



TBWIRE

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

May 2026

Happy May Day to all! There are a tremendous number of May Day actions planned, such as Stand Up For Science's rally and SURJ's national day of action. You can even read research findings on how to message against worker exploitation [here](#). I want to give a special shout-out to all the workers who are helping us **#EndTB**: the truck drivers who carry medicines from wholesalers to pharmacies, the custodians who clean bathrooms where so many side effects manifest, the epidemiologists who track outbreaks and population-level trends...and you, for your **#EndTB** work!

- Cynthia A. Tschampl, PhD, Immediate Past Chair



DC UPDATE

FY27 TB mini-win: The House National Security, State Department, and Related Programs Subcommittee released its FY27 report yesterday. Overall, TB-related programs (international) were flat-funded in this bill. While we were asking for more, this is a clear rejection of the President's proposed massive cuts. We have more work to do for the domestic TB funding and the Senate side of things. Keep calling your Representative and two Senators to ask them 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, rising drug prices, 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

Join our Government Relations Work Group and guest presenter from RESULTS for our training, “**Maximize the Impact of Your Congressional Meeting,**” designed to help you confidently engage with your members of Congress and turn conversations into meaningful action.

This skill-building session will cover setting up, conducting powerful meetings with your members of Congress, and effective follow-up methods. All are welcome, no matter your level of expertise.

 **Date:** TODAY, Thursday, April 30, 2026 | 7 PM ET

 **Register here:** <https://us02web.zoom.us/j/85262082555?pwd=p1qsFbEPoe9ncLDf6FdfPq9Dn7tcL7.1>

#FacesOfTB

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, 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](#)!

FACES OF TB STOP TB USA

I believe eliminating TB is only possible through partnerships with TB survivors and affected communities and advocating for human rights-based, person-centered policies.

<https://wayne.academia.edu/JonathanStillo>

UNITED TO #ENDTB

Scan here to see more faces, learn more about TB

My name is Dr. Jonathan Stillo. I am the chair of Stop TB USA and teach at Wayne State University.

FACES OF TB STOP TB USA

I believe our path to ending TB depends on elevating community leadership in every step of our work. I'm committed to building trust, strengthening local partnerships, and ensuring strategies are shaped by those most affected.

<https://theeliminationalliance.org>

UNITED TO #ENDTB

Scan here to see more faces, learn more about TB

My name is Mukta Deia — I support the TB Elimination Alliance and hope to see health communities free of TB!

TB RESOURCES & REPORTS

The WHO global tuberculosis report 2025: Drug-resistant TB

The WHO Global Tuberculosis Report highlights the ongoing burden of drug-resistant TB worldwide, emphasizing trends in incidence, gaps in diagnosis and treatment, and geographic distribution.

An Action Guide for Communicators at Public Health Agencies

Visit the PHCC Action Guide, which provides practical, peer-informed strategies and tools to help public health teams strengthen communication, assess challenges, and improve messaging effectiveness.

2025 Provisional TB Data Report Release

Global TB Report: “Progress is Possible: We Know What Works, Let’s Scale It”

Compendium of data and evidence-related tools for use in tuberculosis planning and programming

TB IN THE NEWS

TB INCIDENCE REPORTS:

Tuberculosis in Texas: Here’s what Dallas residents should know

A recent Dallas Morning News article highlights the rise in tuberculosis (TB) cases in Texas and stresses the importance of early diagnosis, treatment, and public health efforts to prevent spread.

First on WMUR: Man who has had tuberculosis for months has been found, taken to hospital in Manchester

A tuberculosis exposure at a hospital in Nashua, New Hampshire prompted public health officials to notify potentially affected patients and staff while emphasizing that the overall risk to the public remains low.

TB ARTICLES:

The Great Gift of John Tracy Kidder's Legacy

Partners In Health mourns the passing of Pulitzer Prize-winning author Tracy Kidder, whose writing introduced millions to the work of Paul Farmer and the fight for global health equity. Through *Mountains Beyond Mountains* and decades of advocacy, Kidder helped inspire generations to engage in community-driven healthcare and social justice efforts around the world.

United States and the Philippines Sign Joint Declaration of Intent to Strengthen Bilateral Health Cooperation

The United States and the Philippines signed a new agreement to strengthen health cooperation, focusing on infectious disease response, healthcare system support, and collaboration on public health challenges, including TB.

Johns Hopkins Team Develops Therapeutic, Nasally Delivered DNA Vaccine for Tuberculosis

Researchers at Johns Hopkins Medicine have developed an experimental intranasal DNA vaccine designed to improve TB treatment outcomes. In preclinical studies, the vaccine helped infected mice clear TB bacteria faster, reduced lung inflammation, and lowered relapse rates when used alongside standard TB drug therapy, showing promise as a potential tool against drug-resistant TB.

