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Gutting Federal Offices That Advance Health Equity Endangers the Health of Women & LGBTQ+ People

This fact sheet focuses on select federal offices and their closures' impact on the health of women, LGBTQ+ people and families. It is not an exhaustive discussion of all offices impacted or every subsequent harm.

The Trump-Vance administration is in the midst of a comprehensive attack against the health, safety, and overall well-being of women, LGBTQ+ people, and families. While claiming to “protect women,” this administration has advanced an agenda that does the exact opposite.

A key component of this harmful agenda is gutting federal offices. Removing experts and key staff advances the administration’s anti-diversity, anti-equity, and anti-inclusion priorities. When federal offices that advance health equity are targeted, it undermines public health efforts and jeopardizes the health of women, communities of color, disabled individuals, older individuals, and LGBTQ+ people.

Gutting Offices of Minority Health exacerbates health disparities for women and LGBTQ+ people.

The Offices of Minority Health (OMH) for the Department of Health and Human Services (HHS) and Centers for Medicaid and Medicare Services (CMS) were created to lead efforts aimed at improving the health of racial and ethnic minority populations and eliminating health disparities. The Trump-Vance administration eliminated all of the staff at the CMS OMH¹ and implemented significant staff cuts at HHS’s OMH.² HHS OMH staff led national grants and programs, data collection and analysis, and awareness campaigns designed to improve the health of underserved communities. CMS OMH served as the principal advisor to the agency on matters eliminating health disparities.³ It led the integration of health equity solutions into the implementation of Medicare and Medicaid by providing subject matter expertise on closing gaps in health coverage, conducting analytical research to promote lower health care costs, and coordinating engagement with federal and local partners. This was critically important work for women, LGBTQ+ adults⁴ and Black and Hispanic people⁵ as they are disproportionately enrolled in Medicaid; and women comprise a majority of the adult Medicaid and Medicare populations.⁶

These offices are needed to help identify and address health disparities and improve the overall health of those who have been ignored or pushed to the margins. Women, particularly Black, Native, and disabled women, experience disproportionately high rates of chronic conditions, and many chronic conditions predominantly affecting women are still understudied.⁷ Black and Native women and other women of color also experience persistent disparities in disease prevalence and outcomes such as morbidity and mortality.⁸ For example, pregnancy-related mortality for Black women is over three times the rate of white women⁹ and Black women are twice as likely to die from endometrial (uterine) cancer and 40% more likely to die from breast cancer than white women.¹⁰ Disabled women are also subject to these disparities.¹¹ For example, they are more likely to report poor health compared to non-disabled women; less likely to receive breast and cervical cancer screening; and more likely to die from breast cancer than non-disabled women.¹²

Though there is less available data for LGBTQ+ populations, the data that do exist demonstrate existing disparities. LGBTQ+ people manage chronic conditions at higher rates than their non-LGBTQ+ peers¹³ and are at greater risk for cardiovascular disease,¹⁴ with both transgender women and transgender men more likely to suffer from heart attacks than their cisgender counterparts.¹⁵

Without the data collection, research, and initiatives of these offices, health disparities for women of color, LGBTQ+ people, and women with disabilities will persist and potentially worsen. The work of the Offices of Minority Health was imperative, and their gutting will significantly harm women and LGBTQ+ people and lead to poorer health outcomes.

Shuttering offices focused on HIV and reproductive health endangers the lives and wellbeing of women, LGBTQ+ people, and communities of color.

The Trump-Vance administration eliminated the HHS Office of Infectious Disease & HIV/AIDS Policy.¹⁶ The administration also significantly reduced the number of staff working in CDC offices in charge of health data collection, including the Pregnancy Risk Assessment Monitoring System (PRAMS),¹⁷ the Abortion Surveillance System,¹⁸ and the Assisted Reproductive Technology (ART) Surveillance System¹⁹ and drastically reduced the staff who administer Title X family planning grants, by either firing these workers or placing them on administrative leave. These actions harm women, LGBTQ+ people, and families of color.

