

106TH CONGRESS
1ST SESSION

S. 1497

To amend the Foreign Assistance Act of 1961 to take steps to control
the growing international problem of tuberculosis.

IN THE SENATE OF THE UNITED STATES

AUGUST 4, 1999

Mrs. BOXER (for herself, Mr. SMITH of Oregon, and Mr. LAUTENBERG) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To amend the Foreign Assistance Act of 1961 to take steps
to control the growing international problem of tuberculosis.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “International Tuber-
5 culosis Control Act of 1999”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Since the development of antibiotics in the
9 1950s, tuberculosis has been largely controlled in the
10 United States and the Western World.

1 (2) Due to societal factors, including growing
2 urban decay, inadequate health care systems, per-
3 sistent poverty, overcrowding, and malnutrition, as
4 well as medical factors, including the HIV/AIDS epi-
5 demic and the emergence of multi-drug resistant
6 strains of tuberculosis, tuberculosis has again be-
7 come a leading and growing cause of adult deaths in
8 the developing world.

9 (3) According to the World Health
10 Organization—

11 (A) in 1998, about 1,860,000 people
12 worldwide died of tuberculosis-related illnesses;

13 (B) one-third of the world's total popu-
14 lation is infected with tuberculosis; and

15 (C) tuberculosis is the world's leading kill-
16 er of women between 15 and 44 years old and
17 is a leading cause of children becoming or-
18 phans.

19 (4) Because of the ease of transmission of tu-
20 berculosis, its international persistence and growth
21 pose a direct public health threat to those nations
22 that had previously largely controlled the disease.
23 This is complicated in the United States by the
24 growth of the homeless population, the rate of incar-

1 ceration, international travel, immigration, and HIV/
2 AIDS.

3 (5) With nearly 40 percent of the tuberculosis
4 cases in the United States attributable to foreign-
5 born persons, tuberculosis will never be controlled in
6 the United States until it is controlled abroad.

7 (6) The means exist to control tuberculosis
8 through screening, diagnosis, treatment, patient
9 compliance, monitoring, and ongoing review of out-
10 comes.

11 (7) Efforts to control tuberculosis are com-
12 plicated by several barriers, including—

13 (A) the labor intensive and lengthy process
14 involved in screening, detecting, and treating
15 the disease;

16 (B) a lack of funding, trained personnel,
17 and medicine in virtually every nation with a
18 high rate of the disease;

19 (C) the unique circumstances in each coun-
20 try, which requires the development and imple-
21 mentation of country-specific programs; and

22 (D) the risk of having a bad tuberculosis
23 program, which is worse than having no tuber-
24 culosis program because it would significantly

1 toward the development and implementation of a
2 comprehensive tuberculosis control program; and

3 “(ii) to set as a goal the detection of at least
4 70 percent of the cases of infectious tuberculosis,
5 and the cure of at least 85 percent of the cases de-
6 tected, in those countries in which the agency has
7 established development programs, by December 31,
8 2010.

9 “(B) There are authorized to be appropriated to the
10 President, \$60,000,000 for fiscal year 2001 to be used to
11 carry out this paragraph. Funds appropriated under this
12 subparagraph are authorized to remain available until ex-
13 pended.”.

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