

In first 100 days, Trump-Vance Administration dismantles critical policies promoting LGBTQI+ health equity, racial and ethnic health equity, and HIV/STI prevention and care

By Sean Cahill

In its first 100 days in power, the Trump-Vance Administration has effected a radical restructuring of the nation's public health, research, and foreign policy infrastructure. In the process it has dismantled policies developed over the past several decades that advanced equality and health equity for LGBTQI+ people and other populations, and that advanced effective, science-based HIV and STI prevention and care. This brief examines the potential impact of anti-transgender executive orders on health and well-being and the ability of transgender and gender diverse (TGD) people to access gender affirming care (GAC), of the rescinding of federal sexual orientation and gender identity (SOGI) nondiscrimination regulations, of the suppression of information about LGBTQI+, racial and ethnic, and other health disparities, of the sudden ending of HIV and LGBTQI+ health research, and of the defunding of HIV prevention and care programs here in the U.S. and with LGBTQI+ communities in Africa and elsewhere around the world. This analysis does not necessarily address every regressive policy development of the past 100 days, but attempts to explain some of the most important and impactful.

Restricting rights and health care access for transgender and gender diverse people and LGBTQI+ people

The “gender ideology extremism” executive order

Since January 20, 2025 the new United States administration has taken dramatic and unprecedented actions, many of them of questionable legality and constitutionality, to repeal policies that promote equality for LGBTQI+ people and support their ability to access culturally responsive and clinically competent health care. President Trump has issued several executive orders targeting TGD people and their ability to access GAC. One executive order opposing “gender ideology extremism” calls on federal agencies to “take all necessary steps, as permitted

by law, to end the Federal funding of gender ideology.”¹ The order also defines sex as “exclusively male and female.”

The “gender ideology extremism executive order calls on federal agencies to prohibit “gender identity-based access to single-sex spaces” which it argues is harmful to [cisgender] women and violates the law: “Agencies shall effectuate this policy by taking appropriate action to ensure that intimate spaces designated for women, girls, or females (or for men, boys, or males) are designated by sex and not identity.” This could mean a ban on gender neutral bathrooms in federal facilities. It is unclear if the federal government plans to impose this practice on federal grantees.

The executive order also states that “The Attorney General shall issue guidance to ensure the freedom to express the binary nature of sex and the right to single-sex spaces in workplaces and federally funded entities covered by the Civil Rights Act of 1964.” Federal agencies can only use the term “sex” and not “gender,” and cannot ask questions about gender or gender identity: “Agency forms that require an individual’s sex shall list male or female, and shall not request gender identity.” When implemented this could mean an end to the collection of gender identity data in public health surveillance, such as HIV and STI surveillance.

This executive order might eventually restrict health care entities’ ability to provide GAC to TGD patients. It certainly creates uncertainty about whether federally qualified health centers (FQHCs) and other entities receiving federal funding may be forced to stop providing care and services to transgender people and programming about transgender health issues. This executive order’s narrow interpretation of sex discrimination runs contrary to existing law as contained in federal regulations and at least 20 years of jurisprudence interpreting federal sex discrimination laws to prohibit some forms of anti-transgender discrimination.²

¹ White House. Executive order on defending women from gender ideology extremism and restoring biological truth to the federal government. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/>

² Rachel Eric Johnson, “Because of Sex[ual Orientation and Gender Identity]: The Necessity of the Equality Act in the Wake of *Bostock v. Clayton County*,” 47 *BYU L. Rev.* 685 (2022). Available at: <https://digitalcommons.law.byu.edu/lawreview/vol47/iss2/10>

Rescinding federal SOGI nondiscrimination protections

The “gender ideology extremism” executive order and a second executive order³ rescinded an executive order issued by President Joe Biden in 2021 that prohibited discrimination by the federal government on the basis of sexual orientation and gender identity (SOGI).⁴ Apparently the Trump-Vance Administration has also moved to reverse the SOGI nondiscrimination regulation implementing Section 1557 of the Affordable Care Act,⁵ finalized by the Biden-Harris Administration in 2024.⁶ It is expected that this may happen faster than the three and a half years that it took the Trump Pence Administration to reverse the Obama-Biden Section 1557 rule, but it will still take some time and there should be an extensive public comment period.

The removal of the federal prohibition on SOGI nondiscrimination in health care would make it harder for LGBTQI+ people to access health care. Anti-LGBTQI+ discrimination remains widespread in the United States. Thirty-six percent of LGBTQI+ Americans experienced discrimination in 2024, according to a national survey by NORC and the Center for American Progress.⁷ Experiencing discrimination in health care causes LGBTQI+ people to delay or avoid medical care.⁸ Anti-LGBTQI+ discrimination negatively affects the health and well-being of LGBTQI+ people.⁹ It also correlates with disparities in risk factors. For example, a study of

³ White House. Initial rescissions of harmful executive orders and actions. January 20, 2025.

<https://www.whitehouse.gov/presidential-actions/2025/01/initial-rescissions-of-harmful-executive-orders-and-actions/>

⁴ White House. Executive Order 13988 of January 20, 2021 (Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation). <https://www.federalregister.gov/documents/2021/01/25/2021-01761/preventing-and-combating-discrimination-on-the-basis-of-gender-identity-or-sexual-orientation>

⁵ Kalish L, “The Trump Administration Is Quietly Trying To Gut Important ACA Protections For Trans Americans,” *HuffPost*, March 26, 2025. https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans_n_67e43cb3e4b03867f07e1381?origin=top-ad-recirc

⁶ U.S. Department of Health and Human Services. “Section 1557 of the Patient Protection and Affordable Care Act.” <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html> Accessed October 12, 2024.

⁷ Smith C, Norris H. *The LGBTQI+ Community Reported High Rates of Discrimination in 2024*. Washington, DC: Center for American Progress. March 12, 2025. <https://www.americanprogress.org/article/the-lgbtqi-community-reported-high-rates-of-discrimination-in-2024/>

⁸ Medina C, Mahowald L. *Discrimination and barriers to well-being: The state of the LGBTQI+ community in 2022*. Center for American Progress, Washington, DC. 2023. <https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/>

⁹ Gruberg S, Mahowald L, Halpin J. *The state of the LGBTQ community in 2020. A national public opinion study*. Washington, DC: Center for American Progress, 2020, October 6. Available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>

LGBT veterans found that those who experienced discrimination in health care reported higher rates of tobacco use and lower rates of disclosure of their LGBT identity to health care providers.¹⁰

An executive order banning GAC for youth 18 and under

An executive order issued on January 28, 2025 prohibits GAC for individuals under age 19.¹¹ The order, titled “Protecting Children from Chemical and Surgical Mutilation,” orders that “institutions receiving Federal research or education grants end” GAC for youth age 18 and under. It calls for the Centers for Medicare and Medicaid Services to issue conditions of participation or conditions of coverage to restrict access to Medicare and Medicaid for entities providing GAC to youth up to 18. It also calls for “clinical-abuse or inappropriate-use assessments relevant to State Medicaid programs.” The executive order also calls for “quality, safety, oversight memoranda,” apparently using safety concerns to proscribe GAC for youth, and warns that the Department of Justice will enforce a federal law prohibiting female genital mutilation of someone under 18.¹²

As the Fenway Institute reported in a brief published in May 2024, in general GAC for minors does not involve surgery, and in the few instances that it does this involves top surgery, not genital surgery.¹³ But this executive order also portrays puberty blockers as “chemical genital mutilation” and hints at persecuting their prescription as such. The executive order calls on Congress to create “legislation to enact a private right of action for children and parents of children” against “medical professionals” providing GAC for youth “which should include a lengthy statute of limitations.” It also calls for targeting “so-called sanctuary states” by applying

¹⁰ Ruben MA, Livingston NA, Berke DS, Matza AR, Shipherd JC. Lesbian, Gay, Bisexual, and Transgender Veterans' Experiences of Discrimination in Health Care and Their Relation to Health Outcomes: A Pilot Study Examining the Moderating Role of Provider Communication. *Health Equity*. 2019 Sep 26;3(1):480-488. doi: 10.1089/heq.2019.0069. PMID: 31559377; PMCID: PMC6761590.

