The University of Chicago

Shifting Priorities…from Prevention to Public Health Crisis?: The Impact of Trump's Second Term on Illinois' Infectious Disease Prevention Efforts

By Paige Heffke

A project essay submitted for partial fulfillment of the requirements
for a Bachelor of Arts degree in Public Policy

Paper presented to:

Instructional Professor, Chad Broughton

Instructional Assistant, Saliem Shehadeh

Undergraduate Program in Public Policy

May 16, 2025

Abstract

In response to the economic fallout of the COVID-19 pandemic, the U.S. Congress passed the $2.2 trillion CARES Act in March 2020 to support individuals, businesses, and the healthcare system, establishing critical public health infrastructure and funding mechanisms. However, in March 2025, the Trump administration rescinded $11.4 billion in COVID-era funding, including hundreds of millions designated for Illinois. This decision has jeopardized the funding that enabled state and local public health departments to develop and expand vital infectious disease prevention programs, including Chicago's Regional Innovative Public Health Laboratory (RIPHL), the Rapid Response Team, HIV care, STI prevention research, and public health workforce sustainability. Public health experts, including Dr. Emily Landon and Dr. Moira McNulty from UChicago Medicine, warn that these cuts – driven by the political framing of the pandemic being "over" – undermine infectious disease prevention and control and pose a significant risk to public health. The defunding not only risks reversing recent public health progress, but it also jeopardizes lives by crippling disease surveillance, outbreak response, and equitable healthcare access across Illinois and beyond.

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Introduction

Imagine a daycare owner notices one morning that one of her students has come to school with a rash. Typically, she would call the parents and inform them that their child needs to be picked up to prevent them from spreading the rash to other children, thus abiding by the rules mandated by the public health department to limit the spread of communicable diseases. The public health department enforces these rules by conducting audits of facilities, such as daycares, to ensure that they are not engaging in activities that will promote the spread of disease. If they are, these facilities are at risk of being shut down. As a result, the owner is willing to comply with these rules, preventing children from attending daycare when they have a rash because she does not want to risk being in noncompliance with public health regulations when an audit is conducted.

Alternatively, imagine that the public health department has lost the funds that paid the salaries of the employees who conducted these audits. Without the employees to travel to these facilities, the public health department's regulations are no longer enforceable. If the daycare owner knows this, she may be more willing to allow a child with a rash to continue attending daycare, as it prevents her from losing a day's worth of money from the family. Consequently, she exposes the rest of the class to the child with the rash, increasing the risk of transmission. A week later, that daycare may now have several children attending with rashes, only furthering the risk of exposure to additional students and to other individuals the students interact with.

This is how an outbreak of a disease can begin, and, specifically, how crucial a role public health funding plays in preventing disease outbreaks.

Now, imagine a team of experts that could go into the daycare, assess the situation, implement the prevention methods necessary to limit any further spread of the disease, and provide care to the children already infected, all at no cost to the daycare. This is the type of work conducted by Chicago's Rapid Response Team, a group formed by funding initially allocated to the coronavirus (COVID-19) response. This team travels all around Chicago, going to facilities such as nursing homes, schools, hospitals, and daycares that are experiencing disease outbreaks, and providing the care necessary to prevent the outbreak from becoming widespread.

However, the Rapid Response Team is just one of Illinois' public health programs currently at risk of being eliminated due to the Trump administration's decision to cut billions in federal funding for public health. Across the country and here locally in Illinois, healthcare workers and public health leaders have expressed serious concern regarding the impact these cuts will have on the state of public health. Two of these leaders are Dr. Emily Landon and Dr. Moira McNulty, infectious disease specialists at UChicago Medicine. Conversations with them revealed several public health advancements that were made possible through the funding Trump has pledged to cut, along with making evident what the consequences of these losses would be. Ultimately, as the United States continues to recover from the COVID-19 pandemic, it is essential for our leaders to focus their efforts on continuing to improve public health initiatives, rather than making decisions that will dismantle proven programs and measures.

Coronavirus Aid, Relief, and Economic Security (CARES) Act

In the days and weeks leading up to the passage of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, U.S. leaders began growing worried about the possible economic disruptions they feared could occur due to the pandemic. As the rising number of COVID-19 cases caused an increase in social distancing requirements, necessary cancellation of social events, reduction in travel, and closure of businesses, the resulting reduction in economic activity became more apparent. The impacts felt were widespread, as calls were made from the hospitality industry[1] to the tourism industry[2] to the healthcare industry for federal assistance to be provided. For example, in late February of 2020, the American Hospital Association and the American Nurses Association co-wrote a letter to Congress, urging the federal government "to swiftly provide supplemental emergency funding directly and specifically to support the urgent preparedness and response needs of hospitals, health systems, physicians, and nurses on the front lines of [the COVID-19] outbreak" (American Hospital Association 2020). They reported healthcare providers experiencing a shortage of critical medical supplies, the cancellation of elective surgeries and other medical procedures, and growing costs due to increased staffing, leading them to request an immediate $1 billion of emergency funding. As industry after industry began experiencing similar economic difficulties, businesses closed, and people stopped spending their money because they were staying at

[1] In March 2020, the National Restaurant Association wrote a letter to President Trump and other congressional leaders requesting federal assistance, as they predicted they would lose $225 billion in sales and between five and seven million jobs over the following three months (Gangitano 2020).

