

Humankind and our struggle to survive; Wars, Covid-19, Ebola and Hanta virus in the 21st century

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Victor M Whizar-Lugo^{1,2}¹Chief Editor Journal of Anesthesia and Critical Care: Open Access²Anesthesiologist at Lotus Med Group, Mexico

Correspondence: Victor M. Whizar-Lugo MD, Chief editor Journal of Anesthesia and Critical Care: Open Access, Anesthesiologist at Lotus Med Group, Tijuana, México, Email vwhizar@anestesia-dolor.org, vwhizar1@gmail.com

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“Human race: A species that survives itself”

As human beings, we have coexisted on planet Earth with 1.5 to 2 million animal species throughout the centuries, although it is estimated that there could be up to 8.5 million species, during which time we have gradually destroyed the ecosystem of what we, as self-proclaimed *Homo sapiens*, call “Our Planet.” We are the only species that creates and documents armed conflicts for reasons as diverse as they are irrational, and at the same time invents medicines, procedures, and vaccines for a global health system with the goal of increasing our average healthy lifespan.

Our voyage of existence and survival has been defined by two constant forces: organized intraspecific conflict and vulnerability to emerging pathogens. Recent wars, pandemics and epidemics such as Covid-19, Ebola, and Hanta virus are not anomalies; they are predictable expressions of our erratic attitude and serious damage to the planet. We are a species that bombs cities at night and the next day donates food, clothes, supplies to preserve health, and even blood for victims of war zones or Ebola outbreaks in the affected countries.

On the one hand, the human beings are the walking contradiction that evolves not only through research and study, but also because our self-destructive attitude that has shaped us over the centuries. On the other hand, advances in routine hygiene measures, significant decrease in infant mortality, preventive and curative medicine have managed to improve the current average lifespan, which stands between 72 and 73 years,¹ far exceeding the average of less than 40 years in the 19th century.

The story of Cain and Abel is the chronicle of humanity’s first dispute, detailed in Genesis chapter 4, according to Bible gateway. It narrates the conflict between Adam and Eve’s first two sons, motivated by jealousy, envy, and their differing attitudes toward God. Cain threw a stone; today, the stones are armed drones launched in the war conflicts of this century: Ukraine against Russia, Iran versus USA-Israel, Palestine fighting with Israel, to name just a few recent hostilities, which have brought death, disease, famine, regression, and hatred. This script has been repeating itself since man began fighting to the death against man.

Wars are epidemiological vectors that undermine the three pillars of public health: surveillance, sanitation, and medical infrastructure, facilitating the spread of infectious diseases. WHO data show that 80% of major epidemics in the 21st century occurred in or after armed conflict zones. The collapse of water systems in Syria reintroduced polio in 2013. In Yemen, the civil war catalyzed the worst cholera outbreak on record: over 2.5 million suspected cases since 2016.^{2,3} Wars do not just kill with bullets; they transform health systems and alter the microbial landscape facilitating the deaths of thousands of people during and after armed conflicts.⁴⁻⁹

Then come the virus as a pandemics, epidemics, or endemic diseases, which generate countless conflicts in addition to death, poverty, uncertainty, shortages of supplies, and the collapse of even the most advanced healthcare systems.

COVID-19 taught us that an infected bat in the seafood market of Wuhan, Hubei province in southern China could literally close schools not only in Asia, but across the entire planet, destroying all health systems in the world, affecting 223 countries. Only an extremely small group of remote islands or nations with strict self-imposed lockdowns such as Turkmenistan, officially

reported no infections during the critical phases of the global emergency. This pandemic killed nearly 70 million people worldwide. It also showed us that we can create safe vaccines and antiviral drugs to combat diseases in a record time uniting the knowledge, efforts, and healthcare resources of experts from around the world. The Covid-19 pandemic not only changed the world, it definitively, modified the way medicine is practiced and taught. In perioperative care, emergency rooms and intensive care units, we learned different ways of addressing acute and highly transmissible infections, as well as treating secondary chronic damage.¹⁰⁻¹⁴

Although Covid-19 is not over, the Ebola and Hanta viruses have been threatening to become serious regional health problems, which at some point could become pandemics, especially with the new strain Bundibugyo of Ebola virus.¹⁵⁻¹⁷

