

World TB Day, March 24, 2003
Press Conference

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I am pleased to join Secretary Thompson, Dr. Petersen, Dr. Hopewell, and others throughout the globe as we commemorate World TB Day this 24th of March. On this day in 1882 Dr. Robert Koch announced the discovery of the causative agent of TB, then ravaging Europe and North America and one of the leading causes of death.

As you've already heard from Secretary Thompson, much progress has been made in over the past decade, especially after an unprecedented resurgence from 1985 through 1992, which reversed several decades of decreasing trends -- a harsh lesson in the costly price of complacency leading to a premature declaration of victory and dismantling of TB services.

Today our nation is back on track. A total of 15,078 persons were diagnosed with TB last year, for a rate of 5.2 per 100,000 -- representing an all-time low in the yearly number of persons reported with TB. Ironically, many people erroneously think that TB is a disease of the past - an illness that no longer threatens us today. One reason contributing to this belief is that, in contrast to the hundreds of persons seen daily with TB in the United States in the past, there are relatively fewer visible individuals suffering with TB. But these most recent downward trends also give us an opportunity to eliminate TB in this country. Now is the time to take decisive actions, beyond our current efforts, that will ensure that we reach this attainable goal.

Lest we forget, far from being a disease of the past, more than 40 persons were diagnosed with TB every day last year in this country; worldwide this disease afflicts almost 8 million persons and remains one of the leading infectious killers of young adults. The global burden of TB is directly reflected in our country -- in 2002, for the first time, TB in persons who were born outside the U.S. accounted for the majority (more than 50%) of all of those reported with TB.

Part of my job is to speak on behalf of persons suffering from TB; please allow me to put a face to these otherwise dry statistics by providing a brief profile of five persons diagnosed with TB last year. One is a homeless person, not unlike the many we walk past on our way to the subway station, with no shelter or secure food supply. The second is a Vietnamese-born high-school valedictorian who almost missed out on her scholarship and college career, as she had to receive treatment for multidrug resistant TB with toxic drugs for 24 months. The third is the young day laborer with undocumented alien status, who continued to work in spite of his debilitating illness, and refused to seek medical attention for fear of deportation and inability to pay for those much needed services. The fourth is a young woman who had HIV infection and multiple medical problems during her pregnancy, gave birth to a stillborn, and died. TB was only diagnosed during her autopsy. This sad scenario poignantly describes the loss of medical proficiency among health care workers who practice in areas where TB is uncommon. The last is a U.S.-born Foreign Service worker who became infected with TB while working at the U.S. Embassy in an African country. He and others in the embassy had to be treated for latent TB infection after a co-worker had been diagnosed with TB of the lungs.

The profiles of these five persons illustrate various obstacles faced by individuals with TB in the U.S., and provide a compelling argument for our direct involvement in the global fight against TB. The recent creation of, and U.S. commitment to the Global Fund for AIDS, TB, and Malaria provides renewed optimism. We must wage this war against TB both on the domestic and global fronts. In its recent report entitled *Ending Neglect: the Elimination of Tuberculosis in the United States*, the Institute of Medicine stated "...now is the time to commit to the national goal of eliminating TB in the United States." We must now scale up labor-intensive efforts required to make optimal use of available tools -- to find and cure all persons with active TB, offer targeted tuberculin skin testing and treatment to prevent active TB among the estimated 10-15 million individuals with latent TB in the U.S. At the same time, we are called upon to increase the investment in TB research to develop new tools and drugs that will help to rapidly and reliably diagnose and shorten the time to cure all persons with latent and active TB, including new drugs to cure those afflicted with multidrug-resistant TB. This research must also support the development of a safe and effective vaccine. Major recent breakthroughs offer much promise, and we must take advantage of these to make the elimination of TB a reality. Globally, we must continue to partner with USAID and others to help mitigate the shameful problem of TB. This requires the implementation of available tools in resource-poor countries, reducing multidrug resistance, and combating the co-epidemics of TB and HIV.

I look forward to the day when, instead of gathering to commemorate the discovery of the TB bacillus, we join to celebrate its demise! Thank you.