[2] The US airlines' trade group requested an approximately $50 billion federal bailout in March 2020 as a result of the financial difficulties it was experiencing due to travel restrictions and capacity cuts. At the same time, CAPA Centre for Aviation, a consulting group, reported that unless immediate governmental actions were taken, the majority of all airlines would be bankrupt by May 2020 (Ziady 2020).

home. Congress quickly realized they needed to take steps to prevent the complete destruction of the U.S. economy, forcing them into action.

Consequently, Senator Mitch McConnell introduced the Coronavirus Aid, Relief, and Economic Security Act on March 19, 2020. The CARES Act was designed with the goal of "providing emergency assistance and healthcare response for individuals, families, and businesses affected by the 2020 coronavirus pandemic," ultimately being passed by Congress on March 25, 2020, and signed into law by President Trump on March 27, 2020 (Congress.gov 2020). This Act provided $2.2 trillion in economic aid, granting relief to "furloughed workers, families with children, small businesses, independent contractors and gig workers, large corporations, the healthcare system, and more" (Investopedia Team 2024).

Given the risk posed by COVID-19 and the dire state of the healthcare system at the time of the bills passing, a significant portion of the CARES Act was dedicated to providing funding to hospitals and other healthcare facilities to allow them to recover from losses already accrued due to the pandemic and to improve their response to the pandemic. Additionally, the CARES Act established the Coronavirus Relief Fund (CRF), a $150 billion dollar fund intended to distribute payments to State, Local, and Tribal governments to reimburse them for necessary expenditures sustained as a result of the COVID-19 pandemic (U.S. Department of the Treasury). Through the CRF, in April 2020, Cook County received $428.6 million to reimburse expenditures made to further their efforts to address the pandemic (Cook County 2019, 6). Another fund, the Provider Relief Fund (PRF) through the Department of Health and Human Services, was also created by the CARES Act, and it allocated $100 billion to healthcare providers to

reimburse them for additional expenses or lost revenue due to COVID-19 (U.S. Department of the Treasury). The University of Chicago Medical Center received $35.9 million from the PRF in May 2020 (Burton 2020).

In addition to creating these funds, the CARES Act also provided funding to different departments and agencies within the federal government to aid their ability to respond to the pandemic. For example, "$4.3 billion [was granted to] the Centers for Disease Control and Prevention (CDC) for coronavirus activities," and over "$127 billion [was given to] the Public Health and Social Services Emergency Fund at the Department of Health and Human Services (HHS)" (Moss et al. 2020). The National Institutes of Health (NIH) was another agency that received significant funding assistance from the CARES Act, receiving "almost $1 billion…to support research, including research on coronavirus and developing countermeasures to prevent and treat COVID-19 disease" (Moss et al. 2020). Through this funding, agencies such as the CDC and the NIH have been able to provide grants to researchers, scientists, and healthcare workers, enabling them to conduct work on COVID-19 and other infectious disease prevention efforts since then.

Pass-Through Funding

Both the Coronavirus Relief Fund and the Provider Relief Fund, along with much of the other funding established by the CARES Act, are classified as "pass-through grants." Pass-through grants are formed when the federal government initially allocates funding to the state government, and then the state government distributes the money amongst local governments, organizations, and causes as they see fit. This type of

funding has become exceedingly common in the area of public health, particularly due to the fact that public health is primarily a state responsibility.

While the federal government clearly has an interest in public health and has created agencies such as the CDC to recommend general guidelines and regulate discrepancies between different states' public health responses, these discrepancies are possible because public health is primarily handled at the state and local levels. Each state has a Public Health Authority which is responsible for creating, implementing, and enforcing its official rules. The primary authority is typically the State Department of Public Health, with the County Departments of Public Health and more local public health authorities falling under the State Department's control. For example, in Illinois, the Illinois Department of Public Health (IDPH) is the ultimate public health authority, with the county departments falling under and reporting to the IDPH, and more local departments falling even lower (Landon 2025).

With public health being primarily regulated at the local level, the federal government provides funding to states to improve their abilities to respond to public health issues. When a public health crisis occurs, the federal government will either provide a list of objectives to the State Public Health Authorities that they must fulfill to receive the funding, or they will have states report how they plan to address the issue and provide the funding if they deem the plan acceptable. Once the plan is approved, the State Public Health Authority receives the funding and can distribute it amongst the lower public health authorities as necessary, resulting in local departments of public health receiving funding from the federal government that has been "passed-through" their State Public Health Authority.