HIV

The closure of HIV offices will halt progress towards ending the HIV epidemic. The HHS Office of Infectious Disease & HIV AIDS Policy provided vital analysis and funding in the effort to eliminate infectious conditions. In particular, the Office led a national strategy to end the HIV epidemic,²⁰ managed The Minority HIV/AIDS Fund,²¹ and provided recommendations through the Presidential Advisory Council on HIV/AIDS.²²

Although HIV infections have declined in recent years and antiviral treatments have improved, the HIV epidemic is far from over. Tens of thousands of new infections occur each year and 1.2 million people are currently living with HIV in the United States.²³ Alarming, new HIV infections disproportionately impact Black women²⁴ and LGBTQ+ people, specifically transgender women.²⁵ HIV diagnoses have also increased among Asian and Latino communities.²⁶ As HIV infections can complicate heart disease, cancer, and diabetes risks, new infections are particularly dangerous for women of color, who already face high rates of chronic conditions.²⁷

Without up-to-date HIV data, it will be difficult to uncover HIV trends and understand whether women and LGBTQ+ people with HIV are receiving adequate treatment. A decrease in prevention and support services²⁸ will likely cause a spike in infection rates, and inadequate access to HIV treatments could contribute to stronger or drug-resistant strains of HIV.

Gutting HIV offices jeopardizes all of the progress made in the effort to eliminate HIV and will disproportionately harm Black women, LGBTQ+ people, and communities of color.

Family Planning Services

The HHS Office of Population Affairs is responsible for managing the Title X service grants that fund clinics which provide a range of family planning services, including reproductive health and related preventive health services.²⁹ Gutting the staff responsible for managing Title X services works to restrict reproductive autonomy and causes negative health and financial consequences for women and LGBTQ+ people.³⁰ Restricting access to contraception can result in health complications due to pregnancy or conditions previously managed by contraception, and unintended pregnancies, which bring risks such as greater risk of maternal depression and an increased risk of STIs.³¹ Restricting access to contraception can also limit educational and career opportunities and decrease workforce participation.³² Barriers to STI testing will

increase transmissions and untreated infections, especially for LGBTQ+ people disproportionately affected by STIs.³³ These conditions can result in severe health complications including infertility and different cancers. Similarly, limiting access to cancer screenings and interventions, such as Pap smears and HPV vaccines, will inevitably increase cancer mortality. Especially as rates of cervical cancer screening are decreasing³⁴ and rates of cervical cancer for women ages 30 to 44 are increasing,³⁵ Title-X funded cancer screenings are crucial for earlier diagnoses and mitigating cancer deaths. Without staff to administer Title X, women and LGBTQ+ people will be unable to access the vital health services that these grants fund.

Pregnancy-Related Care and Infant Health

By eliminating the Pregnancy Risk Assessment Monitoring System (PRAMS), the Trump-Vance Administration will allow the maternal health crisis to grow unchecked, irreparably harming women and children, and disproportionately women and children of color.³⁶

PRAMS was designed to decrease the rate of infant morbidity and mortality by influencing programs and policies aimed at reducing health issues among mothers and infants. PRAMS collects state-specific data from new mothers which is used to investigate emerging maternal and child health issues, allow state, territorial, and local agencies to plan and review programs and policies aimed at reducing health problems among mothers and infants, and assist medical professionals in improving delivery of care.³⁷

There are stark racial disparities in maternal mortality and morbidity for Black and Native communities and in pregnancy-related care.³⁸ The rate of births for which Black women received late or no prenatal care is more than double the rate of white women.³⁹ This rate is more than quadrupled for Native Hawaiian and Pacific Islander women compared to their white counterparts. Black women also experience higher rates of preterm births at 14.7% percent compared to 9.4% of white women.⁴⁰ And American Indian and Alaska Native infants face significantly higher mortality rates at 9.2 per 1,000 as compared to 4.5 per 1,000 for white infants.⁴¹ Black, Native, and Asian people who have given birth also experience postpartum depression at much higher rates than their white counterparts, yet are less likely to receive services for their symptoms.⁴²

These nationwide disparities are largely studied because of the data collected by the PRAMS team. Without PRAMS, it is significantly more challenging to understand and address nationwide trends.

Assisted Reproductive Technology

The CDC National Assisted Reproductive Technology (ART) Surveillance System requested data from all ART clinics in the United States and calculated standardized success rates for each reporting clinic. The team which manages this vital program was eliminated by the Trump-Vance Administration.⁴³

The data provided by ART Surveillance allowed women, LGBTQ+ people, and families to understand in vitro fertilization (IVF) success rates for individual fertility clinics and make informed decisions for their reproductive health needs.⁴⁴ Approximately 9% of men and 11% of women of reproductive age in the United States have experienced fertility issues,⁴⁵ and IVF services led to over 95,000 births in 2023 alone, accounting for 2.6% of all births in the United States that year.⁴⁶

The data collected by the ART Surveillance team provided accountability and motivated clinics to improve their quality of care. Eliminating the ART Surveillance System jeopardizes quality fertility care, including IVF.

