

# **The Impact of Current and Proposed Funding Cuts on the LGBTQ+ Communities in Delaware, with a Focus on Sussex County**

Sharon A. Morgan, MSN, RN

HIV Tester, CAMP Rehoboth

## **Abstract**

In spite of the apparent tolerance in Delaware for those who identify as LGBTQ+, these communities still face enormous challenges related to visibility, acceptance, and fair access and treatment across healthcare and social settings. These challenges will undoubtedly be exacerbated by current federal budget cuts, although the extent to which the degradation of rights won will become permanent remains unknown.

## **Introduction**

This year, SafeHome.org ranked Delaware as one of the eight safest states for LGBTQ+ individuals, maintaining its position as the third best in the nation.<sup>1</sup> The authors noted the State's zero reported hate crimes based on sexual or gender orientation; its 45 pro-equality laws; and its 2025 inclusion of LGBTQ+ history in school curricula as reasons for the high ranking. Quite an advancement, considering sodomy laws that once levied penalties of death or forced sterilization were not officially removed from the books until 1973.<sup>2</sup>

## **LGBTQ+ Landscape in Delaware and Sussex County**

The disaggregated data for Delaware and particularly Sussex County is soft. However, as of 2023, 7.5% of adults living in Delaware identified as LGBT, with one in six young adults (18-24) representing the highest adult age group and the percentages decreasing as the age increases.<sup>3</sup> Of these adults, 35% stated they were child rearing, the 4<sup>th</sup> largest state percentage of LGBT individuals with children.<sup>4</sup> An estimated 22% of 8<sup>th</sup> graders and 28% of 11<sup>th</sup> graders considered themselves part of the LGBTQ communities.<sup>5</sup> The majority of youth and adults identified as Caucasian--62% and 58%, respectively--with Black/African American the next highest identified ethnicity, with around 15% for both youth and adults.<sup>3,6</sup> On average those in the LGBT communities in Delaware tend to be two times more likely to have income below \$24,000 or be unemployed, to experience food insecurity, and to lack health insurance.<sup>4</sup>

While no direct statistics reflect similar data for Sussex County, most overall surveys conservatively suggest the county follows state trends.<sup>6-8</sup> Moreover, both the state and Sussex County continue to see growing support and visibility for the LGBTQ communities. Since the 1960's, Rehoboth Beach in Sussex County has been a welcome port for the out and proud communities. Although early on most social events were discreet and private, Rehoboth and the surrounding areas now boast an extensive gay-owned business sector, a vibrant entertainment scene, all while maintaining a family-oriented beach destination profile.<sup>9</sup>

## **Healthcare Challenges**

Delaware is ranked 18<sup>th</sup> in the country for clinical care, to include access to care, quality of care, and access to preventative clinical services.<sup>10</sup> However, the state comes in last among all states

related to primary care practitioner (PCP) access.<sup>11</sup> Several factors contribute to these somewhat conflicting rankings. First, Delaware hospital systems consistently score well, particularly in areas such as low 30-day readmissions, hospital acquired infections, and avoidable emergency room admissions.<sup>12</sup> The abysmal PCP access in Delaware, however, reflects not only the current national PCP shortage, but lower state reimbursement rates and burgeoning population growth. This is particularly true for Sussex County, which is the fastest growing county in the state and reflects over a quarter of the state's population.<sup>11</sup> Between 2020 and 2024, the county saw a 14.5% increase in population and just less than one-third of all residents are over the age of 65.<sup>13</sup> An estimated 177 additional PCPs are needed right now just to meet basic standard of care for the county.<sup>14</sup>

For the LGBTQ+ communities, the lack of healthcare infrastructure exacerbates existing health disparities. Across all states, health disparities between ethnic groups have been well documented. Black and American Indian and Alaska Natives (AIAN) tend to die younger than their Caucasian and Hispanic counterparts, often from treatable conditions or preventable outcomes in care delivery.<sup>15</sup> The COVID-19 pandemic disproportionately and adversely impacted Black, Hispanic, and AIAN individuals, with a marked decline in life expectancy since 2020 for these groups compared to their Caucasian counterparts.<sup>16</sup>