Pass-through funding plays a critical role in public health matters, as it is one of the most significant sources of funding for the area of public health. In 2022, approximately 26% of funding received by local public health departments was in the form of pass-through grants (Cunningham et al. 2024, 61). Specifically looking at Illinois, during Fiscal Year 2024, 33.8% of all grants received by Cook County were federal pass-through grants (Cook County 2024, 64), and given the majority of all federal grants address healthcare, it can be assumed that the bulk of the federal pass-through grants received by Cook County were redistributed amongst local public health authorities (Tax Policy Center 2024). Additionally, in 2024, the Chicago Department of Public Health reported receiving almost $14 million in federal pass-through funding which can be used by the department in a multitude of ways, such as paying salaries, purchasing materials, installing surveillance technologies, or implementing prevention strategies (Chicago Department of Public Health 2024, 3). So much of what we take for granted on a day-to-day basis is, according to Landon, a result of work made possible by pass-through funding. It is critical for local public health authorities, as it allows them to engage in actions such as tracking disease outbreaks, providing observed therapy, establishing community clinics, providing transportation to receive care, and following up on mandatory reporting lists (Landon 2025). Yet, without these grants, “that stuff is simply not going to happen” (Landon 2025). Consequently, it is even more shocking and worrisome that the cuts to public health funding announced by President Trump in March 2025 appear to be disproportionately affecting these federal pass-through grants, as it will result in cuts to funding such as the $14 million received by the Chicago Department of Public Health, ultimately making disease tracking and outbreak prevention more difficult.

Current State of the CARES Act Funding

When the CARES Act began providing funding in 2020, it formed a pipeline of federal funding for COVID-19 and other infectious disease issues that is still impacting public health efforts today. Although the initial funding may have been granted in 2020 or during a year closer to the height of the pandemic, many of the grants made possible through the CARES Act are still in effect, not scheduled to run out until at least the end of 2025, if not later (Mandavilli et al. 2025; Moss et al. 2020). As a result, many ongoing programs, initiatives, and research are being funded through this money, with future projects relying on it as well (Landon 2025). The sudden loss of these grants does not simply mean that previously conducted projects cannot engage in follow-up research, as it will also result in the termination of projects before they can be completed and the total elimination of certain projects before they can begin.

Trump's Decision to Cut Federal COVID Funding

On March 26, 2025, the U.S. Department of Health and Human Services announced the cancellation of approximately $11.4 billion in federal funds that had been granted to states during the COVID-19 pandemic (Singh 2025). These cuts directly impact Illinois, as $125 million in funds already awarded to the Illinois Department of Public Health will be rescinded, and $324 million of future funding promised to the department is set to be blocked (Office of Governor JB Pritzker 2025). This funding was initially granted to the Illinois Department of Public Health through the 2020 CARES Act, and it has been focused on supporting the changing needs of infectious disease control and prevention efforts since then.

Emily Landon, an infectious disease doctor, Associate Professor of Medicine, and Executive Medical Director for Infection Prevention and Control at UChicago Medicine who became a well-known voice for many Illinoisans during the height of the COVID-19 pandemic,[3] is currently grappling with the recent announcement by the Trump administration to cut this funding. Given her first-hand experience of what this funding has allowed the healthcare industry to accomplish during and following the pandemic, she has expressed frustration, confusion, and worry regarding what the loss of this funding could mean for the state of public health in Illinois.

Part of this frustration comes from the administration's reasoning and explanation for why this funding is being cut. Given that this funding was provided through the CARES Act, it is often labeled as "COVID" funding. As the new Trump administration vows to improve government efficiency and cut unnecessary spending, "COVID" funding has become one of the most significantly targeted expenses. When asked about the funding cuts, the Department of Health and Human Services (HHS) Director of Communications, Andrew Nixon, claimed "The COVID-19 pandemic is over, and HHS will no longer waste billions of taxpayer dollars responding to a non-existent pandemic that Americans moved on from years ago" (Zadrozny 2025). However, in an interview conducted with Dr. Landon in April 2025, she expressed her belief that this explanation was senseless:

> They cut all COVID funding because apparently COVID is over, which I think is a little bit short-sighted. It's still only a five-year-old disease. We don't know everything we need to know about it. While I agree we're not in a public health emergency, a lot of major advances happened in the way

[3] Landon spoke at press conferences held by Illinois Governor J.B. Pritzker during the pandemic. She emphasized the importance of the stay-at-home order, mask mandate, and vaccination efforts (UChicago News 2020).

> that we do public health because of the funding that came through for COVID (Landon 2025).

In cutting this funding, Dr. Landon worries that many of the advancements in public health made over the last five years will be lost. Furthermore, if similar funding continues to be cut, she fears the state of public health, in both Illinois and the United States, could significantly regress over the course of Trump's administration.

