

Rubio blames WHO for Ebola delay, as US aid cuts cripple public health in Africa

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U.S. Secretary of State Marco Rubio claimed Tuesday that the World Health Organization (WHO) was “a little late” to identify the Ebola epidemic in the Democratic Republic of the Congo (DRC) and Uganda, drawing a sharp response from WHO Director-General Tedros Adhanom Ghebreyesus the following day. The exchange unfolded as the outbreak continues to widen. As of WHO’s media briefing on Wednesday, 51 cases had been confirmed in the DRC, alongside almost 600 suspected cases and 139 suspected deaths.

The figures are provisional and significantly understate the true toll, with Tedros acknowledging that the actual scale “is much larger” and would keep growing “given the amount of time the virus was circulating before the outbreak was detected.” The Emergency Committee convened under the International Health Regulations (IHR) only after Tedros had already declared a public health emergency on Sunday, the first time this has happened in the history of the WHO.

Asked how Washington would respond to the deepening Ebola crisis, Rubio declared that the lead would fall to the U.S. Centers for Disease Control and Prevention (CDC) and the WHO, “which was a little late to identify this thing unfortunately.” He said the US had committed roughly \$13 million and hoped to open “around 50 clinics” in what he called “hard-to-get-to places in a war-torn country.”

The remarks came from the chief diplomat of an administration that has withdrawn from the WHO, dismantled the U.S. Agency for International Development (USAID) and cancelled more than 80 percent of US foreign aid programs—cuts that, by the account of public health workers in the region, hampered the very disease surveillance that might have caught the outbreak sooner.

The response from WHO leaders was pointed. At Wednesday’s briefing, four WHO officials, including the director-general, took turns rejecting Rubio’s characterization. Tedros said the criticism “could be from lack of understanding of how IHR works,” stressing that “we don’t replace the country’s work. We only support them,” and adding, “That’s what we should understand, the secretary or others.” His officials noted that WHO was alerted on May 5 and sent a team to Ituri, but initial tests came back negative because the region’s diagnostics were designed for the far more common

Zaire strain of Ebola, not the Bundibugyo strain now circulating. Samples then had to travel some 1,700 kilometers (1,056 miles) to a laboratory in Kinshasa, which confirmed Bundibugyo on May 14.

But even in rejecting Rubio, the WHO confined itself to narrow procedural grounds. It could not explain why the diagnostic and surveillance capacity that might have identified Bundibugyo weeks earlier had been so degraded nor who was responsible.

The same evasion ran through Tedros’s keynote address to the 79th World Health Assembly on Tuesday, a speech all the more revealing because it was more restrained than his comments the following day. Describing the conditions driving the epidemic, Tedros told the assembled health ministers that “the province of Ituri is highly insecure,” that “conflict has intensified since late 2025,” that “over 100,000 people have been newly displaced” and that “the area is also a mining zone.” Conflict, in this telling, simply “intensified,” as though by the weather.

On the funding catastrophe engulfing his own organization, Tedros noted only that the WHO’s foremost institutional risk was “tightly earmarked, unpredictable and non-diversified financing, alongside significant reductions in financing.” At no point in his lengthy speech did he directly refer to the United States or the Trump administration.

Tedros instead reached for the soothing language of global solidarity, framing WHO’s multilateralism as the answer to shared threats and comparing the world to the cruise ship at the center of the ongoing hantavirus outbreak. “We are all in the same boat,” he declared. But there is no common vessel. The world is riven by class antagonisms and divided into rival nation-states, with US imperialism now plunging humanity into a Third World War.

What Tedros and the WHO cannot say

Tedros speaks the language he does because the WHO is financially beholden to the very imperialist powers laying

waste to global health. It cannot indict the hands that fund it, even those like the US which have fully severed ties.

The truth is that US imperialism, together with the other imperialist powers, bear full responsibility for the catastrophe now unfolding—not only for this outbreak but for the broader reality that Ebola, malaria, HIV and tuberculosis are ravaging the populations of Central Africa. The “fragility” and “insecurity” that Tedros passively invokes as facts of nature are the accumulated sediment of more than a century of plunder.

