

VOLUME IV, ISSUE II (2026)

SPECIAL ISSUE

PATHWAYS

Tuberculosis

Featuring TBFighters, a global health organization committed to fighting the structural causes of infectious diseases



STANFORD JOURNAL *of* PUBLIC HEALTH

A Letter from the Editors

Dear *Pathways* Reader,

We are proud to present this special issue of *Pathways: Stanford Journal of Public Health*, dedicated to the global fight against tuberculosis (TB).

Despite being curable for over 70 years, TB remains among the top 10 causes of death worldwide and the single leading cause of death from infectious disease, claiming more than 1 million lives annually. The majority of those affected are among the poor and the marginalized, amplifying the systemic injustices in public and global health today.

This special issue was prompted by an outbreak close to home. In January 2026, the San Francisco Department of Public Health issued a health advisory on a [TB outbreak at Archbishop Riordan High School](#), where three active TB cases and 50 latent infections were confirmed. The high school TB outbreak made vivid for us something that has stayed too abstract, too long: TB is not disease confined to the distant, not a relic of the past, but instead, a living reality with us here, today. In response, *Pathways*' Education Committee partnered with the [Stanford Undergraduate Global Health Club](#) to lead the [Stanford Public Health Youth Leadership Summit](#) in April 2026. For this event, we invited over 50 high school students from the Bay Area (including from San Francisco, where the outbreak occurred) to learn about public health through keynote talks, interactive workshops, and group discussions. Our mission was to inspire the younger generation to take action toward public health, including but not limited to infectious disease, in their own communities.

This issue is the written counterpart to our effort to increase public health awareness through advocacy, representing an invitation for the larger public health community to look at, think about, and act on TB. The TB advocates profiled in our issue come from a remarkable breadth of backgrounds: a math teacher in Tulsa, a teenage EMT from the Bay Area, a software engineer in Michigan, and a children's book author and mother of six, all united by a common reckoning that TB persists today not because we lack the scientific tools to end it, but because we have chosen to look away. These advocates chose differently; their stories show how ordinary people, moved by the magnitude of a long-overlooked crisis, can translate awareness into action at every level, from social media to fundraising bracelets to meeting with congressional representatives on Capitol Hill.

Many of the advocates featured in this issue found their way to TB through Nerdfighteria, an online community built by YouTube educators John and Hank Green. The Green brothers' platform helped grow [TBFighters](#), a grassroots movement that has mobilized thousands of volunteers worldwide to events like TB Hill Day in Washington, D.C., TB Day of Action in Sacramento, and more, through collaborations with global health organizations like [Partners In Health](#), [Médecins Sans Frontières](#), and [we are TB](#). The collective energy by TB advocates in these spaces is a testament to how disparate communities can come together to become engines of real-world change.

This issue also bears witness to the urgency of the present moment for the field of global health. The dismantling of USAID, cuts to CDC TB funding, and delays to the Global Fund to Fight AIDS, Tuberculosis, and Malaria have cast a long shadow over decades of public health progress.

The advocates profiled in this issue have responded not with despair, but with renewed resolve. As Celeste Moss puts it, “cynicism is a cop-out. Alyson Hall reminds us that TB advocacy is refusing to become negligent. Winter Pearson finds meaning in “concrete, productive work” in a world that can feel out of our control. And Camille Andros returns again and again to a phrase that cuts through the noise: TB is a “solvable problem.”

This special issue features the following profiles:

Camille Andros: Mother of Six and Children’s Book Author Turned Tuberculosis Advocate