Further frustration arises from the funding being cut seemingly due to the mere fact that it is labeled as COVID funding. Although much of the targeted funding was initially provided by the CARES Act, a significant portion was not scheduled to run out until at least 2026, meaning many ongoing efforts to address infectious disease control and prevention rely on this money (Landon 2026). Additionally, the majority of the CARES Act was written in a way that created funds that could be used to improve public health authorities' abilities to address infectious disease outbreaks in general, while only a handful of the funds were limited to solely addressing COVID-19 (Moss et al. 2020). Clearly, at the time of the CARES Act's passing, nearly all of the funding was being used to specifically target COVID. However, with much of the language of the grants provided through the CARES Act being general, such as grants being issued to allow healthcare facilities "to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities," a significant amount of the funded work has since transitioned from focusing on COVID-19 to focusing on other infectious diseases (Moss et al. 2020). Consequently, for infectious disease prevention efforts to suddenly be stripped of their funding simply because the funding was initially focused on COVID-19 is extremely frustrating and disheartening for healthcare workers and public health leaders.

Additionally, as the height of the pandemic continues to be pushed further into the past, many public health officials have been working to transition the focus of the funding specifically tied to COVID-19 to other public health issues. These requests began to be seen at the beginning of 2024, however, many of these attempts were either never finished or the requests were rejected (Landon 2025). For example, the Chicago Department of Public Health requested to reallocate $18 million in federal funding initially provided for the COVID-19 response to the growing measles issues – this request was denied, limiting the city's ability to provide vaccines or quarantine spaces in their public health response (Ige 2024). While it is unclear whether this exact $18 million grant is one of the funding sources being targeted, the example highlights the frustration currently felt amongst healthcare providers and public health leaders as the Trump administration looks to strip public health funding, especially those labeled as COVID funding. With attempts to reallocate COVID funding to more recent issues currently ongoing and past requests having been rejected, to suddenly have this funding cut *because* it is labeled as COVID funding is extremely discouraging for public health leaders. Ultimately, Dr. Landon described the decision to carelessly cut off any type of funding associated with COVID as "really stupid," as it not only negatively impacts the work still being conducted on COVID, but severely restricts the work being conducted on other public health issues, such as measles, Candida Auris, and other types of infectious diseases (Landon 2025).

Importance of COVID Funding

Key Players

As the Trump administration fights for these massive public health funding cuts to be enacted, it is critical for the public to understand what is at risk of being lost. Working on the frontlines during and in the aftermath of the COVID-19 pandemic, healthcare workers' firsthand experience of the programs and initiatives this funding has supported allows them to provide crucial insight into what is at stake if this funding is lost. Dr. Emily Landon, who has already been introduced, and Dr. Moira McNulty, another infectious disease specialist at UChicago Medicine, both have great familiarity with the work conducted through this funding. Conversations with these experts in the field revealed several critical public health advancements now at risk of being lost due to Trump's planned funding cuts, namely the Regional Innovative Public Health Laboratory, the Rapid Response Team, and essential STI and HIV work.

Regional Innovative Public Health Laboratory

Chicago's Regional Innovative Public Health Laboratory (RIPHL) opened in March of 2021 through a collaboration between the Chicago Department of Public Health and RUSH University Medical Center. Made possible through COVID funding, RIPHL provides "advanced, flexible molecular laboratory capacity and technical expertise to surveille and characterize pathogens of public health importance" (RUSH University). Dr. Landon emphasized the important work RIPHL has conducted since its launch, including whole genome sequencing and molecular epidemiology that allows them to identify and track infectious diseases and their subtypes. While clearly RIPHL's ability to

track and identify COVID was important during the pandemic, RIPHL maintains in operation today because it focuses on other infectious diseases as well, such as Candida auris, group A strep, and meningococcal meningitis. For example, if a hospital is experiencing an outbreak of disease, it can send specimens to RIPHL who will then conduct sequencing and epidemiology work on the sample. Through this work, RIPHL is capable of providing healthcare workers and public health officials with essential information regarding where the infectious disease came from, where the breakdown in outbreak prevention occurred, how the transmission of the disease is occurring, what needs to be done to prevent transmission, and how to better take care of patients infected with the disease (Landon 2025). According to Landon, prior to the creation of RIPHL, healthcare leaders had to attempt to answer these same questions with significantly less information, so the wealth of data they now have access to through RIPHL has significantly improved their ability to address disease outbreaks.

The software and modeling utilized by RIPHL also mark a major advancement in public health matters, as it allows RIPHL to take the molecular data it collects and perform predictive modeling that informs public health officials where the next outbreak is likely to occur (Landon 2025). While RIPHL was obviously critical during the height of the pandemic due to its ability to sequence and track COVID-19 and its variants, the data it continues to provide on other infectious diseases has resulted in the Chicago Department of Public Health coming to “rely on them for everything” (Landon 2025). Additionally, by making the data gained through their predictive modeling accessible to non-medical individuals, RIPHL helps inform other departments and agencies on how to use their resources as efficiently as possible (Landon 2025). In effect, RIPHL not only

improves the work that departments of public health can perform but also helps the entire government make decisions that best protect the public.

