

NPR Interviews Former AID Health Leader Dennis Carroll on impact of USAID Funding Cuts. By Ayesha Rascoe, Dave Mistich, and Dianna Douglas, NPR, 24 May 2026

How funding cuts to USAID are impacting the Ebola outbreak in DR Congo

May 24, 2026 - 8:54 AM ET

Heard on [Weekend Edition Sunday](#)

By [Ayesha Rascoe](#), [Dave Mistich](#), and [Dianna Douglas](#)

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NPR's Ayesha Rascoe speaks with **Dennis Carroll**, PhD. about the current Ebola outbreak in the Democratic Republic of Congo and Uganda and how funding cuts to USAID have affected the response.

AYESHA RASCOE, HOST:

The last time there was an Ebola outbreak, the United States was leading the response in the countries where it was spreading. But the U.S. Agency for International Development was dismantled by President Trump's cuts last year, reducing the U.S.'s role in this outbreak. Infectious disease specialist Dennis Carroll responded to multiple outbreaks of Ebola over the years as director of the Emerging Pandemic Threats program at USAID. Thank you so much for being with us.

DENNIS CARROLL: My pleasure. Thank you.

RASCOE: So what were the first things that you would do when you saw a flare up of Ebola in the past?

CARROLL: Well, the first thing to recognize is that USAID and CDC had invested in a strong infrastructure that was already in existence in the region. You know, when outbreaks occur, having that footprint in place allows you to be able to pick it up much quicker, and the sooner you pick it up, the faster you can isolate it and then eliminate it as a threat. But it's very dependent on having that infrastructure in place to be able to activate.

RASCOE: It seems like the implication from what you're saying is that infrastructure is no longer there.

CARROLL: Well, I think one of the first consequences we saw when the USAID was abolished was that much of the support that was going into keeping these infrastructures in play disappeared.

RASCOE: Well, what can the U.S. do to slow the spread of Ebola now?

CARROLL: First off, you know, the World Health Organization has the role for coordinating the response here in concert with the government.

RASCOE: But the United States withdrew from the World Health Organization.

CARROLL: Exactly. And events like this require strong coordination, and the fact that the U.S. government is no longer part of WHO really undercuts that coordination.

RASCOE: But is the U.S. taking action now or - and since they're not able to coordinate within the World Health Organization, how does all of this work then? Do you have a sense of that?

CARROLL: I think it's safe to say it's not going to work well, certainly not as well as you would like. Remember, a lot of the front-line workers, they're relying on information and coordination from WHO - the flow of materials, personal protective equipment, for instance. You know, getting those to the field sites, to the hospitals where they're critically needed, being able to support diagnosis, you know, being able to move the laboratories and move the samples in a way that allow for rapid determination whether someone presenting at a health facility is infected with Ebola or not.

RASCOE: Are there entities that can step in to fill the gap that has been left by the United States?

CARROLL: First off, it's safe to say no one has stepped in to fill the gap with the departure of the U.S. from WHO and the elimination of foreign assistance programs like USAID or the capabilities that CDC brings to the table. What's really important for people to appreciate is that the U.S. has historically played a much larger role - a leadership role - in these actions than any other country. Largely it's a reflection that no country has the depth and breadth of expertise that the U.S. does. And that absence now of that expertise, the fact that the people that had those years of experience, they've largely been fired. They've been eliminated from those positions. So you're not being able to draw on decades of experience, which is critical in a situation like this.

RASCOE: The last time we really worried about Ebola in the U.S. was more than a decade ago. Is it possible that we would have to worry about Ebola with this current outbreak, and would the U.S. government be ready to deal with an outbreak?

CARROLL: Well, WHO has declared that it's a very alarming situation within DR Congo, and there's a high risk of cross-border movement of this virus because of the way populations move across the borders. But they've also made it clear that there's a very low risk of it spreading internationally. That said, we live in a world where people can fly from Central

Africa into Europe or into the United States within 12, 14 hours, and we saw that in past years.

So we're not an island. We're not isolated. We are part of a global community, and the transport systems enable people and viruses that may be hitchhiking, if you will, on these people to be able to move across borders. So, yes, it's something that could happen. It's not likely to happen.

RASCOE: So while the Ebola outbreak is not likely to come to the U.S., how vulnerable do you think the U.S. is to another pathogen like COVID-19, which shut everything down last time?

CARROLL: Well, one of the things that we learned from COVID-19 is that closing borders is not an effective way of responding to the virus. It brings far more collateral consequences, negative consequences. But it also encourages countries to not report that they have an infectious disease that could lead to border closures. And that means that we have less visibility, less transparency in emergence of new threats and our ability to control those.

RASCOE: That's Dennis Carroll, former director of the Emerging Pandemic Threats program at USAID. Thank you so much for joining us.

CARROLL: Thank you