The Ebola virus (EBV) genus is responsible for a severe hemorrhagic disease caused by a group of viruses in the Filoviridae family. Five strains have been identified as the cause of Ebola virus disease (EVD). The EBV Zaire strain is the predominant organism in recorded EVD outbreaks and is known as the most virulent. EVD was first identified in the Democratic Republic of Congo in 1976 and has occurred in sporadic outbreaks, such as the one reported in Uganda between September 2022 and January 2023. EVD is a zoonosis, with bats as the reservoir, and humans become infected through contact with infected animals. EVD is transmitted through contact with infected bodily fluids. It is considered deadly, with a high mortality and infectivity rate. EVD is a particular public health concern given its potential for global spread during an outbreak. The current outbreak is particularly concerning due to the high mortality rate of the causative strain Bundibugyo, for which there is no approved vaccine or treatment. Its recent spread to neighboring Uganda, and the potential to affect Angola, Burundi, Central African Republic, Ethiopia, Kenya, Rwanda, South Sudan, Tanzania, and Zambia. It is now a serious problem of regional spread and a potential pandemic if some infected and asymptomatic people travel out of the affected African countries for the 2026 FIFA World Cup. The last Ebola outbreak informed by World Health Organization (WHO) on 5th May 2026 is now reported nearly 1,000 patients affected with 233 deaths, according to the Ministries of Health of the Democratic Republic of Congo and Uganda, figures that continue to rise rapidly facilitated by factors inherent to the virus, by deeply rooted customs of being around the deceased before burying them, without being aware that their bodies remain infectious after death, and also by the violent insecurity that has prompted the WHO to call for a ceasefire of the rebel groups are locked in combat.¹⁸

The other virus currently in the spotlight is Hantavirus: a group of negative stranded RNA viruses in the family Hantaviridae, within the order Bunyavirales, a paradigm of direct zoonosis that is unlikely to become a global pandemic.¹⁹⁻²² The viruses are primarily carried by rodents such as mice, rats, and voles. People usually contract disease from them through exposure to rodent urine, faeces, and saliva (The common cycle, now well established, is rodent →

aerosol of excrement → human). Its epidemiology is environmental: outbreaks correlate with climatic events such as El Niño, increased rainfall, and rodent population explosions. The 1993 case in Four Corners, USA, emerged after six years of drought followed by intense rains. Hantavirus acts as an ecological barometer; it is activated by deforestation, the expansion of the agricultural frontier, and by living where rodent reservoirs reside. Although relatively rare worldwide, with around 10,000 to 100,000 infections reported each year, the virus causes two diseases: hemorrhagic fever with renal syndrome, formerly known as Korean hemorrhagic fever, was first detected in US soldiers fighting in Korea in the 1950s. The second illness is hantavirus pulmonary syndrome, or hantavirus cardiopulmonary syndrome. The Andean strain can be passed between people to people who are in prolonged close proximity to each other, such as members of the same household.^{23,24} WHO reports that the current outbreak on the MV *Hondius* cruise ship is a severe respiratory virus, which South African authorities have confirmed as the Andes strain. This strain can be passed between people, although human-to-human spread is rare, with a mortality rate up to 50%.²⁵ To date, there are no approved antiviral drugs or vaccines available worldwide. Medical management is symptomatic, focused on cardiopulmonary support. In the early stages of hantavirus cardiopulmonary syndrome, the antiviral ribavirin has shown some effectiveness. Unlike Covid-19 and Ebola, the chances of a pandemic are very small. WHO currently assesses the risk to the global population as low and advises against travel or trade restrictions. Its further recommends, “Public health awareness efforts should emphasize on improving prompt detection, warranting timely treatment, and very important reducing exposure risks. Most routine tourism activities carry little or no risk of exposure to rodents or their excreta.”²²

In an era where we can travel to the dark side of the moon, develop vaccines overnight, cure countless diseases including some cancers, produce tons of food, clean energy, and use AI to generate progress, health, and more is the perfect time for us *-Homo sapiens-* to look back to the past and embrace the positive experiences that have brought progress, peace, harmony, health, and happiness to the human species throughout the centuries. Respecting each other regardless of race, skin color, religion, beliefs, customs, as well as respecting other species and the environment, reversing climate change, and creating clean energy will not only make us more human, but will also maintain a healthy balance among all living beings on this planet Earth.

We are not facing different enemies; we are confronting an archaic system. As human beings, we are stubborn and slow to learn; we insist on repeating our mistakes more than our successes. When humans behave well, we adapt quickly and can sequence a genome in 24 hours and distribute vaccines in 12 months. The question is not whether there will be another war, Covid-19, Ebola or another Hantavirus outbreak; the issue is whether next time the lab will be in a war zone, and whether the mouse will be living in a displaced persons camp.