However, the funding that allowed for the establishment and operation of RIPHL is part of the COVID funding that has been cut. According to Landon, RIPHL's funding has been almost completely eliminated, leaving the question of whether RIPHL will be able to continue conducting the work that the Chicago and Illinois healthcare system so heavily relies on. The work RIPHL engages in requires a substantial number of resources and manpower:

> You need high-level scientists to lead the lab and to interpret the results. You need trained virologists, not just high-level scientists, but really great lab techs, and you need a lot of expensive equipment. You need a lot of expensive test kits, and then you need a lot of big software to be able to do the molecular epidemiology of that data and to understand it (Landon 2025).

The majority of this capital has already been purchased, but with the loss of funding, it is unclear who on RIPHL's staff will be able to stay. If RIPHL is no longer able to pay their staff to actually use the equipment to conduct their work, this equipment, machinery, and software could simply sit untouched going to waste, something Dr. Landon sees as a complete waste of taxpayer dollars. Additionally, performing predictive modeling requires "big data and big scientists and data analysts and then people to put it together in communications and dashboards that people that work outside of the public health sphere can use to inform what they are doing" (Landon 2025). Yet again, without this funding, RIPHL will be unable to maintain the staff necessary to conduct this work, resulting in non-healthcare workers no longer receiving critical data that they can use to inform their decisions.

Currently, RIPHL has already had to cut down the amount of work they are conducting due to the loss of funding (Landon 2025). They have had to reduce the number of specimens they approve to be analyzed, meaning potential infectious disease outbreaks must be further advanced to receive the testing provided by RIPHL. Rather than being able to catch a potential outbreak before it turns into a larger issue, outbreaks now must be much more serious before RIPHL can address them, thus placing the public at greater risk of being exposed to infectious diseases. Consequently, cutting this funding poses the risk of already purchased equipment sitting unused, governmental departments no longer receiving critical information that allows them to make decisions to best protect Americans from public health issues, and infectious disease outbreaks spreading without action being taken.

Rapid Response Team

The Chicago Department of Public Health utilized COVID funding for another critical development – the creation of the Rapid Response Team. This is a team made up of experts, such as epidemiologists, infection preventionists, laboratory technicians, nurses, and doctors, who are tasked with traveling to places experiencing infectious disease outbreaks to provide assistance, guidance, and care (Landon 2025). While the healthcare system has been experiencing a shortage of workers for decades, the pandemic only exacerbated this issue, leaving many medical facilities, such as hospitals and nursing homes, with significant employee shortages (Pandemic Response Accountability Committee 2023, 1). Even well-established healthcare systems like UChicago Medicine are “woefully understaffed,” making it hard to imagine the state of smaller hospitals and

other types of healthcare facilities (Landon 2025). UChicago Medicine is lucky in that they have their own Infection Prevention and Control Team led by Dr. Landon. This team also consists of three physician associates, six infection preventionists, and a laboratory tech who can all be used to address and respond to disease outbreaks in the hospital. However, with the majority of healthcare facilities running on extremely tight budgets, most places do not have access to teams such as this, let alone have the ability to manage their own teams (Landon 2025). In the past, when one of these healthcare facilities experienced an outbreak, the only thing they could do was to shut the facility down, send the patients elsewhere, try to figure out the problem, and then reopen once ready. The issue today, as was made clear during the COVID-19 pandemic, is that there are no extra beds to send these patients to when a facility is forced to close (Landon 2025). As a result, the Chicago Department of Public Health created the Rapid Response Team to go into facilities experiencing outbreaks and provide expert help.

The Rapid Response Team utilizes predictive modeling to identify where outbreaks are likely to occur, allowing them to not only assist facilities that request help, but to also locate and provide support to facilities that may be unaware they are experiencing an outbreak. The team has the resources and knowledge to deliver the work necessary to prevent widespread outbreaks, including providing testing, administering vaccines, and determining the most effective separation methods, all while the facility's own staff can continue engaging in their normal work (Landon 2025). For example, if two cases of a disease are reported at a nursing home, the Rapid Response Team will first examine the data to see where the strain originated and what needs to be done to stop its spread. Once they complete the epidemiology work, they will then actually implement

the interventions necessary to eliminate the outbreak before it becomes a significant issue, such as organizing vaccination drives and enforcing isolation and separation methods. Ultimately, the work conducted by the Rapid Response Team has allowed public health officials to gain a better understanding of the type of work that needs to be conducted to support facilities in their response to infectious diseases.

However, similarly to RIPHL, the funding that allowed for the creation of the Rapid Response Team is part of the funding that the Trump administration has vowed to cut. This poses a significant problem for the facilities and organizations that receive assistance from the Rapid Response Team – they do not have the money to pay for the team themselves, nor to pay the salaries of employees who would perform similar work. Many healthcare organizations have struggled to financially recover from the COVID-19 pandemic, leaving them extremely short on money. Although the CARES Act provided billions to hospitals across the country to reimburse them for financial losses accrued due to the pandemic, significant increases in hospitals' labor costs and widespread underpayment by patients experienced since the height of the pandemic have left many hospitals still experiencing significant financial pressures (American Hospital Association 2024). As a result, many hospitals have had to reduce the number of support staff, such as infection prevention nurses and educational nurses, who would traditionally engage in certain aspects of the work conducted by the Rapid Response Team (Landon 2025). Without this support staff, there is no one to perform the work. The healthcare system's financial struggles also mean these facilities do not have the additional funds to pay the Rapid Response Team on their own, instead relying on federal funding to pay the team's salaries (Landon 2025). Without the funding, these facilities will be left with the

responsibility to pay the Rapid Response Team, likely leading them to elect to not work with the team due to their strained budget. This will result in fewer outbreaks being identified and contained, ultimately leading to worse public health outcomes and a greater risk to public health.

