

United States Senate

WASHINGTON, DC 20510-3203

June 22, 2026

The Honorable Marco Rubio
Secretary
U.S. Department of State
2201 C Street NW
Washington, DC 20520

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Rubio and Secretary Kennedy:

Amidst a growing Ebola outbreak rooted in the Democratic Republic of Congo (DRC), I am writing to demand the Administration publicly release an Ebola response plan. Since the start of this outbreak, this administration has failed to quickly stand up a comprehensive and coordinated response and disclose information on key questions on how the administration is using existing tools to protect Americans' health. Without a clear chain of command, quarantine plan for repatriated Americans, protocol for how to treat Americans infected or showing symptoms abroad, or coordination with state and local public health leaders, there are more questions than answers when considering how ready the United States is to handle the growing Ebola outbreak in the DRC. These clear gaps, exacerbated by the administration's systemic weakening of the global health security infrastructure, necessitate a clear response to enable efficient interagency coordination and transparency with the American public.

While the Administration most recently announced the appointment of a New World screwworm "czar" just five days after detection and deployed Centers for Disease Control and Prevention (CDC) resources to assist the U.S. Department of Agriculture (USDA) with response, the Department of Health and Human Services (HHS) has been slow to communicate which agency is leading response, how decisions are made regarding the treatment of Americans who test positive for Ebola, and how significant funding cuts across global and domestic health programs have impacted Ebola response. In fact, HHS officials continue to deny any connection between the end of global health investments like the U.S. Agency for International Development (USAID) and the unsatisfactory response to Ebola.

As we know from recent outbreak responses, disease outbreaks require the coordination of multiple government agencies. The current status of the Ebola outbreak already involves three government departments and offices within them: (1) HHS, and within HHS, the CDC and Administration for Strategic Preparedness and Response (ASPR); (2) the Department of State; and (3) the Department of Homeland Security (DHS), and within DHS, Customs and Border Protection (CBP). A publicly released plan can provide a playbook for this coordinated effort, and provide congressional staff, researchers, health care providers, industry leaders, and the

American public with information on how agencies are working together to prevent an Ebola outbreak on U.S. soil.

Since day one, this Administration has taken a sledgehammer to U.S. leadership in global health. Despite the U.S.'s historic investment in the tools and resources needed to adequately respond to such a crisis, this administration withdrew from the World Health Organization (W.H.O.), disbanded USAID, slashed infectious disease research funding, shuttered the Office of Pandemic Preparedness and Response Policy, allowed the Department of Government Efficiency (DOGE) to fire CDC experts on infectious diseases, and undermined the global vaccine infrastructure by withholding funds to GAVI and CEPI. The U.S.'s divestment from global health aid, agencies, and research have dramatically undermined the landscape of community-based organizations who empower a system of public health early surveillance of Ebola in central Africa. The resulting deadly outbreak of the rare Bundibugyo strain had delayed identification, and the response has been hampered by the lack of international aid organizations having resources to scale up community presence.

The divestment has undoubtedly contributed to the scale and severity of the outbreak as well, which the CDC classified as in need of “large-scale, rapid public health action” or else the outbreak may grow to “one of the largest Ebola epidemics in history.”¹ It is not unprecedented for Ebola to reach the U.S., and of much higher likelihood during one of the largest outbreaks in history and with millions of people traveling to the U.S. for the FIFA World Cup matches in the coming weeks. New York alone receives 9.8 million international visitors per year on average. I remain concerned that the scale of the outbreak and the anticipated uptick in international travel will put Americans at greater risk.

Despite those gaps, the administration has failed to articulate any clear plan to overcome these challenges and identify the tools at the U.S.'s disposal to respond to international disease threats like the growing Ebola outbreak. In preparation for a worsening outbreak, heightened international travel to the U.S. for the FIFA World Cup, and significant divestment from global health assistance and preparedness, **I urge you to immediately release an Ebola response plan that details the leadership for a coordinated response as well as give the American public the assurances and information they need to stay safe.**

Abiding by an “America First” global health strategy necessitates assisting foreign nations in containing outbreaks abroad, caring for Americans impacted, and coordinating a multi-agency plan to prevent outbreaks from reaching the U.S. To prevent the spread of Ebola to the U.S., as was stated by Secretary of State Marco Rubio when he said, “we cannot and will not allow any cases of Ebola to enter the United States”, it is critical the American public have a trustworthy, informed leader to share information and adapt to new circumstances.

The Administration must immediately release a detailed Ebola response plan that includes, but is not limited to information regarding:

- Agency leadership and chain of command for decision-making related to Ebola response both for Americans inside and outside of the U.S.
- The administration's timeline for releasing appropriated funding, including to multilateral organizations such as GAVI, to expedite vaccine development and eventual distribution.

¹ Mooring EQ, Koval WT, Routledge I, et al. Modeled Scenario Projections for the Ebola Disease Outbreak Caused by Bundibugyo Virus, 2026. *MMWR Morb Mortal Wkly Rep*. ePub: 5 June 2026. DOI: <http://dx.doi.org/10.15585/mmwr.mm7522e1>.

- The administration's timeline and plan for releasing and quickly programming appropriated funding to strengthen global health systems abroad, including the \$1.9 billion in FY25 Global Health Funding that the administration has refused to spend under the wrongful guise of "USAID closeout costs," \$550 million of which is funding appropriated by Congress for global health security and pandemic preparedness.

Sincerely,

A handwritten signature in blue ink that reads "Charles Schumer". The signature is fluid and cursive, with the first name "Charles" and last name "Schumer" clearly distinguishable.

Charles E. Schumer
United States Senator