Abortion Care

The CDC Abortion Surveillance System documents the number and characteristics of women obtaining abortions.⁴⁷ The data collected through this program is used in a range of valuable ways specific to abortion, but also to assess changes in clinical practice patterns, estimate the number of pregnancies throughout the country, and evaluate programs aimed at promoting equitable access to contraceptive services. Severely decreasing the staff supporting this system has already delayed timely reporting of relevant data.

Underinvesting in the Abortion Surveillance System will lead to exacerbating reproductive health care disparities, especially among Black women⁴⁸ and other women of color⁴⁹ who have long-faced disproportionate challenges in accessing abortions due to economic and health care inequities. Since the Supreme Court's erroneous decision to overturn the constitutional right to abortion,⁵⁰ racial disparities in abortion access have increased, with Black women and Native women more likely to reside in states with abortion bans.⁵¹ Women of color have more limited financial resources and transportation options than white women and would have more difficulty obtaining out-of-state care.⁵²

Accurate abortion data is necessary to understand reproductive health care needs for under-resourced

communities and work towards eliminating abortion access disparities. By gutting the Abortion Surveillance System team, the Trump-Vance administration is jeopardizing one of the only sources of national abortion statistics inclusive of racial and geographic data and, thus, concealing the dangers of abortion bans and restrictions.

Gutting the Administration for Community Living endangers the lives of older women, older LGBTQ+ adults, and people with disabilities.

The Trump-Vance Administration dramatically reduced the personnel of the Administration for Community Living (ACL), which is a division of HHS designed to support older adults and people with disabilities.⁵³ Gutting ACL services is particularly harmful for older women and older LGBTQ+ adults, especially women of color and women with disabilities. The ACL provided critical services⁵⁴ that allowed older adults and disabled people to live safely and fully participate in their communities. These services include Meals on Wheels (a meal delivery service), adult day care, elder abuse prevention, and other services that help older adults thrive. ACL also created the National Strategy to Support Family Caregivers, which coordinated federal efforts and provided recommendations for other entities to improve caregiver wellbeing.⁵⁵

Elder care is a gender and racial justice issue. There are nearly six million more women,⁵⁶ and more older women are living alone than older men (33% of women vs. 22% of men)⁵⁷ and older women are more likely to be living in poverty than older men (10.8 of women vs. 8.9% of men).⁵⁸ Older Native (19.5%), older Black (19.3%), and older Latina women (18.9%) have nearly double the rate of poverty as white women,⁵⁹ and older Asian women living alone experience some of the highest rates of poverty. Disabled women also face poverty at higher rates than male counterparts,⁶⁰ and disabled women of color are especially likely to experience food insecurity.⁶¹ Older LGBTQ+ adults are particularly vulnerable to food insecurity as well.⁶²

Without Meals on Wheels, older women, older LGBTQ+ adults, and people with disabilities will experience even greater hunger and food insecurity. Food insecurity can have damaging effects, such as malnutrition, increased risk of diabetes and heart failure, and worsened mental health.⁶³ Lack of reliable transportation to doctor appointments, ordinarily provided by ACL, will also compound barriers to health care already faced by older women, older LGBTQ+ adults, and people with disabilities. Many may be forced to delay or entirely forgo the medical attention they need,

leading to worse health outcomes. Removing independent living supports means older women, older LGBTQ+ adults, and people with disabilities may be forced into institutional settings where these individuals fear discrimination and negative treatment.

The Trump-Vance administration has stripped away vital services and care from older adults and disabled people by gutting the ACL.⁶⁴ Without the full team needed to manage critical ACL services, millions of older women, older LGBTQ+ adults, and people with disabilities will inevitably suffer.

Abolishing the Low-Income Home Energy Assistance Program increases health risks related to extreme temperatures and financially destabilizes women, families, and older individuals across the nation.

The Low-Income Home Energy Assistance Program (LIHEAP)⁶⁵ is an HHS program that provides a lifeline for individuals and families with low incomes, helping people pay for heating and cooling and for home repairs to increase energy efficiency. The Trump-Vance administration laid off all of the program's employees, spreading out management across unrelated departments.⁶⁶ The program is critical for those that have higher electricity bills due to medical reasons, such as relying on oxygen, using medical devices, or needing medications that require constant refrigeration.⁶⁷ LIHEAP helps offset these higher costs, allowing these households to avoid debt and power outages and to afford other necessities.

