

SUBSCRIBER

‘Purposeful chaos’: Mass. health care faces deluge of confusion after Trump DEI, gender orders

Updated: Feb. 08, 2025, 5:51 a.m. | Published: Feb. 08, 2025, 5:50 a.m.



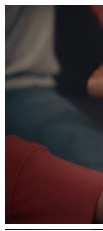
The Fenway Health building at 1340 Boylston Street in Boston. Marilyn Humphries



By [Hadley Barndoll](#) | HBarndoll@masslive.com

Jean McGuire has “never seen anything like this” in her 30-plus years of public health service, spanning disability and HIV work.

Historical data is disappearing from the Centers for Disease Control and Prevention website. Federal public health external communications have been frozen. Community health centers are being ordered to cease programming related to diversity, equity and inclusion and “gender ideology.”



McGuire, a professor of public health and health sciences at Northeastern University and former assistant secretary of the Massachusetts Executive Office of Health and Human Services, sees the flash-flood shift as “purposeful chaos.”

What initiatives will ultimately stick have yet to be seen.

“Some things will have more economic saliency, while other things will have community risk saliency,” McGuire said.

- **Read more:** [Mass. health center programs at risk after federal memo — what we know](#)

President Trump’s first three weeks back in office have been chock-full of executive orders targeting purported progressive policy initiatives and “wasteful” government spending.

He has signed orders abolishing [DEI efforts tied to federal funding](#), curtailing federal dollars [for gender-affirming care for transgender youth](#) under 19, and establishing a national “two sexes” policy, prohibiting federal support for promoting “gender ideology.”

The administration attempted to pause all federal funding in what Press Secretary Karoline Leavitt touted as an initiative to reevaluate stewardship of taxpayer dollars and eliminate federal money for “transgenderism and wokeness.”

While the White House has since rescinded the effort, judges have issued three separate temporary restraining orders since Jan. 28, [effectively blocking](#) attempts to halt funding for grants and other programs, albeit temporarily.

The administration is now trying to carry out its executive orders in other ways, though Judge John McConnell’s Jan. 31 opinion warned them not to block federal funding “under any other name or title.”



Centers for Disease Control and Prevention

The page you're looking for was not found.

Please try the [CDC archives](#) or the [A-Z index](#).

Search CDC.gov

Historical data is being taken down off the CDC's website related to race and gender. Screenshot

Beginning last week, community health centers in Massachusetts received memos from the U.S. Health Resources and Services Administration (HRSA) ordering them to abandon federally-funded programs related to DEI and gender identity.

The Boston Globe [reported](#) that similarly worded memos were sent out by the CDC, as well.

Providers are struggling to understand what those terms actually mean, in practice, when it comes to caring for a patient.

Meanwhile, a HRSA spokesperson told MassLive on Friday that those memos are on pause now, as well, citing the Jan. 31 restraining order.

“Based on this court order, all contracts and grant work can continue to be performed, and contractors and grantees can get paid in accordance with the terms and conditions of their contracts and other assistance mechanisms,” the spokesperson said. “As HRSA gets updated guidance, we will keep our recipients informed.”

HRSA is the primary federal agency for improving access to health care for people who are uninsured, isolated or medically vulnerable.

In fiscal year 2024, the agency doled out more than \$300 million to 71 entities in Massachusetts, the majority going toward primary health care, followed by HIV/AIDS and maternal/child health.

In Massachusetts, there are [50 federally qualified community health centers](#) caring for approximately 1 million patients. Serving as primary care clinics regardless of someone’s ability to pay, most rely on federal funding for up to 40% of their budgets.

“Community health centers were established to serve low-income people, by definition,” said Carlene Pavlos, executive director of the Massachusetts Public Health Alliance. “The entire community health center movement recognized from its outset that social conditions impact health outcomes. By definition, the work of these health centers is work these orders seem to undermine.”

Northeastern’s McGuire said community health centers are “particularly at risk” because HRSA money “substantially wraps around the reimbursement they get through Medicaid.”

“Because they’re already operating with an impoverished population and because they tend to be underinsured or insured at a level the compensation for providers is so low, the HRSA money is incredibly important in terms of stabilizing that,” she said.

