



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

March 9, 2006

Julie L. Gerberding, MD, MPH, Director  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Building 21, MS D14  
Atlanta, GA 30333

Dear Dr. Gerberding:

As representatives of tuberculosis (TB) control leadership of the state reporting the most TB cases in the nation, we are writing to voice our serious concern about proposed tuberculosis (TB) priorities for balancing the 2006 Centers for Disease Control and Prevention (CDC) budget. We appreciate that Dr. Kenneth Castro, Director, Division of TB Elimination (DTBE) is seeking input on resolving the projected \$6 million DTBE deficit in 2006. However, he is proposing significant cuts to direct TB patient services in state and local TB programs while shielding certain DTBE initiatives that have much less direct public health impact.

We urge CDC to establish core TB Prevention and Control Cooperative Agreement funding as the highest priority of “protected” programs. These funds to states and cities support front line TB staff such as nurses and outreach workers. Cutting these funds will seriously impair health departments’ ability to care for TB patients, prevent TB outbreaks, and stop the development and spread of the deadliest, multidrug-resistant strains of TB.

Cutting research and training, by contrast, will not directly lead to a rise in TB cases, a widening of the racial and ethnic disparities in TB rates, or an increase in drug resistance. Furthermore, with continued cuts in staff providing patient care services in our TB clinics, our TB programs cannot take advantage of training opportunities or new research findings, nor enlist patients for research. We are confident that, with budget reductions, the DTBE research and training agenda can be further honed and still preserve a significant investment in programmatically relevant studies and training. While long term success in eliminating TB in the U.S. will require investment in training, education and research, under funding TB control programs will undermine the control of TB in our communities.

We also strongly support the continued implementation of the allocation formula for CDC TB funding, so that states and counties begin to receive their appropriate share of federal TB dollars. California reported 21 percent of the nation's TB cases in 2004, yet the four federal awards for core TB prevention, control and laboratory activities to our state totaled only 17 percent of the \$95.6 million in Cooperative Agreement funding for 2005. This means that California as a whole received \$3.4 million less in annual federal TB funds than what would be allocated if funding were awarded in proportion to the number of TB cases.

Providing California its appropriate share of the federal TB funding is essential to the national effort to eliminate TB. Given California's large burden of TB, California drives the national epidemic. A potential harbinger for the nation, California reported increases in TB cases in two of the last five years, in contrast to the steady national decreases in TB cases. We are at the point where further cuts in funding will erode our basic ability to protect the public from this airborne threat.

While we have made major progress, we are far from attaining many of the national Healthy People 2010 goals. Further cuts to our state will jeopardize the success of TB control in the U.S., as well as jeopardize the significant, ongoing contributions of our staff and programs to the national effort.

We recognize that CDC's budget decisions are very difficult and potentially divisive. Clearly, advocacy to increase the CDC's total Fiscal Year 2007 TB funding is essential. Advocates will need a thorough understanding of CDC's current budget, projected shortfalls, and strategies to address the gaps. Therefore, we request that DTBE:

- Provide a line item summary of the DTBE operating budget in the current and coming year,
- Provide a five year fiscal forecast for the Division that takes into account typical items such as increases in DTBE salaries and across-the-board rescissions,
- Develop a five year plan, with input from state and local TB controllers, for aligning commitments with available funds. The plan should include alternatives other than the Division passing on its rising costs to state and local TB programs.

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We would very much appreciate your response to these recommendations from the four TB Cooperative Agreement recipient sites in California as well as our state's association of TB controllers.

Sincerely,



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