

112TH CONGRESS  
2D SESSION

# H. RES. 594

Commending the progress made by anti-tuberculosis programs.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 22, 2012

Mr. ENGEL (for himself, Mr. GENE GREEN of Texas, Mr. YOUNG of Alaska, Ms. LEE of California, Mr. GRIJALVA, Mr. TOWNS, Mr. COHEN, Mr. SMITH of Washington, Ms. SCHAKOWSKY, and Mrs. MALONEY) submitted the following resolution; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## RESOLUTION

Commending the progress made by anti-tuberculosis programs.

Whereas tuberculosis (TB) is the second leading fatal global infectious disease behind HIV/AIDS, claiming 1,400,000 lives each year;

Whereas the global TB pandemic and the spread of drug resistant TB present a persistent public health threat to the United States;

Whereas according to 2010 data of the World Health Organization, over 7 percent of all new TB cases are drug resistant;

Whereas TB is the leading killer of people with HIV/AIDS in the developing world;

Whereas TB is an under-recognized problem in children that can have devastating long-term health effects including deafness, blindness, and paralysis, even after cure;

Whereas TB is the third leading killer of adult women, and the stigma associated with TB disproportionately affects women, causing them to delay seeking care and interfering with treatment adherence;

Whereas the Institute of Medicine (IOM) found that the resurgence of TB in the United States between 1985 and 1992 was caused by cuts in TB control funding and the spread of HIV/AIDS;

Whereas although the numbers of TB cases in the United States continue to decline, progress towards TB elimination has slowed, and it is a disease that does not recognize borders;

Whereas New York City had to spend over \$1,000,000,000 to control a multi-drug resistant TB outbreak between 1989 and 1993;

Whereas a new strain of drug resistant TB, known as XDR-TB, has emerged that is resistant to all TB drugs and has high and rapid fatality rates;

Whereas the United States has had more than 28 cases of XDR-TB over the last decade;

Whereas the Centers for Disease Control and Prevention estimated in 2009 that it costs \$483,000 to treat a single case of XDR-TB;

Whereas African-Americans are 8 times more likely to have TB than Caucasians, and significant disparities exist

among other United States minorities, including Native Americans, Asian Americans, and Hispanic Americans;

Whereas although drugs, diagnostics, and vaccines for TB exist, these technologies are antiquated and are increasingly inadequate for controlling the global epidemic;

Whereas there have been no new TB drugs introduced in over 40 years;

Whereas current tests to detect drug resistance take at least a month to complete and faster drug susceptibility tests must be developed to stop the spread of drug resistant TB;

Whereas the TB vaccine, BCG, provides some protection to children, but has little or no efficacy in preventing pulmonary TB in adults;

Whereas there is also a critical need for new TB drugs that can safely be taken concurrently with antiretroviral therapy for HIV;

Whereas enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 and the Comprehensive TB Elimination Act provided a historic United States commitment to the global eradication of TB, including to the successful treatment of 4,500,000 new TB patients and 90,000 new multi-drug resistant MDR-TB cases by 2013, while providing additional treatment through coordinated multilateral efforts;

Whereas the United States Agency for International Development provides financial and technical assistance to nearly 40 highly burdened TB countries and supports the development of new diagnostic and treatment tools, and is au-

thorized to support research to develop new vaccines to combat TB;

Whereas the Centers for Disease Control and Prevention, working in partnership with States and territories of the United States, directs the national TB elimination program and essential national TB surveillance, technical assistance, and prevention activities and supports the development of new diagnostic, treatment, and prevention tools to combat TB;

Whereas the National Institutes of Health, through its many institutes and centers, plays the leading role in basic and clinical research into the identification, treatment, and prevention of TB;

Whereas the Global Fund to Fight AIDS, Tuberculosis, and Malaria provides over two-thirds of all international financing for TB programs worldwide and has supported the detection and treatment of 8,600,000 cases of TB;

Whereas nearly half of the total number of lives saved by the Global Fund to Fight AIDS, Tuberculosis, and Malaria have been saved through its support for TB programs; and

Whereas March 24, 2012, is World Tuberculosis Day, a day that commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that causes tuberculosis: Now, therefore, be it

- 1       *Resolved*, That the House of Representatives—
- 2               (1) supports the goals of World TB Day to
- 3       raise awareness about tuberculosis;

1           (2) commends the progress made by United  
2       States-led anti-tuberculosis programs; and

3           (3) reaffirms its commitment to global tuber-  
4       culosis control made through the Tom Lantos and  
5       Henry J. Hyde United States Global Leadership  
6       Against HIV/AIDS, Tuberculosis, and Malaria Re-  
7       authorization Act of 2008.

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