The Congo’s modern history begins as an extraction regime. Under the personal rule of Belgian King Leopold II, as many as 10 million Congolese perished under the most brutal forms of exploitation. The colonial transformation that served this plunder, the railways, the forced urbanization, the vast circuits of migrant labor, also created the conditions for epidemic disease, including the emergence of HIV, whose pandemic strain genetic studies trace to colonial-era Kinshasa around 1920.

As a result of this colonial oppression, the DRC is today the world’s second-largest reservoir of malaria, with some 35 million cases in 2024, and ranks among the eight countries that account for two-thirds of global tuberculosis. Uganda is among the five highest malaria-burdened countries on earth. These are diseases of poverty, and the poverty was manufactured through the circuits of capital accumulation.

The political subjugation of the Congo was secured by the ruthless violence of US imperialism. In 1961, the CIA, acting on the authorization at the highest levels of the Eisenhower administration, helped engineer the overthrow and murder of Patrice Lumumba, the Congo’s first elected prime minister. In his place Washington installed and funded for three decades the kleptocratic dictatorship of Mobutu Sese Seko, under which the country’s infrastructure, including the public health system whose weakness allowed Bundibugyo to circulate undetected this spring, was reduced to ruins.

The wars that followed Mobutu’s fall have killed more than 6 million people since 1996, the overwhelming majority from disease and starvation rather than direct violence. The current war, waged by the Rwandan-backed M23 militia, is a struggle for the coltan, cobalt and gold of the Kivus and Ituri, the precise territory where the Ebola epidemic now rages.

The Trump administration’s “Washington Accord,” brokered between the DRC and Rwanda in mid-2025 and followed by a US-Congolese minerals partnership, has been widely understood as a “peace for exploitation” bargain, an effort by US imperialism to wrest control of the minerals of the high-tech economy from its Chinese rivals. This is what Tedros’s bland reference to “a mining zone” conceals.

The destruction of the very aid programs Rubio now invokes belongs to the same logic. USAID, founded under the Kennedy administration in 1961, and the President’s Emergency Plan for AIDS Relief (PEPFAR), launched by George W. Bush in 2003, were never humanitarian undertakings. They were instruments

of US imperial soft power, sustained on a bipartisan basis to project American influence and stabilize regions of strategic value. And yet, precisely because that influence took the form of mass antiretroviral provision and disease surveillance, these programs kept millions alive—PEPFAR is credited with saving more than 25 million lives, and USAID with preventing more than 90 million deaths over two decades. Their liquidation has stripped away the humanitarian mask, exposing the indifference to African life that imperialism always harbored.

The COVID-19 pandemic exposed the same calculus. The US-led refusal to vaccinate the world left the African continent largely unprotected, with barely 2.9 percent of the DRC’s population receiving even a single dose of the vaccine by mid-2022, among the lowest rates on earth, against the more than 76 percent achieved in the wealthy nations that had monopolized the early vaccine supply.

The scale of the present assault is staggering. A study published in *The Lancet* in 2025 projected that the dismantling of USAID could cause more than 14 million additional deaths by 2030, including 4.5 million children—a shock, in the words of co-author Davide Rasella, “comparable in scale to a global pandemic or a major armed conflict.” These deaths are the continuation, by other means, of the COVID-19 pandemic in which sub-Saharan Africa’s true mortality was massively undercounted.

Furthermore, the very fact that the Bundibugyo strain has no vaccine or treatment at all reflects decades of refusing to develop countermeasures against pathogens that afflict only the poor, whose lives are viewed as worthless. The tools are absent by design.

Rubio calls the WHO “late.” His own administration is the proximate cause of that lateness, having defunded the surveillance and laboratory networks that detect outbreaks. Every death and horrific illness from Ebola now afflicting workers in the DRC and Uganda are the direct product of this criminal regime, which aims to reimpose colonial shackles upon the world.

The working class of Africa, the United States and the world can entrust its health and lives to no section of the ruling class or its institutions. The diplomatic evasions of Tedros and the open barbarism of Trump are two faces of a single system that subordinates human life to private profit and imperialist interests. The defense of science and public health, and the struggle to halt the preventable deaths of millions, is inseparable from the fight to unify the international working class in the struggle for world socialism.



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