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Drug Resistant TB: The Next Global Health Crisis?

*Subcommittee on Africa, Global Health, Global Human Rights,
and International Organizations Briefing & Hearing
December 8, 2015
Excerpts of Remarks Hon. Chris Smith*

Our hearing today is extremely timely, coming at a time when attention, perhaps belatedly, is being focused on addressing what very well be the next global health public health crisis: drug resistant tuberculosis.

Just as Ebola surprised many at the ferocity with which it spread, I am concerned that the world is not prepared to meet the threat from this highly contagious airborne disease which killed 1.5 million people last year alone. That translates to over 4000 people a day – 4000 lives that ended prematurely, including young children.

The World Health Organization released its Global Tuberculosis report just over a month ago, and yesterday, in Cape Town South Africa, the International Union Against Tuberculosis and Lung Disease concluded its annual meeting, having gathered experts in fighting TB from all over the world. These are positive signs, showing that the global health community is speaking out.

But are we listening?

While most “garden variety” TB is curable if diagnosed and patients adhere to a treatment regimen, it is estimated that while 6 million new cases of TB were reported to WHO in 2014, the number of people who contracted TB far exceeds this number – roughly 9.6 million people, or 37 per cent more than the reported number. These people need to be diagnosed, and treated, so they can lead healthy productive lives.

Even more disconcerting is the fact that some 480,000 new cases of hard-to-treat cases of multidrug resistant TB – a disease which often hits the poorest of the poor – are estimated to have occurred in 2014, yet only about 25 per cent of these, or 123,000 cases were detected and reported, leaving a whopping 75 percent undetected and untreated.

Given the ease at which TB can spread through the air and which people with already weakened immunity systems are susceptible, one can see how left untreated MDR TB and its even more pernicious cousin, XDR or Extensively Drug Resistant TB can wreak havoc on public health and public health systems.

To illustrate how fragile health systems can be overwhelmed, a course of treatment for normal, drug susceptible TB costs roughly between \$100 and \$500, depending on the country. For MDR TB, the cost is roughly between \$5,000 and \$10,000 per patient.

To respond fully to the TB crisis, the WHO estimates that some \$8 billion per year is needed. Unfortunately, there is a global budget shortfall of perhaps some \$1.4 billion. We need to lead not only in terms of providing funding, but also in terms of encouraging others – other countries, but also the private sector and foundations – in meeting this need by closing this gap.

Now is the time for proactive vigilance. A sustained focus on tuberculosis prevention today will save lives and money tomorrow, helping people the world over as well protecting the homeland from what otherwise could become a global pandemic.

While the situation we are confronted is a serious one, I believe we can eliminate TB, just as we have successfully fought polio. It takes political will, however, and an investment of resources that will pay dividends in the long run.

This subcommittee will continue to work vigilantly on combatting TB, along with members of the House Tuberculosis Elimination Caucus, [whose co-chair is my good friend from New York, Ranking Member Eliot Engel, who has joined us today.] We also have some very outstanding leaders in the global fight against TB who will brief us and give testimony today... .