



# TBWIRE

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

**February 2026**

## **GREETINGS!**

Abuse of power is bad for our country and bad for all of us. In addition to the death of innocents, health and public health workers are reporting disruptions to all aspects of health and social determinants of health due to the abuses by federal armed agents. We know this is a recipe to help tuberculosis thrive. In honor of Valentine's Day this month, please show your love of country and community: join a protest in your area, call your members of Congress, and keep your eye on our goal to **#EndTB**.

- Cynthia A. Tschampl, PhD, Stop TB USA Immediate Past Chair

## **DC UPDATE**

**Partial government shutdown:** Congress is almost finished with the FY26 appropriations process, though House leadership did not call a final vote before the CR deadline resulting in another partial government shutdown. The CDC's TB program was flat funded at \$137M. This is essentially a cut given inflation but higher than some of the proposed cuts. This means we shift focus to FY27 appropriations to urge Congress to do better this time around! Leaders need to hear from their colleagues about strengthening our public health infrastructure. 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. Increases in TB drug prices, let alone the three years of increased cases, 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 TB programs? I look forward to hearing a response. *[Leave phone number and email to receive a response.]*

**TB Hill Day:** March 3<sup>rd</sup> is our 2026 TB Hill Day. Nearly 300 #EndTB advocates will show up in Washington D.C. to talk to members of Congress and their staff about TB. You can support them by adding your voice for our call-in day. Save the date and stay tuned for more details.

Bonus points if you write us at [leadership@stoptbusa.org](mailto:leadership@stoptbusa.org) and tell us how your calls/emails went!!

## ANNOUNCEMENTS

**Congratulations to our Stop TB USA Chair, Jonathan Stillo, PhD**, on the publication of a new *IJTLD OPEN* editorial, *“The Time Is Now: Making the Case for Compassionate Use/Pre-Approval Access to New TB Drugs.”* The piece powerfully highlights compassionate use as an ethical and public health imperative, ensuring that promising TB treatments reach those who need them most.



### Introducing #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’re still accepting submissions and 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](https://docs.google.com/forms/d/e/1FAIpQLSc-Te8l8K62NvIfSlaCoQ68ji573MAixrQ_2lZDAG-gPmuZIQ/viewform?usp=dialog)



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

**FACES OF TB** 

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://tbeliminationalliance.org>

**UNITED TO #ENDTB**



Scan here to see more faces, learn more about TB

- [US officially withdraws from the World Health Organization](#)
- [The Good, the Bad, and the Ugly: U.S. Foreign Aid | Partners In Health](#)
- [UWC announces rapid, low-cost test to detect cancer, TB and long Covid-19](#)
- [Continuity of Care for Patients with Tuberculosis Relocating to Other Countries - CDC](#)

## **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:***

- [Second tuberculosis report involving Pitt County student, investigation underway](#)
- [Amazon confirms it had TB outbreak at warehouse](#)
- [S.F. private school cancels in-person classes amid active tuberculosis cases](#)

### ***TB Articles:***

- [The world could eradicate tuberculosis, author John Green argues | Here & Now - WBUR](#)
- [High-dose rifampin fails to cut tuberculous meningitis deaths, may worsen outcomes](#)
- [Janssen's TB drug Sirturo gains US FDA approval | Pharmaceutical | The Pharmaletter](#)
- [Another academia deal for Sanofi, now with Weill Cornell for tuberculosis drug discovery](#)
- [Stopping diseases like TB starts with a good diagnosis - The World from PRX](#)
- [A Conversation with John Green: Everything Is Tuberculosis - Tufts University](#)
- [Open access TB testing tool improves patient care worldwide | Doherty Website](#)
- [Bryan Bryson: Engineering solutions to the tough problem of tuberculosis | MIT News](#)
- [Health Department Earmarks \\$1 Million to Protect Pennsylvanians from Tuberculosis as Cases Rise Nationwide](#)
- [TB Ed Talk: Search-Treat-Prevent: A Strategy To Eliminate TB](#)

## **JOURNAL ARTICLES**

- [Miliary tuberculosis with hypercalcaemia-induced nephrogenic diabetes insipidus in an infant](#)

