

Why is there an epidemic crisis of congenital syphilis in the United States?

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10 November 2023

Congenital syphilis (CS), a bacterial infection in pregnant women caused by the spirochete *Treponema pallidum* that is passed on to her fetus, has risen tenfold over the last decade, said the top US public health agency this week. On Tuesday, the Centers for Disease Control and Prevention (CDC) released data that showed in 2022 there had been 3,761 such cases (102 cases per 100,000) reported through the public health departments across the country, up from only 335 cases back in 2012.

These figures are astounding when one stops to think that the condition had been almost eliminated two decades ago, when rates of CS had dropped to a low of around 8 for every 100,000 births. It is a clear demonstration of the complete collapse of the public health system in the country, when a preventable disease, easy to diagnose and with a well-established cure readily available, is allowed to spread unchecked.

What the CDC researchers noted was that in almost every case the mother had either not been tested in pregnancy or not received treatment. More than a third of the infected pregnant women had not received any prenatal care. The condition led to 231 stillbirths and 51 infant deaths. Beside these deadly consequences, the infants who don't receive treatment can become blind, deaf or have cognitive developmental delays or even skeletal deformities.

Nearly 2,000 of these CS cases occurred in the southern states, notorious for poverty and severely under-resourced in terms of obstetric care for the population. These regions are also areas where high rates of syphilis exist among the adult population. But this is only one facet of a broader social crisis that afflicts the downtrodden and discarded in every aspect of their lives.

In response to this yet another public health crisis, the

CDC issued a statement “recommending concerted action to stop the increase of newborn syphilis cases and continues to sound the alarm about the consequences of a rapidly accelerating epidemic of sexually transmitted infections in the United States.”

However, given the health agency's politically criminal neglect in responding to the COVID pandemic, these official media releases carry little weight. The public has lost all trust in the CDC's capacity to act as stewards of the population's well-being.

The rise in CS coincides with the epidemic of syphilis and other sexually transmitted diseases (2.53 million cases of chlamydia, gonorrhea and syphilis recorded in 2021). These have been soaring in the last decade after 70 years of gradual declines. The gains that had been made to eliminate syphilis have all but vanished over the last 20 years, which has directly contributed to the rise in the rates of newborn syphilis.

Based on the enormous declines in infections during the postwar years, in October 1999, the CDC in collaboration with other federal agencies had initiated the National Plan to Eliminate Syphilis in the United States. In 2000, cases were down to fewer than 6,000 cases of primary and secondary syphilis in the country (not including tertiary and latent cases). In all, approximately 30,000 cases of syphilis were recorded in 2000. However, these efforts were short-lived.

The conflicts instigated by the US in the Middle East after the 9/11 attacks, including decades-long wars in Afghanistan and Iraq and the US-NATO war against Libya, and civil wars fomented by the US in Syria and Yemen, led to skyrocketing US military spending. The 2008 global financial collapse was accompanied by massive attacks on the jobs and living standards of working people. Spending on public health was

slashed, and private medicine, the vast bulk of the US health care system, became increasingly unaffordable for the most impoverished and vulnerable in society.

The defunding of the public health infrastructure in the US across this period, along with the opioid epidemic and deaths of despair, has coincided with the surge in the epidemic of syphilis. One can only surmise that the malign neglect seen during the COVID pandemic was already the *modus operandi* with regard to any serious public health crisis affecting the working class.

By 2021, overall cases of syphilis had risen to an astounding 176,713. One would have to look back more than 70 years to find such figures. The last time the country recorded a higher figure was in 1950, when public health officials recorded 218,000 such cases.

The difference then, however, was that the trends were in the exact opposite direction, rapidly declining. With the discovery of penicillin in 1928 by Scottish biologist Alexander Fleming, a great leap forward had been made in curing a disease known to ancient society.

By the beginning of World War II, the technical capacity to mass-produce the antibiotic had been developed. By 1944, more than two million doses had been made. Great strides were achieved in reducing the impact of this disease in the following decade. In the UK, there was a 95 percent reduction in new cases between 1946 and 1955. The US saw a 75 percent decline in the same period.

This makes the current upsurge to what amounts to pre-antibiotic levels even more damning. This is especially so in relation to the severe drug shortage of penicillin G benzathine, exclusively made by Pfizer, the manufacturer of the mRNA COVID vaccines and boosters. Although Pfizer has said that the interruption in supplies is the “result of a complex combination of factors including significant increases in demand,” Dr. Thomas Moore, an infectious disease consultant and professor at the University of Kansas School of Medicine, told the *Lancet*, “The inability to ramp up production to meet the demand is largely due to the lack of interest in antibiotic production by pharmaceutical companies, which are pursuing drugs that have a bigger payoff.”

While spending on the US defense budget has climbed by 2.75 times since 2000 to an unprecedented high of \$876.9 billion, the funding for Public Health

Emergency Preparedness (PHEP) had plummeted by more than 40 percent by 2013, to \$585 million, and has remained stagnant since. This is one of the main programs by which the federal government helps local areas prepare for disease outbreaks.

This has led to a dramatic drop in the budgets of local health departments that includes the loss of invaluable experience through cuts that leave them short-staffed and overburdened. Almost half of all state and local public health employees left their positions between 2017 and 2021. Almost 75 percent of these were workers under the age of 35. More recently, in the wake of the ongoing pandemic, many in leadership positions are leaving, complaining of facing significant political pressures and being harassed when trying to give sound public health advice.

Citing a March 2023 *Health Affairs* report, Tremmel Freeman, chief executive officer for the National Association of County and City Health Officials (NACCHO), noted, “If current trends continue, nearly 130,000 public health workers will leave their job by 2025. The sector already needs 80,000 more workers to be able to provide basic, necessary public health services.”

The current trajectory in syphilis and CS cases threatens more than just the dire impact of the resurgence of this scourge that had plagued every civilization in recorded history. Diseases of the past, present, and future, from syphilis to COVID-19 and those caused by deadly viruses and pathogens that have yet to be discovered, are being given the opportunity by the crisis of capitalism to find new life at the expense of their human hosts.



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