Lessons in Going Slow: Vaccination Schedules, Tuberculosis, and What Happens When Faster Isn't Always Better

Faster medical interventions are not always better. Using TB treatment as an example, this article highlights the risks of prioritizing speed over safety and long-term outcomes.

New Dashboard Tracks U.S. Government Global Health Spending

A new dashboard highlighted by Partners In Health tracks how U.S. foreign aid funding is actually being spent, aiming to increase transparency around global

health investments and concerns over cuts to lifesaving programs like TB, HIV, and malaria initiatives.

Experience a Tuberculosis Hill Day on Capitol Hill

Partners In Health highlighted Tuberculosis Hill Day in Washington, D.C., where advocates, survivors, and healthcare professionals urged lawmakers to strengthen funding and support for TB prevention and treatment programs.

I Was Treated for Tuberculosis While Millions Were Robbed of Care

JOURNAL ARTICLES

Solid Organ Transplantation Among Transplant Candidates With TB Disease

A recent study highlights the challenges of managing TB in solid organ transplant recipients and emphasizes the need for early screening and coordinated care in immunocompromised patients.

The benefits of investments to combat HIV, tuberculosis, and malaria for primary healthcare from 2000 to 2023: An economic modeling analysis

This PLOS Medicine study found that investments in HIV, TB, and malaria programs not only save lives but also reduce strain on healthcare systems by decreasing hospitalizations and outpatient visits.

Unexpected detection of Mycobacterium tuberculosis DNA in US-born patients in putative association with clinical syndromes

Unexpected traces of TB DNA in hospitalized patients in the U.S. suggest there may be previously undetected forms of early or low-level TB disease. The findings highlight the potential need for more sensitive diagnostic tools to better detect and understand TB infections.

TB vaccine candidates offer limited protection in phase 3 trial

A phase 3 trial found that several TB vaccine candidates offered limited protection against active TB.

EVENTS, CONFERENCES & COURSES

Shape the Future of Respiratory Health, ATS Conference

May 15-20, 2026 | Orlando, FL | In person

Challenges Managing the Young Child Exposed to TB: A Case-based Discussion

May 28, 2026 | 1:00 p.m. ET | Online

National TB Conference, NTCA

June 8-12, 2026 | Palm Springs, CA | In person

COURSES:

Core Concepts of TB Epidemiology for Public Health Practice

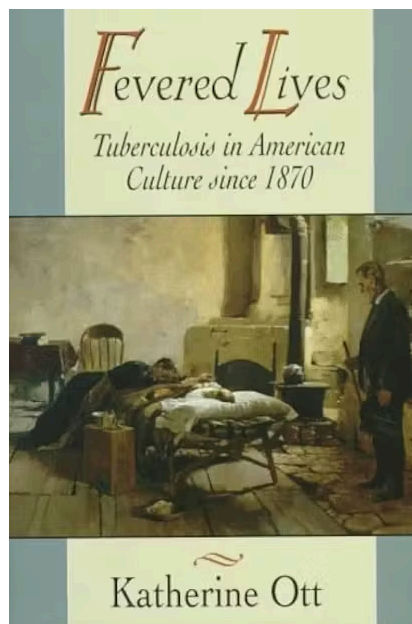
Management of Child and Adolescent Tuberculosis and Resources for Trainers (The Union online)

When TB is the Least of Their Worries: Mini-Course Series

TB 101 for Health Care Workers Training (CDC)

TB BOOKSHELF

***Fevered Lives: Tuberculosis in American Culture since 1870* by Catherine Ott**



***Fevered Lives: Tuberculosis in American Culture since 1870* by**

Catherine Ott

Harvard University Press (1996)

ISBN: 978-0674299108

Catherine Ott's *Fevered Lives* begins with a saying from the late 19th Century: "Everyone is sometime or another a little bit consumptive," demonstrating the ubiquity of the disease and how little was understood. Accordingly, the word "Culture" in the title of Catherine Ott's *Fevered Lives* is not a synonym for "the arts"¹ but describes the collective reaction to tuberculosis. As the recent COVID pandemic seems reflected in these pages, how we, as a nation, deal with illness is clearly a stubborn and unchanging subset of the cultural landscape.

