HIV Testing and Outreach Falter as Trump Funding Cuts Sweep the South

Community-based groups across the south have had to reduce their spending because of delayed or slashed federal funds.

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Storm clouds hung low above a community center in Jackson, Mississippi, where pastor Andre Devine invited people inside for lunch. Hoagies with smoked turkey and ham drew the crowd, but several people lingered for free preventive health care: tests for HIV and other diseases, flu shots, and blood pressure and glucose monitoring.

Between greetings, Devine, executive director of the nonprofit group Hearts for the Homeless, commiserated with his colleagues about the hundreds of thousands of dollars their groups had lost within a couple of weeks, swept up in the Trump administration's termination of research dollars and clawback of more than $11 billion from health departments across the country.

Devine would have to scale back food distribution for people in need. And his colleagues at the nonprofit health care group My Brother's Keeper were worried they'd have to shutter the group's mobile clinic — an RV offering HIV tests, parked beside the community center that morning. Several employees had already been furloughed and the cuts kept coming, said June Gipson, CEO of My Brother's Keeper.

"People can't work without being paid," she said.

The directors of other community-based groups in Mississippi, Alabama, Louisiana, and Tennessee told KFF Health News they too had reduced their spending on HIV testing and outreach because of delayed or slashed federal funds — or they were making plans to do so, anticipating cuts to come.

Scaling back these efforts could prove tragic, Gipson said. Without an extra boost of support to get tested or stay on treatment, many people living with HIV will grow sicker and stand a greater chance of infecting others.

President Donald Trump, in his first term, promised to end America's HIV epidemic — and he put the resources of the federal government behind the effort. This time, he has deployed the powers of his office to gut funding, abandoning those communities at highest risk of HIV.

Trump's earlier efforts targeted seven Southern states, including Mississippi, where funds went to community groups and health departments that tailor interventions to historically underserved communities that face discrimination and have less access to quality education, health care, stable income, and generational wealth. Such factors help explain why Black people accounted for 38% of HIV diagnoses in the United States in 2023, despite representing only 14% of the population, and also why half of the country's new HIV infections occur in the South.

Now, Trump is undermining HIV efforts by barring funds from programs built around diversity, equity, and inclusion. A Day One executive order said they represent "immense public waste and shameful discrimination."

Since then, his administration has cut millions of dollars in federal grants to health departments, universities, and nonprofit organizations that do HIV work. And in April, it eliminated half of the Centers for Disease Control and Prevention's 10 HIV branch offices, according to an email to grant recipients, reviewed by KFF Health News, from the director of the CDC's Division of HIV Prevention. The layoffs included staff who had overseen the rollout of HIV grants to health departments and community-based groups, like My Brother's Keeper.

The CDC provides more than 90% of all federal funding for HIV prevention — about $1 billion annually. The Trump administration's May 2 budget proposal for fiscal 2026 takes aim at DEI initiatives, including in its explanation for cutting $3.59 billion from the CDC. Although the proposal doesn't mention HIV prevention specifically, the administration's drafted plan for HHS, released mid-April, eliminates all prevention funding at the CDC, as well as funding for Trump's initiative to end the epidemic.

Eliminating federal funds for HIV prevention would lead to more than 143,000 additional people in the U.S. becoming infected with HIV within five years, and about 127,000 additional people who die of AIDS-related causes, according to estimates from the Foundation for AIDS Research, a nonprofit known as amfAR. Excess medical costs would exceed $60 billion, it said.

Eldridge Dwayne Ellis, the coordinator of the mobile testing clinic at My Brother's Keeper, said curbing the group's services goes beyond HIV.

"People see us as their only outlet, not just for testing but for confidential conversations, for a shoulder to cry on," he said. "I don't understand how someone, with the stroke of a pen, could just haphazardly write off the health of millions."

Quiet Tears

Ellis came into his role in the mobile clinic haphazardly, when he worked as a construction worker. Suddenly dizzy and unwell on a job, a co-worker suggested he visit the organization's brick-and-mortar clinic nearby. He later applied for a position with My Brother's Keeper, inspired by its efforts to give people support to help themselves.

For example, Ellis described a young man who visited the mobile clinic recently who had been

kicked out of his home and was sleeping on couches or on the street. Ellis thought of friends he'd known in similar situations that put them at risk of HIV by increasing the likelihood of transactional sex or substance use disorders.

