

**The “Gay Disease”: Trump’s Material Attacks on “DEI” Impacts HIV Prevention Programs**  
**By: Art Teal**

Many JLI blog readers will by now be familiar with the second Trump administration’s policy of [targeting the LGBTQ+ community](#). From first-day executive orders [asserting federal recognition of binary sex assigned at birth](#) to [removing the rainbow flag from the Stonewall National Monument](#), the administration has consistently weaponized its executive power to force compliance with its anti-gay and anti-trans policies, all under the goal of eliminating [diversity, equity, and inclusion \(“DEI”\)](#), which it views as a danger to civil rights. One way the administration has done so is by threatening and rescinding federal funding from recipients it deems to be engaging in promoting DEI.

In February 2026, the administration gave notice to four states—California, Colorado, Illinois, and Minnesota—that it would be [rescinding \\$600 million in public health funds](#) because of “inconsisten[cy] with agency priorities.” A significant number of these grants, administered by the Centers for Disease Control and Prevention, are aimed at the prevention of HIV, particularly for vulnerable populations.

Affected organizations include [state and local health departments](#) as well as nonprofit organizations. Several of the rescinded funds were earmarked grants specifically designed to remedy racial disparities in HIV; the administration cut \$5.2 million aimed at [increasing HIV prevention therapy in Black women](#); \$441k from the [Puerto Rican Cultural Center's](#) HIV prevention programming; and [\\$370k from a program for Latino and Black men](#) who have sex with men. Additional cuts target HIV & STI prevention broadly: [\\$600k from the Illinois Department of Public Health’s HIV prevention program](#), and \$1.1 from the LA [County Department of Public Health’s HIV surveillance project](#).

The stated conflict with “agency priorities” reflects the CDC’s September 2025 priority statement on [“deprioritizing DEI,”](#) which denigrates health research of minority populations as “ideologically-laden.” Similarly, following President Trump’s January 2025 executive orders on DEI, the CDC [removed various HIV-related pages from its website](#)—including the main HIV page, data and demographic disparities compilations, and resources for providers. Today, due to a [court order](#), the CDC’s HIV pages have been restored, now [prefaced with a banner](#) that reads, “Any information on this page promoting gender ideology is extremely inaccurate and disconnected from truth. . . . This page does not reflect reality and therefore the Administration and this Department reject it.”

“Gender ideology,” like “DEI,” is another policy target of the administration. As [defined by the administration](#), “gender ideology” presumably refers to the notion that gender identity is expansive beyond sex assigned at birth. LGBTQ+ groups [consider this terminology to be offensive](#) because it asserts that LGBTQ+ identity, and trans identity in particular, is merely [a belief system](#).

The connection between what the administration calls “gender ideology” and HIV prevention is not entirely clear, nor is the line between “DEI” and “gender ideology.” But the rhetorical leap between these concepts and HIV is relatively easy to grasp because HIV/AIDS has been stigmatized as a “gay disease” since its discovery in the early 1980s; it was first termed [“gay-related immune deficiency”](#) after it was identified in men who have sex with men.

Over the decades, HIV activism, driven by grassroots organizations, has helped to mitigate this stigma, but [HIV denial](#) and homophobic stigma persist. Department of Health and Human Services (“HHS”) Secretary Robert F. Kennedy Jr. has made statements [casting doubt on the causal connection between HIV and AIDS](#), including a suggestion in his 2021 book that [AIDS may be caused by poppers](#)—an inhalant drug whose use has been associated with some gay men. Since RFK Jr. took office as Trump’s HHS Secretary, the administration has engaged in several [concerted attacks on HIV funding](#), seemingly in contradiction to Trump’s [2019 pledge to end HIV by 2030](#).

The February funding cuts are not the first time the second Trump administration has scrapped funds aimed at HIV prevention, and they likely will not be the last. In 2025, the administration terminated

[an estimated \\$1 billion in grants to HIV research](#), [paused foreign aid to global AIDS relief](#), and [eliminated five HIV prevention branches of the CDC](#).

Additionally, a March 2026 report found that [23 states are now implementing or considering cost-saving measures](#) in their HIV prevention programs. States' Aids Drug Assistance Programs (or "ADAPs") are partially funded through federal appropriations, and this federal funding [has not been adequately adjusted for inflation](#) despite increased enrollment and rising HIV drug costs. Because state ADAPs primarily serve low-income and uninsured populations, these cost-saving measures, such as lowering eligibility, implementing waitlists, and reducing services and medications offered, are likely to result in vulnerable people losing access to care and facing worsened health outcomes.

Several of the administration's direct funding cuts have been challenged in court. All four states impacted by the February funding rescission—California, Colorado, Illinois, and Minnesota—[sued the Trump administration](#) for the move. The states also filed a motion for a temporary restraining order, which was [granted by a federal judge](#) in Illinois on February 12th. On March 12th, the [district court granted in part the plaintiffs' motion](#) for preliminary injunction, enjoining the federal government from cessation of payments.

