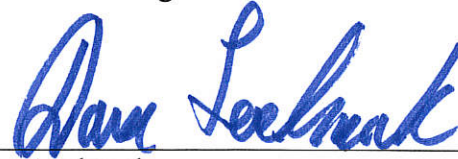
  
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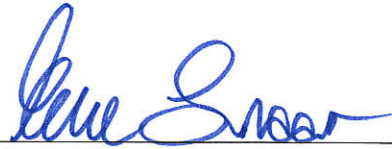
  
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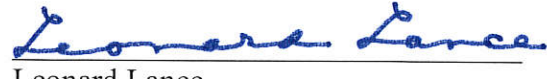
  
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Yvette Clarke  
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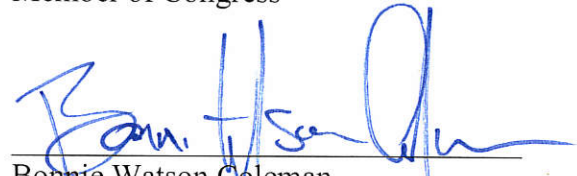
  
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A. Donald McEachin  
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Cedric L. Richmond  
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Bonnie Watson Coleman  
Member of Congress

CC:

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Alex M. Azar II, Secretary, U.S. Department of Health and Human Services  
Nikki R. Haley, Ambassador, U.S. Permanent Representative to the United Nations