Interviewed by Anya Vedantambe, Written by Anya Vedantambe

From Social Work to the Hill: Megan Blades on Tuberculosis Advocacy

Interviewed by Anya Vedantambe, Written by Taryn Boonpongmanee

“Our Power Is in Community”: How Asher Blumenthal Advocates for Tuberculosis

Interviewed by Catherine Wu, Written by Sophie Acharya

Choosing Not to Look Away: Alyson Hall and Tuberculosis Advocacy

Interviewed by Catherine Wu, Written by Sneha Jiju

Talia Honikman: Software Engineer by Trade, Tuberculosis Advocate by Choice

Interviewed by Catherine Wu, Written by Sneha Jiju

Celeste Moss: How Hope in Advocacy Can Create Change

Interviewed by Anya Vedantambe, Written by Anisha Pandey

Winter Pearson: How a YouTube Rabbit Hole Led to Advocacy on Capitol Hill

Interviewed by Catherine Wu, Written by Catherine Wu

Hunter Sandlin: Standing Up to Health Inequities in Tuberculosis Diagnoses

Interviewed by Anya Vedantambe, Written by Anisha Pandey

Nyx White, Teenage EMT, Brings Visibility to Tuberculosis

Interviewed by Catherine Wu, Written by Lisa Katz

We are grateful to the TB survivors and advocates, who shared their stories with us, and to our dedicated editorial team, whose commitment made this issue possible. As always, we extend our thanks for Professor Grant Miller for his continued mentorship since the journal’s inception, and Professor John Willinsky for supporting the journal’s online presence. We would also like to thank Max Yang and Taisho Shiono for their collaboration in the Stanford Public Health Youth Leadership Summit and in Pathways Education Committee’s continued initiatives.

TB is a disease with a cure, but what stands between a world without TB is not science; it is funding, attention, and commitment. For our readers, we hope the features in this issue mobilize all three.

Sincerely,

Pathways 2026 Editorial Team

2026 Editorial Team

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Camille Andros: Mother of Six and Children’s Book Author Turned Tuberculosis Advocate

ANYA VEDANTAMBE

Stanford University

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

A successful writer, a mother of six, a global health degree holder, a formerly practicing member of the Mormon Church, and a former emergency room worker walk into a bar. How many people are in their group?

Trick question: it’s just one person, and it’s TB fighter, Camille Andros. Today, Andros is an acclaimed writer and champion for tuberculosis (TB) awareness and advocacy, but her life had a circuitous path.

Andros received a degree in global health in her early 20s, and then got married and had six kids. She’d always planned to go to school to become a physician’s assistant once her youngest child started kindergarten. But when he was about a year old, she took a leap of faith.

“I had always really wanted to write,” Andros said. With her youngest just a year old and kindergarten still years away, she decided to give it a try. “We’ll just see what happens,” she said.

It ended up working out better than she could have imagined. “I got an agent, I got a couple of book deals, and started publishing, started traveling... and then it was time to start PA school.”

With six kids at home and a fair amount of travel, she knew it just wasn’t realistic to start the program. So she decided to “ride the writer wave,” and write children’s books about medicine and science.

In late 2019, Andros became aware of another writer in the children’s literature space who had begun writing books about medicine.

“John Green... started talking about TB, and that just raised my antenna, because the main thing in my education that I was taught to do for global health was to find the biggest health problems in different regions and come up with solutions.”

She says that TB “just hadn’t been on her radar.” But, “when John started talking about TB, and that we’ve had a cure since the 50s, and we are just choosing to live in this world where over a million

people die... every year," she was shocked. "It's such a solvable problem," she says. Then something clicked.

"I was just like, I'm all in. I want to help with this." And that's where it began. She began volunteering, going to meetings on Capitol Hill to advocate for funding allocation toward TB treatment efforts around the world.

As she got deeper into her advocacy, she had a revelation. Andros had grown up Mormon, though she doesn't practice anymore. She realized that many of the places Mormons went for mission trips overlapped with places with a higher incidence of TB. People she knew had gone on missions and gotten sick. The Mormon Church also had a lot of money.

"I'm like, oh, this could be a redemption arc here," Andros said. Would it be possible to convince members of the church to advocate for TB funding?

In fact, Andros noted, the current President of the Mormon Church has had several tragic experiences with TB. "His dad died of TB," Andros explained, "and then his [dad's] wife was put in a mental institution – she had a mental breakdown.... I think he had a really hard childhood because of that."

After growing up in a Mormon family, Andros decided to get a degree in global health. This was a foundation that, decades later, would lead her to see the Mormon Church not as a closed chapter, but as a powerful, untapped ally in her mission to end the disease that had already devastated the families of its own leaders.

Andros is currently working on a nonfiction picture book about a dog who solves medical mysteries. The first case is the Brontë siblings, all six of whom died from TB. The book is, in many ways, a perfect encapsulation of who Andros is: a writer who uses storytelling to make the unbearable more legible, and a global health advocate who never stopped believing that the right information, in the right hands, can change the world.

The Mormon Church project remains a work in progress, built on a hunch that personal history and institutional power can intersect in service of a greater public health cause. The current president of the church lost his father to TB as a child, according to Andros. Now, the church plans to open a global health-focused medical school in 2027.

