Ebola passes 1,000 cases in the Congo: Imperialism and the collapse of public health

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On June 21, just 37 days after the epidemic was declared, the Democratic Republic of the Congo (DRC) surpassed the grim milestone of 1,000 confirmed Ebola cases. Official figures now record 1,003 confirmed infections and 256 deaths across the DRC and neighboring Uganda, making this the worst first month of an Ebola outbreak in recorded history.

Health Policy Watch reports that the current epidemic is three times larger than any previous outbreak at the four-week mark. By comparison, the horrific 2014 to 2016 West Africa epidemic registered only 242 cases at four weeks, and the 2000 Uganda outbreak just 281.

The catastrophic acceleration of this disease is not a natural disaster. It is a social crime. The material and scientific means to contain this epidemic exist in abundance, yet they are deliberately withheld by the major imperialist powers. The mass death now unfolding in central Africa is a clear demonstration of capitalist social murder, a conscious class policy that prioritizes private wealth and imperialist war above human life.

The climbing case count is driven in part by a massive backlog of untested samples that is finally being processed, a caveat recently noted by the World Health Organization (WHO). This backlog is proof that the virus spread unchecked while the basic capacity to detect it had been systematically destroyed. The outbreak was confirmed weeks late because frontline personnel lacked the equipment to identify the Bundibugyo strain.

This collapse is part of a much broader global public health crisis, and Ebola itself illustrates the trend. After the virus was identified in 1976, no outbreaks were detected between 1979 and 1994; but since then, according to the UK Health Security Agency, outbreaks have been recognized with increasing frequency.

The present epidemic is the 17th in the DRC alone, the second in less than a year. A 2025 study in Scientific Reports surveyed 3,752 health workers and researchers across 151 countries, who warned of a “creeping catastrophe” of escalating infectious disease driven above all by climate change, socioeconomic inequality and the emergence of pathogens resistant to antibiotics. More than 60 percent of emerging infectious diseases are zoonotic, and the rapid urbanization of Africa, mass displacement and deforestation are tearing down the barriers between human populations and animal reservoirs.

This creates a brutal paradox. Humanity knows more about the biology and transmission of these pathogens than ever before in history, yet the capitalist ruling class deliberately does less to stop them. The homicidal COVID-19 doctrine of “let it rip,” “let the bodies pile high,” and “the cure cannot be worse than the disease” has been generalized from a single pandemic to the whole of global public health. What is unfolding in central Africa is its application.

Global leaders portray a coordinated international effort, but the financial reality exposes a deliberate deception. More than $910 million was pledged to combat the outbreak, yet under $90 million, less than 10 percent, has been delivered.

The African Union’s pledge to disburse funds within four weeks remains unmet, leaving the $518 million joint continental response plan effectively unfunded. The Africa Centres for Disease Control and Prevention (Africa CDC) urgently needs 540 personnel on the ground but has deployed only 84. Africa CDC Director General Jean Kaseya recently revealed that donor pledges were “corrected” downward as the death toll rose, with commitments quietly withdrawn by the major powers.

A major factor in this collapse is the Trump administration’s dismantling of the US Agency for International Development (USAID) in July 2025. A June 2026 interim staff analysis by the House Committee on Oversight and Government Reform, “People Are Already Dying, and More Will Die,” states that Trump’s first-day

executive order dismantling the agency "has already resulted in hundreds of thousands of deaths and will lead to the deaths of millions more globally." It cites a study in The Lancet by Daniella Medeiros Cavalcanti and colleagues estimating that the sudden termination of USAID has already caused more than 600,000 preventable deaths.

Dr. Phuong Pham of the Harvard T.H. Chan School of Public Health detailed exactly what was destroyed. During the 2018 Ebola outbreak in the DRC, USAID coordinated massive contact tracing, bolstered laboratory capacity, and facilitated the vaccination of more than 300,000 people. Today, local laboratories cannot even test for the Bundibugyo strain.

US officials implicated in this social crime have sought to obscure the consequences of their austerity regime. Appearing on the NewsNation program "Elizabeth Vargas Reports," acting Centers for Disease Control and Prevention (CDC) Director Jay Bhattacharya flatly denied that the foreign aid cuts harmed the global Ebola response.

Before taking the helm at CDC, Bhattacharya was a lead author of the Great Barrington Declaration, the anti-science COVID-19 manifesto which advocated letting the virus rip through society. The very figure who provided pseudo-scientific justifications for mass death during the pandemic now heads the agency which helped gut the international surveillance networks that would have caught the Bundibugyo outbreak early. His denial is not ignorance but a deliberate cover-up by the official voice of a ruling class that has calculated that disease containment is not worth the cost to its profit margins.

There is a staggering contradiction between the pitiful sums made available for fighting Ebola and the vast accumulation of private wealth by the capitalist oligarchy. Elon Musk became the world's first trillionaire from the SpaceX public offering, which added more than $500 billion to his fortune in days. That windfall is seven times the entire annual economic output of the DRC, a nation of roughly 106 million people, and 25,000 times the $23 million US emergency Ebola response.

The average Congolese citizen lives on roughly $700 a year, less than $2 a day, atop one of the most mineral-rich territories on earth, the source of the cobalt and coltan in every modern phone and battery, even as global military spending hit a record $2.887 trillion in 2025.

What the crisis demands is not another round of pledges, but the concrete measures that outbreak specialists have spelled out for decades, and which the destruction of USAID and gutting of WHO have made impossible.

The first is immediate: a surge of food, clean water, sanitation, medical supplies, and trained personnel to the affected population, at the scale requested rather than the trickle that has arrived. Surveillance must lead quickly to testing, testing to isolation and care, and the entire effort must be grounded in the trust of communities that have every reason to distrust it.

But experts are equally clear that an emergency response alone guarantees mass death. As Pham and others have stressed, the capacity to stop an outbreak—standing laboratories, a permanent health workforce, surveillance maintained between epidemics, and the community relationships these depend on—must be built and sustained over years, not improvised after the bodies appear.

There is no vaccine for the Bundibugyo strain because, like every disease of the poor, it offers no profit to develop one. This is precisely why the pharmaceutical industry must be taken out of private hands and operated as a public utility, so that therapeutics and vaccines are produced on the basis of human need. And because pathogens recognize no borders, this requires a genuine international collaboration of scientists and workers, pooling knowledge and resources across the very national and commercial lines that the profit system enforces.

Precisely because these necessities are international in scope, scientific in character, and require the planned allocation of vast resources against the profit motive, only a socialist solution is viable and practical. The only social force capable of carrying it out is the international working class. The Congolese miner, the displaced family in Ituri and the public health worker fired in the United States confront the same system.

The life-saving resources required to halt this epidemic exist in abundance, but they are concentrated at the top and spent on war. This social murder is a conscious class policy, and it will only be ended through the political mobilization of the international working class fighting for the socialist reorganization of the global economy.