¹¹ White House. Protecting children from chemical and surgical mutilation. January 28, 2025 <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>

¹² [18 U.S.C. § 116 - U.S. Code Title 18, Crimes and Criminal Procedure § 116 | FindLaw](#)

¹³ Freitag T, *Gender-affirming care for adolescents: Understanding the fundamental components and scientific support for lifesaving gender affirmation*. Boston: The Fenway Institute, 2024. <https://fenwayhealth.org/policy-briefs/gender-affirming-care-for-adolescents-understanding-the-fundamental-components-and-scientific-support-for-lifesaving-gender-affirmation/>

the “Parental Kidnaping (sic) Prevention Act.” The executive order calls for the U.S. Department of Health and Human Services (HHS) to propose and then promote alternative best practices for caring for youth “who assert gender dysphoria, rapid-onset gender dysphoria, or other identity-based confusion.” A report that is expected to promote conversion therapy for youth with gender dysphoria was expected from HHS at the end of April 2025, when this report went to press.

The Trump-Vance Administration has also issued executive orders restricting the rights of TGD people to access education, participate in athletics, and serve in the military.¹⁴ Most of the things these executive orders call for can’t go into effect immediately but will require departmental guidance and rulemaking that will take months if not years. There are also a myriad of challenges to these executive orders, and a number of temporary restraining orders limiting their impact. For example, executive orders blocking federal funding for GAC and banning transgender people from military service have been blocked by court rulings.¹⁵

Another executive order issued on Inauguration Day, 2025 called for an end to Diversity, Equity and Inclusion (DEI) initiatives by federal agencies and contractors.¹⁶ Subsequently other executive orders and actions sought to restrict DEI in educational institutions and other entities.^{17,18,19} DEI initiatives aim at increasing gender and racial and ethnic diversity at all levels of a workplace. Such initiatives, which are supported by a majority of American workers, aim to increase the hiring and promotion of women and underrepresented racial and ethnic minority groups, particularly in sectors where they are underrepresented and have experienced

¹⁴ Kalish L, “The Trump Administration Is Quietly Trying To Gut Important ACA Protections For Trans Americans,” *HuffPost*, March 26, 2025. https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans_n_67e43cb3e4b03867f07e1381?origin=top-ad-recirc

¹⁵ Smith-Schoenwalder C. “These Are the Lawsuits Against Trump’s Executive Orders.” *U.S. News and World Report*. April 25, 2025. https://www.usnews.com/news/national-news/articles/how-many-of-trumps-executive-orders-are-being-challenged#google_vignette

¹⁶ White House. Ending radical and wasteful government DEI programs and preferencing. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>

¹⁷ Stone M, Lieberman M. “‘Illegal’ DEI: See Which States Are Telling Trump Their Schools Don’t Use It.” *Education Week*. April 10, 2025, updated April 25, 2025. <https://www.edweek.org/policy-politics/see-which-states-are-telling-trump-their-schools-dont-use-illegal-dei/2025/04>

¹⁸ Nadworny E. “Trump signs executive actions on education, including efforts to rein in DEI.” *Morning Edition*. April 24, 2025. <https://www.npr.org/2025/04/23/nx-s1-5374365/trump-signs-education-executive-actions>

¹⁹ Debin Collinsworth AE, Roberts RE. “The Trump Administration’s Diversity, Equity, and Inclusion (DEI) Executive Orders: A Brief Primer.” *National Law Journal*. April 4, 2025. https://natlawreview.com/article/trump-administrations-diversity-equity-and-inclusion-dei-executive-orders-brief#google_vignette

discrimination.²⁰ Striking income and wealth disparities continue to exist in the U.S. along lines of race and ethnicity,^{21,22,23} and women earn less than men. Women are more supportive of DEI initiatives than men. Overwhelming majorities of Black, Latino and Asian American workers support DEI initiatives in the workplace. Majorities of each age cohort support DEI. Strong majorities of the general population support DEI policies and say that DEI trainings are helpful to them.²⁴

Other administration actions

In addition to these executive orders, the administration has taken steps to remove GAC from coverage as an Essential Health Benefit (EHB) under the Affordable Care Act.²⁵ Allowing the Affordable Care Act (ACA) Health Care Marketplace Plans to remove gender affirming care from essential health benefits (EHB) threatens to exacerbate health disparities and anti-transgender discrimination in health care, preventing individuals' right to access medically necessary health care. The proposed rule calls gender affirming care "coverage for sex-trait modification," although it does not define this term. Starting in plan year 2026, the proposed rule would prohibit insurance plans from covering gender affirming care as Essential Health Benefits, which would not only erode access to medical care for many Americans, but would also undermine significant progress made at the state and federal levels to advance health equity and reduce health disparities in this country.

The Affordable Care Act requires insurance plans to cover Essential Health Benefits that are "equal to the scope of benefits provided under a typical employer plan." Because only a

²⁰ Pew Research Center, *Diversity, Equity and Inclusion in the Workplace*. May 17, 2023.

<https://www.pewresearch.org/social-trends/2023/05/17/diversity-equity-and-inclusion-in-the-workplace/>

²¹ Kochhar R, Cilluffo A, "Key findings on the rise in income inequality within America's racial and ethnic groups," Pew Research Center, July 12, 2018. <https://www.pewresearch.org/short-reads/2018/07/12/key-findings-on-the-rise-in-income-inequality-within-americas-racial-and-ethnic-groups/>

²² Boen C, Keister L, Aronson B. Beyond Net Worth: Racial Differences in Wealth Portfolios and Black-White Health Inequality across the Life Course. *J Health Soc Behav*. 2020 Jun;61(2):153-169.

²³ Hernandez Kent A, Ricketts LR, "The state of U.S. wealth inequality," Federal Reserve Bank of Saint Louis, May 3, 2024. <https://www.stlouisfed.org/institute-for-economic-equity/the-state-of-us-wealth-inequality#:~:text=Black%20families%20had%20about%20%24983%2C000,19%20cents%20for%20every%20%241.>

²⁴ Pew Research Center, May 17, 2023.

