

Choosing Not to Look Away: Alyson Hall and Tuberculosis Advocacy

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In this series, Pathways spotlights advocates of tuberculosis, the world's leading cause of death from an infectious disease.

For Alyson Hall, tuberculosis (TB) advocacy began with a moment of realization that was as simple as it was unsettling.

What got Alyson thinking more deeply about TB was the realization that it was still a disease. In her head, “it felt like a disease in the past that didn’t really occur anymore,” she said.

That assumption quickly unraveled. Hall soon learned that TB remains the world’s deadliest infectious disease, despite being curable for over [70 years](#). The disconnect between what was possible and what was reality was striking.

“We have the ability to eradicate it,” she said. “We’re just choosing not to. For Hall, this realization reframed TB as a modern failure of empathy and action, and it became the foundation of her advocacy.

On a day-to-day basis, Hall’s work centers on something deceptively simple: awareness. In countries like the United States, she noted, one of the greatest challenges TB faces is invisibility.

“In places like the United States, most people don’t know anything about it,” Hall said. This perception is partly driven by the relatively low visibility of TB in the United States compared to the early twentieth century, when outbreaks were far more common and widely feared. The [CDC](#) itself notes that “the perception of TB as a public health risk diminishes” as case numbers decrease, causing TB to seem like a lower priority to the public and policymakers alike.

Beyond education, Hall’s version of advocacy is also rooted in cultivating empathy. TB, she emphasizes, is not just a statistic or a global health metric; it is a lived experience affecting millions of people worldwide.

Alongside her awareness-raising efforts, Hall has also engaged in more formal advocacy spaces, including attending TB Hill Day in Washington, D.C., coming together with other advocates to meet with lawmakers about TB-related funding and policy change. For Hall, the experience was both inspiring and grounding.

“It’s so easy when you’re advocating to get lost in despair and feel like you keep pushing for things, but nothing major is happening,” she said.

Instead, Hall found a community defined by shared purpose and mutual support. “It was the most supportive environment I had ever been in,” she said.

Even moments that initially felt intimidating, such as her first meeting with congressional representatives, became sources of confidence. “People learn to lead because they care about the issue,” Hall said.

Through her advocacy work, Hall’s understanding of TB has evolved significantly. While her initial perception of TB was plagued with a sense of horror and hopelessness, she has since shifted toward a more nuanced perspective that acknowledges both the scale of the problem as well as the possibility of progress.

Hall pointed to a few tangible examples of progress: [Johnson & Johnson](#) decided to not enforce their secondary patent, [Danaher](#) lowered the cost of their GeneXpert test cartridges, and [the WHO](#) helped bring the cost of treating tuberculosis down from around \$3,000 to about \$300. These changes, while incremental, have reinforced her belief in the power of sustained advocacy.

For those looking to enter the space, Hall’s advice is simple: “Just start. Once you start, it gets easier, and there are people around you to encourage you.”

In a world where being a bystander is easily forgiven, choosing to care becomes a powerful form of resistance, Hall said. TB advocacy is ultimately about refusing to become negligent.