

CDC belatedly deploys team to South Carolina amid deepening measles outbreak

Evan Blake
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The Centers for Disease Control and Prevention (CDC) announced this week that it is deploying three Epidemic Intelligence Service officers to South Carolina five months after the state's measles outbreak began and with the case count approaching 1,000. The deployment comes as 1,136 confirmed measles cases have been reported nationally, across 28 states, between January 1 and February 27, on pace to far exceed the 2,281 cases reported in all of 2025, itself a 30-year high.

Simultaneously, a measles outbreak is spreading through Camp East Montana, the nation's largest Immigration and Customs Enforcement (ICE) detention facility, a sprawling tent camp on Fort Bliss Army base in El Paso, Texas. To date, there have been 14 confirmed cases and 112 quarantined detainees at the camp, now a site for the convergence of the Trump administration's war on public health and its war on immigrants.

The three CDC "disease detectives" are not being sent to South Carolina to conduct the basic work of containment. Their role is limited to analyzing data "to better understand transmission chains," as South Carolina state epidemiologist Dr. Linda Bell explained. She drew a pointed distinction between these officers and the dozen CDC Foundation-funded public health workers who arrived weeks earlier to handle "day-to-day work that supports those disease containment efforts."

Officials in South Carolina turned to outside experts rather than the CDC itself because the agency tasked with protecting the public from epidemic disease is being systematically destroyed by Health and Human Services Secretary Robert F. Kennedy Jr., an anti-vaccine fanatic.

The Trump administration has proposed slashing the

Department of Health and Human Services (HHS) discretionary budget by \$32 billion—a reduction by one-fourth. Thousands of HHS employees have already been terminated in waves of DOGE-directed layoffs, with the CDC targeted for cuts of up to 30 percent of its pre-layoff workforce of 12,820.

As one CDC official told CBS News, "A 30% cut would be devastating. We are already understaffed in a number of key areas and the staff that are just barely holding it together have been in various stages of burnout for five years."

Three disease detectives dispatched to analyze data, five months late, from an agency that is itself being gutted—This is the federal government's response to the worst measles outbreak in the United States since 1992.

On the very day the CDC deployment was announced, the South Carolina Senate Medical Affairs Subcommittee took two votes that epitomize the political depravity of the response to this crisis. The panel voted 7-1 to advance Senate Bill 741, which would prohibit vaccine mandates for children under two years old. It then voted 6-2 to kill a bill, sponsored by Senator Margie Bright Matthews, that would have removed religious exemptions for measles vaccination as a condition of school attendance.

This while Spartanburg County—the epicenter of the outbreak, with 927 of 979 state cases concentrated there—has 6,425 unvaccinated children and at least one school with an immunization rate of just 21 percent. The county's overall school vaccination rate of approximately 90 percent remains well below the 95 percent threshold necessary for herd immunity.

The South Carolina outbreak, now at 990 confirmed cases as of March 3, has decelerated from the peak of more than 100 new cases daily in mid-January to just 17 new cases since February 17. But as epidemiologist

Amy Winter of the University of Georgia warned, “Hitting 1,000 [cases] in February is unprecedented. ... This is 100 percent a reflection of recent declines in vaccination rates.” Nationally, 39 states have fallen below the 95 percent MMR kindergarten coverage threshold, and 94 percent of 2026 measles patients have been unvaccinated or of unknown vaccine status.

The measles outbreak at Camp East Montana, a tent camp holding an average of 2,954 detainees daily, has replicated conditions endemic to detention centers and prisons across the US.

The camp is operated under a \$1.2 billion contract awarded to Acquisition Logistics LLC, a Virginia company with no prior experience running immigration detention facilities, run by a single contractor from his suburban Virginia home. Three detainees have died in custody at Camp East Montana, including Geraldo Lunas Campos, whose death was ruled a homicide due to asphyxia from neck and torso compression. More than 45 detainees have reported abuse and serious injuries to attorneys, including a teenager who was hospitalized after being “slammed to the ground and beaten.”

The outbreak is the latest in a series of public health crises which have been met with callous indifference. The facility had already documented tuberculosis and COVID-19 outbreaks in January 2026. Detainees with diabetes, HIV, pregnancy and broken bones have been languishing on medical waiting lists since September 2025, six months without care.

During the quarantine, the facility has been closed to in-person attorney visits. The Department of Homeland Security (DHS) stated that detainees retain “access to attorneys and visitation through Visual Attorney Visitation booths, tablets, or telephones”—a cynical formulation that effectively strips the detained of meaningful legal representation. The outbreak has also spread into the surrounding community, with cases confirmed at the Cielo Vista Mall, Del Sol Medical Center and other El Paso locations between February 20 and 22, bringing the city’s total to 17.

ICE is reportedly drafting a letter to terminate Camp East Montana’s contract. But the criminality is systemic, not confined to a single facility. At the South Texas Family Residential Center in Dilley—the only ICE facility in the country that detains children alongside their parents, holding approximately 1,200

people including more than 400 children—two measles cases were confirmed in late January. No public update has been provided on whether additional infections have followed, and there was undoubtedly a coverup of the real state of the outbreak. As infectious disease physician Dr. Krutika Kuppalli noted, “One person with measles can infect 12 to 18 others” in such congregate settings.

The measles epidemic unfolding across the United States is the product of a decades-long assault on public health, reaching its most extreme expression under the Trump-Kennedy administration. The gutting of the CDC, the promotion of anti-vaccine pseudoscience from the highest levels of government, the barbaric conditions of mass immigrant detention, and the refusal of state legislatures to mandate childhood vaccination are not disconnected phenomena. They are the policy of a ruling class that treats the health and lives of working people and immigrants with open contempt.

The United States is now on track to officially lose its measles elimination status—a public health achievement declared in 2000—when the Pan American Health Organization (PAHO) reviews the situation later this year, after postponing a special session originally scheduled for April. Neither the Democrats, who built the detention camps, nor the Republicans, who are filling them while dismantling the public health agencies that might respond to the outbreaks they produce, will defend the population. The defense of public health is a class question that requires the independent political mobilization of the working class against both parties and the capitalist system they serve.



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