²⁵ Federal Register. *Department of Health and Human Services 45 CFR Parts 147, 155, and 156 [CMS-9884-P] RIN 0938-AV61*. March 19, 2025. <https://www.federalregister.gov/documents/2025/03/19/2025-04083/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability>

small percentage of the U.S. population is transgender, only a small percentage of Americans accessed gender affirming care through these plans in Plan Years 2022 and 2023 (0.11%), as CMS notes in its proposed rule. However, coverage of gender affirming care by insurance plans is widespread and typical. In fact, most large employers cover gender affirming care, according to the Human Rights Campaign: 72 percent of Fortune 500 companies, and 91% of companies participating in HRC's Corporate Equality Index, offer transgender-inclusive health insurance coverage.²⁶ Some 24 states and the District of Columbia prohibit transgender health care exclusions.²⁷

Gender affirming care is medically necessary care. It can improve health outcomes for transgender patients experiencing gender dysphoria. According to the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders*, "gender dysphoria" is the diagnostic term for "clinically significant distress" experienced by some transgender people resulting from the incongruence between their gender identity and the sex assigned at birth. To be diagnosed with gender dysphoria, the incongruence between one's sex assigned at birth and one's gender identity must persist for at least six months and be accompanied by clinically significant distress or impairment in occupational, social, or other important areas of functioning.²⁸ The inability of people diagnosed with gender dysphoria to live consistent with their gender identity can significantly undermine their overall health and wellbeing. Delay or denial of medically necessary treatment for gender dysphoria is likely to create or exacerbate other medical issues, such as anxiety, depression, and suicidality. Transgender people who do not receive medically necessary gender affirming care face increased rates of victimization, substance abuse, depression, anxiety, and suicidality.²⁹ According to the American Medical Association, "[e]very major medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender

²⁶ Human Rights Campaign, *Healthcare Equality Index 2024*. <https://www.hrc.org/resources/healthcare-equality-index>

²⁷ Movement Advancement Project, "Healthcare Laws and Policies." https://www.lgbtmap.org/equality-maps/healthcare_laws_and_policies

²⁸ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Washington, DC: APA, 5th edition, 2013, pp. 452-453.

²⁹ Restar AJ, Layland EK, Davis B, Thompson H, Streed C. The Public Health Crisis State of Transgender Health Care and Policy. *Am J Public Health*. 2024 Feb;114(2):161-163. doi: 10.2105/AJPH.2023.307523. PMID: 38335490; PMCID: PMC10862226.

people.”³⁰ A 2022 study found that transgender people who accessed hormone therapy in adolescence or adulthood had lower risk of past-year suicidal ideation when compared with those desiring but never accessing gender affirming hormones.³¹ The earlier hormone therapy was started the greater the reduction in suicidal ideation.

A letter sent by CMS to state Medicaid Directors April 11, 2025 warned them about the coverage of “puberty blockers, cross-sex hormones, and surgery related to gender dysphoria” for minors.³² According to Massachusetts Poverty Law Advocates:

While not directly forbidding Medicaid payments for gender-affirming care for minors, the letter lays the groundwork for future CMS action against states under current law... The [letter](#) from Deputy Administrator and Director Drew Snyder aims to undermine the validity of a broad array of gender affirming care interventions and then to use that position to cast doubt on the legality of Medicaid funds being used for such care... While the CMS letter does not threaten any imminent action, the implication is clear: CMS is laying the groundwork to prevent gender-affirming care for children from being covered by Medicaid. But [the harm to the LGBTQ+ community](#) from this letter is also instant. The letter provides cover to conservative states to immediately drop gender-affirming care for minors from their Medicaid coverage. In fact, seeing the writing on the wall, some providers in those states are already pulling services: [Planned Parenthood Arizona](#) paused all gender affirming care services in response to the CMS letter.³³

Dismantling LGBTQI+ health equity initiatives and defunding LGBTQI+ and HIV research

In part in response to these anti-transgender and anti-DEI executive orders, researchers funded by the National Institutes of Health to conduct research on transgender health started receiving stop work orders in late January, 2025. At least two transgender health research

³⁰ UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF INDIANA EVANSVILLE DIVISION AUTUMN CORDELLIONÉ, also known as JONATHAN RICHARDSON, Plaintiff, v. COMMISSIONER, INDIANA DEPARTMENT OF CORRECTION, in her official capacity. Defendant. Case No. 3:23-cv-135-RLY-CSW STATEMENT OF INTEREST OF THE UNITED STATES. <https://www.justice.gov/crt/media/1339316/dl>

³¹ Turban JL, King D, Kobe J, Reisner SL, Keuroghlian AS. Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*. 2022 Jan 12;17(1):e0261039. doi: 10.1371/journal.pone.0261039. Erratum in: *PLoS One*. 2023 Jun 12;18(6):e0287283. doi: 10.1371/journal.pone.0287283. PMID: 35020719; PMCID: PMC8754307.

³² Centers for Medicare and Medicaid Services. Letter to State Medicaid Directors RE: Puberty blockers, cross-sex hormones, and surgery related to gender dysphoria. April 11, 2025. <https://www.cms.gov/files/document/letter-stm.pdf>

³³ Massachusetts Poverty Law Advocates. Health Announce: Apr. 14, 2025. *MassLegalServices*. <https://www.masslegalservices.org/content/health-announce-apr-14-2025#:~:text=Last%20Friday%20April%202011%202025,affirming%20care%20for%20minors%2C%20the>

projects which were scheduled for consideration by an NIH review committee were pulled from consideration the day before the committee was to meet. A broader swath of hundreds of research projects focused on LGBTQI+ health, racial and ethnic health disparities, the impact of racism on health, and HIV prevention have been cancelled in the first 100 days of the new administration. According to NBC News:

The nation's LGBTQ research field is collapsing. In recent weeks, academics who focus on improving the health of lesbian, gay, bisexual, transgender and queer Americans have been subjected to waves of grant cancellations from the National Institutes of Health. More than [270 grants totaling at least \\$125 million](#) of unspent funds have been [eliminated](#), though the true sum is likely much greater, researchers told NBC News.³⁴

Entire multidecade HIV research projects, such as the Adolescent Trials Network (ATN), were stopped in the middle of clinical trials. About one in five new HIV diagnoses in the U.S. (19%) occurs among adolescents and young adults, the focus populations of the ATN.³⁵

According to Professor Lisa Hightow-Weidman, Co-Director of the ATN:

On Friday, March 21, 2025, the Adolescent Medicine Trials Network for HIV Interventions (ATN) was terminated. The entire research network...The ATN began in 2001 as the only adolescent-focused HIV network for youth ages 13-24 in the United States. Since 2001, the network has had more than 30,000 enrollments across over 150 studies. Our studies have led to the availability of new biomedical tools and treatment approaches, nationally implemented testing and prevention strategies, and foundational data that informs product licensing, clinical guidelines, public health practice, and federal programming. The ATN tackles difficult and pressing health challenges for youth, including the ongoing HIV epidemic, rising STI incidence, and soaring rates of mental health and substance use disorders...The ATN represents decades of sustained, collaborative infrastructure for research on adolescent health. Terminating this award dissolves a network that spans 24 years of scientific inquiry, 20 U.S. states and territories and hundreds of active collaborators, staff, youth, and community partners resulting in layoffs, stalled careers, and a reduced workforce in HIV research and clinical care. We want to make this very clear: US investments in ATN have led to life-saving treatments, prevention tools like PrEP, and cutting-edge digital health solutions. The ATN fulfills the highest goals of science by advancing knowledge, addressing real and urgent health needs, delivering value to taxpayers, and saving lives of American youth.