How community health centers could be affected

“You may not incur any additional costs that support any programs, personnel or activities in conflict with these E.O.s,” reads the HRSA memo sent to health centers and state agencies.

According to the [Kaiser Family Foundation](#), in 2023, 90% of community health center patients nationally had incomes that were at or below 200% of the federal poverty level. Forty percent of patients were Hispanic, and more than one-third were rural residents.

The Massachusetts League of Community Health Centers said it could not comment further on the memo this week, but a spokesperson [previously told The Boston Globe](#) that it appeared “toothless” given recent court action on Trump’s [attempt to stop the flow of federal funds](#).

Nonetheless, health centers are trying to keep up with the deluge of material coming their way.

“We are thoughtfully taking in all of the information and going through it very carefully with our team,” Jordina Shanks, Fenway Health CEO, said. “First seeking clarity, second understanding once we have that clarity and what it all means, and then contingency planning.”

A community health center in Boston, Fenway Health’s very founding was rooted in caring for LGBTQ+ patients, people living with HIV / AIDS and people of color. It remains the organization’s leading mission today through both patient care and a research institute.

“Our people are front and center of it all,” Shanks said.

Federal grant funding makes up \$20 million of Fenway Health’s annual budget. The organization said, “Clinical trials advancing HIV prevention, public health programs that stop new infections and the Violence Recovery Program, which has supported LGBTQIA+ survivors of domestic violence, sexual assault, and persecution since 1986” are in peril, pending the unsettled funding pause.

Supporters of Trump’s directives say federal money shouldn’t be used for gender-affirming care, for example, particularly for minors.

“Not a single dollar should be spent to facilitate or push vulnerable kids towards experimental, often irreversible, drugs and surgeries,” said Matt Sharp, senior counsel for Alliance Defending Freedom and director of its Center for Public Policy.

Shanks said Fenway Health, like most other providers and agencies receiving these federal instructions, has “no clarity” on their actual implementation and is taking things day by day. The health center remains “super focused” on its patient and provider community, leaving “no stone unturned.”

Health-care providers have stayed relatively quiet among the flurry of potential changes. MassLive reached out to representatives of more than 10 community health centers around the state, and only one agreed to an interview.

They’re likely digesting potential impacts, but Northeastern’s McGuire said there will be a mobilization if providers’ ability to give adequate care to patients is interrupted.

“Patients are being marginalized and resources are being cut, but their clinical decision-making is also being constrained,” McGuire said. “What does it mean to have an oath, to have been trained in a certain way, to know what evidence-based clinical decision-making is, and then be precluded from, in fact, offering it?”

A health data ‘crisis’

The Boston Globe [reported](#) that information on racial inequity and preventing the spread of HIV were among pages scrubbed from the CDC’s website recently. Agencies were also directed to swap out the word “gender” for “sex” on government forms.

Public health experts were especially concerned about an unprecedented pause in the CDC’s Morbidity and Mortality Weekly Report, which [resumed on Feb. 6](#) with information about emergency department use during the Los Angeles wildfires.

Pavlos of the Massachusetts Public Health Association said a central function of state and federal health agencies is the sharing of “accurate, clear and actionable data.”

“Decades and decades of data shows that people of color and low-income people have worse health overall and worse health outcomes for particular diseases,” Pavlos said. “Things like diabetes and cancer and cardiovascular diseases. Hiding that data is going to do nothing to change the reality. What it will do is prevent people who are trying to address those illnesses from the best evidence to do that.”

Members of the [Harvard T.H. Chan School of Public Health](#) community have been publicly calling the removal of health data a “crisis,” while simultaneously trying to preserve additional information they expect to be taken down in the future.

Meanwhile, according to a [health equity report released this week](#) by the Boston Public Health Commission, race-based data helped researchers determine that there is a 23-year difference in life expectancy between neighborhoods in Roxbury and Back Bay, despite being 2.3 miles apart.

MORE PUBLIC HEALTH NEWS

Mass. health center programs at risk after federal memo — what we know

Mass.-based Moderna could be first to manufacture bird flu vaccine

Healey’s plan to shutter hospitals in Canton, Cape faces growing pushback

Mass. bird flu outbreak threatens outdoor cats, officials say
