



TBWIRE

THE U.S. PARTNER IN THE GLOBAL
STOP TB PARTNERSHIP

March 2026

GREETINGS!

I should preface this and say that I am always hopeful that we can **#EndTB**, but oftentimes, in the same breath, I say that after more than 20 years in the fight against TB, I know that I will be doing this work for the rest of my life. And what is frustrating for me is that, if we were really committed to it, we could end this epidemic. The problem is what Paul Farmer used to call a failure of imagination—that we aren't ambitious enough.

However, I have never been more hopeful than now after returning from this year's TB Hill Day. We were there with, by far, the largest group ever, representing all 50 states. In total there were over 300 of us and we attended at least 256 meetings with House and Senate offices. It was a beautiful mix of TB survivors, clinicians, researchers, advocates from several organizations, including We are TB, Partners in Health Engage, and many others. But the most exciting thing was the hundreds of young activists from the TBFighters who, after reading John Green's inspiring book, *Everything is Tuberculosis*, have joined the fight. They brought so much enthusiasm and put so much effort into scheduling meetings. They came with homemade friendship bracelets to give out (I've been wearing mine ever since), magnets, bookmarks, and an infectious "can-do" attitude.

Because there were so many people there, it allowed us to meet lawmakers in bigger groups and to really focus on the states where we live. In the past, I've met with offices serving multiple states, but this time, I accompanied Michigan TB survivors and advocates in meetings with lawmakers serving my state. This is important because while we are all part of the fight to **#EndTB** globally and nationally, every state has its specificities. Michigan, for example, was heavily affected by TB contamination of bone graft material used in surgery and has a serious bovine TB problem in the cattle and deer populations. Bovine TB spreads to people who are often misdiagnosed or receive a late diagnosis, as they do not belong to any other particular risk group. Discussing this issue, we received positive responses from both Democratic and Republican lawmakers as they quickly came to understand that everyone is at risk for TB and that TB anywhere is TB everywhere. I have been smiling for days now, thinking about how this year, TB Hill Day felt different to me. There was so much energy, and it left me feeling recharged and looking forward to what comes next. Beating TB will be hard—particularly in these times of budget cuts and attacks on research and science, but it is something that we can and will do together.

- Jonathan Stillo, PhD, Stop TB USA Chair

DC UPDATE

Fast and furious work on FY27 items: DHS still does not have its FY26 appropriations levels, but House leadership has set a breakneck pace for House members to submit their FY27 Appropriations priorities. Collectively with our coalition members, we have already submitted >400 appropriations requests to House offices. You can help, too! Ask your Representative in the House and two Senators to ask Leadership to pass \$225 million for CDC's TB programs for FY27. The Capitol Switchboard is **1-202-224-3121**.

Sample script: As your constituent and a public health advocate, I urge you to speak out in favor of strong funding for the CDC's TB programmatic and research funding. Since TB anywhere is TB everywhere, we cannot afford the risk of further increased rates of transmission or drug resistance. Four years of increased cases, drug prices increases, and staff burnout all require more resources. *[Add a sentence about why you care.]* Will your boss talk to the Chair and Ranking Member of the Appropriations Committee in support of \$225 million for FY27 for CDC's domestic TB programs? I look forward to hearing a response. *[Leave phone number and email to receive a response.]*

Bonus points if you write us at leadership@stoptbusa.org and tell us how your calls/emails went!!

ANNOUNCEMENTS

TB Hill Day 2026 was a tremendous success as hundreds of advocates and survivors from across the country met with congressional offices to champion stronger investment in TB prevention, treatment, and research. Through personal stories and informed advocacy, they ensured policymakers understood why aiming to **#EndTB** must remain a public health priority — and we are deeply grateful for all the organizers who orchestrated the successful day!



TB Eradicator Game

Need a mental break? Need to blow off some steam? Then we have the game for you!