Sexually Transmitted Infections Care

Advancements have also been seen in sexually transmitted infections (STI) care, as the COVID funding has provided research grants, supported implementation and prevention efforts, and aided organizations and initiatives focused on STI care. Dr. Moira McNulty has been working on a research study focused on the prevention of sexually transmitted infections made possible through a grant from the NIH. Her project focused on "understanding what implementation strategies are needed to increase the adoption of Doxycycline Post-Exposure Prophylaxis for bacterial STI prevention" (McNulty 2025). Doxycycline Post-Exposure Prophylaxis, also known as Doxy PEP, is an antibiotic that can be taken within 72 hours of having unprotected sex to treat bacterial infections and help prevent the transmission of STIs (Commonwealth of Massachusetts). Consequently, McNulty and her team were conducting interviews and surveys with both patient populations and providers prescribing Doxy PEP, as they looked to gain an understanding of what some of the barriers to receiving STI care are, how to raise awareness of Doxy PEP in the communities who could benefit from it, what strategies are successful at getting Doxy PEP to the individuals who need it, and how to increase patients' utilization of Doxy PEP. They were also specifically looking to enroll a high percentage of racial minorities as participants due to these populations' high rates of infections, hoping to

make progress in decreasing the rates of STI transmission within these populations. As McNulty noted, it was nothing "controversial…just some basic stuff regarding how [healthcare providers can] get this intervention to be used by folks" (2025). Overall, McNulty and her team were engaging in meaningful work intended to improve prevention efforts of STIs such as syphilis, chlamydia, and gonorrhea.

Unfortunately, the NIH grant supporting McNulty's project has been terminated, resulting in its funding being completely cut and leaving the project at a standstill. While her team is still able to analyze collected manuscripts and data, all new patient enrollment and data collection has been paused, preventing progress from being made in researchers' understanding of how to deliver Doxy PEP to patients and how to make it more available to those who need it most (McNulty 2025). In the meantime, they have appealed the decision to terminate the funding with the NIH and are waiting to hear back. Simultaneously, they are looking into alternative funding that will allow them to continue their data collection and planned research. This has left them in a state of uncertainty, as they wait to receive responses on the state of their funding before they can decide on what they need to do next. The longer McNulty's team – and other researchers in similar positions – are forced to wait, the greater the risk of seeing a rise in STI infections is, as they are unable to make progress in their understanding of how to use these relatively new tools, such as Doxy PEP, to prevent bacterial STIs (McNulty 2025).

Furthermore, both Landon and McNulty expressed similar concerns for the loss of funding focused on HIV prevention, treatment, and care. Landon believes "HIV care is absolutely…the public health issue most at risk of being harmed by the rescinding of this funding" (2025). Individuals living in Chicago with HIV can receive free transportation

to and from their appointments, free medication, and free dental care, among other things, that help to keep them healthy and prevent them from spreading HIV to others. However, with the loss of this funding, Dr. Landon worries what the state of Chicago's HIV care space will come to look like in the near future:

> We're probably going to lose eighty percent of our social workers, our nursing staff, [and] our community health workers that are paid by pass-throughs from the federal government to the local public health authorities that allow us to perform that work…The city is currently in a position where they are actively trying to figure out ways to not have to fire a bunch of healthcare workers in the HIV care space over the next four weeks (Landon 2025).

With the loss of these workers, vulnerable Chicagoans will likely lose access to critical and affordable HIV care, ultimately allowing for a rise in the transmission of HIV.

These funding cuts have also targeted initiatives and programs aimed at addressing HIV, such as the Ending the HIV Epidemic (EHE) Initiative and the Ryan White HIV/AIDS Foundation. Launched during the first Trump administration, the EHE initiative is a federal initiative to use the tools the United States has, such as Doxy PEP, to eliminate the widespread transmission of HIV (McNulty 2025). The EHE initiative focuses specifically on the U.S. jurisdictions most highly impacted by HIV transmission. Cook County is one of these jurisdictions, resulting in the Cook County Department of Public Health receiving funds from the EHE to engage in HIV care efforts (McNulty 2025). This funding not only allows the county to provide "support, treatment, and prevention [efforts, such as] keeping people in care and [providing] housing," but it also allows for wide scale coordination efforts between federal and local HIV elimination initiatives (McNulty 2025). This includes dashboards that allow public health leaders to

access essential HIV data, such as the levels of Doxy PEP administration in a given population or the percentage of a population that has received HIV testing. The EHE initiative also provides funding to organizations such as the Ryan White Foundation. The Ryan White Foundation has been crucial in Chicago's efforts to treat HIV, as it is a government organization that provides pass-through funding specifically for local public health departments' HIV care efforts (Landon 2025). This funding allows for the delivery of wraparound services including transportation to and from clinics, mental health services, groceries, and medicine coverage (McNulty 2025). By addressing some of the social drivers of health, this funding has allowed healthcare providers to more frequently keep patients in their care, allowing for greater success in Chicago's HIV treatment and prevention efforts

