

Mississippi declares public health emergency over surging infant deaths

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The Mississippi State Health Department declared a public health emergency in August following a dramatic surge in infant mortality in the state. According to MSHD data, Mississippi's infant mortality rate (IMR)—deaths within the first year of life—rose to 9.7 deaths per 1,000 live births in 2024, marking the highest rate in more than a decade.

This emergency is a signal that the smallest innocent lives are being held hostage by a health system in America that judges its success, not by the thriving of mothers and babies, but by the profits hauled in by private insurers, pharmaceuticals and other health-related conglomerates. Those women and their families who rely on social programs put in place to protect the most vulnerable are paying the ultimate price for the savage cuts being implemented by both big business parties.

Mississippi's 9.7 IMR is dramatically higher than the provisional US national rate of 5.5 deaths per 1,000. Since 2014, Mississippi has witnessed the deaths of 3,527 babies before their first birthday. The recent increase has been driven significantly by deaths among newborns under 28 days old (neonatal deaths).

Dr. Daniel Edney, the Mississippi state health officer, stated that if babies "dying at the rate that our babies are dying is not a public health emergency, I don't know what is." Dr. Michael Warren, chief medical and health officer for the nonprofit March of Dimes, told Jefferson Public Radio that the US is "one of the most dangerous developed countries for giving birth," noting that the 20,000 infant deaths annually nationwide are "the equivalent of a jumbo jet crashing once a week for an entire year and killing everyone on board."

The causes of infant death in Mississippi—including congenital malformations, prematurity, low birth weight, and sudden infant death syndrome (SIDS)—are inextricably linked to an acute lack of medical infrastructure. More than half of the counties in Mississippi are considered maternity healthcare deserts, lacking access to comprehensive prenatal care. Obstetricians are few and far between and often see patients for the first time late in pregnancy, sometimes when they are close to delivery or already in labor.

The unraveling of Medicaid

Mississippi Governor Tate Reeves, like many of his Republican counterparts, aggressively resisted expanding Medicaid under the Affordable Care Act (ACA). Medicaid is a crucial resource, covering nearly 53 percent of births in Mississippi and 40 percent nationwide. Without access to Medicaid, many low-income women are left

uninsured before and between pregnancies.

Experts emphasize that untreated chronic conditions such as diabetes and hypertension prior to conception are major contributors to preterm births and subsequent infant deaths, making preconception care critical.

Inadequate prenatal care, poverty and being a single mother are all associated with increased infant mortality rates. For low-income women managing high-risk pregnancies, such as those involving hypertension, pre-eclampsia, and fetal growth restriction, specialist care—which may require expensive travel—is often financially unattainable.

The IMR figures demonstrate that the burden of this mortality crisis falls overwhelmingly on poor and black families. In Mississippi, the infant mortality rate for African American babies was 15.2 per 1,000 live births in 2024, *Time* magazine reports, a rate that is more than double the rate for white families (5.8 per 1,000). Nationally, non-Hispanic black infants suffer a mortality rate more than two times the rate of non-Hispanic white infants.

Infant mortality rates are strongly correlated with social vulnerability. Research using the Social Vulnerability Index (SVI) confirms that increasing county-level infant mortality is associated with stepwise increasing levels of social vulnerability, according to *BMJ Public Health*.

Maternity care for poor vs. wealthy women

A comparison of Mississippi to other states, and the US to Europe, clearly shows that poor health outcomes are concentrated among the most impoverished segments of society. Infant mortality rates are highest in Deep South, including in Mississippi, Arkansas and Louisiana. States that did expand Medicaid, such as Arkansas and Louisiana, saw measurable improvements, including a 29 percent reduction in black infant mortality in Arkansas in the five years post-Medicaid expansion, *CBS News Health Watch* reports.

This class disparity is the key distinguishing factor between the US and its industrialized counterparts. The overall US IMR is 71 percent higher than the comparable country average, with this disparity driven almost entirely by higher mortality rates among lower income groups in the US.

Infants born to better-off white mothers with partners have mortality rates that are statistically indistinguishable from their affluent counterparts in countries like Austria or Finland. In contrast,

economically disadvantaged US groups experience significantly worse outcomes, particularly during the postneonatal period (1–12 months), a finding that correlates to inadequate social supports after birth, the National Bureau of Economic Research reports.

