Ashwin Vasan, MD, PhD  
Commissioner

Dr. Tedros Adhanom Ghebreyesus, PhD, MSc  
Director General  
World Health Organization

Dear Dr. Ghebreyesus:

On behalf of the City of New York, I would like to extend our gratitude for your continued support in surveillance, preparedness and outreach response activities to the U.S. orthopoxvirus/monkeypox outbreak. Unfortunately, once again, New York City (NYC) finds itself at the epicenter of a contagious disease that is affecting the fabric of our communities. We remain concerned about the rapidly increasing transmission rate of this virus and limited access to testing resources and vaccine supply.

Further, we have a growing concern for the potentially devastating and stigmatizing effects that the messaging around the “monkeypox” virus can have on these already vulnerable communities. Therefore, I write to urge you to act immediately on renaming the “monkeypox” virus as the WHO stated they would do during a June 14th press briefing, over 5 weeks ago.

NYC joins many public health experts and community leaders who have expressed their serious concern about continuing to exclusively use the term “monkeypox” given the stigma it may engender, and the painful and racist history within which terminology like this is rooted for communities of color. “Monkeypox” is a misnomer, as the virus does not originate in monkeys and was only classified as such due to an infection seen in research primates. And we know alternative terminology is possible and entities are starting to use terms such as “hMPXV” and “MPV.” We need leadership from the WHO to ensure consistency in naming and to reduce confusion to the public.

Further, as we are reminded by fierce advocates who served on the front lines as the HIV/AIDS epidemic emerged, early misinformation about the virus led people to believe that it was spread to humans after people in Africa engaged in sexual activity with monkeys. This kind of false messaging created incalculable harm and stigma for decades to come. Continuing to use the term “monkeypox” to describe the current outbreak may reignite these
traumatic feelings of racism and stigma — particularly for Black people and other people of color, as well as members of the LGBTQIA+ communities, and it is possible that they may avoid engaging in vital health care services because of it.

The language we use in public health matters, and it has tangible effects on the safety of communities most at risk for poor health outcomes. We know that during the COVID-19 pandemic, hate crimes against Asian and Pacific Islander individuals have exponentially increased, in no small part due to the stigmatizing, racist and false names that were associated with the virus in early 2020. Beginning in February of 2020, the New York City Commission on Human Rights received a sevenfold increase in reports of anti-Asian hate incidents, ranging from verbal assaults to innocent lives cut short by acts of targeted violence. We fear the consequences due to “monkeypox” related stigma may be exacerbated given that in many contexts, transmission is concentrated among gay, bisexual and other men who have sex with men — a population we know to face ongoing stigma, marginalization, violence and even criminalization. Words can save lives or put them at further risk; thus, the world cannot repeat these mistakes in nomenclature again.

We are at a critical crossroads of the “monkeypox” outbreak — before understanding and awareness of the virus is spread more widely, but also at a time of increasing transmission where we need to be broadly messaging about primary prevention and risk. The WHO must act in this moment before it is too late.

We thank you for the work you continue to do to ensure the health and safety of everyone who may be affected by this outbreak, and we look forward to your swift action to avoid another public health failure of words with potentially catastrophic consequences.

Sincerely,

Ashwin Vasan, MD, PhD
Commissioner
New York City Department of Health and Mental Hygiene