

‘Medicaid Cut Me Off’: A Rural Health Center Faces New Pressures

As cuts to federal health care take hold, local clinics like Delta Health Center in Mississippi will be stretched more thinly than ever.

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Reporting from Mound Bayou, Miss.

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When Dr. Marketta Blue bursts into an examination room, she greets her patients as long-lost friends, a whirl of energy in leopard-print Crocs: “Tell me what’s up!”

Dr. Blue is a family physician at Delta Health Center, the oldest federally funded rural community health center in the United States. The center sits in the Mississippi Delta, at the entrance to Mound Bayou, which was founded in 1887 as an all-Black town. Today, more than half of the town’s children live below the federal poverty line. Last year, the health center saw just over 14,000 patients, 36 percent of whom had Medicaid.

Dr. Blue, 38, grew up in the region and lived with her grandmother, who could not afford to take time off work for medical appointments. She saw a doctor only if she was “bleeding from the eyes, mouth and nose,” she recalled. That experience, she added, left her attuned to the many reasons that her own patients might struggle to come see her: Maybe they can’t afford the gas to drive there, can’t cover child care or have lost their health insurance.

Insurance was on the mind of one patient, Johnie Williams, 64, who shifted uncomfortably in his wheelchair as Dr. Blue entered his exam room in early September. His wife, Carolyn Williams, sat nearby, cradling their granddaughter. He was having trouble sleeping at night, he told Dr. Blue. When he lay down in bed, his lungs felt like cement, like no air could pass through. He felt nauseated all the time, which made it hard to eat.

Also, he said, “Medicaid cut me off.” He had received a letter about the change in his coverage in July, although he noted that he still had health care coverage through Medicare. (He’d previously had both.) “They said by me and my wife being in the same household, the same address, that our income was a few dollars over the limit,” he added.

Dr. Blue’s face twisted in alarm. “Oh my gosh,” she said.

Their conversation could well be a precursor to many similar ones to come. The health care provisions in the Trump administration’s tax and domestic policy bill, passed in July, mean that 10 million more Americans will become uninsured by 2034, according to

estimates from the Congressional Budget Office. Federal spending on Medicaid will be reduced by more than \$1 trillion, the largest reduction to Medicaid since the creation of the program in 1965.

The bill includes the addition of strict work requirements: Starting in 2027, Medicaid expansion recipients will need to provide proof of employment — or an exemption — as a condition of receiving health insurance. That stipulation could cause many recipients to lose coverage, and they may find it harder to re-enroll, many experts said. The change is projected to cost the country's 1,512 community health centers roughly \$7.3 billion annually in increased uncompensated care costs as they take on the treatment of new, and newly uninsured, patients.

Proponents of the bill argue that it will help reduce federal spending on Medicaid, saving the government \$326 billion over 10 years because of the new work requirements. The White House has said the bill addresses "improper payments" through Medicaid and consequently "protects Medicaid for the truly vulnerable."

"People who are going to lose their coverage are either ineligible or people who won't go through the rigmarole of certifying their eligibility," said Michael Cannon, director of health policy studies at the libertarian Cato Institute, who described parts of the policy as a way of addressing fraud.

At Delta Health Center, some staff members worry that, without Medicaid, their patients will put off getting treatments they need. People without medical insurance are three times as likely than people with insurance to forgo needed care, according to research from KFF, a health research group.

Federally funded clinics could also face a large influx of new uninsured patients who may be turned away from other sites once they lose Medicaid. Delta Health Center offers a sliding-scale fee that allows patients to pay as little as \$25 for an appointment, and even that fee is waived if it proves unaffordable.

"Federally qualified health centers are going to have a dramatic increase in volume of care," said Gerard Anderson, a professor of health policy at Johns Hopkins Bloomberg School of Public Health. "They're going to be stretched even more thinly than they have been," he added. "It's going to be a nightmare."

In addition to these new stresses have come federal funding cuts and freezes. In April, Delta Health Center's \$250,000 Title X grant was frozen, briefly preventing some patients from accessing certain forms of contraception. Those funds were recently reinstated. This month, one grant for women, infants and children was put on hold because of the federal government shutdown, although the center was able to replace the funding.

