



# TBWIRE

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

July 2024

## GREETINGS FROM THE CHAIR!

I am looking to wear as much red, white, and blue as I can this month! Inspired by our nation's Independence Day, we at Stop TB USA are dreaming about celebrating independence from **#Tuberculosis**. That will require something of all of us; you can take one of the actions listed below, recruit a friend to [sign up as a member](#), or join one of our Work Groups. We sing that this is "...the home of the brave;" are we brave enough to **#EndTB**? Are our leaders? Let's get to it!!

- Cynthia A. Tschampl, PhD, Chair

## DC UPDATE

Get in touch with your members of Congress and ask them to...

1. Write or speak to the Chair and Ranking member of Appropriations in favor of a minimum of \$225 million for CDC's fiscal year 2025 TB programs as TB cases increased 16% in 2023 and will continue to rise as the full impact of COVID-19 comes to bear.
2. Write a letter to CMS Administrator Brooks-LaSure in support of a **\*\*timely\*\*** National Coverage Determination of LTBI screening and testing.
3. Co-sponsor the **End TB Now Act, H.1776/S.288!** [Here's a helpful fact sheet and a press release about the End TB Now Act.]

Call the Capitol Switchboard at **1-202-224-3121** and ask for your senator/representative or give your state if you do not know their name. When you are connected to an office, ask for the Health Legislative Assistant. If you leave a voicemail message, include your name, phone number, and email so that they can respond. If you would like a sample script, or additional details, email us at [leadership@stoptbusa.org](mailto:leadership@stoptbusa.org).

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

## ANNOUNCEMENTS

- [Introducing WHO's Civil Society Task Force on Tuberculosis for 2024–2025](#)
- [Public notice: Guideline Development Group for the update of the WHO consolidated guidelines on the treatment of drug-resistant tuberculosis, 2024](#)
- [Ambitious clinical trial could bring first TB vaccine in a century](#)
- [New partnership to improve access to new antibiotics in low- and middle-income countries](#)
- [FDA Grants Traditional Approval to TB Treatment Sirturo](#)

### **Other Opportunities:**

- [Notice of CDC Funding Opportunity Announcement](#)
- [National Institute of Allergy and Infectious Disease \(NIAID\)](#)
- [Opportunities and Challenges Towards Tuberculosis Elimination in the Americas \[video\]](#)

## **EVENTS, CONFERENCES, & COURSES**

- [The Union World Conference on Lung Health 2024](#)
- [Public Health Communications Collaborative: Engaging the Media to Amplify Public Health Messaging](#)
- [September 17-19, 2024 | CDC's Tuberculosis \(TB\) Education and Training Network \(ETN\) and TB Program Evaluation Network \(PEN\) Conference](#)
- [Monthly | SEATRAC Seminar Series](#)

## **TB RESOURCES & REPORTS**

- [Operational Update on Latest Resources From the Global Fund](#)
- [Tuberculosis \(TB\) news, resources and funding for global health researchers](#)
- [Tuberculosis Prevention and Care](#)
- [The U.S. Government and Global Tuberculosis Effort](#)
- [Tuberculosis \(TB\) Prevention and Control Program](#)
- [Tuberculosis - Disease Surveillance Epidemiology Program](#)

*Read more resources and reports on our website page 'From TB Wire'!*

## **TB IN THE NEWS**

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

- [5 Facts about the End Tuberculosis Now Act](#)
- [UCF Scientist Using AI To Speed Up Tuberculosis Drug Discovery](#)
- [FDA Grants Traditional Approval to TB Treatment Sirturo](#)
- [A new tuberculosis vaccine candidate recombinant protein with additional post-translational modifications occurring in Mycobacterium tuberculosis cells](#)
- [Securing our TB-free future: Eastern European and Central Asian health leaders increase political commitment to ending tuberculosis](#)
- [Researchers discover a potential vaccine to prevent tuberculosis in people of all ages](#)

### ***TB Incidence Reports:***

- [Three Cases of Non-Tuberculosis Mycobacterium Skin Infection Outbreak in Beauty Institutions](#)
- [U.S. TB Cases Reach Highest Level in a Decade](#)
- [Tuberculosis cases jumped 15% in California in last year](#)
- [Disparities in TB Incidence](#)
- [Tuberculosis Outbreaks](#)

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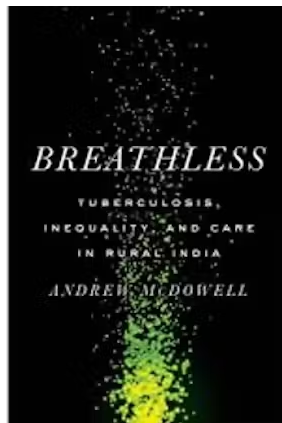
## JOURNAL ARTICLES

