an estimated 5 percent of prisoners have active multi-drug resistant TB. In the U.S., TB treatment, normally about $2,000 per patient, skycracks to as much as $250,000 per patient, as it did in New York City in the early 1990s when we had to treat multi-drug resistant tuberculosis. Treatment may not even be successful. MDR drug-resistant TB kills more than half those infected, even in the United States and in other industrialized nations, and it is a virtual death sentence in the developing world.

The President recently visited India. I contacted him before that trip to discuss our bill. India has more tuberculosis cases than anywhere else in the world. Their situation illustrates the urgency of this issue. Two million people in India develop TB every year, and nearly 500,000 die from it each year. More than 1,000 Indians a day die from this infectious disease. The disease has become a major barrier to social and economic development, costing the Indian economy $2 billion a year. Three hundred thousand children are forced to leave school in India each year because their parents have tuberculosis, and more than 100,000 women with TB are rejected by their families due to social stigma.

India has undertaken an aggressive campaign to control tuberculosis, but they also need western help. Not surprisingly, the statistics on access to TB treatment worldwide are pretty grim. Fewer than 1 in 5 of those with TB are receiving DOTs treatment. Based on World Bank estimates, DOTs treatment is one of the most cost-effective health interventions available, costing the developing world as little as $20 to save a life. DOTs can produce cure rates of 85, 90, even 95 percent, as $20 to save a life. DOTS can produce costing the developing world as little
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