Andros sees clearly the overlap of mission territories and high-burden TB countries. She is working, one conversation at a time, to make sure others see it, too. She returns again and again to TB being a "solvable problem," with the conviction of someone who has spent decades preparing, without knowing it, for exactly this fight with other advocates.

From Social Work to the Hill: Megan Blades on Tuberculosis Advocacy

TARYN BOONPONGMANEE, ANYA VEDANTAMBE

Stanford University

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

Most Americans think tuberculosis is a relic of the past. Megan Blades is working to prove them wrong.

A Master of Social Work student, Blades was already being trained to think beyond one-on-one clinical work and engaged with broader policy. TBFighters gave her the cause to put that into practice. Since first hearing John Green talk about tuberculosis (TB) in 2019, they have traveled to Washington, D.C. twice, met with TB survivors and experts, and even uncovered her own family history with the disease, making the case that TB is not a disease of the past.

Blades first encountered TB through John Green's advocacy in 2019 and found herself captivated. "I know about it at this point, I can't stop knowing about it, so I might as well try and do something," they said. This led her to TBFighters, a community of advocates that grew out of Green's online following, and eventually to Capitol Hill.

[Hill Day](#), the annual event where TB survivors, experts, and advocates convene in Washington, D.C. to meet with legislators, is a central part to Blades' advocacy. They've attended twice, and this past year, they attended six legislative sessions in a single day, describing how the experience is defined by its energy. The first day is an intensive training process, five hours of learning the policy landscape, practicing for meetings, and connecting with advocates from across the country. The second day is the Hill itself. Something else that made this year special was that Michigan TB survivors joined her in the legislative rooms.

Her personal connection to TB deepened when they heard stories from TB survivors from her home state of Michigan. Among the survivors they met was a young Michigan woman her own age, whose TB traced back to something as ordinary as feeding a deer as a child. Blades found out this year that the bovine TB population in Michigan is growing. The patient had gotten it when she was younger, and it stayed dormant until she was about 19. Even after she had a positive skin TB test, doctors told her for months that there was another diagnosis. "It was just a very clear example of women not being listened to about their own health," Blades said, "but also of how doctors in places like the US aren't necessarily trained for [TB diagnoses] anymore."

The challenges patients face with TB treatment differ sharply depending on where they live, Blades noted. In the U.S., the biggest hurdle to overcome is getting the initial diagnosis. The gap between active infection and treatment can lead to lung scarring that is irreversible. Outside of the U.S., obstacles shift. Consistency with medication regimens is the central challenge, especially in communities where patients lack reliable access to food, transportation, and community support. “The medication makes you very malnourished,” Blades said. “And if you don’t have community support, it makes it even more difficult to continue your treatment the whole way through.”

For Blades, these moments underscore what they see as the two biggest public misconceptions about TB in the US: that it doesn’t exist anymore and that there is no cure. On the contrary, TB is very much present in the US, and it has been treatable since the 1940s.

On a day-to-day basis, Blades’ advocacy fits in well with TBFighter’s belief to do what you can when you can. Between classes, they hold congressional calls throughout the month, walking meeting attendees through the process of calling their legislators.

As a Master of Social Work student, Blades sees advocacy as inseparable from clinical work. Her program has taught her that helping people means engaging with systems that shape their lives. TB, they said, is the perfect example of a disease that is a policy and medical issue. When young people show up in legislative offices, they believe it sends a message. “If the people who are going to be next in line to fill these roles are caring about these things,” they said, “it’s more of a light bulb that’s going to be something important in the future.”

“It’s never too late to get involved, and it’s easy to get started,” they said. For students especially, Blades recommends [TBFighters](#) or [Partners in Health Engage](#) as accessible entry points, both as welcoming and flexible programs that are proof that you don’t need to wait to make an impact.

“Our Power Is in Community”: How Asher Blumenthal Advocates for Tuberculosis

SOPHIE ACHARYA, CATHERINE WU

Stanford University

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

Outside of his life as a freshman at Beloit College, majoring in psychology and philosophy, Asher Blumenthal is also an advocate for tuberculosis (TB)

Having been a longtime follower of John and Hank Green, it was the brothers' online content that roped Blumenthal into the world of TB. After watching the YouTube videos, Blumenthal said he “felt a personal obligation to do as much as he can” for the cause.