³⁴ Ryan B, Bendix A. "Trump administration axes more than \$125M in LGBTQ health funding, upending research field. The administration's cancellation of hundreds of grants is dismantling the LGBTQ-focused research field, built out of nothing over a quarter-century." *NBC News*. April 3, 2025. <https://www.nbcnews.com/nbc-out/out-news/trump-administration-axes-125m-lgbtq-health-funding-upending-research-rcna199175>

³⁵ HIVinfo.NIH.gov. *HIV and adolescents and young adults*. Last updated April 15, 2025. <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-adolescents-and-young-adults#:~:text=In%20addition%2C%20adolescents%20and%20young,13%20and%2024%20years%20old>.

Please stand with us as we appeal this short-sighted and hopefully misdirected attack on our beloved network.³⁶

Among the LGBTQI+ and HIV grants ended were:

- an intervention research study with older gay and bisexual men living with HIV aimed at reducing social isolation, loneliness and depression,
- a study of how to reduce medical mistrust among Black gay and bisexual men,
- an HIV prevention study with cisgender women,
- a smoking cessation intervention research study with TGD people, and
- a study of Alzheimer's disease among sexual and gender minority older adults.³⁷

The administration has undertaken a broader assault on NIH, including attempting to cap indirect rates for grants at 15%, which will undermine the research infrastructure that enables health research. According to amfAR, this proposal would have a significant impact on scientific research in the U.S.:

Such a drastic reduction in overhead costs would stall innovation and drug discovery for various health conditions; disrupt local economies due to mass layoffs at universities, with knock-on effects on suppliers and retailers that depend on university business; close down university labs and research centers; and constrict the influx of a new generation of scientists by dismantling training opportunities such as student fellowships. Some universities and medical schools have already announced reductions in graduate level students as a result. To maintain the same levels of research and innovation, universities would be forced to seek alternative sources of revenue, most likely from increased tuition costs.³⁸

According to the journal *Nature*, NIH has ended 800 research grants and clawed back \$2.3 billion in unspent or unallocated funds. The largest proportion of grants ended were HIV research grants, followed by transgender health research grants. *Nature* reported that

The cancellations of projects, despite scientists scoring them highly during review, “tears the long-standing fabric of the government’s contract to pursue medical research that seeks to better the healthspan and lifespan for all Americans”, says Francis Collins, a geneticist who led the NIH...for 12 years under three US presidents, including Trump.³⁹

³⁶ Hightow-Weidman L, Linked In post, March 2025, https://www.linkedin.com/posts/lisa-hightow-weidman-42526099_on-friday-march-21-2025-the-adolescent-activity-7309689776029196288-9xc9/

³⁷ U.S. Department of Health and Human Services (HHS). Excel spreadsheet of HHS grants terminated. https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf

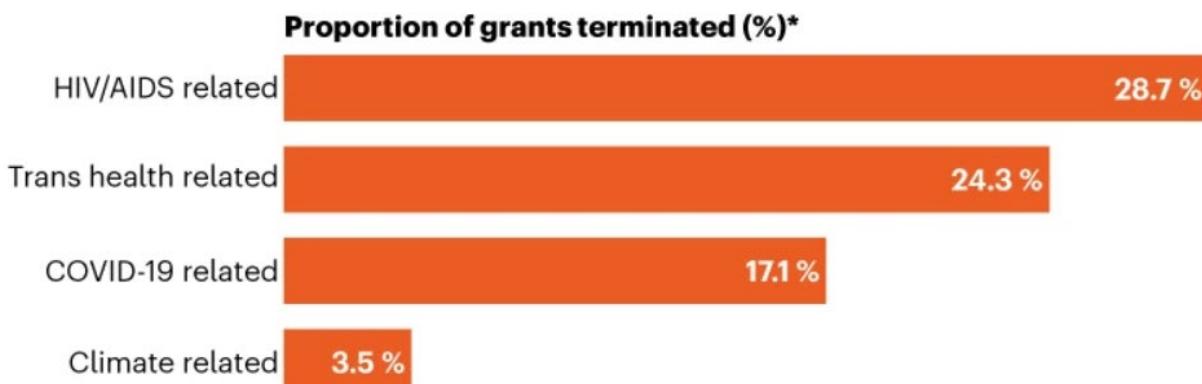
³⁸ amfAR. *The Hidden Cost of Capping NIH Indirect Costs: How Students Pay the Price*. Washington, DC: amfAR. 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-Indirect-Costs-Infographic-1.pdf>

³⁹ Kozlov M, Ryan C. “How Trump 2.0 is slashing NIH-backed research — in charts.” *Nature*. April 10, 2025. <https://www.nature.com/articles/d41586-025-01099-8>

Also terminated were grants aimed at improving Black participation in clinical trials research, Alzheimer's Disease Related Dementias among Black people, a study of historical trauma, racial discrimination, PTSD, and substance use among Black young adults, and a training grant to increase the number of Black women scientists, who are underrepresented in the field.⁴⁰

TERMINATED GRANT TALLY

Under President Donald Trump, the US National Institutes of Health has cancelled roughly 770 active research grants as of 7 April. Nearly 29% of the grants terminated were for research that mentioned HIV/AIDS, and about one-quarter of the grants terminated were related to the health of transgender people. Other topic areas that the Trump team has deemed no longer in the interests of the agency are COVID-19 and the effects of climate change on health.



*Percentages are calculated by searching NIH grant titles and abstracts for key terms such as 'transgender', 'gender diversity', 'climate' and 'SARS-CoV-2'. Percentages do not sum to 100% because these topic do not cover all grants cancelled and because there is some overlap between them.

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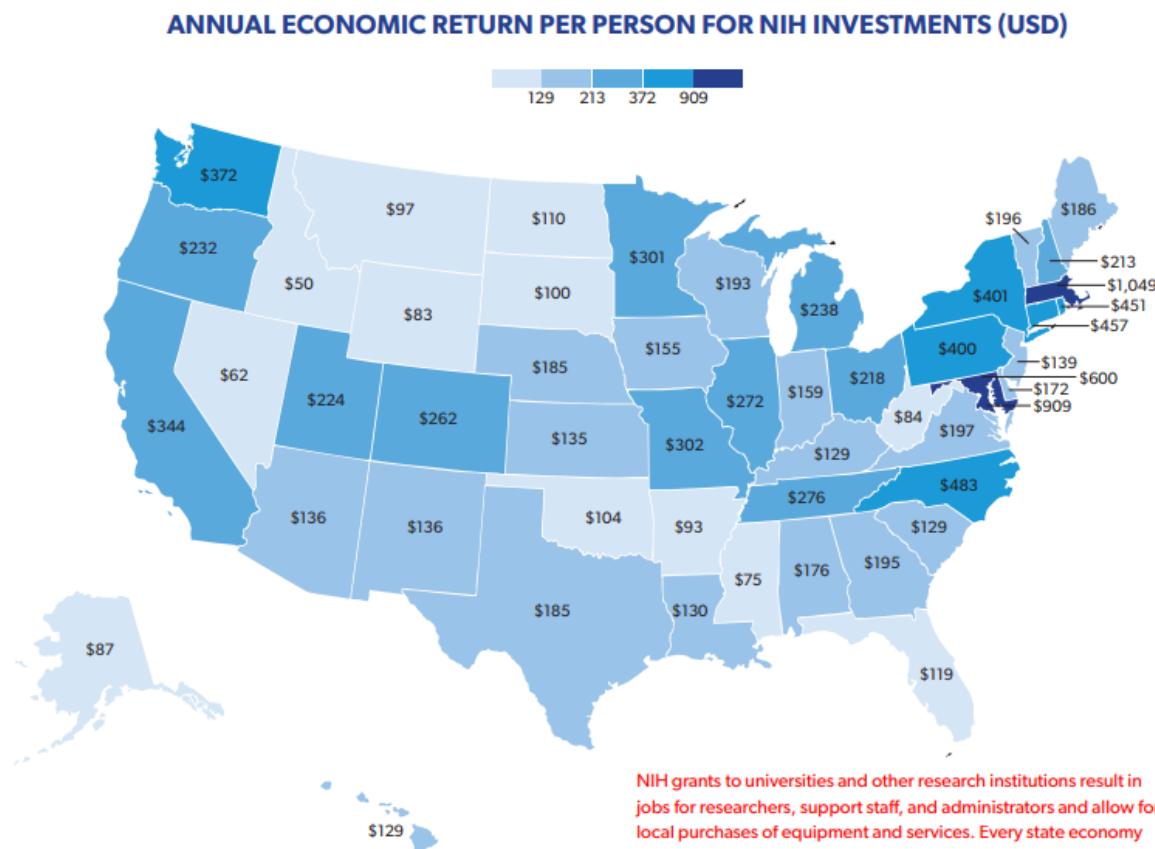
Source: *Nature* analysis of [NIH Grant Terminations in 2025 database](#)