Several factors drive healthcare racial and ethnic disparities. For example, minority communities tend to have higher crime and poverty rates, more pollution, and less access to quality and affordable healthcare, all which amplifies healthcare disparities. These minorities tend to also be uninsured or underinsured, leading to higher numbers being treated in hospital settings for diseases that could easily be managed in outpatient settings.<sup>16</sup> Policy makers also share the burden for healthcare disparities. For instance, ten states that did not expand Medicaid under the Affordable Care Act have some of the highest racial and ethnic disparities for healthcare benchmarks.<sup>17</sup>

Nationwide, the intersection of race and sexual orientation can magnify health disparities. Those who identify as LGBT are twice as likely to have experienced homelessness, and this holds steady across all ethnicities. About 65% of LGBT adults versus about 40% of non-LGBT adults state they have been discriminated against by a healthcare provider in the past year. For those that are of lower income, younger, or female, the incidences of discrimination increase. Black and Hispanic LGBT adults report greater frequency of discrimination from healthcare providers than their peers. Over half of LGBT individuals report frequent episodes of anxiety in meeting activities of daily living, and a third report feeling lonely or depressed. On a positive note, LGBT individuals who have strong support networks tend to have more mental health resilience.<sup>18</sup>

LGBTQ+ youth and seniors can be particularly vulnerable to the factors underlying health disparities. With the improvement of human immunodeficiency virus (HIV) medications, HIV+ individuals are living longer, potentially better-quality lives. However, elders have faced a lifetime of discrimination and for self-preservation have long hidden their sexual orientation and avoided needed care. Consequently, seniors tend to have a higher rate of disabilities and chronic diseases than their non-LGBTQ+ peers.<sup>19</sup> Seniors also tend to be more isolated and distanced from family members, leading to mental health and substance abuse issues. For example, elder females who identify as LGBTQ+ report a higher incidence of smoking and binge drinking.<sup>19</sup> LGBTQ+ youth are twice as likely to report being bullied and about three times more likely to acknowledge being forced to have sexual contact. Compared to their heterosexual peers, they are

also markedly more likely to feel hopeless, misuse prescription medication or use illicit substances, and report suicidal tendencies.<sup>20</sup>

Delaware fares better than other states related to health disparities, although data are lacking in several benchmarks.<sup>16,21</sup> Caucasian Delawareans scored in the 85<sup>th</sup> percentile nationally on benchmarks covering healthcare access, healthcare quality, and healthcare outcomes. Hispanics in Delaware, however, score in the 32<sup>nd</sup> percentile, with all other ethnic groups falling somewhere in between.<sup>16</sup> Sussex County is 80% Caucasian, with the next highest ethnic group represented by Blacks at 11%. That said, the county has a middle of the road diversity index, suggesting any given community will have representation from at least 2 ethnic groups. In addition, despite a 12% unemployment rate, the county scores 5/10 on the deprivation index, suggesting residents have a limited resilience to those factors which would increase the risk of poor health outcomes.<sup>22</sup>

Current data on health disparities faced by Delawarean seniors and youth are lacking, but anecdotal surveys support aspects of national trends. In 2016, CAMP Rehoboth, a nonprofit LGBTQ+ service organization located in Sussex County, through a grant from the Delaware General Assembly, launched a survey to quantify the health needs of LGBTQ+ adults in Sussex County over the age of 50. Sixty-five percent of respondents saw a PCP for one or more chronic health conditions in the previous two years, with one fifth stating their inability to engage in healthcare due to a lack of competent health specialists in the area. Respondents considered accessibility a bigger issue than discrimination in healthcare delivery, but this may also reflect that the respondents were primarily White and more affluent. Over half acknowledged they are struggling with mental health issues, with 44% admitting drinking more weekly than the national average.<sup>23</sup>

For LGBTQ+ youth, the 2024 Trevor Project Survey reports that in Delaware, 58% of respondents reported discrimination in the past year and 18% felt threatened because of their sexual orientation. Mental health issues included 67% feeling anxious, 52% feeling depressed, and 37% considering suicide in the previous year. That said, 48% considered home and school as affirming spaces.<sup>6</sup>