- [Pregnancy Outcomes after Exposure to Tuberculosis Treatment in Phase 3 Clinical Trial, 2016–2020](#)
- [Clinical testing of drug treatment shortening in patients with TB using PET/CT imaging of lung lesions](#)
- [Better tuberculosis prevention for migrants: necessary but not sufficient](#)
- [The potential effect of a geographically focused intervention against tuberculosis in the USA: a simulation modelling study](#)
- [Tuberculosis Precision Medicine Could Shorten Treatment - EMJ](#)
- [Tuberculosis Screening Gaps Possible in the Evolving Immunotherapy Landscape](#)
- [Multicohort assessment of plasma metabolic signatures of tuberculosis disease in children](#)

## EVENTS, CONFERENCES, & COURSES

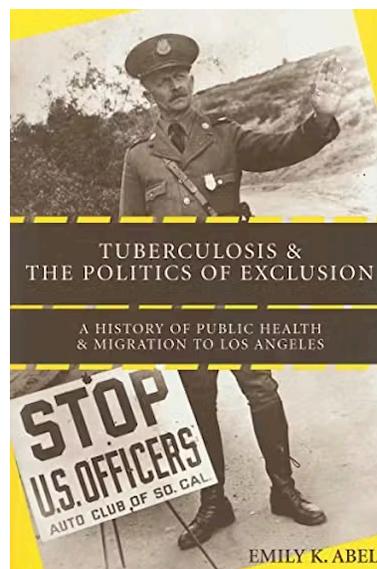
- [2026 END TB Conference of The Union - North America Region | February 25, 2026- March 1, 2026](#)

Register for Stop TB USA's Annual Membership Meeting on [February 26, 2026 at 6:00 pm EDT](#). Members attending the NAR conference in person are welcome to join the meeting onsite. However, registration is open to **all** Stop TB USA members, regardless of NAR attendance.

- [Monthly |SEATRAC Seminar Series](#)
- [National Network of Public Health Institutes Annual Conference | April 28-30, 2026](#)
- [International Conference of the American Thoracic Society | May 15-20, 2026](#)

## TB BOOKSHELF

***Tuberculosis & The Politics of Exclusion: A History of Public Health & Migration to Los Angeles*** By Emily K. Abel



***Tuberculosis & The Politics of Exclusion: A History of Public Health & Migration to Los Angeles***

By Emily K. Abel

Rutgers University Press (2007)

In 1994, California voters, including a majority of Los Angelenos, passed Proposition 187, which denied services—including health care—to undocumented residents.<sup>1</sup> This precursor to the politics of recent years also echoed those of the early-mid 20th Century, as Emily Abel explores in *Tuberculosis & The Politics of Exclusion: A History of Public Health & Migration to Los Angeles*.

Abel's book begins not with epidemiological or political history, but stories of caregivers: Martha Shaw, Lucy Sprague Mitchell, and Margaret Love Stone. These portraits serve to counter contemporary narratives about TB sufferers, which painted them as loners or familial dead-weight. Additionally, they remind us how the disease not only attacks the sufferer's physical well-being, but their emotional one as well, impacting their ability to work, contribute, and find self-worth.

The three women contrast to the book's main, recurring figure, Edythe Tate-Thompson, director of the Bureau of Tuberculosis. Readers will not be faulted for repeatedly asking, 'Who was she again?' as her policies, pronouncements, and statistical reports at the city, county, and state levels have none of the vitriol and viciousness of Father Coughlin, Pat Buchanan, Kristi Noem, or Stephen Miller. While a lack of biographical material may be part of Abel's decision to make Tate-Thompson a blank slate, the impact is clear: while Tate-Thompson clearly subscribed to the tenets of institutional racism, she was not its face but simply a willing conduit.

As for early 20<sup>th</sup>-century Los Angeles, its beaches, mountains, moderate temperatures, and burgeoning citrus industry (aided by the discovery of vitamin C in 1915) made it an easy sell for boosters, but they sought already healthy (and white) newcomers. Abel details how the city was attracting economic migrants from eastern states hit by serial recessions and how the U.S. Army was shipping sick and recently discharged soldiers to the region<sup>2</sup>. And then there were migrants coming from south of the border: by the end of the 1920s Los Angeles had more Mexicans than any other U.S. city, but they "received none of the grudging respect according the Japanese" (who, just over a decade later, were shipped off to camps, their assets—including farmland—seized under the pretense of national security).