Because women, older women, and LGBTQ+ people are more likely to have low incomes and to be managing chronic conditions, LIHEAP protects these populations from health risks and fatalities that arise from extreme heat or cold. Nearly 13.8 million women kept their homes at an unsafe or unhealthy temperature for some months or almost every month in 2021, most likely to be able to afford other necessities.⁶⁸ Extreme temperatures can be particularly dangerous for pregnant people,⁶⁹ people with disabilities,⁷⁰ and older women,⁷¹ who are less able to regulate body temperatures. Extreme temperatures can also exacerbate chronic conditions.⁷² Women of color and LGBTQ+ people of color face greater dangers as communities of color are more likely to live in geographic areas with extreme temperatures, and temperature disparities continue to increase over time.⁷³

The Administration's cutting of the LIHEAP team jeopardizes the physical and financial well-being of nearly 6 million

households.⁷⁴ Recently, a spending bill passed which provided about \$4 billion to fund the program.⁷⁵ However, the LIHEAP staff has not been reinstated. Instead, the Department is relying on grant management staff and a small number of senior staff at the Office of the Administration of Children and Families to process state payments.⁷⁶ Without the expertise of the LIHEAP staff, the success of this program and the wellbeing of the women, LGBTQ+ people, and entire families who rely upon it, are put at risk.

Cutting the CDC Division of Violence Prevention and the Substance Abuse and Mental Health Services Administration threatens the safety, mental health, and behavioral health of women and LGBTQ+ people.

Violence Prevention

The Trump-Vance administration's decision to slash the staff supporting the CDC's Division of Violence Prevention threatens the safety of women and LGBTQ+ people because violence disproportionately impacts these communities.⁷⁷ This Division worked to prevent sexual assault and gender-based violence and administered related funds to states.⁷⁸ Their work included the publishing of the National Intimate Partner and Sexual Violence Survey, which provided nationwide data and analysis of sexual violence across racial, gender, and sexual identities.

Women⁷⁹ and LGBTQ+ people, particularly lesbian, bisexual, and transgender women,⁸⁰ are more likely to experience domestic and intimate partner violence than non-LGBTQ+ people and men. Additionally, Black women are more likely to be murdered by their partner than women of other racial and ethnic groups.⁸¹

Intimate partner violence has long-term physical and mental health impacts,⁸² and sexual violence can cause a variety of short- and long-term physical and mental health consequences.⁸³ Without the support of the Division of Violence Prevention, sexual assault prevention programs, violence shelters, and rape centers will lose funding and may be unable to address the needs of women and LGBTQ+ people. Groups specifically serving LGBTQ+ victims of violence are already facing funding and operational hurdles due to Trump's harmful anti-inclusion, anti-LGBTQ+ executive orders.⁸⁴ Entities that rely on CDC data and grant funding will lack information and resources to operate, with potentially hundreds of millions in grant appropriation becoming increasingly difficult to access.⁸⁵ Decreased

support for violence prevention programs may also increase the violence faced by women and LGBTQ+ people, risking their physical, mental, and behavioral health.

Mental & Behavioral Health

The Trump-Vance administration's decision to gut the staff of the Substance Abuse and Mental Health Services Administration (SAMHSA)⁸⁶ endangers the lives of women and LGBTQ+ people across the country. SAMHSA is the agency that leads public health efforts to advance behavioral health throughout the nation. The elimination of this agency's staff imperils mental and behavioral services nationwide. In 2024, SAMHSA distributed nearly \$7 billion dollars to states for lifesaving programs. It also supported the national 988 suicide hotline, which received over 19 million contacts since 2022,⁸⁷ and had a LGBTQ+ youth specific program that received over 1.3 million contacts.⁸⁸

The work SAMHSA does is critical for women and LGBTQ+ individuals. Women are twice as likely to struggle with depression, anxiety, and PTSD than men, and women attempt suicide more often than men.⁸⁹ Tens of thousands of women also die from overdoses each year,⁹⁰ and overdose deaths for pregnant and postpartum women between the ages of 35 and 44 have more than tripled between 2018 and 2021.⁹¹ Likewise, LGBTQ+ youth⁹² and adults⁹³ are more likely to face mental health challenges than their non-LGBTQ+ peers, with LGBTQ+ women facing extremely high rates of anxiety (44%) and depression (51%).⁹⁴ LGBTQ+ people are also at greater risk of dying by suicide.⁹⁵ LGBTQ+ youth⁹⁶ and adults⁹⁷ are also more likely to struggle with substance use disorders than their non-LGBTQ+ peers. For example, lesbian women have higher rates of tobacco use than heterosexual women.⁹⁸

Without SAMHSA staff to distribute necessary funds for mental and behavioral health services and to facilitate the national suicide hotline, women and LGBTQ+ people will not receive timely and adequate care, which will inevitably contribute to preventable deaths.

The Trump-Vance administration is eradicating the public health infrastructure necessary to address devastating health disparities. Women, LGBTQ+ people, older people, people of color, and families across the country will pay the cost.

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