## **Other Socioeconomic issues facing the LGBTQ+ Communities**

The income and wealth data of the LGBTQ+ communities nationwide are not homogenous and reflects nuances within the different groups, as well as reflect previously mentioned racial disparities. For example, same sex couples tend to have a higher median income than their hetero-counterparts, presumably because both parties are more likely to work full time in same sex arrangements.<sup>24</sup> If simply comparing LGBT people to cis-straight people, poverty levels are estimated to be 17% and 12%, respectively. However, when the data is parsed, transgender individuals and bisexual cis women have even higher poverty rates: 21% and 20%, respectively. In addition, 25% of LGBT people of color (POC) reported being at or below the poverty level. Conversely, gay cis men had a lower estimated poverty rate than straight cis people, at 10%.<sup>25</sup>

Regarding home ownership, 71% straight and cis individuals claim owning a home, as opposed to 50% of those identifying as lesbian, gay, bisexual, or queer. That percentage drops to 47%, however, for those identifying as transgender or nonbinary. For Black and Hispanic LGBTQ+ individuals, home ownership is even less: 41% and 33%, respectively.<sup>24</sup>

Because of poverty, the LGBTQ+ communities are also more likely to use federal assistance programs than their hetro- counterparts. For example, regardless of category, across the board, LGBTQ+ individuals were more likely to use the Supplemental Nutrition Assistance Program (SNAP), with highest need for LGBTQ+ POC and those disabled. The same is true for using Medicaid, unemployment benefits, and housing allowances; again, with the highest percentage of use for LGBTQ+ POC and those disabled.<sup>26</sup> As mentioned earlier, those in the LGBT communities in Delaware tend to be two times more likely to have income below \$24,000 or be unemployed, to experience food insecurity, and to lack health insurance.<sup>4</sup>

A wage gap also exists for those in the LGBTQ+ communities. One study estimates the wage gap between LGBTQ+ college graduates and non-LGBTQ+ graduates was 12% after one year and up to 22% after 10 years.<sup>27</sup> For every dollar a cis-gender worker earns, on average, someone in the LGBTQ+ communities earns 90 cents. Like with other socioeconomic data, however, the percent earned varies by race and sex, and gender identity. For example, LGBTQ+ white workers make 97¢; LGBTQ+ Latin workers, 90¢; Blacks, 80¢; and Native Americans, 70¢. Ironically, LGBTQ+ Asians make the full \$1.00. By gender, LGBTQ+ men make 96¢; women, 87¢; non-binary or genderfluid, 70¢; trans-men, 70¢; and, trans women, 60¢.<sup>28</sup>

## Impact of Current Trump Administration Policies

In 2023, The Heritage Foundation published Project 2025's "Mandate for Leadership: The Conservative Promise," a hawkish thinktank blueprint for a like-minded administration to start on day one in office to dismantle what the authors' view as the perils of the "Administrative State."<sup>29</sup> Within its 30 chapters, the Mandate spells out concrete policy recommendations across all aspects of government centered on four broad themes: 1) restore the family as the center of American life; 2) return self-governance to the people by undoing the administrative state; 3) defend our nation's borders and sovereignty; and, 4) secure a person's right to live freely.<sup>29</sup>

The alarming speed and surgical precision with which the current Trump administration has issued Executive orders has caused chaos at international, national, and state and local levels. As of June 19, 2025, the President had signed 164 Executive orders, the most by any President within his first 100 days in office.<sup>30,31</sup> Although the President has disavowed any association with the Mandate, in at least 37 of his Executive orders the language mirrored that of the Project 2025 playbook.<sup>32</sup> Moreover, several of Trump's key cabinet and administrative members are architects of the Mandate. These include Russell Vought, the Office of Management and Budget (OMB) head; Peter Navarro, Senior Counselor and Director of Trade and Manufacturing Policy; Tom Homan, Trump's Border czar; and, Brendan Carr, Federal Communications Commission (FCC) chairman.<sup>33</sup>

An initial Executive order and one with international implications is Trump's January order putting a 90 day pause on all foreign funds.<sup>30</sup> Although the language did not specifically target the LGBTQ+ communities, the impact this has had on the U.S. Agency for International Development (USAID) efforts, particularly in its execution of the President's Emergency Plan for AIDS Relief (PEPFAR) will impact international communities dealing with the human immunodeficiency virus (HIV) for generations. Launched in 2003, no single effort has focused as much national attention and resources on the eradication of HIV worldwide as PEPFAR. In its 20 years, the program is attributed for saving over 26 million lives and providing much needed medication in the prevention and treatment of HIV.<sup>34</sup> PEPFAR received a limited waiver in February, to include HIV testing; the care and prevention of mother-to-child transmission