From the Green brothers' videos, Blumenthal learned more about the history of the disease, which has “repeatedly been close to him,” overlapping “with regular life in ways that people don't realize.” Despite this, it remains invisible to most.

Specifically, TB has been [treatable](#) since 1943, and for Blumenthal, and this fact is what makes its persistence so difficult to accept. “It's absolutely untenable that we have let this disease run rampant across the world when at any time we could annihilate it, but haven't yet because of our own negligence.” This, according to Blumenthal, is an issue of inequity.

TB Hill Day marked Blumenthal's first real exposure to advocacy work, placing him and fellow [TBFighters](#) in front of senators and congressional representatives. It was there that the scale of the movement became tangible, as people gathered to fight against a disease that affected so many; the collective commitment left a mark.

These small moments in advocacy accumulate. In preparing for upcoming congressional elections, Blumenthal explained, advocacy on the local level feeds into that larger system. Town halls and meetings with representatives allow for personal relationships to be built from the ground up — something that's not given enough credit in the political sphere.

The fundamental role of a representative, he emphasized, “is to hear you.”

What has been most empowering along the way is watching the community pull together. Seeing TBFighters grow makes the work feel less like a battle and more like a shared mission.

“We're all here together, fighting for the same cause,” he said. This unity is what sustains the effort. His experience in advocacy has truly embodied Paul Farmer’s advice for avoiding burnout in global health: “Do hard things with friends.”

TB advocacy was a new avenue for Blumenthal, but it has proven to be a stepping stone into broader work within medical advocacy.

His final message is simple but pointed: “Our power is in community.” Hill Day has become a highlight of his year, not just as an advocacy event, but as a gathering of people who understand what's at stake and show up for the cause.

Choosing Not to Look Away: Alyson Hall and Tuberculosis Advocacy

SNEHA JIJU, CATHERINE WU

Stanford University

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.

Talia Honikman: Software Engineer by Trade, Tuberculosis Advocate by Choice

SNEHA JIJU, CATHERINE WU

Stanford University

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

Talia Honikman's passion for tuberculosis (TB) advocacy grew from both personal and communal proximity to the disease.

A software engineer by trade, Honikman did not initially set out to work in global health. In fact, she currently works as a full stack engineer at Ford and is a classically trained violinist. Yet her early exposure to medicine during undergraduate studies years prior, combined with personal connections to infectious disease, shaped her trajectory.

TB, in particular, was not entirely unfamiliar. Honikman had heard about it growing up through family members who had experienced the disease. But it was not until much later, through an online advocacy community, that this awareness turned into something more.

Honikman became an integral part of [TB Fighters](#), a grassroots advocacy movement dedicated to fighting the structural causes of TB. There, she contributed her skillset to the organization in order to support a growing network of advocates.

“It was the collective of individuals who decided that it was worth being more practical about it,” Honikman said. “Not just operating in an information space, but doing something more profound.”

Still, she believed that nothing produces more impact than showing up and advocating in-person.

This conviction ultimately led her to TB Hill Day in Washington, D.C. on March 2-3, 2026, where advocates meet with lawmakers to push for TB-related funding and policy change. The momentous day brought together nearly 300 people (survivors, clinicians, researchers, and advocates) at every level of involvement, welcoming people to contribute in whatever ways their lives allowed.

“There's an appetite for solvable and digestible problems,” Honikman said. “This is something that can be advocated for across the aisle; it doesn't have to be partisan.”

What propels Honikman's efforts is the fact that TB persists despite its solvability. For her, the issue lies in a gap between awareness and action.

At Hill Day, over the course of two days, advocates met with congressional offices to discuss issues like federal funding for TB programs both globally and domestically due to cuts to USAID and other global development programs. Notably, there was roughly a [60% decline](#) in CDC TB funding since 1994 when adjusted for inflation.

What stood out most from the event, Honikman noted, was surprise among the lawmakers the TB advocates spoke to.

“There were a lot of people who were just surprised that it was still an issue,” she said. “That’s where you can use a statistic to demonstrate the gravity of the problem.”

The broader challenge is that TB is often perceived in the United States as a disease of the past, categorized alongside eradicated illnesses like polio. This misconception, Honikman argued, contributes to its continued neglect. “It’s just not something people consider relevant today,” she said.