Let us return to the best path for the benefit of our descendants and our planet.

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Conflicts of interest

The authors report no potential conflicts of interest relevant to this article.

References

- Jugran D. Too well to die; too ill to live: an update on the lifespan versus health span debate. *J Glob Health*. 2025;15:03022.
- WHO chief Tedros calls for DRC ceasefire over Ebola. *The Guardian*. 2026.
- WHO calls for immediate ceasefire to enable Ebola response. *Health Policy Watch*. 2026.
- Gostin LO, Goodwin MB. Wars in Gaza and beyond: why protecting the sacredness of health matters. *JAMA*. 2024;331(3):191–192.
- Sartelli M. Wars and the search for a safer world: the role of healthcare. *Recent Prog Med*. 2024;115(9):381–383.
- Whizar-Lugo VM. The war in Ukraine: the invasion of genocide. *J Anesth Crit Care Open Access*. 2022;14(3):122–124.
- Petakh P, Kamyshnyi A, Tymchyk V, Armitage R. Infectious diseases during the Russian-Ukrainian war: morbidity in the Transcarpathian region as a marker of epidemic danger on the EU border. *Public Health Pract (Oxf)*. 2023;6:100397.
- Chumachenko D, Chumachenko T. Russian full-scale invasion of Ukraine: epidemiological challenges for public health. *BMJ Glob Health*. 2026;11:e015440.
- Chumachenko D, Chumachenko T. Russian full-scale invasion of Ukraine: epidemiological challenges for public health. *BMJ Glob Health*. 2026;11:e015440.
- Stephenson K, Lolley C, Manary M. War and famine. *N Engl J Med*. 2026;394(21):2076–2079.
- O’Carroll JE, Zucco L, Warwick E, et al. Obstetric services in the UK during the COVID-19 pandemic: a national survey. *Anaesth Crit Care Pain Med*. 2022;41(5):101137.
- Ziegler E, Martin-Misener R, Rietkoetter S, et al. Response and innovations of advanced practice nurses during the COVID-19 pandemic: a scoping review. *Int Nurs Rev*. 2024;71(2):250–275.
- Jia L, Navare S, Hoyler M. Lingering effects of COVID-19 in the care of perioperative patients. *Curr Opin Anaesthesiol*. 2024;37(3):308–315.
- Gachabayov M, Latifi LA, Parsikia A, et al. The role of telemedicine in surgical specialties during the COVID-19 pandemic: a scoping review. *World J Surg*. 2022;46(1):10–18.
- Whizar-Lugo VM, Iñiguez-López K. First generation of residents in the era of COVID-19: giving honor to whom honor is due. *J Anesth Crit Care Open Access*. 2021;13(2):86–88.
- The current Ebola outbreak is a public health emergency of international concern. *Nat Commun*. 2026;17(1):4603.
- Umar SK, Diggle MA. The Ebola virus—going beyond the bleeding edge. *J Med Microbiol*. 2025;74(7):001998.
- Farsiu N, Rezaie Zadeh Rukerd M, Khodadadpour Mahani F, et al. Emerging and re-emerging vector-borne and other zoonotic RNA viruses: pathogenesis, climate-driven dynamics, and strategies for global control. *Front Microbiol*. 2026;17:1755594.
- Centers for Disease Control and Prevention. *Ebola outbreak: current situation*. 2026.
- Kupferschmidt K. Cruise ship outbreak spotlights a little-studied hantavirus. *Science*. 2026;392(6799):672–673.
- Zumla A, McCloskey B, Ippolito G, et al. Lethal hantavirus at sea: infectious disease outbreaks on cruise ships and limits of preparedness. *Travel Med Infect Dis*. 2026;102989.
- Lang K. Hantavirus: what you need to know. *BMJ*. 2026;393:s877.
- Rubin EJ, Baden LR, Hewlett A, et al. NEJM outbreaks update—Andes Hantavirus. *NEJM Evid*. 2026;5(6):EVIDpha2600170.
- Martínez VP, Di Paola N, Alonso DO, et al. Super-spreaders and person-to-person transmission of Andes virus in Argentina. *N Engl J Med*. 2020;383(23):2230–2241.
- Taylor L. Hantavirus: three dead in cruise ship outbreak as authorities investigate human-to-human transmission. *BMJ*. 2026;393:s875.