Not just the culture is stubborn: beyond the sequelae, there are a host of problems associated with TB that have remained even with effective treatment. Ott presents the challenge facing communities and government officials in a particularly helpful manner, reminding us that TB wasn't cholera, or the plague, or smallpox:

The epidemic model for disease had serious limitations as a template for understanding consumption. One disjuncture was in the mathematical curves to represent chronic diseases. For consumptives, the curves were neither dramatic nor sharp. In using the number of deaths as an indicator of the extent of the disease, and by implication, the effectiveness of health measures, officials missed most of the information about the disease.[...]

In other words, humanity's oldest, most deadly disease was an outlier. Cholera, by contrast, was "a good fit in a bureaucratic system. Since it was a waterborne disease," officials could work on issues of sewage and drinking water.²

And of course, part of the issue in developing answers to *What do we do about it?* Is the still present issue of *Who has it?*, i.e., problems of diagnosis:

No matter how many pieces of the picture were present, from an obvious and developed diathesis to full-blown far advanced signs and symptoms, the possibility existed that due to other diseases had obscured the evidence. Catarrh (bronchitis), typhoid fever, lung cancer, sinusitis, pleurisy, emphysema, and even adenoids often confounded diagnoses."

The “American” culture Ott describes feels quite contemporary, with its distinctive blend of business and bigotry.³ She tracks advances in X-rays as well as thermometers^{4,5} and their marketing to the masses. And of course, there was financial exploitation of the vulnerable. The outdoor cure, for example, was a double-edged sword: a day exposed to nature could only make things better if one could afford proper food, medical attention, and shelter when inside, so *invigorating* did not become *battering*.

We’ve seen that indigenous populations, as well as immigrant Mexican and Filipino populations, had higher rates of TB than their immediate ancestors⁶. So too did urban-dwelling Irish and Jewish immigrants, as well as Blacks. Why? It was argued that Jews and Irish constitutions were conditioned to pogrom- and famine-driven deprivations and so reacted poorly to rich and plentiful American food. And Blacks? The dominant culture decided that the natural, healthy state of freed slaves and their descendants was working in the fields.

Given that Medicaid now has work requirements—i.e., you *have to* work to get insurance needed to keep you healthy enough *to* work—it’s no surprise that labor was a key element in American sanatoria treatment. TB sufferers creating fine art and literature did not do so out of some Romantic pairing of disease and disposition, but because it was the only labor they could perform to support themselves financially. Similarly, Ott notes that as the TB industry grew, the “sickbed of 1900 bore little resemblance to that of 1870 when the invalid held forth from a throne piled with pillows.” It was more workbench, and the attending nurses were to “see that the patient[s] adhered to a rigid schedule of meals, temperature taking, rest and fresh air” as if they were factory-floor supervisors.

Fevered Lives’ main narrative ends before the advent of antibiotic treatment, but as it was written in the years immediately following the NYC TB outbreak, when HIV treatment options were limited, she adds a final chapter warning about HIV comorbidity, as well as disease-related discrimination. In it, Ott connects the label “non-compliance” as it relates to treatment, and the older concept of sin leading to the disease. This is also a testament to how TB is associated with the people living in poverty – specifically non-native, non-white individuals: consider how a single TB sufferer causes a media firestorm,⁷ while millions of the dominant caste proudly eschew vaccines and masks when faced with a disease that killed over 1 million Americans from 2020-2022.⁸

1. For those interested in TB in art, extracting a reading and viewing list from Arifa Akbar’s [Consumed](#) is a good place to start, as the author’s work as an art critic yields valuable insight as well as referenced titles.

2. As for the means and the will—Sonia Shah’s *Pandemic* (2016) is an excellent starting point for reading about efforts (and lack thereof) to fight cholera.

3. The current HHS head has suggested that Chinese and Ashkenazi Jews are most immune to COVID, and though I am the latter and have never had the disease, I trust readers of this column will not attribute that to his reasons.

4. Reflecting this (though in Europe), the residents’ thermometers in Thomas Mann’s *The Magic Mountain* had the status of sacred talismans.

5. Which continues today. For my 12 months of DOT for pTB, the first question every day after “How are you feeling?” was “Do you have a fever?”

6. *Tuberculosis & The Politics of Exclusion: A History of Public Health & Migration to Los Angeles* by Emily K. Abel and *Chasing the Cure in New Mexico: Tuberculosis and the Quest for Health* by Nancy Owen Lewis.

7. Most recently in Nashua County, New Hampshire.

8. <https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>

- David Moskowitz, Media Work Group Chair

Stop TB USA: Where we unite to #EndTB!

Invite a friend to sign up to receive the TB Wire and be a part of Stop TB USA!

Donate today! <https://donatenow.networkforgood.org/stop-tb-usa>

Stop TB USA

<https://www.stoptbusa.org/>

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