Honikman recalls one meeting in which a staffer dismissed TB as a low priority, expressing their confidence in the U.S. healthcare system. While in another conversation, a representative’s personal connection to hearing loss, a known side effect of certain TB treatments, made them especially receptive to the issue.

“The fact that they vary so widely is a really good indication of where we are as a country,” she said.

Like many in the TB Fighters community, Honikman does not work in TB full-time. Instead, her contributions are woven into her daily life: communicating across advocacy networks, making phone calls, and actively raising awareness within her own circles.

“I will do things as I’m able to in my free time,” she said. “If something will really be beneficial, then it’s worth putting in that extra push.”

The fact that participation in advocacy exists on a spectrum, she noted, is part of what makes TB advocacy accessible.

“If you want to define yourself as a TB fighter, you totally are a TB fighter,” Honikman said. In her experience, advocacy is cumulative; even if progress is slow and uneven, one’s efforts should be disciplined and consistent.

Ultimately, Honikman’s advocacy reflects a simple but powerful idea: bridging the gap between awareness and action is not the responsibility of experts alone, but of anyone willing to step into the space.

Celeste Moss: How Hope in Advocacy Can Create Change

ANISHA PANDEY, ANYA VEDANTAMBE

Stanford University

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

Celeste Moss teaches math by day, but by night she's fighting a disease most Americans think no longer exists.

A high school math teacher at a Title I charter school in Tulsa, Oklahoma, Moss spends much of her time outside the classroom as a volunteer with TBFighters, a global community dedicated to ending tuberculosis. Interestingly, TB is a disease that, despite being curable, remains the world's leading infectious disease killer. Tuberculosis claims over a million lives every year.

"I believe that every human being has a right to health," Moss says. "I don't think it should matter where you're born or whether you have money. No one deserves to die from tuberculosis when this is a disease we've known how to cure since the 50s."

Like many TBFighters, Moss's path into advocacy originated from Nerdfighteria, an online community built by YouTube educators Hank and John Green, who created the channels SciShow and Crash Course. Through that community's support of the nonprofit Partners in Health, Moss grew increasingly engaged in global health.

As John Green became interested in tuberculosis specifically, Moss, along with many fellow Nerdfighters, followed him down that rabbit hole. TBFighters emerged from this movement.

What sustains Moss's commitment is the belief that individual actions compound into greater results. Over the past year alone, she has held nine meetings with Congressional staffers, attended TB Hill Day in Washington, DC, gone to protests equipped with QR codes linking passersby to email campaigns, and raised over \$300 to support Partners in Health's work in Lesotho, a country with one of the highest TB burdens in the world.

"I sold a bunch of these bracelets that say 'Bee Against TB,'" Moss said. "I posted it a few different places online, encouraged people to donate ten dollars to Partners in Health, and mailed bracelets all over the US, even to Scotland and Australia. A lot of advocacy opportunities aren't planned way in advance. You just think of something, and you go for it."

The deepest misconception about TB in the United States? That it simply isn't a problem anymore. Awareness is scarce, which can lead to delayed or missed diagnoses. Moss explains that it always surprises people when she tells them the U.S. still has around ten thousand active cases of TB every year.

Her advocacy has taken on new urgency with the dismantling of USAID and cuts across federal health agencies that keep TB initiatives alive. Moss has responded by showing up to Congressional offices and protests, and also by posting on social media.

“I post a lot on my social media in serious ways, but also in silly ways, just to increase awareness about the issue,” she explains. She recalls how her recent April Fool's post joking that “TB's passport has been revoked” prompted a relative to reach out asking to learn more.

“I feel very much like the world is on fire,” Moss said. “But I also believe that cynicism is a cop-out. One way to actively fight that is to be hopeful — actively hopeful... If you can focus on one area and make change there, that matters.”

Winter Pearson: How a YouTube Rabbit Hole Led to Advocacy on Capitol Hill

CATHERINE WU

Stanford University

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

For Winter Pearson, tuberculosis (TB) advocacy is proof that individual voices can shape global health.

“It’s easy to feel like politics are unreachable and untouchable, and that we are powerless in the face of them,” they said. “But when you pick up a cause that is under-discussed and under-cared for, you can be that champion and that voice.”

A data scientist at Children’s Hospital Los Angeles and a volunteer Emergency Medical Technician (EMT) with the Red Cross, Pearson has worked in healthcare across various capacities since 2020.