- [Distributable, metabolic PET reporting of tuberculosis](#)
- [Diagnostic Accuracy of Modified Kenneth Jones Scoring Criteria as Screening Tool to Diagnose New Cases of Pulmonary Tuberculosis in Children](#)
- [Establishment and validation of a risk prediction model for drug-induced liver injury in patients with tuberculosis](#)
- [A deep learning-based algorithm for pulmonary tuberculosis detection in chest radiography](#)
- [Ocular tuberculosis with Mycobacterium tuberculosis DNA presence in ocular fluid: will post-COVID era bring a difference?](#)
- [Adolescent BCG revaccination induces a phenotypic shift in CD4+ T cell responses to Mycobacterium tuberculosis](#)

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## TB BOOKSHELF

*Breathless: Tuberculosis, Inequality, and Care in Rural India by Andrew McDowell*



*Breathless: Tuberculosis, Inequality, and Care in Rural India by Andrew McDowell*

Stanford University Press 2024

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Anthropologist Andrew McDowell opens *Breathless* with a discussion of language, explaining his navigation through what the Ambawatians call a casserole of Hindi, Merawi, and Wagri. This is valuable not only to those versed in such matters, but to prepare all readers for what follows as *Breathless* is not a narrative of patient experiences, a report on treating MDR TB in a specific region, or a cultural study of disease, but an attempt to use terms such as breath, dust, air, mud, clouds, forests, and afterlife to develop a better understanding of TB's effect upon a specific region of rural India.

To these words, which also serve as chapter titles, I suggest the reader add one more: residue. From the Ambawatians' names to the current bureaucratic institutions, the residue of the caste system and British colonialism is ever present. Accordingly, even while McDowell focuses on his taxonomy, there are implicit questions which apply to all situations discussed: What are the roots of this? What are the goals beyond curing an individual of an infectious disease?

Endnotes often supply what's missing from the primary text, but there's occasionally a frustrating lack of information. For example, when DOTS (direct observed therapy short course) begins in Ambawati, we're informed that the first patient received "DOTS from a preschool attendant"

without knowing if the patient was a preschooler or an adult—an omission that if intentional, is simultaneously impactful and counter-productive.

Elsewhere, McDowell writes “The clinic must treat and train, cure and cultivate a citizen at the same time.” Again, this naturally leads to questions about said training and cultivation and how much “residue” is involved in those undertakings. After all, India’s Prime Minister, Narendra Modi, has been more active on the TB front than most world leaders—even than those of other high burden countries—and issues of identity and function matter a great deal to someone who has so tightly embraced Hindu nationalism. Yet in a nation of 1.4 billion with a burden of roughly 3 million active TB cases (WHO, 2022), how much of an effect do New Delhi’s socio-political priorities have on these rural clinics? It’s a fair question, but it’s not McDowell’s focus: India’s ruling Bharatiya Janata Party rates only one entry in the index; Modi, none.

McDowell frequently acknowledges entanglements within his categories, and this is best illustrated in “Forests”, a chapter which focuses on forest-dweller Devi Singh. Singh was one of the first Ambawatis diagnosed and treated for MDR in a reversal of the previous policy that for decades “deprioritized treatment for people with MDR-TB [leaving] many to die.” A policy that resonates with strategies used to govern people like Devi Singh”, i.e. prioritizing the more urban and integrated parts of the country. Once diagnosed, Singh is brought into a greater entanglement of governmental, pharmacological, and social institutions as he recounts a doctor telling him, “If anyone gave me trouble, I should say the government was paying me 200,000 rupees to rest [...] I became a government employee. It is my job to rest.” Singh then describes another potential threat to his life, thieves in the forest: Upon encountering any, he would feed them (more specifically, he’d ask his wife to). McDowell thus declares that by imagining himself doing so, “Devi Singh transformed thief from stranger to friend and remade networks just as he created a duty to the state from treatment.”

Entangled? Definitely. But within McDowell’s attempts to categorize and explore relationships lies *Breathless’s* value to more than anthropologists: ending TB will require not just affordable tests and treatments, but effective implementation—and that demands an understanding of everyone affected, from preschooler to aging benefactor of thieves, be they waist-deep in mud, looking up at the clouds, traveling a forest, or on their way to the afterlife.

- David Moskowitz, Stop TB USA Media Work Group Chair

### ***Stop TB USA: Where we unite to #EndTB!***

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Send to PO Box 260288, Atlanta, GA 31126

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stoptbusa.org

leadership@stoptbusa.org

PO Box 260288, Atlanta, GA 31126



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