Member Jason M. developed TB Eradicator, where you blow up TB, one bacterium at a

Faces of TB

Led by our Media Work Group, **#FacesOfTB** is a new storytelling campaign designed to highlight the full breadth of people impacted by TB, and by recent USAID cuts. This includes advocates, survivors, care partners, pharmacists,

time. He also graciously added a donate button for folks to donate to Stop TB USA. Atari-style gaming for an amazing cause?

What's not to love!?! Play now at:
<https://tberadiator.com/>.

clinicians, researchers, non-medical workers, journalists, and others whose work or lives intersect with TB. We encourage you to submit your story (and any questions) using the form here:

https://docs.google.com/forms/d/e/1FAIpQLSc-Te8l8K62NvIfSlaCoQ68ji573MAixrQ_2lZDAG-gPmuZIQ/viewform?usp=dialog

- [PAHO - The End TB Strategy: Progress in the Americas in 2024 - World](#)
- [Tuberculosis funding cuts could cost households up to \\$80 billion | CIDRAP](#)
- [WORLD TB DAY 2026 theme and materials](#)

TB RESOURCES & REPORTS

- [The WHO global tuberculosis report 2025: Drug-resistant TB](#)
- [Global TB Report: "Progress is Possible: We Know What Works, Let's Scale It" - Updates](#)
- [Tuberculosis Fast Facts](#)
- [Tuberculosis Therapeutics Market Opportunity, and Forecasts Report 2025-2030](#)
- [Tuberculosis deaths in the United States, 1953 to 2022 - Our World in Data](#)
- [CDC's 2024 Global Health Impact: By the Numbers](#)
- [Tuberculosis in the United States, 2024](#)

TB IN THE NEWS

TB Incidence Reports:

- [Two cases of tuberculosis detected at Camp East Montana El Paso ICE facility](#)
- [Tuberculosis outbreak reported at Catholic high school in Bay Area. Cases statewide are climbing](#)
- [Second tuberculosis case confirmed at Long Island high school](#)
- [Confirmed case of tuberculosis reported at Westmoore High School](#)
- [More than 200 latent cases of TB found in S.F.'s Riordan High School outbreak](#)
- [N.J. resident in isolation after testing positive for tuberculosis](#)

TB Articles:

- [The truth \(and false positives\) of TB diagnosis - NPR](#)
- [AI detects tuberculosis on photos of chest x-rays](#)
- [A Year of Disruption: 5 Resources to Understand Foreign Aid Cuts | Partners In Health](#)
- [India's Tuberculosis Patients, One Year After USAID's Dismantling | Think Global Health](#)
- [A World Without TB? John Green Says It's Overdue - Tufts Now](#)

- [Deleted CDC Page: Tuberculosis and Asian Persons - Men's Health](#)
- [Rapid Response: The Power of Sustainable Transport Systems | Global HIV and TB | CDC](#)
- [Increased TB prevention funding would save lives | Letters to the Editor | captimes.com](#)
- [We can end tuberculosis: Powered by Primary Health Care strengthened through innovation and driven by committed health workers and communities](#)
- [4 Months Trapped in a Hospital for an Obsolete Way of Treating Their Disease](#)

JOURNAL ARTICLES

- [The looming crisis of bedaquiline-resistant tuberculosis and a promising way forward \(Our amazing Chair, Jonathan, is 2nd author!!\)](#)
- [One Versus Three: Federally Funded Clinical Trial Shows Daily Meds for a Month Comparable to Once Weekly for Three Months to Treat TB](#)
- [Effects of the COVID-19 Pandemic on Tuberculosis Outcomes in the United States: A Bayesian Analysis](#)
- [Early TB treatment reduced deaths from sepsis among people with HIV](#)
- [Shorter treatment regimens are safe options for preventing active tuberculosis, study finds](#)
- [New Inhalable Tuberculosis Treatment Could Replace Months of Daily Pills](#)
- [Social protection for tuberculosis—how can we make it universal?](#)