“You can’t deliver services on a month-to-month basis with such funding uncertainty,” said Amy Simmons Farber, a spokeswoman for the National Association of Community Health Centers. “Their resiliency has been tested, and it’s not just federal funding, it’s also potential changes to reshape Medicaid. There’s a lot coming at them.”

It all weighs on Dr. Blue. “I just hope we’re able to carry the load,” she said.

‘We Are the Safety Net’

Drive down Highway 61 in the Mississippi Delta, past cotton fields and small towns that gave rise to blues legends, and you will reach Mound Bayou. Founded during the Jim Crow era, Mound Bayou was once prosperous, with its own bank, train station, library and newspaper. As farming became mechanized and jobs in the area declined, businesses closed, including the town’s only grocery store. Now, like many towns in the region, it consists primarily of a small grid of one-story houses, a post office and a cemetery. The median household income is just over \$23,000 a year.

Delta Health Center owes its founding to the waves of activists who came south in the 1960s to register Black people to vote. At the time, Black patients were often turned away at hospitals. White civil rights workers, who sometimes got heat stroke or dehydrated in the South’s sweltering summer weather, were also turned away by some white doctors. Physicians traveled to the area to treat them and started a campaign to open a health center in Mound Bayou.

Since its inception, Delta Health Center has had to deal with officials who did not agree with its work. Inside the center is a display of editorials opposing the center’s founding. “There has never been an occasion in our memory when a person could not receive medical attention in Bolivar County,” a local paper, The Bolivar Commercial, wrote in 1965. “We feel that a federally financed and controlled clinic or hospital is not needed and especially so in Bolivar County.”

Over the last two decades, the health center has experienced a period of growth: They have opened 17 smaller satellite clinics in six surrounding counties and have sent out vans that offer mobile treatments. Now doctors worry that progress will stall.

“The worst-case scenario would be us having to retrench a little, close some of the outlying clinics, but I hope it doesn’t come to that,” said John Fairman, the center’s chief executive. “We are the safety net here.”

One anxious patient who came through the doors of the center, in early September, was Tracy Price, 66, who lives in Mound Bayou. Ms. Price entered the waiting area holding tight to the hand of her 19-year-old granddaughter, who had tears streaming down her face. “I will tear this hospital down before I leave without getting her seen,” Ms. Price said just after coming through the doors.

“She is on psych meds,” she added, as clinic workers hurried over to help. “She’s been without them for a couple weeks, and she is having an emergency.”

Her granddaughter had bipolar disorder, Ms. Price explained, and had been covered by Medicaid in Nevada, where she had lived until last summer. When the young woman moved to Mississippi, she lost her insurance coverage and her supply of lorazepam. “I have been unable to reach Medicaid for two months,” she wrote in a letter to the Nevada Department of Human Services, which she and Ms. Price shared with The New York Times. “Please expedite.”

Dr. Blue’s Promise

Dr. Blue’s schedule was jammed. She winced as she glanced at the long list of patients but took time to joke with each one. In one exam room, Wesley Tribune, 68, who had diabetes, told Dr. Blue that he had been cutting down on spaghetti and junk food. “My wife doesn’t cook any for me,” he said with a smile.

“She’s looking out for you,” Dr. Blue said.

“She’s starving me!” Mr. Tribune said.

In the room with Mr. Williams, Dr. Blue listened as he wondered aloud how he would keep affording the care he needed now that he was not eligible for Medicaid.

He added that he might start avoiding some of his medical appointments to save costs. “It’s about to get to that point,” he said.

Dr. Blue shook her head. “We need to do an X-ray on your stomach,” she told him. “I’m going to check your urine and your electrolytes.”

Her concerned expression broke for an instant when she noticed that his hemoglobin A1c — his average blood sugar level over three months — had fallen to 7.4. “When you first started seeing me, it was 13,” Dr. Blue said, clapping her hands.

She turned to Ms. Williams: “He’s going to be OK!”