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December 11, 2006

Dear Members of the California Congressional Delegation:

The California Conference of Local Health Officers (CCLHO) respectfully requests that you take action to increase the Congressional Appropriation for tuberculosis (TB) control in Fiscal Years 2007 and 2008. In order to protect the public from the ongoing threat from this airborne infectious disease, funding to the Centers for Disease Control and Prevention (CDC) for TB awards to state and local health departments must immediately be restored to their peak level, adjusted for inflation.

According to *Time Magazine*, "Ironically, it is increased CDC funding...for high profile threats like bioterrorism and flu pandemics that has drained money from areas of public health that may actually be more pressing." TB control is listed among the three "hardest-hit programs."<sup>1</sup> Dr. Kenneth Castro, Director of CDC's TB program, is requesting states and local areas to assist him in planning for a 25 percent reduction in federal TB funding over the next five years. Based on recent federal TB budget cuts, he states he is seeking to avoid "the slow but persistent exsanguination of domestic TB programs."<sup>2</sup>

Decreased federal funding leaves the nation, and especially California, more vulnerable to TB, a potentially deadly bacterial infection that spreads from person to person through the air. California reports over 20% of the nation's total TB cases (more than New York and Texas combined), and is heavily impacted by the global TB epidemic. In 2005, over 75% of California's TB cases, and all of the multidrug-resistant (MDR) cases, were in persons born outside the U.S. When TB bacteria become resistant to our most powerful medicines, they cause disease that is much more difficult and costly to treat. CDC recently reported on the emergence of extensively drug resistant TB (XDR), "raising concerns of a future epidemic of virtually untreatable TB."<sup>3</sup>

With decreasing federal TB funding, we in California, more than any other state, will bear both the burden of containing this global threat and the resulting cost shift to our State and local health departments. With the attendant dismantling of TB program infrastructure resulting from such cuts, we will incur much greater costs in regaining

<sup>1</sup> C. Gorman. "What Ails the CDC," Time magazine, 11/19/06, [www.time.com/magazine](http://www.time.com/magazine)

<sup>2</sup> K Castro. E-mail message of 11/16/06 to US TB Control Officers

<sup>3</sup> CDC. Emergency of Mycobacterium tuberculosis with extensive resistance to second-line drugs—worldwide, 2000-2004. MMWR 2006; 55:301-305.

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control over TB in future years (if, indeed, we can) when it inevitably rebounds with increasing drug resistance, as occurred in the 1990's—the difference being that this time, it will recur with XDR-TB!

Since CDC's funding to states, counties and cities throughout the nation goes to support front line TB staff such as nurses and outreach workers, further cuts will directly and seriously impair the capacity of all health departments to care for TB patients, prevent TB outbreaks, and stop the emergence and spread of the deadliest, drug-resistant strains of TB. The number of TB cases increased in two of the last five years in California, which indicates that the decline in the number of cases which we had experienced in the previous decade is now stalling. As was illustrated by (but not limited to) the recent outbreak of MDR-TB in newly arrived Hmong populations, California's TB cases have become more complicated to treat and, as a result, much more costly. If we are serious about protecting the public from this threat, then now is the time to increase--not decrease--TB funding.

If, due to reductions in infrastructure, XDR-TB is allowed to take hold in the United States, we would most certainly face a disease much more disastrous than SARS and far more difficult to contain.

In addition, we urge you to support and expedite implementation of the allocation formula for CDC TB funding, so that states and counties receive their appropriate share of federal TB dollars. Providing California, all other states and big cities, with adequate federal TB funding is essential to the national effort to control and ultimately eliminate TB. Appropriate distribution to the states becomes even more essential when funding is scarce. Finally, we request that you urge CDC to not pass on its rising internal costs to state and local TB programs.

At this time it is critical that federal funding to the CDC for Tuberculosis be increased rather than cut in order to maintain our already tenuous infrastructure and to be prepared to deal with and prevent the emergence of XDR-TB.

If you have questions, please feel free to contact me at (916) 875-5881. Thank you for your efforts to help us protect the public from this constantly evolving, yet persistent disease that spreads from person to person through the air we breathe.

Sincerely,

*(Original signed by:)*

Glennah Trochet, M.D., President  
California Conference of Local Health Officers

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