WHO opens annual assembly amid deepening Ebola crisis

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The Ebola outbreak in the Democratic Republic of Congo (DRC) and Uganda continued to escalate Monday, with the Associated Press reporting at least 118 deaths. The Pennsylvania-based medical missionary organization Serge, which has personnel embedded at Nyankunde Hospital outside Bunia, reported 390 suspected cases as of Monday afternoon.

Cases have now been confirmed in Bunia, Rwampara, Mongbwalu, Butembo and Nyankunde across the DRC's Eastern Ituri and North Kivu provinces, in Goma, and in Kampala, the Ugandan capital, where two confirmed cases including one death have been reported in individuals who had traveled from the DRC. A previously reported case in Kinshasa was retracted after negative confirmatory testing.

Médecins Sans Frontières (MSF) has revealed that the outbreak began significantly earlier than official timelines acknowledge. When MSF teams responded to alerts of viral hemorrhagic fever deaths on May 9 and 10, they found that 55 people had already died since the beginning of April. The first laboratory-confirmed case was not identified until May 14, meaning the Bundibugyo Ebola virus circulated undetected for at least five to six weeks before authorities recognized it.

Africa CDC Director Jean Kaseya, in interviews with Sky News and CNN on Monday, said he was in "panic mode" given the lack of medicines, vaccines and personal protective equipment on the continent. "We don't have manufacturing for PPE," he told reporters. Africa CDC has declared the outbreak a Public Health Emergency of Continental Security (PHECS), its equivalent of WHO's Public Health Emergency of International Concern (PHEIC) declared Saturday. WHO has dispatched 35 experts and seven metric tons of supplies to Bunia.

On Monday, the U.S. Centers for Disease Control and Prevention (CDC) confirmed that an American physician, Dr. Peter Stafford, who has worked at Nyankunde Hospital with Serge since 2023, has tested positive for the Bundibugyo strain. Stafford, his wife Dr. Rebekah Stafford, their four young children and a third physician colleague, Dr. Patrick LaRochelle, are being evacuated to a US military facility in Germany rather than to US soil—a sharp departure from the 2014–2016 Ebola epidemic, when American healthcare workers infected in West Africa were repatriated to Emory University Hospital and Bellevue Hospital.

Also on Monday, acting CDC Director Jay Bhattacharya signed a Title 42 order suspending entry of non-US passport holders who have been in the DRC, Uganda or South Sudan within the previous 21 days. This is only the third deployment of Title 42 in modern US history, following its use during the COVID-19 pandemic. The DRC itself closed its land border with Rwanda on Sunday, and the US Embassy in Kampala suspended all visa services Monday.

Dr. Jeanne Marrazzo, CEO of the Infectious Diseases Society of America, said Monday: "Public health policies that single out non-U.S. citizens won't prevent viruses from crossing our borders. Diseases don't recognize passports."

The deepening Ebola outbreak, as well as the ongoing Andes hantavirus outbreak originating aboard the MV Hondius cruise ship, coincide with and now dominate the opening of the 79th World Health Assembly in Geneva on Monday. While now largely excised from the mainstream media, the hantavirus outbreak has produced 11 confirmed cases and three deaths, with a French woman currently on life support at Bichat Hospital in Paris.

WHO Director-General Tedros Adhanom Ghebreyesus described the two outbreaks as "just the latest crises in our troubled world. From conflicts to economic crises to climate change and aid cuts, we live in difficult, dangerous, and divisive times."

United Nations Secretary-General António Guterres

said the global health challenges “have rarely felt more daunting,” adding that “over the past year, cuts to bilateral and multilateral aid have disrupted health systems and widened inequalities.”

Swiss Health Minister Élisabeth Baume-Schneider noted that over the past year, the WHO budget has been cut by approximately 21 percent, or nearly $1 billion, eliminating hundreds of positions. Trump’s January 2025 notice of US withdrawal from the WHO took effect this January, eliminating the largest single source of WHO funding, and Argentina has since joined the withdrawal. Negotiations over the WHO’s landmark pandemic treaty, repeatedly stalled, are now expected to be extended into 2027.

This is the structural backdrop for the surveillance failure in Ituri Province that led to the latest catastrophic Ebola outbreak. The decisions that produced weeks of undetected community transmission were the predictable result of a political project to dismantle global public health infrastructure.

Jeremy Konyndyk, the former director of USAID’s Office of US Foreign Disaster Assistance and now president of Refugees International, has told reporters that total US humanitarian funding for the DRC dropped from over $900 million in the final year of the Biden administration to roughly $179 million in Trump’s first year, a cut of close to 80 percent. USAID’s DRC mission was shuttered last year, as was the NIH viral hemorrhagic fever research facility at Frederick, Maryland.

Since news broke of the Ebola outbreak, the CDC has held two press briefings, conducted Sunday and Monday by Ebola Response Incident Manager Capt. Satish Pillai, which are themselves a documentary record of administrative cover-up. On four separate occasions, reporters from NPR, the Guardian, Science and Infectious Disease Special Edition asked Pillai whether the Trump administration’s aid cuts contributed to the surveillance failure. Pillai refused to engage each time.

The same stonewalling characterized Pillai’s response to questions about American exposures. AP medical reporter Mike Stobbe pressed Pillai directly on Sunday: “I know this administration is striving for transparency, so could you please answer the question directly?” Pillai again refused. The administration confirmed Stafford’s case only Monday, after Serge had publicly named him.

At this stage, barring any major genetic mutations, an Ebola pandemic of the magnitude of COVID-19 is unlikely. The Bundibugyo strain carries a case fatality rate of 25 to 50 percent, but unlike SARS-CoV-2 it spreads only through direct contact with the bodily fluids of symptomatic individuals; there is no asymptomatic transmission phase.

However, the response of the Trump administration and other major capitalist governments amounts to criminal indifference to the lives of the poor, which will only hasten the regional and potentially global spread of this horrific disease.

The 2014–2016 West African epidemic killed more than 11,000 people; the 2018–2020 DRC outbreak killed more than 2,200. With cases already in three urban centers—Kampala, Goma and Bunia—the toll could quickly be measured in thousands of Congolese and Ugandan deaths, all of which were entirely preventable. So far, the Trump administration’s response to this dire crisis has been to dispatch a single senior technical coordinator to the outbreak zone, impose a travel ban on non-US citizens and issue a press release.

The “let it rip” policy implemented towards COVID-19 has been extended into the deliberate facilitation of Ebola transmission among the poor and working class populations of Central Africa. The only priorities of US imperialism are record-breaking military spending in preparations for war with Iran and China, the erection of the scaffolding for a police state in the US and the destruction of Medicaid and every program on which working people depend.

The fight against Ebola, like the fight against COVID-19 and every pandemic threat, is inseparable from the political fight of the international working class against the capitalist system that produces these crises and the imperialist wars that consume the resources required to end them.