However, given the Trump administration's decision to cut public health funding has mainly impacted pass-through funding, the money the Ryan White Foundation receives from the EHE initiative and the money the Chicago Department of Public Health receives from the Ryan White Foundation is at risk. McNulty believes the elimination of this funding has already resulted in a decrease in both the coordination seen between federal and local healthcare workers and the HIV work Cook County is able to engage in. Without these funds, what healthcare providers are "going to be able to offer to [HIV] patients is going to be much more limited" (McNulty 2025). As a result, the level of care provided to individuals living with HIV will be reduced, those patients will get sicker, and the risk of transmission will rise. Additionally, McNulty fears the long-term consequences will be drastic:

> We're not going to meet the goals [set by the federal or local initiatives], and we might even see a rise in cases again. I hope that it's going to be stagnant and that we stay where we are, but we might see that the cases start to rise again as we're not able to do as much…That's my bigger concern, that there's going to be this longer term impact, and that our current health policies are going to impact what the epidemiology looks like in five, ten, fifteen years (McNulty 2025).

Ultimately, Landon and McNulty both express clear concern that the Trump administration's decision to cut such a significant amount of public health funding will have ramifications that extend much further than simply this administration. The cuts impacting STI care threaten to not only limit healthcare workers' understanding of current methods of STI prevention and care and their abilities to provide this care to patients, but to inhibit the pipeline of new prevention methods as well.

Conclusion

The Illinois Department of Public Health and other local health departments have made it clear that they recognize the important role that programs and initiatives made possible by the federal funding initially provided to address COVID play in public health outcomes. With the loss of this funding, many programs will be halted midstream, causing effects that are potentially more detrimental than if we had never had these programs in the first place (Landon 2025). To see the effects of these programs, to gain the data, research, and expertise collected, to spend money on equipment, and then to suddenly lose it all presents a significant regression in Illinois' public health. Therefore, in an attempt to mitigate these losses, some state and local departments are scrambling to provide the funding necessary to continue the work. For example, the Rapid Response Team's importance to public health in Chicago and Illinois has become so apparent that

the city of Chicago has vowed to continue paying the team members for as long as possible (Landon 2025). It is currently unclear how long they will be able to continue paying their salaries or where the money will come from, but the hope is that the payments can continue until the funding can be provided from elsewhere. Other areas affected by the loss of funding, such as McNulty and her research team, are not as lucky, as they must wait to hear back from the NIH regarding their appeal.

Ultimately, despite focusing on different areas within infectious disease prevention, both Dr. Landon and Dr. McNulty paint a picture of chaos, confusion, and frustration amongst Illinois' public health leaders as a result of the Trump administration's decision to cut this funding. Given there seems to be no rhyme or reason to these cuts, with some occurring to COVID-related initiatives while others impact programs launched by Trump himself, healthcare workers do not know what area of public health could be targeted next. This only perpetuates the turmoil currently being experienced within the healthcare field, as each new day brings the threat of a critical piece of Illinois' public health infrastructure being destroyed.

References

American Hospital Association. 2020. “AHA, ANA Urge Congress to Quickly Fund Health Care Readiness for Coronavirus.” February 27. https://www.aha.org/lettercomment/2020-02-27-aha-ana-urge-congress-quickly-fund-health-care-readiness-coronavirus.

American Hospital Association. 2024. “Hospitals Face Financial Pressures as Costs of Caring Continue to Surge.” May 10. https://www.aha.org/news/perspective/2024-05-10-hospitals-face-financial-pressures-costs-caring-continue-surge.

Burton, Miles. 2020. “UChicago to Direct $6.2 Million in CARES Act Funds to Students as Emergency Financial Aid.” *The Chicago Maroon*. June 9. https://chicagomaroon.com/27899/news/uchicago-direct-6-2-million-cares-act-funds-studen/.

Chicago Department of Public Health. 2024. “Chicago Department of Public Health 2024 Data Report.” https://www.chicago.gov/content/dam/city/depts/cdph/statistics_and_reports/2024/Chicago-Department-of-Public-Health-2024-Year-End-Report_v10.pdf.

Commonwealth of Massachusetts. n.d. “Doxycycline Post-Exposure Prophylaxis (Doxy PEP) for bacterial STI prevention.” Accessed May 14, 2025. https://www.mass.gov/info-details/doxycycline-post-exposure-prophylaxis-doxy-pep-for-bacterial-sti-prevention.

