

**GUEST ESSAY**

# We Now Have a Chance to Stop the Most Deadly Infectious Disease — if We Act

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**By Atul Gawande**

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This year, I visited a sprawling homeless shelter in Delhi, India, where tuberculosis was rampant. I met a boy whose parents were day laborers. Soon after their arrival there, when the boy was 6, he and his older sister became sick. They weren't diagnosed with TB until they were critically ill. After two years of treatment, the boy survived, but his sister died, he said. It had been too little, too late for her.

Humanity has had the tools to diagnose, treat and prevent TB for decades. Because of that, this airborne bacterial respiratory disease, once the cause of about 25 percent of all deaths in the United States, is no longer a widespread threat to public health in wealthy countries. But that's far from true in lower-income countries. While international public health efforts have cut global TB case rates by a quarter and death rates by half since 2000, it is still the world's No. 1 infectious-disease killer. TB claims more than one million lives annually.

There are new advances in screening, prevention and treatment, however, that now make significant progress possible — if we tap them. Success requires everyone pitching in.

In countries like India with high TB burdens, the government, the private sector and civil society organizations must commit to financing and delivering the new tools to stop TB — which India is now showing can be done. Manufacturers must lower costs. And high-income countries must do their part. The United States leads the world in providing innovation, expertise and support for countries combating the disease — both directly to local teams in high-risk settings, such as the shelter I visited, and through the Global Fund to Fight AIDS, Tuberculosis and Malaria. Last year, Congress provided additional support, enabling my team at USAID to forge new agreements with hard-hit countries,

including the Philippines and Ethiopia. This is a good step, but stopping the TB scourge will require that Congress sustain these investments and that other industrialized nations do more to fill gaps.

TB is a disease that feeds on poverty and social breakdown — people weakened by hunger and depleted immune systems, living in overcrowded conditions or deprived of medical care are most vulnerable. While just one in 38,000 Americans has active TB, one in 500 people in India does. Among Delhi's homeless population, one in every 12 people has the disease — a shocking rate. This means Delhi's homeless face among the worst TB rates in a city with some of the worst TB rates in a country with the most TB cases in the world.

The strategy that quelled TB in the United States after World War II has worked consistently wherever it has been applied: Screen all vulnerable populations to find cases, treat the infected and stop transmission by providing those exposed with preventive treatment — even if they have no symptoms. Tubercular bacteria can hide in the body for months or years before blooming into full-blown disease.



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