EVENTS, CONFERENCES, & COURSES

- [Stop TB USA x TEA: Post-TB Hill Day 2026 Media Training. | March 12, 2026 @ 7 pm EDT](#)

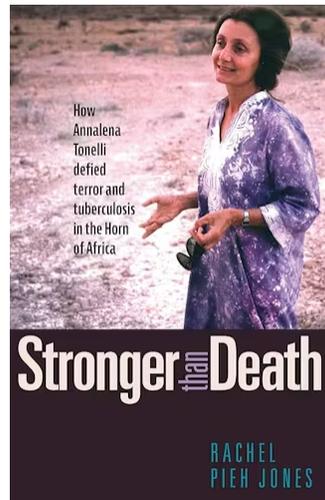


The flyer features the Stop TB USA logo (a map of the USA with 'Stop TB USA' text) and the TB Elimination Alliance logo (a stylized lung with 'TB ELIMINATION ALLIANCE' text). The main title is 'Post-TB Hill Day 2026 Media Training!' in bold red text. Below it, the date and time are listed: 'Thursday, March 12, 2026 | 7:00 pm ET'. The text describes the training as a chance to learn the RESULTS-proven E.P.I.C. method for media engagement. It states that the training is open to everyone, regardless of whether they attended TB Hill Day on Capitol Hill. A QR code is provided for registration, along with the URL 'bit.ly/2026tbmediatraining'. At the bottom, it provides the contact email 'leadership@stoptbusa.org' for more information.

- [6th Annual Thomas Garvey Public Health Lecture | March 30, 2026 @ 12 pm EDT](#)
- [National Network of Public Health Institutes Annual Conference | April 28-30, 2026](#)
- [International Conference of the American Thoracic Society | May 15-20, 2026](#)
- [Monthly | SEATRAC Seminar Series](#)

TB BOOKSHELF

***Stronger than Death: How Annalena Tonelli Defied Terror and Tuberculosis in the Horn of Africa* by Rachel Pieh Jones**



Stronger than Death: How Annalena Tonelli Defied Terror and Tuberculosis in the Horn of Africa

By Rachel Pieh Jones

Plough Publishing House 2019

Love, divinely inspired and human, is what Annalena Tolleni always said was what drove her to care for the tubercular, the deaf, the hungry, the AIDS afflicted, the outcast. Yet, her biography, *Stronger than Death: How Annalena Tonelli Defied Terror and Tuberculosis in the Horn of Africa* is by far the TB Bookshelf's most violent entry so far, and likely for the foreseeable future. It begins with an account of her assassination on October 5, 2003, and ends just over two weeks later detailing the murder of a British couple in a neighboring village. With gunfire providing the narrative's bookends, it's no surprise that when Jones delves into TB itself, she describes its effects in a way that makes John Green's unabashedly emotional writing seem almost calm:

“For some, death comes quickly. An abscess on the lung bursts or an intestine erodes or a major artery explodes. The victim drowns in his own blood. The most common form destroys the lungs and the space fills with fluid, pus or fungal infections leading to rales, a crackling wet breathing...¹

And those are just the physical effects: there is social stigma and even outright banishment—very dangerous, especially for women, in the famine and war-torn locales Tonelli operated.

An Italian Catholic, Tonelli's service to the poor began at the Italian Catholic Federation of University Students (FUCI) soon after the Second Vatican Council. She found her calling in the work, but was too uncomfortable living in and around the relative wealth of her family so she took the advice of her mentor, a woman who spent 20 years working with lepers in Somalia, and went to Kenya.

Like Tonelli, Rachel Pieh Jones and the book's publisher are unabashedly Christian, but rather than look to Mother Teresa as a model (as the book's cover suggests—along with Mother Jones) it's better to look at Tonelli's own hero, Mohandas K. Gandhi. Tonelli embraced his example in how she treated her body, calling it Brother Donkey, training it to live on negligible sleep and food ² as well as her interactions with Muslims. But while Jones' narrative of grace, courage, determination, and love features events that suggest a divine nudge if not outright miracles, the author is not fitting Tonelli for a prose halo.