When a rapid test revealed HIV, the young man fell silent. "The quiet tears hurt worse — it's the dread of mortality," Ellis said. "I tried to be as strong as possible to let him know his life is not over, that this wasn't a death sentence."

Ellis and his team enrolled the man into HIV care that day and stayed in touch. Otherwise, Ellis said, he might not have had the means or fortitude to seek treatment on his own and adhere to daily HIV pills. Not only is that deadly for people with HIV, it's bad for public health. HIV experts use the phrase "treatment as prevention" because most new infections derive from people who aren't adhering to treatment well enough to be considered virally suppressed — which keeps the disease from spreading.

Only a third of people living with HIV in Mississippi were virally suppressed in 2022. Nationally, that number is about 65%. That's worse than in eastern and southern Africa, where 78% of people with HIV aren't spreading the virus because they're on steady treatment.

My Brother's Keeper is one of many groups improving such numbers by helping people get tested and stay on medication. But the funding cuts in Washington have curtailed their work. The first loss was a $12 million grant from the National Institutes of Health, not even two years into a 10-year project. "Programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry," the NIH said in a letter reviewed by KFF Health News.

My Brother's Keeper then lost a CDC award to reduce health disparities — a grant channeled through the Mississippi state health department — that began with the group's work during the COVID pandemic but had broadened to screening and care for HIV, heart disease, and diabetes. These are some of the maladies that account for why low-income Black people in the Deep South die sooner, on average, than those who are white. According to a recent study, the former's life expectancy was just 68 years in 2021, on par with the average in impoverished nations like Rwanda and Myanmar.

The group then lost CDC funding that covered the cost of laboratory work to detect HIV, chlamydia, gonorrhea, and syphilis in patients' blood samples. Mississippi has the highest rate of sexually transmitted diseases among states, in part because people spread infections when they aren't tested and treated.

"The labs are $200 to $600 per person," Gipson said, "so now we can't do that without passing the cost to the patient, and some can't pay."

Two other CDC grants on HIV prevention, together worth $841,000, were unusually delayed.

Public health specialists close to the CDC, who spoke on condition of anonymity because they fear

retaliation, said they were aware of delays in HIV prevention funding, despite court orders to unfreeze payments for federal grants in January and February. “The faucet was being turned off at a higher level than at the CDC,” one specialist said. The delays have now been compounded, they said, by the gutting of that agency’s HIV workforce in April.

“I know of many organizations reliant on subcontracted federal funds who have not been paid for the work they’ve done, or whose funding has been terminated,” said Dafina Ward, executive director of the Southern AIDS Coalition.

To reach the underserved, these groups offer food, housing assistance, bus passes, disease screening, and a sense of community. A network of the groups was fostered, in part, by Trump’s initiative to end the epidemic. And it showed promise: From 2017 to 2022, new HIV infections decreased by 21% in the cities and the Southern states it targeted.

Disparities in infections were still massive, with the rate of HIV diagnoses about eight times as high for Black people as white people, and the South remained hardest hit. Ward was hopeful at the start of this year, however, as testing became more widespread and HIV prevention drugs — called preexposure prophylaxis, or PrEP — slowly gained popularity. But her outlook has shifted and she fears that grassroots organizations might not weather the funding turmoil.

“We’re seeing an about-face of what it means to truly work towards ending HIV in this country,” she said.

A Closed Clinic

Southeast of Jackson, in Hattiesburg, Sean Fortenberry tears up as he walks into a small room used until recently for HIV testing. He has kept his job at Mississippi’s AIDS Services Coalition by shifting his role but agonizes about the outcome. When Fortenberry tested positive for HIV in 2007, he said, his family and doctor saved his life.

“I never felt that I was alone, and that was really, really important,” he said. “Other people don’t have that, so when I came across this position, I was gung-ho. I wanted to help.”

But the coalition froze its HIV testing clinic and paused mobile testing at homeless shelters, colleges, and churches late last year. Kathy Garner, the group’s executive director, said the Mississippi health department — which funds the coalition with CDC’s HIV prevention dollars — told her to pause outreach in October before the state renewed the group’s annual HIV prevention contract.