According to amfAR, "NIH-funded research contributed to the development of 354 of 356 drugs (99.4%) approved in the U.S. between 2010 and 2019."⁴¹ For every \$1 that NIH

⁴⁰ U.S. Department of Health and Human Services (HHS). Excel spreadsheet of HHS grants terminated. https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf

⁴¹ Galkina Cleary E, Jackson MJ, Zhou EW, Ledley FD. "Comparison of Research Spending on New Drug Approvals by the National Institutes of Health vs the Pharmaceutical Industry, 2010- 2019." *JAMA Health Forum*. 2023;4(4):e230511. doi:10.1001/jamahealthforum.2023.0511. Cited in amfAR, *The Best Investment You Didn't Know You Made: How NIH Funding Fuels Innovation and Economic Growth*, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-infographic-0325.pdf>

spends on research in a state, that state “generates \$2.46 on average in increased economic activity.”⁴² Massachusetts has the highest per capita amount of economic return from NIH spending of any U.S. state.



United for Medical Research (UMR) used the Bureau of Economic Analysis' Regional Input-Output Modeling System, or RIMS II, to analyze employment and economic activity linked to NIH research activity.

Source: United for Medical Research (UMR) and U.S. Census data, 2024

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HIV research in the U.S. has been incredibly productive. It is thanks to such research that we know how to prevent people from being infected—including with pre-exposure prophylaxis (PrEP), and that we have treatments that have saved millions of lives and transformed an HIV diagnosis from a death sentence to a chronic disease. The infrastructure created by HIV research

⁴² amfAR, *The Best Investment You Didn't Know You Made: How NIH Funding Fuels Innovation and Economic Growth*, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-infographic-0325.pdf>

enabled researchers to quickly develop an Ebola vaccine to stop the spread of this disease in West Africa that killed more than 11,000 people a decade ago. It has enabled innovations in cancer and Hepatitis treatment.⁴³ It helped researchers quickly develop COVID-19 vaccines five years ago.⁴⁴

CDC removes LGBTQ+ and racial disparities content from its website

In response to the aforementioned executive orders, several government agencies and private health care organizations have rolled back LGBTQI+ and racial equity health initiatives and access to care. For example, the U.S. Centers for Disease Control and Prevention (CDC) removed information related to racial and ethnic health disparities and LGBTQI+ health disparities from its website. This included the removal of academic journal articles about health disparities and the disproportionate burden of particular diseases on specific populations.⁴⁵ This action violates a number of federal laws, including the Paperwork Reduction Act, which requires federal agencies to “ensure that the public has timely and equitable access to the agency’s public information” (44 U.S.C. § 3506(d)(1)). Although the anti-transgender executive orders are being successfully challenged in the courts, and it will likely take years to put into place the regulations needed to enforce them, several private health care providers have terminated the provision of gender affirming care for youth, including hospitals in New York, Illinois and Colorado, all states that still allow gender affirming care for youth.⁴⁶

⁴³ Crowley J, Millett G. *HIV Research Matters for America*. Washington, DC: Center for HIV and Infectious Disease Policy of the O’Neill Institute for National and Global Health Law at Georgetown Law, amfAR. April 2025. <file:///C:/Users/scahill/AppData/Local/Microsoft/OneDrive/Attachments/ooa-f54ed125-bbf7-433d-b125-5b8c0cc43f15/0101b867ec2cdd059c38ac80f6376dde4e4d6360ada4234431bb848007e164c0/QT%20HIV%20Research.pdf>

⁴⁴ Balzer D. “HIV research provided foundation for COVID-19 research.” Mayo Clinic. November 30, 2021. <https://newsnetwork.mayoclinic.org/discussion/hiv-research-provided-foundation-for-covid-19-research/>

⁴⁵ Bradshaw R. CDC removes LGBTQ, race data following Trump’s anti-DEI order. *Beaumont Enterprise*. February 5, 2025. <https://www.beaumontenterprise.com/news/article/trump-woke-dei-culture-wars-20148647.php>

⁴⁶ Rodriguez A. These hospitals suspended transgender care amid Trump’s executive order. But can they do that? *USA Today*. February 5, 2025. <https://www.usatoday.com/story/news/health/2025/02/04/transgender-hospitals-gender-affirming-care/78204417007/>

Dismantling of the federal government's HIV prevention and surveillance capacity

Also over the past 100 days the Trump-Vance Administration and its new HHS Secretary Robert F. Kennedy, Jr. have moved to dramatically reduce the federal government's HIV prevention and surveillance capacity. In late March they announced a major restructuring of HHS. The entire staff was laid off at the HHS Office of Infectious Diseases & HIV Policy and at the HHS Office of Minority Health. A number of key leaders like Dr. Jonathan Mermin, director of the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention, and Dr. Jeanne Marrazzo, Director of the National Institute of Allergy and Infectious Diseases at NIH, were placed on administrative leave or "reassigned" to the Indian Health Service, depending on the source.^{47,48}

Thousands of other staff have been laid off throughout HHS. The administration is reducing total HHS staffing from about 82,000 to 62,000, with significant cuts at the Food and Drug Administration and CDC.⁴⁹ About 10,000 staff were reduced through buyouts and early retirement, and another 10,000 through elimination of entire departments.⁵⁰

In April 2025 the White House Office of Management and Budget proposed slashing HHS's discretionary funding from \$116.8 billion in FY25 to \$80.4 billion for FY26, a 31% cut. Funding for CDC would be cut by more than 40%. Funding would be eliminated for the Ending the HIV Epidemic Initiative—an initiative launched by President Trump in his first term—and for domestic HIV prevention and surveillance and chronic disease prevention. The following divisions at CDC would be eliminated:

- Prevention Communication Branch
- Division of Behavioral & Clinical Surveillance Branch

⁴⁷ Kozlov M, "One of the darkest days": NIH purges agency leadership amid mass lay-offs. In shock move, four institute directors at the US biomedical agency are removed from their posts." *Nature*. April 1, 2025.