(PMTCT); and, pre-exposure prophylaxis (PrEP) medication, but only for pregnant and breastfeeding women. Even with the waiver, current program staff is having difficulty continuing services and getting paid.<sup>35</sup> Perhaps more disconcerting is the adverse impact this Executive order has had on USAID and eerily echoes Project 2025's call to erase the organization's diversity, equity, and inclusion (DEI) and "bullying LGBTQ+ agenda."<sup>29</sup>

Through May, the Trump administration has also canceled over 660 National Institutes of Health (NIH) research grants, worth over \$800 million. Nearly half of the studies focused on the LGBTQ+ populations, to include HIV prevention & treatment, youth suicide, and cancer, with an emphasis on the LGBTQ+ populations as they age.<sup>36</sup> Moreover, the current administration has taken several steps to link continued federal funding to dismantling DEI initiatives, as well as issued broadly worded memorandum to cut federal funds to any non-government organization whose intent and actions "undermine the national interest."<sup>37</sup>

The Trump administration's war on DEI, while not specifically mentioning LGBTQ+ communities, ultimately impacts them. By removing DEI policy efforts, addressing unique health related challenges faced by these communities will likely prove more challenging.<sup>37</sup> Several of the Executive orders, however, are a direct assault on the LGBTQ+ communities. The administration has rescinded several previous Executive orders amended over time that have expanded original discrimination protections based on religion, race, sex, and origin and now include sexual orientation and gender identity. In addition, the Office of Federal Contract Compliance Programs (OFCCP), Department of Labor has been instructed to not take any actions that would ensure diversity or equal opportunity in federal contracting. As a result, an estimated 100,000 LGBTQ+ federal employees or contractors and an additional 14,000 transgender individuals are in danger of losing federal discrimination protections.<sup>37,38</sup>

The current administration's specific efforts to obliterate the transgender community is particularly onerous, given that the community represents about 1.4% of the population.<sup>39</sup> An Executive order has been issued that attempts to define sex as strictly male or female.<sup>40</sup> Based on that, the administration issued another order forbidding current and future members of the Armed Forces—those currently in basic training, service academies or Reserve Officer Training Corps (ROTC)—who identify as transgender from serving.<sup>41</sup> In addition, several Executive orders and clarifying memos through the federal health departments strictly forbid any type of gender affirming care and limits any attempt to collect data on sexual orientation and gender identity (SOGI) through federally funded programs.<sup>37</sup>

In Delaware, \$38 million in previously funded Congressional grants to the Delaware Department of Health and Social Services (DHSS) is being withdrawn. The grants were specifically allocated to support community health workers, immunizations, control of emerging infectious diseases, mental health and substance use disorder prevention and treatment, and research into health disparities.<sup>42</sup> Such cuts only exacerbate already meager state resources. Last year, the Delaware HIV Advocacy Coalition highlighted that HIV prevention federal funding had already dropped in the state by 64%, while HIV infections had risen by 10%.<sup>43</sup> In Sussex County, CAMP Rehoboth's Communications Director Matty Brown had already voiced concern the deleterious impact of previous federal cuts could have to county HIV monitoring efforts, noting HIV disproportionately affects Blacks, the LGBTQ+ communities, and those who inject illicit drugs.<sup>44</sup> Dozens of non-profits across the state who rely heavily on federal funding have voiced their concerns over the negative impact current administration's strong arm tactics will have in providing much needed healthcare, housing, and youth support services.<sup>45</sup>