Outside of their professional work, they also support global health efforts as a donor to [Partners in Health](#), an international nonprofit public health organization dedicated to global health and social justice causes, including TB.

“I think of my job as me giving back to my local community, but I’ve always felt like there was more than I could be doing on a global scale, and I really wanted to tap into that,” Pearson said.

Pearson entered the space of TB advocacy serendipitously. A longtime follower of John and Hank Green—the brothers and creators behind the [Vlogbrothers](#), [Crash Course](#), and [SciShow](#) YouTube channels—Pearson was drawn in by John Green’s 2023 series on “[Barely Contained Rage](#).” In the series, John Green issued open letters to pharmaceutical companies addressing TB test pricing as part of the “[Time for \\$5](#)” campaign. This motivated Green’s viewers toward call-in and write-in campaigns to companies to lower test prices. Pearson was one of them.

At the same time, John Green’s videos sparked a grassroots movement turned community advocates: [TBFighters](#).

Months later, Pearson received an email from TBFighters recruiting for the 2024 TB [Hill Day](#), where 250 TB survivors, experts, and activists convened on Capitol Hill in Washington, D.C., to meet with congressional representatives and senators and advocate for TB-related legislation.

For Pearson, the intersection of their path in healthcare and their longtime connection to the Green brothers felt like “a sign,” they said, that “tied these two unrelated parts of my life: me in healthcare and me just as a nerdy kid who grew up in a certain era [of the Hank brothers].” Tuberculosis became the bridge between them.

Hill Day marked Pearson’s first step into TB advocacy. It was there, hearing a TB survivor who broke down in tears speaking about their story, that Pearson found their inspiration for their work today—and a moment that has stayed with them since.

“TB is such a disease that does not get enough focus anymore, that people think of as a disease of the past,” Pearson said. “The idea that 250 people would take time and money out of their lives to come to DC and talk to their lawmakers about a disease that does not personally impact them was just incredibly moving.”

In addition to their involvement in Partners in Health and TBFighters, Pearson is also an organizer for the 2026 Day of Action in Sacramento. This event, similar to Hill Day, brings together advocates to meet with California state legislators to push for TB-related funding.

What draws Pearson to TB advocacy are two defining features: its financial constraints and its global scale.

First, according to Pearson, TB is fundamentally a financial problem. Despite being curable since the 1940s, the disease [persists](#) due to insufficient funding. To this end, the United Nations’s [Global Plan to End TB 2023-2030](#) has a blueprint strategy to end TB as a public health challenge by the end of the decade.

Yet, “the only major hurdle is that we need to be investing more money in it,” Pearson said. Particularly, an [estimated \\$250 billion](#) financial investment is needed to close gaps in research and implementation.

Second, in addition to local and federal funding for TB, the majority of its efforts have been driven by a global commitment, the foremost of which includes the [Global Fund to Fight AIDS, Tuberculosis, and Malaria](#). Through these initiatives, treatment and prevention expanded on a global scale, saving millions of lives worldwide.

These features make TB advocacy largely legislative in nature. Yet, recent cuts to U.S. and global health funding have threatened TB efforts, according to Pearson. Specifically, the [shutdown of USAID](#), [delays to the Global Fund](#), and [cuts to the Department of Health and Human Services](#) have strained state and local budgets that sustain TB initiatives.

In spite of these challenges, Pearson remains committed to advocating for this cause. They described moments where they witnessed lawmakers changing their opinion on TB funding “based on a single constituent writing them a letter every single week saying, “This matters to me,”” they said.

“In a world where politics are very chaotic and feel out of our control, being able to ground myself in the concrete, productive work that I’m doing to improve other people's lives has been meaningful in a way I didn't even anticipate,” Pearson said.

Hunter Sandlin: Standing Up to Health Inequities in Tuberculosis Diagnoses

ANISHA PANDEY, ANYA VEDANTAMBE

Stanford University

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

Hunter Sandlin found tuberculosis the way many TBFighters did: through Nerdfighteria, an online community built by YouTube educators Hank and John Green.

Sandlin had been a member of the Nerdfighteria community for many years, and so when John Green started talking about tuberculosis, he was interested. Then, he learned of the Bedaquiline patent dispute, in which a pharmaceutical company attempted to extend its patent on a critical TB drug it had no right to. The TBFighters community mobilized and flooded the company's ethics hotline with calls until the line was shut down.