Trump's social cuts and the war on science and medicine

The worsening infant mortality crisis is accelerating under the deliberate policies of the Trump administration, which has launched a two-pronged attack: mass cuts to social services and a politically motivated war on science.

The budget bill passed by the House aims to slash \$930 billion from Medicaid, Medicare and Affordable Care Act (ACA) funding combined over 10 years. Experts calculate that cuts of this magnitude will result in more than 51,000 additional deaths per year by decreasing access to healthcare.

The cutbacks are projected to cause millions to lose health coverage, including an estimated 6 million women of reproductive age who gained access through ACA expansion.

The cuts are strategically designed to inflict maximum damage by imposing mountains of bureaucratic red tape to discourage health access:

- Mandatory work requirements: The bill mandates onerous work reporting requirements adults with expanded Medicaid, estimated to lead to 5.2 million fewer people enrolled in the program by 2034.

- Frequent redeterminations: Requiring states to conduct eligibility redeterminations for expansion individuals every six months (instead of 12) will significantly elevate the risk of procedural disenrollments and interrupt continuity of care.

- Destabilizing rural care: These massive federal funding reductions destabilize rural hospitals that rely heavily on Medicaid reimbursement, threatening the closure of obstetric and pediatric care departments which are already underserved and operate on thin margins.

Simultaneously, the administration has waged an extreme assault on medical science. The government has carried out a systematic campaign against scientific institutions, cutting the positions of over 20,000 federal public health workers and scientists, canceling over 800 research grants, and imposing crippling budget cuts on all Health and Human Services (HHS) agencies.

Programs designed to protect mothers and infants are directly targeted. The Pregnancy Risk Assessment Monitoring System (PRAMS), a Centers for Disease Control and Prevention (CDC) program vital for tracking maternal and infant health trends, has been targeted for elimination. As one former CDC staffer noted in comments to StatNews, cutting vital maternal and child health programs when crises are rising is “willful ignorance,” warning that “without robust data, we are flying blind”.

This anti-science crusade, as the *World Socialist Web Site* has insisted, is politically motivated to shift the burden of responsibility from the government onto individual parents and families. This campaign is intrinsically linked to a revival of eugenicist ideology. Key figures appointed to HHS, such as David Geier, who previously promoted fraudulent autism cures involving chemical castration, oversee data initiatives that privacy advocates warn could enable harmful research targeting vulnerable individuals. This deliberate

policy of social murder and pillaging on a mass scale ensures that the sick, the disabled, and the poor are left to fall by the wayside, i.e., to suffer disastrous health outcomes, and possibly death.

A bipartisan attack on social programs

The tragic crisis in Mississippi confirms that the policies of the ruling class—under both the Republicans and Democrats—are dedicated to lowering workers’ life expectancy, gutting social services and defending corporate profits. The infant mortality crisis is a reflection of entrenched class inequities and ruling class policies aimed at the health of the entire working class.

The attack on the health of millions of Americans goes hand in hand with the Trump administration’s drive toward dictatorship and fascistic forms of rule, which has been demonstrated in the government shutdown with a massive attack on social programs and federal workers’ jobs.

The task of defending public health and fighting against the barbarism represented by the Trump administration and its backers cannot be left to the political establishment. The working class, which suffers disproportionately under these social cuts, must mobilize independently.

As the WSWS wrote recently:

Resistance to dictatorship must be centered in the working class, because the working class is its main target. The social content of Trump’s program is the destruction of millions of jobs, the lowering of life expectancy and the dismantling of programs won through decades of struggle on which tens of millions rely.

... the Democrats, the other capitalist party in America, exclude any mention of fascism in their statements on the shutdown. Even their posturing over restoring Medicaid cuts will amount to nothing. Their overriding priority is to chloroform the population to the seriousness of what is happening, divert anger and prevent the eruption of social opposition, which they dread.

The defense of science, the preservation of Medicaid and the demand for comprehensive maternity care are fundamentally class issues. The independent mobilization of the working class based on a socialist program is required to secure basic social rights, including the right of every mother to a healthy pregnancy and every child to reach their first birthday and beyond. Only through the overthrow of the capitalist system, which elevates figures promoting social murder, can humanity defend itself against this accelerating public health catastrophe.



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