President Trump’s 2026 “skinny budget” proposal for fiscal year 2026 is only expected to exacerbate current undermining of social and healthcare support for the LGBTQ+ communities. The administration wishes to decrease non-defense discretionary spending by 23% from 2025 levels, while increasing Defense spending by 10% and Homeland Security spending by 65%. The Bill specifically calls out the slashing to DEI federal policies, research, and education as the primary means by which these budget priorities can be accomplished.<sup>46</sup> A Human Rights Campaign analysis of the skinny budget suggests total fiscal impact on the LGBTQ+ populations could reach as high as \$2.67 billion.<sup>47</sup> The analysis points out that the Ryan White HIV/AIDS education component could lose \$74 million and the Centers for Disease Control and Prevention (CDC) might lose stand-alone funding for sexually transmitted disease prevention, viral hepatitis, and HIV programs. In addition, the CDC is expected to remove mandates for LGBTQ+ health priorities. The Substance Abuse and Mental Health Services Administration (SAMHSA) would lose support for harm reduction and mental health programs for the LGBTQ+ communities, and the NIH would be expected to eliminate any “radical gender” research. Other Departments, such as Justice, Housing and Urban Development, and the Small Business Administration would also be expected to cut grants and programs in support of LGBTQ+ initiatives.<sup>47</sup>

Bear in mind that the skinny budget is not the One, Big, Beautiful Bill Act, which is estimated to make steep cuts to Medicaid and SNAP benefits.<sup>48</sup> Both have or could place severe constraints on Delaware’s ability to meet the needs of its most vulnerable. The Delaware Healthcare Association represents six nonprofit health care systems and has already raised red flags over what Medicaid cuts would mean for the state. According to the Association over 230,000 Delawareans use Medicaid. Cuts to the health insurance program would not only put lives at stake but would place an even deeper strain on Delaware’s overburdened health personnel and facilities.<sup>49</sup> Much of the CDC’s efforts toward HIV prevention and treatment, to include PrEP medication and HIV testing, are executed at the state and local levels. State officials fear desired budgetary cuts will decimate what is left of existing HIV programs.<sup>50</sup> Finally, the Food Bank of Delaware has already said it can no longer provide 900,000 meals due to Trump policies.<sup>51</sup> Further cuts to federal food supplements would only further stretch the Food Bank’s meager resources.

## **The Fight Back**

Since 1978, the GLBTQ Legal Advocates & Defenders (GLAD Law) has been fighting in the courts for the rights of the LGBTQ+ communities and those with HIV.<sup>52</sup> In the weeks following the Trump’s administration flurry of Executive orders, GLAD Law filed several petitions arguing that many of the orders were discriminatory, unconstitutional, or outside the scope of the Executive Branch.<sup>53</sup> They are not alone. Lawsuits have also been filed by the American Civil Liberties Union (ACLU), Lambda Legal, and several states’ Attorneys General offices. As of late June, 298 cases are currently active, including 9 suits brought by the Trump administration challenging state or local law.<sup>53,54</sup> Thus far, 39 cases have been dismissed or appealed; 18 suits ending in a summary judgement or permanent injunction; 10 Supreme Court stays or vacating of lower court rulings; and 1 Supreme Court affirmation of a lower court ruling.<sup>54</sup> Here in Delaware, Attorney General (AG) Kathy Jennings and 21 other AGs sued the administration over NIH research grants and funding cuts, underscoring the deleterious effects the cuts would have on critical support to underserved communities. This includes legal action to block the cut of the \$38 million to the DHSS.<sup>42,55</sup> Delaware has had a fair share of non-discriminatory laws on

its books for decades, to include explicit protections for individuals on the basis of sexual orientation and gender identity in key areas, such as marriage, healthcare delivery, employment, and housing.<sup>7</sup> State representatives and officials have also joined in the ACLU Firewall, a national plan to take concrete steps to protect vulnerable populations and reproductive rights and ensure due process for all.<sup>56</sup>

## Conclusion

Delaware has enjoyed a national reputation as being a welcoming environment for the LGBTQ+ communities. However, the Trump administration's swift and calculating efforts to undermine what it calls the "Administrative state," mirroring the Project 2025 Playbook, seriously threatens the health and welfare of these communities. Legal action against the actions has been equally swift. Unfortunately, court actions take time. Moreover, legislative codifying of administrative intent will undoubtedly reverse years of hard-fought rights won by the LGBTQ+ communities. To the extent to which these reversals are permanent are yet to be seen.

Ms. Morgan may be contacted at [adined@yahoo.com](mailto:adined@yahoo.com)

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