<https://www.nature.com/articles/d41586-025-01016-z>

⁴⁸ HIV+HEP Policy Institute. Statement on Decimation of CDC HIV Prevention Staff and Other Key Programs. Press Release. April 1, 2025. <https://hivhep.org/press-releases/statement-on-decimation-of-cdc-hiv-prevention-staff-and-other-key-programs/>

⁴⁹ Scott D. "A catastrophe is unfolding at the top US health agency — and it will put American lives at risk." *Vox*. April 4, 2025. <https://www.vox.com/health/406967/rfk-jr-hhs-cuts-vaccine-measles-outbreak>

⁵⁰ Cancryn A. "HHS funding slashed by 30 percent in budget proposal." *Politico*. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

- Capacity Development Branch
- Quantitative Sciences Branch
- HIV Research Branch⁵¹

The proposed budget would also eliminate parts of CDC that deal with outbreaks of STDs and viral hepatitis, which have increased dramatically in Massachusetts and nationally over the past few decades.^{52,53,54} There are striking racial and ethnic and LGBTQ+ disparities in the continued epidemics of STDs, including HIV and sexually transmitted Hepatitis C.⁵⁵ Black and Latino people⁵⁶—including cisgender women, gay and bisexual men, and transgender women—are disproportionately burdened by STIs.⁵⁷

NIH funding would be cut from \$47 billion to \$27 billion, and several institutes would be abolished, including the National Institute on Minority Health and Health Disparities.⁵⁸

According to *Politico*:

Public health initiatives aimed at HIV/AIDS prevention would no longer exist. Major parts of the National Institutes of Health would be abolished. The Food and Drug Administration would cease routine inspections at food facilities. And funding for many of the administration's priorities are on the chopping block, including federal programs focused on autism, chronic disease, drug abuse and mental health.⁵⁹

amfAR estimates that the proposed cuts would result in a rise in new HIV infections in the U.S., which dropped 20% from 2010 to 2022. amfAR estimates that a total elimination of

⁵¹ Dawson L, Kates J. *What Do Federal Staffing Cuts and HHS Restructuring Mean for the Nation's HIV Response?* Washington, DC: KFF. April 8, 2025. <https://www.kff.org/policy-watch/what-do-federal-staffing-cuts-and-hhs-restructuring-mean-for-the-nations-hiv-response/>

⁵² Massachusetts DPH, "Surveillance data overview of sexually transmitted infectious, 2000-2023," Powerpoint presentation, *Data and reports about sexually transmitted infectious (STIs)*, <https://www.mass.gov/lists/data-and-reports-about-sexually-transmitted-infections-stis>.

⁵³ Lockart I, Matthews GV, Danta M. Sexually transmitted hepatitis C infection: the evolving epidemic in HIV-positive and HIV-negative MSM. *Curr Opin Infect Dis.* 2019;32(1):31-37.

⁵⁴ CDC. *Sexually Transmitted Disease Surveillance 2021*. <https://www.cdc.gov/std/statistics/2021/default.htm>. Last updated April 11, 2023.

⁵⁵ Lockart I, Matthews GV, Danta M. Sexually transmitted hepatitis C infection: the evolving epidemic in HIV-positive and HIV-negative MSM. *Curr Opin Infect Dis.* 2019;32(1):31-37.

⁵⁶ CDC. *Sexually Transmitted Disease Surveillance 2021*. <https://www.cdc.gov/std/statistics/2021/default.htm>. Last updated April 11, 2023.

⁵⁷ MacGregor L, Speare N, Nicholls J, et al. Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TPSM. *Sex Transm Infect.* 2021;97(7):507-513.

⁵⁸ Cancryn A. "HHS funding slashed by 30 percent in budget proposal." *Politico*. April 16, 2025.

<https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

⁵⁹ *Ibid.*

CDC HIV prevention funding (\$6.5 billion over five years) would lead to an additional 143,486 HIV infections by 2030, an additional 14,676 people dying of AIDS, and cost our health system \$60 billion in additional health care costs.⁶⁰

Impact of Cuts to HIV Prevention Between 2025 and 2030

	With a 50% reduction in CDC prevention funding	With a 100% reduction in CDC prevention funding
Additional new HIV infections by 2030	75,289	143,486
Additional AIDS-related deaths by 2030	7,530	14,676
Additional people living with HIV by 2030	67,759	127,382
Additional cumulative lifetime costs from new HIV infections	\$31.6 Billion	\$60.3 Billion

KFF estimates that

these actions could all hamper the nation's ability to address HIV in the immediate term, jeopardize innovation, and lead to increased HIV incidence. In addition, expertise built by these officials and offices has been utilized in public health arenas outside of HIV, as was the case with the development of the COVID-19 vaccine which was built on [HIV vaccine research](#). Given this, erosion of HIV expertise, research, and infrastructure could have ramifications for public health more broadly.⁶¹

⁶⁰ These data points and graphic are from amfAR, *Cuts to the CDC's Division of HIV Prevention Will Lead to Dramatic Rise in Infections, Deaths, and Costs*, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/Cuts-to-CDCs-Division-of-HIV-Prevention.pdf>

⁶¹ Dawson L, Kates J. *What Do Federal Staffing Cuts and HHS Restructuring Mean for the Nation's HIV Response?* Washington, DC: KFF. April 8, 2025. <https://www.kff.org/policy-watch/what-do-federal-staffing-cuts-and-hhs-restructuring-mean-for-the-nations-hiv-response/>

This would also undermine President Trump's Ending the HIV Epidemic Initiative, launched in 2019.⁶²

The Trump-Vance Administration's budget proposal would also eliminate the Administration for Community Living, which funds elder services through the Older Americans Act and disability services throughout the country.⁶³ ACL adopted a number of policies over the past few years to address the needs and experiences of older LGBTQI+ people and older people living with HIV in elder services.⁶⁴ The proposed dismantling of the Substance Abuse and Mental Health Services Administration would be devastating to the U.S. population in general, and to LGBTQI+ people in particular, who experience disproportionate substance use burden.

^{65,66}

The Dismantling of USAID and PEPFAR Ends Humanitarian Assistance and HIV Prevention and Care for LGBTQ+ Communities in Africa and Elsewhere

Programs supporting LGBTQI+ communities around the world, a key foreign policy goal of previous U.S. administrations, have been abruptly ended, leaving communities even more vulnerable than they already were. Perhaps most devastating for LGBTQI+ people around the world has been the near total dismantling of the U.S. Agency for International Development (USAID) by billionaire Elon Musk and his unofficial Department of Government Efficiency (DOGE). USAID was created by President John F. Kennedy and provided food assistance, health care, and other aid to vulnerable populations around the world.⁶⁷ As of March 7, 2025, nearly all

⁶² HIV.gov. What is EHE? Updated March 20, 2025. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

⁶³ Cancryn A. "HHS funding slashed by 30 percent in budget proposal." *Politico*. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

⁶⁴ Cahill S. American Society on Aging, New Orleans. "LGBT federal and state policy update: Victories, challenges, and what's on the horizon." April 11, 2022. Panelist. "Building a policy agenda to address aging with HIV." April 13, 2022. Panelist.