Congress.gov. “S.3548 – 116th Congress (2019-2020): CARES Act.” June 30, 2020. https://www.congress.gov/bill/116th-congress/senate-bill/3548/text.

Cook County. *2021 Cook County Annual Appropriation Bill Volume 1*. 2019. https://opendocs.cookcountyil.gov/budget/archive/2021_Annual_Appropriation_Volume_1.pdf.

Cook County. *2024 Cook County Annual Appropriation Bill Volume 1*. 2023. https://opendocs.cookcountyil.gov/budget/archive/2024_Annual_AppropriationVol1.pdf.

Cunningham, Margaret, Krishna Patel, Timothy C. McCall, Kellie Hall, Chloe Garofalini, Joi Lee, David Okereke, and Aaron Alford. 2024. "2022 National Profile of Local Health Departments." *National Association of County and City Health Officials.* https://www.naccho.org/uploads/downloadable-resources/NACCHO-2022-Profile-Report.pdf.

Gangitano, Alex. 2020. "Restaurant industry estimates $225B in losses from coronavirus." *The Hill*. March 18. https://thehill.com/business-a-lobbying/business-a-lobbying/488223-restaurant-industry-estimates-225b-in-losses-from/.

Ige, Olusimbo and Chrissie Juliano. 2024. "Boom-and-bust public health funding is holding cities back." *The Hill*. June 21. https://thehill.com/opinion/healthcare/4731392-boom-and-bust-public-health-funding-is-holding-cities-back/.

The Investopedia Team. 2024. "What Is the CARES Act?" *Investopedia*. Updated November 7. https://www.investopedia.com/coronavirus-aid-relief-and-economic-security-cares-act-4800707.

Landon, Emily. 2025. Interview by Paige Heffke. *Zoom*, April 14.

Mandavilli, Apoorva, Margot Sanger-Katz, and Jan Hoffman. 2025. “Trump Administration Abruptly Cuts Billions from State Health Services.” *The New York Times.* March 26. https://www.nytimes.com/2025/03/26/health/trump-state-health-grants-cuts.html.

McNulty, Moira. 2025. Interview by Paige Heffke. *Zoom*, April 25.

Moss, Kellie, Adam Wexler, Lindsey Dawson, Michelle Long, Jennifer Kates, Juliette Cubanski, MaryBeth Musumeci, Meredith Freed, Amrutha Ramaswamy, Usha Ranji, and Karen Pollitz. 2020. “The Coronavirus Aid, Relief, and Economic Security Act: Summary of Key Health Provisions.” *KFF*. April 9. https://www.kff.org/coronavirus-covid-19/issue-brief/the-coronavirus-aid-relief-and-economic-security-act-summary-of-key-health-provisions/.

Office of Governor JB Pritzker, “Trump Administration Slashes Pledged Funding that Would Protect Illinoisans from Infectious Disease Outbreaks,” press release, March 26, 2025. https://gov.illinois.gov/news/press-release.31073.html.

Pandemic Response Accountability Committee. 2023. “Key Insights: Health Care Staffing Shortages.” https://www.pandemicoversight.gov/media/file/healthcare-staffing-shortages-report.

RUSH University. n.d. “Regional Innovative Public Health Laboratory.” Accessed April 17, 2025. https://www.rushu.rush.edu/research-rush-university/research-collaborations/regional-innovative-public-health-laboratory.

Singh, Kanishka, and Ahmed Aboulenein. 2025. “US pulls back $12 billion in funding to state health departments.” *Reuters*. March 26.

https://www.reuters.com/business/healthcare-pharmaceuticals/us-government-pulls-back-over-11-billion-funding-state-health-departments-2025-03-26/.

Tax Policy Center. 2024. “What types of federal grants are made to state and local governments and how do they work?” Updated January. https://taxpolicycenter.org/briefing-book/what-types-federal-grants-are-made-state-and-local-governments-and-how-do-they-work#:~:text=Regardless%20of%20type%2C%20the%20bulk,with%20their%20original%20revenue%20source.

UChicago News. 2020. “Emily Landon speaks at Illinois governor’s COVID-19 news conference.” *The University of Chicago*. March 20. https://news.uchicago.edu/videos/emily-landon-governors-covid-19-news-conference-march-20-2020.

U.S. Department of The Treasury. n.d. “Coronavirus Relief Fund.” Accessed April 16, 2025. https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/coronavirus-relief-fund#:~:text=Through%20the%20Coronavirus%20Relief%20Fund,of%20the%20COVID%2D19%20outbreak.

Zadrozny, Brandy. 2025. “CDC is pulling back $11B in Covid funding sent to health departments across the U.S.” *NBC News*. Updated March 25. https://www.nbcnews.com/health/health-news/cdc-pulling-back-11b-covid-funding-sent-health-departments-us-rcna198006.

Ziady, Hanna. 2020. “Most airlines could be bankrupt by May, Governments will have to help.” *CNN*. Updated March 16.

https://www.cnn.com/2020/03/16/business/airlines-bailouts/index.html.