Many of Thompson-Tate's arguments for exclusionary policies revolved around the significant cost of TB treatment stemming from the nature of the disease. After all, if someone gets typhus, diphtheria, or flu or the like, they would either die or get better *relatively* quickly. But the cost of extensive, often repeated hospitalization for TB, she argued, far outweighed the potential economic value agricultural laborers would have when healthy and working in the fields. But the bigotry was baked into the arguments: "deserving indigents" were white, while Mexicans were viewed like Black residents: irresponsible, "happy-go-lucky" people who'd wait to seek medical help, thereby spreading the disease and requiring longer hospitalizations. When Tate-Thompson did advocate for treating Black residents, it was because they were in close contact with White residents via service jobs.<sup>3</sup> However, a host of factors, including pressure from a significant local KKK presence and housing covenants, impeded access to doctors and Black residents could not get medical training. Finally, the LA

Board of Supervisors ordered nursing schools to open admission to Black students—but with separate housing.<sup>4</sup>

Even under such social conditions Black residents were safe from deportation. Mexicans and Filipinos? Not so much. But as this was a local (or at least state) concern, those submitting to “voluntary deportation” were not necessarily sent back to their countries of origin—but that did little to improve their prospects for recovery<sup>5</sup>. Pullman cars filled with people suffering from TB without sputum cups of sleeper berths. Presaging today’s seemingly random detention destinations, Abel finds accounts of former Mexicans and Filipinos being sent from Los Angeles to Natchez, Mississippi, Pittsburgh, Pennsylvania, and Helen, West Virginia.

Ethnic groups are not monolithic, and one wishes for a greater exploration of discussions within the various communities. Abel does reveal how Isaac Norton, president of the Hebrew Consumptive Relief Association (HCRA) said the Jewish Consumptive Relief Association (JCRA) “ought not to induce the sick to come here” perhaps fearing the community tensions that accompanied the Jewish Consumptive’s Relief Society in Denver. And it’s noteworthy that while the Denver sanatorium was founded by Eastern European Jews, Los Angeles had a much stronger German Jewish presence, so much so that Los Angeles’ *B’Nai B’rith Messenger*, warned “of immense hordes of [Eastern European] Jewish Immigrants [with] immoral and unsanitary conditions.”<sup>6</sup>

One year into the 47<sup>th</sup> Administration, the data is still coming in on how ICE is impacting TB treatment, but Abel’s epilogue contains a discussion of articles in the early 2000’s from publications such as the *Journal of American Physicians and Surgeons*, *The Los Angeles Times*, and *The New York Times* on how “illegal aliens” (the *Journal’s* term) are never examined for contagious diseases until their families and others (read: *American citizens*) are infected. Those who are undocumented or have expired visas disregard symptoms not because they’re “happy-go-lucky,” but out of fear of being detained while seeking treatment. And then, what is the likelihood of treatment completion—especially if they’re deported? An MMWR article from 2006 (one which survived the CDC’s website purge) discusses a shortage of medications in Honduras and estimates that 84% of TB sufferers were sent home before completing treatment.<sup>7</sup> If that was the case then, what hope do current detainees have after lingering in the crowded and unsanitary detention centers<sup>8</sup> of even getting a proper diagnosis or proper treatment when they’re denied human dignity and constitutionally guaranteed due process?

- David Moskowitz, Stop TB USA Media Work Group Chair

1. Most of the law was immediately declared unconstitutional on the grounds that the federal government bore exclusive responsibility for immigration issues.
2. Los Angeles was not the only location the army deposited such individuals and their families. See Nancy Owen Lewis’ *Chasing the Cure in New Mexico: Tuberculosis and the Quest for Health*, featured in the [TB Wire: January 2025](#)
3. For a greater discussion of contact fears, domestic workers, especially in the American south, see Nancy Tomes’ *The Gospel of Germs: Men, Women and the Microbe in American Life*, featured in [TB Wire: May 2025](#)
4. See also Maria Smilios’s *The Black Angels*, featured in [TB Wire: October 2024](#)

5. Owen Lewis. *Chasing the Cure in New Mexico: Tuberculosis and the Quest for Health*
6. Eastern European Jews, often fleeing pogroms, included the Belarusian ancestor of the White House deputy chief of staff and architect of the administration's incarceration and deportation policy, Los Angeles' own Stephen Miller.
7. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5626a3.htm>
8. <https://prospect.org/2025/08/18/2025-08-18-tuberculosis-spawning-in-crowded-dirty-ice-detention-centers/>

***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!

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Stop TB USA

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