In August 2025, the [Supreme Court allowed the administration](#) to proceed with funding cuts from National Institutes of Health ("NIH") research grants aimed at [HIV prevention and other health issues](#) faced by sexual minorities. The Supreme Court's decision, based on a [particular jurisdictional argument](#), is not final; it merely overturned [a federal district judge's order, which had blocked the cuts](#), and in turn, allows funding to be withheld while litigation is ongoing. The Court's decision, however, did not reach the merits of the plaintiffs' legal arguments.

Just a few months earlier, in June 2025, [another federal district judge ordered that \\$6.2 million in grant funding be restored](#) to LGBTQ+ and HIV-related nonprofits. That order remains in place, and the organizations' [report restored funding](#) while the litigation [continues on appeal](#) to the Ninth Circuit.

Thus, the constitutionality and legality of these funding cuts are still largely undecided. Plaintiffs across suits have raised a variety of challenges: constitutionally, plaintiffs have argued that the cuts violate

[due process and equal protection under the Fifth Amendment](#) and suppress speech under the First Amendment. [District Judge Tigar’s order](#) found that the plaintiffs were likely to succeed on all of these grounds. Another challenge raised by plaintiffs is the separation of powers; plaintiffs argue that the executive branch is usurping Congress’s legislative power to control spending, particularly because some of these rescinded funds [had already been appropriated by Congress](#).

Plaintiffs also argue that the cuts violate the Administrative Procedure Act. The [preliminary injunction in the four-state February 2026](#) suit was granted by District Judge Shah on APA grounds, finding that plaintiff states were likely to succeed on their APA claim because the federal government’s incongruent reasoning for targeting the states may have violated the “reasoned explanation requirement.”

These three cases, along with related suits challenging federal funding cuts to [Planned Parenthood](#) and [SNAP](#), among others, are unlikely to be decided for a while. But politics, and the judiciary by virtue of judicial review, can play a significant role in shaping HIV prevention and treatment policy.

Because many federal HIV programs are [centralized in the CDC and the NIH](#), the viability of these programs depends in large part upon the priorities of administrative agencies. State HIV programs such as ADAPs rely heavily on federal funding from the Congressional budget. HIV/AIDS prevention efforts in the United States have been, since the 1980s, [tied to politics](#). Activists and scholars have criticized President [Reagan’s administration for its failure to respond](#) to the AIDS epidemic in a timely manner; budgetary allocations to AIDS research began [toward the end of Reagan’s term](#) by the time tens of thousands of people had died of the disease.

The AIDS crisis and its [brutal history left a massive impact](#) on the LGBTQ+ community, and Black and Brown communities in particular, that cannot be understated. Today, an HIV diagnosis is not the death sentence it once was. Medical advancements, [such as the development of PrEP \(pre-exposure prophylaxis\)](#) and [PEP \(post-exposure prophylaxis\)](#), help to prevent HIV transmission (PrEP with close to [99% efficacy](#)).

But HIV has not gone away, and it still disproportionately affects the LGBTQ+ community and communities of color. In spite of medical advancements, approximately [1.2 million people in the U.S.](#) are living with HIV. Two-thirds of new infections in 2022 were among gay and bisexual men who have sex

with men, and HIV has a disproportionate [impact based on race](#), with Black and Latino populations making up significant portions of new infections. Additionally, Black women account [for around 50% of new infections](#) in people assigned female at birth.

The Trump administration's budget cuts pose a material threat to these vulnerable communities. The rescission of funds could directly affect the ability of HIV-related organizations to provide care and services. Many of the grants are [intended to expand access to preventive](#) measures such as PrEP [and testing; providers are particularly concerned](#) about the elimination of preventive care because, with less access to it, [infections could increase](#). Prevention and effective treatment are key, both in preventing another epidemic and creating better outcomes for people with HIV.

In addition to funding HIV research and providing access to medical treatment, law and policy play a role in the outcomes of people with HIV because [two thirds of states still criminalize HIV](#) in some way. These laws criminalize otherwise legal, [non-transmissible behaviors](#), regardless of actual transmission or intent to transmit the virus. HIV criminal laws have a [disproportionate impact on Black people](#), who are more likely to be arrested and convicted for HIV crimes.

The Trump administration's continued targeting of HIV prevention resources presents a real threat to the health of LGBTQ+ community and people of color. District Judge Young wrote, of the NIH cuts, "I am hesitant to draw this conclusion — but I have an unflinching obligation to draw it — that this represents **racial discrimination and discrimination against America's LGBTQ community.**" Legislatures and elected officials must prioritize protecting these vulnerable populations in the wake of these threats, and the judiciary must fulfill its obligation to uphold the rule of law and challenge unlawful discriminatory actions.