From there, he kept reading. He picked up *The Phantom Plague* by Vidya Krishnan, started attending webinars and talks, and found himself learning more and more about a disease he'd previously given little thought to. A software developer by profession, Sandlin now spends his free time in the TBFighters channel on the Nerdfighteria Discord, where a core group of dedicated members keeps everyone current on breaking developments in the field.

Sandlin says that one of the highlights of his advocacy experience was Hill Day, an annual gathering that brings TB advocates to Capitol Hill to meet with Congressional representatives. He describes the experience as very structured: a full day of training on the current legislative landscape and funding process, followed by meetings with staffers focused on public health.

“You talk to them about why this is an issue, why it's important to you as a constituent, and what you want from the representative,” he says.

What stays with him, though, is a troubling pattern he has noticed across survivor stories. At least three TB survivors he has encountered described the same experience: they were sick, they tested positive for tuberculosis, and their doctors moved past the result, assuming it was wrong. Each had to fight to even be believed.

“Imagine having the worst flu of your life for a few months and also having to stand up for yourself and tell a doctor no,” Sandlin said. “I'm very impressed by what a lot of them were able to do.”

The problem, he says, is less about negligence than about familiarity. In countries where tuberculosis is endemic, it's among the first things a doctor considers. In the United States, this diagnosis gets overlooked.

The disease also seems to affect under-resourced neighborhoods and those already dealing with poverty.

“TB follows injustice,” Sandlin said. “Tuberculosis is often a good inroad to talk about health inequity in general.”

That framing shapes how Sandlin thinks about the role students and community members can play. Talking about it, he says, is enough to start. At Hill Day, he posted a photo on his Instagram story. Three people who had no prior connection to TB advocacy messaged him because they had no idea tuberculosis was “still a thing.”

He also returns often to a couple of quotes from Paul Farmer, the late co-founder of Partners in Health. “Advocacy is doing hard things with friends,” said Farmer. He also liked to note, “local health is global health.”

Reflecting on his work, Sandlin says, “we just stopped paying attention to tuberculosis and researching it because it wasn't important to us; the United States, the rich Western world.” But, he describes, “the more you learn about it, the more everything connects.”

Nyx White, Teenage EMT, Brings Visibility to Tuberculosis

LISA KATZ, CATHERINE WU

Stanford University

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

After reading John Green's most recent nonfiction book, [Everything Is Tuberculosis](#), published in early 2025, Nyx White decided to apply for Hill Day, an annual advocacy event uniting tuberculosis (TB) advocates from across the nation.

"It's really important to advocate for TB," White said. "It's easy to ignore it because TB doesn't seem to affect me or a lot of people, but it does impact everyone. You just might not notice it."

Even though TB is curable and preventable, the disease continues to kill [millions](#) of people worldwide. Green, White, and others emphasize limited access to medication and healthcare in the developing world, and the misconception of TB as a disease of the past in developed countries, as primary contributors to its persistence.

White, a 19-year-old from the Bay Area who is certified as an emergency medical technician (EMT) and works as a lifeguard, was initially drawn to TB advocacy because of their passion for healthcare. "Healthcare workers can be very easily impacted by infectious diseases," they said. "But it's also important to advocate for TB because it's an issue of fairness."

As a social disease associated with malnutrition, poverty, and housing insecurity, TB predominantly affects underprivileged people in the developing world. However, the disease also impacts U.S. citizens, including a recent [outbreak](#) at a high school in San Francisco earlier this year in January 2026.

During Hill Day in March, White recalled gazing out into the crowd and feeling a wave of amazement upon observing the number of attendees and seeing the event's impact on TB survivors. They estimated over 300 people attended, compared to only 14 during the inaugural Hill Day.

"TB survivors have been trying for years to be heard. And we can actually make progress," they said.

Organized by TBFighters, Partners in Health, and other health organizations, the event combines training on TB advocacy and meetings with representatives in an effort to earmark greater funding towards the Global Fund and health funding in developing countries.

“Fundamental to our political system is the people saying what they want and the representatives doing it,” White said. “Healthcare, and TB in particular, is a nonpartisan issue, so it’s very important to go and say people are dying, and we have the power to stop it.”

White encourages anyone to attend Hill Day and join TB advocacy efforts. “This is a disease that is treatable, that is curable. When we advocate, we can make improvements.”