⁶⁵ Marshall A, Cahill S. Barriers and opportunities for the mental health of LGBT older adults and older people living with HIV: a systematic literature review. *Aging Ment Health*. 2022 Sep;26(9):1845-1854.

⁶⁶ Hughto JMW, Restar AJ, Wolfe HL, Gordon LK, Reisner SL, Biello KB, Cahill SR, Mimiaga MJ. Opioid pain medication misuse, concomitant substance misuse, and the unmet behavioral health treatment needs of transgender and gender diverse adults. *Drug Alcohol Depend*. 2021 May 1;222:108674. doi:

10.1016/j.drugalcdep.2021.108674. Epub 2021 Mar 18. PMID: 33773869; PMCID: PMC8058310.

⁶⁷ Roy D. "What Is USAID and Why Is It at Risk?" Council on Foreign Relations. February 7, 2025. <https://www.cfr.org/article/what-usaid-and-why-it-risk>

of USAID's staff and contractors had been fired, and only one-tenth of its contracts were still in place.⁶⁸ The President's Emergency Plan for AIDS Relief (PEPFAR), a program that worked closely with USAID and CDC to prevent HIV and treat people living with HIV around the world, is currently undergoing a 90-day review by administration officials. The fate of its funding is unclear. About \$4.8 billion of the total \$6.5 billion in U.S. funding for PEPFAR takes the form of direct bilateral aid to 55 countries with a high prevalence of HIV. Most of this funding is channeled through USAID. Another \$1.7 billion in funding supports the Global Fund to Fight HIV, AIDS and Malaria.⁶⁹ PEPFAR was announced by Republican President George W. Bush in his 2003 State of the Union Address and was created and funded by a majority Republican Congress.⁷⁰

PEPFAR has been promoting HIV prevention with men who have sex with men (MSM) and data collection to understand the impact of HIV on MSM in Africa, the Caribbean and elsewhere around the world since its 2008 reauthorization.⁷¹ Soon thereafter it expanded HIV prevention and data collection with transgender women. Both MSM and transgender women are populations at elevated risk for HIV infection around the world.^{72,73,74}

Promoting equality and safety for LGBTQI+ people around the world emerged as a key foreign policy goal under President Obama's and President Biden's administrations.⁷⁵ The Trump Pence Administration discontinued this policy.⁷⁶ The second Trump Administration

⁶⁸ Schoenfeld Walker A, Lai KKR, A timeline of cuts, legal orders, and disarray at U.S.A.I.D. *The New York Times*. March 7, 2025. Page A15.

⁶⁹ Cohen J. "A bloodbath": HIV field is reeling after billions in U.S. funding are axed." *Science Insider*. 28 February 2025. <https://www.science.org/content/article/bloodbath-hiv-field-reeling-after-billions-u-s-funding-axed>

⁷⁰ KFF. *The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)*. Washington, DC: KFF. August 15, 2024.

<https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for-aids-relief-pepfar/>

⁷¹ Cahill S, Schaefer N, Valadez R. Promoting HIV prevention and research with men who have sex with men (MSM) through U.S. foreign policy. *Global HIV/AIDS politics, policy, and activism: Persistent challenges and emerging issues. Volume 2: Policy and policymaking*. (Raymond Smith, editor). Westport, Connecticut: Praeger, 2013. 69-86.

⁷² Kimani M, van der Elst EM, Chiro O, Oduor C, Wahome E, Kazungu W, Shally M, Rinke de Wit TF, Graham SM, Operario D, Sanders EJ. PrEP interest and HIV-1 incidence among MSM and transgender women in coastal Kenya. *J Int AIDS Soc*. 2019 Jun;22(6):e25323. doi: 10.1002/jia2.25323. PMID: 31194291; PMCID: PMC6563853.

⁷³ World Health Program, Global HIV, Hepatitis, and STIs Programmes. *Men who have sex with men*. No date. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men>

⁷⁴ World Health Program, Global HIV, Hepatitis, and STIs Programmes. *Trans and gender diverse people*. No date. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/transgender-people>

⁷⁵ Robinson D. "Obama Elevates Gay Rights as a Foreign Policy Priority." *Voice of America News*. December 5, 2011. <https://www.voanews.com/a/obama-elevates-gay-rights-as-a-foreign-policy-priority-135136743/174955.html>

⁷⁶ Cahill S, Pettus M. *Trump-Pence Administration policies undermine LGBTQ health equity*. Boston: The Fenway Institute. 2020. https://fenwayhealth.org/wp-content/uploads/TFIP-37_Policy-Brief-Cover-Trump-Biden-LGTQIA-equality-HIV-health-and-racial-justice-Full-Brief.pdf

followed suit, and also cut funding for grassroots LGBTQI+ organizations engaged in HIV prevention work in Africa and other parts of the world. The Trump-Vance Administration, through Elon Musk and DOGE, essentially dismantled USAID, ended all of its contracts, and laid off nearly all of its staff and contractors.⁷⁷ Soon after this, Secretary of State Marco Rubio announced that live-saving medical care such as HIV treatment would not be eliminated. However, he also noted that groups that focus on LGBTQ people or groups that promote “DEI” would not be eligible for continued funding. This has resulted in the defunding of organizations in South Africa, Uganda, and elsewhere that provided HIV prevention, screening and care to LGBTQI+ communities. In Uganda nearly all of the 127 organizations that conducted HIV prevention and care work with LGBTQI+ populations lost their USAID funding. As a result, most of these organizations have stopped operating.⁷⁸

In South Africa, a number of LGBTQI+ focused HIV prevention organizations have drastically cut back their services. OUT LGBT Well-being, an organization directly funded by USAID until March 2025, announced the closure of its Engage Men’s Health program. OUT LGBT Well-being Executive Director Dawie Nel thanked the American people for ten years of support of their efforts to prevent HIV infection among MSM, and then said:

“However, we regret the sudden and devastating impact of this funding withdrawal, not just on us, but on the thousands of individuals whose health and well-being depended on these services.” Nel said Engage Men’s Health had managed to help 2,000 men who have sex with men stay on life-saving antiretroviral therapy, and provided 4,000 others with PrEP to prevent HIV infection. “With these services now ending, we fear that HIV will spread more rapidly and that many will struggle to access the care they need,” added Nel.⁷⁹

The U.S. government’s sudden defunding of HIV prevention by LGBTQI+ community organizations in Africa and in other parts of the world will have devastating effects on HIV prevention and care, where gay and bisexual men and transgender women subject to violence and persecution by other members of society and by governmental actors, and where they are

⁷⁷ Schoenfeld Walker A, Lai KKR, A timeline of cuts, legal orders, and disarray at U.S.A.I.D. *The New York Times*. March 7, 2025. Page A15.