For just over three decades, Tonelli worked with TB patients in three separate locales and periods: Kenya (1969-1985), Somalia (1986-1994) and Somaliland (1995-2003). Many people, including some in the Office of the United Nations High Commissioner for Refugees (UNHCR), credit Tonelli for the further development of DOTS, first in a compound she named *Bismillah Manyatta*, building on the work of Karel Styblo. To gain admittance, patients needed a positive sputum test, to be fifteen years or older, and to agree to remain at the facility for six months. That last part was a particular sticking point for not only was Tonelli a White, Catholic, European woman, in an African, patriarchal,³ Muslim, nomadic community. Even with the promise of food, shelter, and medicine, keeping them in the same place not only went against the core of their identity, but also raised legitimate practical concerns such as where might a patient's people be in six months? Tonelli therefore focused a great deal of effort on complementary care: creating jobs for patients as well as providing food, shelter, and education for their families.

Tonelli had great success early on, but how much of it was due to her specifically and how much to the DOTS protocol combined with the patients' circumstances? It's a question that Jones—as well as a team of anthropologists who come to visit *Manyatta*—asked without arriving at a clear answer. After all, when The World Health Organization (WHO) sponsored the Manyatta, the organization also sponsored similar projects in Nairobi and Kenya, all of which failed. *If it's not sustainable, how valuable is it?* became a key issue for backers keenly aware of their limited resources. There were also questions about Tonelli's motivations: if there was no material gain for her, was she a one-woman spiritual version of the “White Savior Industrial Complex”? Jones rejects that notion: “Experts criticized her for caring too much. She criticized them for not caring enough.”

While the threat of multidrug resistant tuberculosis (MDR-TB) arising from incomplete treatment supported the restrictions of DOTS, that same threat could lead to delaying the start of treatment as Tonelli often found herself in the center of what WHO calls a Complex Emergency. In such locales, the humanitarian crises and political instability are so great that starting treatment would not be worth the risk of drug sensitive TB becoming MDR after the interruption.⁴

Rising rates of HIV further hindered Tonelli's efforts. Even when TB treatment was possible, more patients were dying and that impacted both her sponsors' view of her work, and far more dangerously, the local residents' views. They turned against her, saying that the deworming pills contained AIDS, or that she was paying outsiders to bring the disease into their communities.

Still, just five months before her assassination, the UNHCR awarded her the Jansen Refugee Award. After her death, her ashes were scattered in Wajir. On the site of her murder, there is a pillar inscribed:

24/11/1996

To

5 Oct 2003

No mention of Annalena by name and no explicit “ended” to complement the “started”, both sadly reflective of the post-USAID reality, where it was already becoming increasingly difficult to get accurate data on TB incidence.⁵

- David Moskowitz, Media Work Group Chair

¹. As a pTB survivor who didn't go through anything nearly as dramatic, I can attest to the odd sound and feeling—that's not quite wheezing that still occurs on occasion long post-treatment: *What's that vibration?*

².The emulation of Gandhi and the absence of any suggestions from her childhood make no suggestion of an eating disorder as we currently understand it, but repeated references to the eucharist and her eschewing food even in settings of plenty echo a deeper European Christian tradition as explored in Caroline Walker Bynum's *Holy Feast Holy Fast*

³. As was her own background. See note #2 above.

⁴. Current WHO Complex Crisis locations include the Palestinian territories, Somalia, Somaliland and Sudan.

⁵. See, for example: <https://www.nature.com/articles/s43856-025-00831-9> and <https://msfaccess.org/somalia-has-some-worst-health-indicators-world-and-tb-not-exception>

Stop TB USA: Where we unite to #EndTB!

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Stop TB USA

stoptbusa.org

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