Kendra Johnson, communicable diseases director at Mississippi’s health department, said that delays in HIV prevention funds were initially on the department’s end because it was short on administrative staff. Then Trump took office. “We were working with our federal partners to ensure that our new objectives were in line with new HIV prevention activities,” Johnson said. “And we ran into additional delays due to paused communications at the federal level.”

The AIDS coalition remains afloat largely because of federal money from the Ryan White HIV/AIDS Program for treatment and from the Department of Housing and Urban Development. “If most of these federal dollars are cut, we would have to close,” Garner said.

The group provides housing or housing assistance to roughly 400 people each year. Research shows that people in stable housing adhere much better to HIV treatment and are far less likely to die than unhoused people with HIV.

Funding cuts have shaken every state, but the South is acutely vulnerable when it comes to HIV, said Gregorio Millett, director of public policy at amfAR. Southern states have the highest level of poverty and a severe shortage of rural clinics, and several haven’t expanded Medicaid so that more low-income adults have health insurance.

Further, Southern states aren’t poised to make up the difference. Alabama, Louisiana, Kentucky, Mississippi, and Missouri put zero state funds into HIV prevention last year, according to NASTAD, an association of public health officials who administer HIV and hepatitis programs. In contrast, about 40% of Michigan’s HIV prevention budget is provided by the state, 50% of Colorado’s HIV prevention budget, and 88% of New York’s.

“When you are in the South, you need the federal government,” said Gipson, from My Brother’s Keeper. “When we had slavery, we needed the federal government. When we had the push for civil rights, we needed the federal government. And we still need the federal government for health care,” she said. “The red states are going to suffer, and we’re going to start suffering sooner than anyone else.”

‘So Goes Mississippi’

When asked about cuts and delays to HIV prevention funding, the CDC directed queries to HHS. The department’s director of communications, Andrew Nixon, replied in an email: “Critical HIV/AIDS programs will continue under the Administration for a Healthy America (AHA) as a part of Secretary [Robert F.] Kennedy’s vision to streamline HHS to better serve the American people.”

Nixon did not reply to a follow-up question on whether the Trump administration considers HIV prevention critical.

On April 4, Gipson received a fraction of her delayed HIV prevention funds from the CDC. But Gipson said she was afraid to hire back staff amid the turmoil.

Like the directors of many other community organizations, Gipson is going after grants from foundations and companies. Pharmaceutical firms such as Gilead and GSK that produce HIV drugs are among the largest contributors of non-governmental funds for HIV testing, prevention, and care, but private funding for HIV has never come close to the roughly $40 billion that the federal government allocated to HIV annually.

“If the federal government withdraws some or all of its support, the whole thing will collapse,” said

Alice Riener, CEO of the community-based organization CrescentCare in Louisiana. “What you see in Mississippi is the beginning of that, and what’s so concerning is the infrastructure we’ve built will collapse quickly but take decades to rebuild.”

Southern health officials are reeling from cuts because state budgets are already tight. Mississippi’s state health officer, Daniel Edney, spoke with KFF Health News on the day the Trump administration terminated $11 billion in covid-era funds intended to help states improve their public health operations. “There’s not a lot of fat, and we’re cutting it to the bone right now,” Edney said.

Mississippi needed this boost, Edney said, because the state ranks among the lowest in health metrics including premature death, access to clinical care, and teen births. But Edney noted hopeful trends: The state had recently moved from 50th to 49th worst in health rankings, and its rate of new HIV cases was dropping.

“The science tells us what we need to do to identify and care for patients, and we’re improving,” he said. “But trends can change very quickly on us, so we can’t take our foot off the gas pedal.”

If that happens, researchers say, the comeback of HIV will go unnoticed at first, as people at the margins of society are infected silently before they’re hospitalized. As untreated infections spread, the rise will eventually grow large enough to make a dent in national statistics, a resurgence that will cost lives and take years, if not decades, to reverse.

Outside the community center on that stormy March morning, pastor Devine lamented not just the loss of his grant from the health department, but a $1 billion cut to food distribution programs at the U.S. Department of Agriculture. He rattled off consequences he feared: People relying on food assistance would be forced to decide between buying groceries, paying bills, or seeing a doctor, driving them further into poverty, into emergency rooms, into crime.

Deja Abdul-Haqq, a program director at My Brother’s Keeper, nodded along as he spoke. “So goes Mississippi, so goes the rest of the United States,” Abdul-Haqq said. “Struggles may start here, but they spread.”

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