

113TH CONGRESS
2D SESSION

S. RES. 393

Supporting the goals of World Tuberculosis Day to raise awareness about tuberculosis.

IN THE SENATE OF THE UNITED STATES

MARCH 24, 2014

Mr. BROWN (for himself and Mr. ISAKSON) submitted the following resolution;
which was referred to the Committee on Foreign Relations

RESOLUTION

Supporting the goals of World Tuberculosis Day to raise awareness about tuberculosis.

Whereas $\frac{1}{3}$ of the population of the world is infected with the tuberculosis bacterium;

Whereas more than 9,500 tuberculosis cases were reported in the United States in 2013;

Whereas more than 1,300,000 individuals die from tuberculosis each year;

Whereas over 95 percent of tuberculosis deaths occur in low- and middle-income developing countries;

Whereas tuberculosis is the second leading global infectious disease killer, behind HIV/AIDS, and claims 1,800,000 lives each year;

Whereas tuberculosis is a leading killer of people living with HIV/AIDS, causing $\frac{1}{5}$ of all deaths among people with HIV/AIDS;

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

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

Whereas according to 2009 data from the World Health Organization, 3.6 percent of all new tuberculosis cases are drug resistant;

Whereas multi-drug resistant tuberculosis (referred to in this preamble as “MDR-TB”) is present in virtually all countries surveyed;

Whereas approximately 450,000 people around the world developed MDR-TB in 2012;

Whereas extensively drug-resistant tuberculosis (referred to in this preamble as “XDR-TB”) is a strain of tuberculosis that is very difficult and expensive to treat and has high and rapid fatality rates, especially among HIV/AIDS patients;

Whereas there have been more than 63 cases of XDR-TB in the United States between 2004 and 2014;

Whereas as of September 2013, 92 countries have reported at least 1 case of XDR-TB;

Whereas the Centers for Disease Control and Prevention estimated, in 2009, that the cost of hospitalizing a single patient with XDR-TB is \$483,000;

Whereas, between 2005 and 2007, the 373 XDR-TB cases in the United States collectively cost the health care system an estimated \$53,000,000;

Whereas the death rate of tuberculosis dropped 45 percent between 1990 and 2012;

Whereas the Institute of Medicine found that a decrease in tuberculosis control funding and the spread of HIV/AIDS caused the resurgence of tuberculosis between 1980 and 1992;

Whereas although the number of tuberculosis cases in the United States continues to decline, progress towards eliminating tuberculosis has slowed and the disease does not recognize borders;

Whereas African Americans are 8 times more likely to have tuberculosis than Caucasians, and significant disparities exist among other minorities in the United States, including Native Americans, Asian Americans, and Hispanic Americans;

Whereas over 530,000 children became infected with tuberculosis in 2012;

Whereas tobacco use greatly increases the risk of tuberculosis and death, and more than 20 percent of tuberculosis cases worldwide are attributed to smoking;

Whereas diabetes is a major risk factor for tuberculosis, and people with diabetes are more likely to develop the disease and have a higher risk of death due to the disease;

Whereas a new technology, known as Xpert, developed in the United States, is able to diagnose cases of tuberculosis within 2 hours, and such technology can even diagnose cases that are difficult to detect, such as cases involving individuals living with HIV;

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

Whereas Xpert can quickly detect resistance to 1 of the primary tuberculosis drugs, but other tests to detect drug resistance take at least 1 month to complete and the medical community must develop even faster drug susceptibility tests to stop the spread of drug-resistant tuberculosis;

Whereas *Bacillus Calmette-Guérin*, a tuberculosis vaccine that is known as “BCG”, provides some protection to children but has little or no efficacy in preventing pulmonary tuberculosis in adults;

Whereas there is a critical need for the development of tuberculosis drugs that individuals can safely take concurrently with antiretroviral therapy for HIV;

Whereas the Millennium Development Goal of the World Health Organization is to reverse the spread of tuberculosis by 2015;

Whereas the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110–293; 122 Stat. 2918) and the Comprehensive Tuberculosis Elimination Act of 2008 (Public Law 110–392; 122 Stat. 4195) provides a historic United States commitment to the global eradication of tuberculosis, including a commitment to successfully treating 4,500,000 tuberculosis patients and 90,000 MDR-TB patients between 2008 and 2013 and to 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 tuberculosis countries, supports the development of new diagnostic and treatment tools, and is authorized to support research to develop new vaccines to combat tuberculosis;

Whereas the Centers for Disease Control and Prevention, partnering with the other entities of the United States and individual States and territories, directs the national tuberculosis elimination program, directs essential national tuberculosis surveillance, technical assistance, and prevention activities, and supports the development of new diagnostic, treatment, and prevention tools to combat tuberculosis;

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

Whereas the Global Fund to Fight AIDS, Tuberculosis, and Malaria provides 63 percent of all international financing for tuberculosis programs;

Whereas the Global Fund to Fight AIDS, Tuberculosis, and Malaria finances—

- (1) proposals worth \$3,200,000,000 in 112 countries;
- (2) tuberculosis treatment for 6,000,000 people; and
- (3) 1,800,000 HIV/AIDS and tuberculosis services;

Whereas the prevalence and mortality rates of tuberculosis are declining in many countries with programs supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and

Whereas March 24, 2014, is World Tuberculosis Day, a day that commemorates the date in 1882 on which Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that causes tuberculosis: Now, therefore, be it

1 *Resolved*, That the Senate—

2 (1) supports the goals of World Tuberculosis
3 Day to raise awareness about tuberculosis;

4 (2) commends the progress of anti-tuberculosis
5 efforts by entities that include the United States
6 Agency for International Development, the Centers
7 for Disease Control and Prevention, the National In-
8 stitutes of Health, and the Global Fund to Fight
9 AIDS, Tuberculosis, and Malaria; and

10 (3) reaffirms the commitment to global tuber-
11 culosis control set forth in section 4 of the United
12 States Leadership Against HIV/AIDS, Tuberculosis,
13 and Malaria Act of 2003 (22 U.S.C. 7603).

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