⁷⁸ Dahir AL. “Where Being Gay Is Punishable by Death, Aid Cuts Are ‘Heartbreaking.’” *The New York Times*. March 4, 2025. <https://www.nytimes.com/2025/03/04/world/africa/usaid-africa-uganda-lgbtq.html>

⁷⁹ Itai D. “US-funded South African LGBTQ groups curtail operations. Suspension of most American foreign aid jeopardizes HIV prevention efforts.” *The Washington Blade*. April 6, 2025. <https://www.washingtonblade.com/2025/04/06/us-funded-south-african-lgbtq-groups-curtail-operations/>

disproportionately vulnerable to HIV infection. A recent study predicts that if PEPFAR funding to South Africa is terminated, that country will experience an “additional 601,000 HIV-related deaths and 565,000 new HIV infections” over the next decade.⁸⁰

Legal and constitutional concerns

The administration and DOGE’s abrupt cuts to USAID staffing and programming, and to NIH research grants run counter to the express will of Congress as indicated in federal budgets and are of questionable legality and constitutionality. A number of lawsuits against the NIH grant funding cuts argue that the administration violated the 1946 Administrative Procedures Act by engaging in “arbitrary and capricious” actions instead of following normal processes. They also argue that the Trump-Vance Administration is violating the separation of powers set forth in the U.S. Constitution.⁸¹

Article I, Section 8 of the U.S. Constitution states that Congress has the power of the purse, the power to raise and spend money “to pay the Debts and provide for the common Defence and general Welfare of the United States.” Congress also has the power “[t]o make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.” According to Article II, Section 3, the President’s most important role is that “he shall take Care that the Laws be faithfully executed...” The President cannot restrict the spending of funding after Congress has appropriated that funding, according to the Constitution.⁸²

Legal scholars also argue that the unanimous U.S. Supreme Court ruling *Train v. NY* (1975) clearly prohibits the Trump Administration’s actions regarding NIH grants and USAID. In this case the Supreme Court ruled unanimously that President Nixon could not withhold funds

⁸⁰ Neilan A, Bekker L-G. We tried to quantify the impact of abrupt PEPFAR cuts. The results startled even us. *STAT*, March 1, 2025. <https://www.statnews.com/2025/03/01/pepfar-usaid-funding-cuts-trump-hiv-aids/>

⁸¹ Jones N. “NIH cuts triggered a host of lawsuits: *Nature*’s guide to what’s next.” *Nature*. April 11, 2025. <https://www.nature.com/articles/d41586-025-01192-y>

⁸² National Archives. *The Constitution of the United States: A Transcription*. <https://www.archives.gov/founding-docs/constitution-transcript>

for the Environmental Protection Agency that Congress has appropriated.⁸³ Others have cited the Impoundment Control Act of 1974, which “limits the executive branch’s authority to decline to spend or commit to spending funds that Congress has appropriated.”⁸⁴

Conclusion

In its first 100 days, the Trump-Vance Administration has promulgated a series of executive orders and policy directives that restrict the rights of transgender and gender diverse (TGD) people and LGBTQI+ people more broadly, and that could make it harder for LGBTQI+ people to access health care and social services. They have proposed severe funding cuts to disease prevention, health promotion, public health surveillance, and health research that will undermine future advances in health and likely cause a deterioration in public health, as we are seeing with the current measles outbreaks.⁸⁵ They have also proposed a radical restructuring of the nation’s public health infrastructure and cruelly fired or reassigned expert public health professionals with an incredible amount of expertise and experience in preventing disease, promoting health, and managing outbreaks of infectious disease. They have dismantled policies developed over the past several decades that advanced equality and health equity for LGBTQI+ people, rural populations, members of racial and ethnic minority groups, and other populations, and that advanced effective, science-based HIV and STI prevention and care. They have stopped funding for hundreds of research studies in HIV prevention, LGBTQI+ health, racial and ethnic health equity, and other areas. And they have dismantled or are in the process of dismantling foreign health assistance programs that have saved millions of lives and made the United States a leader in promoting human rights, food security, health, and humanitarian aid around the world.

It is striking that while a vast majority of Americans, including a majority of Republicans, support sexual orientation and gender identity nondiscrimination laws,⁸⁶ the new administration is moving to repeal SOGI nondiscrimination in federal regulation. While more

⁸³ *Train v. City of New York*, 420 U.S. 35 (1975). <https://supreme.justia.com/cases/federal/us/420/35/>

⁸⁴ Price Z. *A Primer on the Impoundment Control Act*. The Lawfare Institute in cooperation with Brookings. January 28, 2025. <https://www.lawfaremedia.org/article/a-primer-on-the-impoundment-control-act>

⁸⁵ Centers for Disease Control and Prevention. *Measles Cases and Outbreaks*. Updated April 25, 2025. <https://www.cdc.gov/measles/data-research/index.html>

⁸⁶ Human Rights Campaign staff. ICYMI: New data shows support for LGBTQ+ rights reaches highest rates ever recorded. 2023. Available at: <https://www.hrc.org/press-releases/icymi-new-data-shows-support-for-lgbtq-rights-reaches-highest-rates-ever-recorded> Accessed August 22, 2024.

and more Americans know a transgender or bisexual or lesbian person,⁸⁷ the new administration is abruptly ending health research with these populations, removing references to them on government websites, and restricting rights more broadly throughout society.⁸⁸ Most Americans support Diversity, Equity and Inclusion initiatives,⁸⁹ yet this administration portrays these as “illegal and immoral discrimination programs” policies that promote racism.⁹⁰

While these developments can feel overwhelming and demoralizing, it is important that those who support health equity and science-based public health engage this critical historical moment and make known their views on these changes by weighing in with elected officials about these policy and funding changes, and by submitting public comments to federal agencies regarding them.

The United States and the world have benefitted greatly from scientific research and disease prevention free of ideological interference. This led to the development of vaccines that enabled the global elimination of smallpox, and the near eradication of polio. We should advocate for scientific integrity and the importance of conducting research with populations that experience health disparities, whether rural populations, racial and ethnic minority groups, older adults, people with disabilities, and/or LGBTQI+ individuals. It’s also important that health care providers continue to provide culturally responsive and clinically competent care to all patients, including TGD patients, and not overreact to often vague policy pronouncements from this administration. All human beings have a right to affirming, culturally responsive, and medically necessary health care, wherever they live, whoever they are, and whatever their socioeconomic circumstances.

LGBTQI+ communities and HIV activist communities have a strong and proud history of advocacy for equality and liberation, and advocacy for health policies that address the needs of

⁸⁷ Minkin R, Brown A. “Rising shares of U.S. adults know someone who is transgender or goes by gender-neutral pronouns.” Pew Research Center. July 27, 2021. <https://www.pewresearch.org/short-reads/2021/07/27/rising-shares-of-u-s-adults-know-someone-who-is-transgender-or-goes-by-gender-neutral-pronouns/>

⁸⁸ Steakin W, Scott R, Reinstein J. “Trump signs executive order banning transgender athletes from women’s sports, directing DOJ to enforce.” ABC News. February 5, 2025. <https://abcnews.go.com/Politics/trump-signs-executive-order-banning-transgender-athletes-womens/story?id=118468478>

⁸⁹ Pew Research Center, *Diversity, Equity and Inclusion in the Workplace*. May 17, 2023. <https://www.pewresearch.org/social-trends/2023/05/17/diversity-equity-and-inclusion-in-the-workplace/>

⁹⁰ White House. Ending radical and wasteful government DEI programs and preferencing. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>

our communities. In this moment of crisis and challenge it is important that we come together and support community organizations and researchers who are trying to improve the health and well-being of LGBTQI+ people, people living with HIV, and individuals at elevated risk of HIV infection. We must challenge policies and funding decisions that undermine public health and human rights. Remember the ACT-UP slogan: Silence = Death. Action = Life.

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