

THE QUADRANT

Charting the course to **Health** and **Safety**

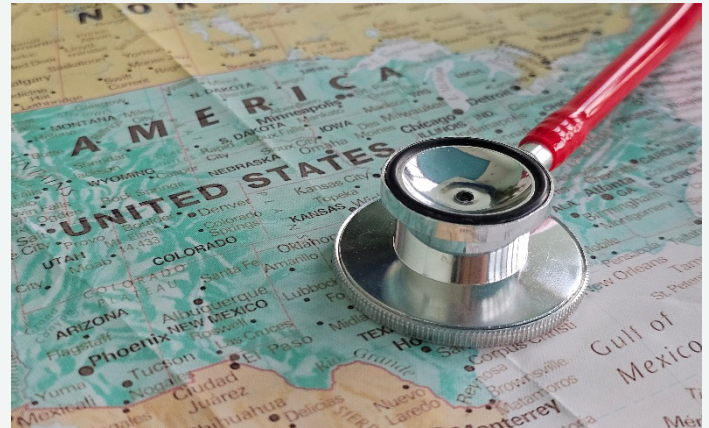
Who Pays the Price of FEMA Reform?

Summer 2026 | Issue 2

The final [Federal Emergency Management Agency reform report](#) is blunt in its direction. It shifts more disaster [responsibility to states](#), streamlines federal funding, simplifies survivor assistance into direct payments, raises the bar for federal disaster declarations, and moves the National Flood Insurance Program further toward private-market coverage. The public-health implications are equally blunt: risk does not disappear when federal responsibility narrows. It moves downstream. States and localities must carry more of the operational burden for sheltering, health-system continuity, debris removal, infrastructure restoration, disease surveillance, and long-term recovery. Well-resourced states may [manage that shift](#). Under-resourced, rural, coastal, tribal, and disaster-prone communities may not. For health professionals, the concern is not administrative efficiency alone; it is whether hospitals, pharmacies, emergency medical services, and health agencies can absorb the shocks with less federal support.

The Cost of Aid Uncertainty

USAID funding reductions have left many [global health programs in limbo](#), with disruptions affecting HIV/AIDS services, tuberculosis treatment, water and sanitation projects, and food aid. Experts say the larger concern is the [interruption of systems](#) that depend on steady procurement, trained staff, patient follow-up, supply chains, and community trust. When funding stops abruptly, medicines can be missed, [supplies are unavailable](#), health workers go unpaid, and prevention programs weaken before other donors can [fill the gap](#). The opportunity now is to move from emergency substitution to more durable health financing, with clearer transition plans, stronger domestic investment, and less dependence on a single donor. [Short-term gaps can create long-term setbacks](#), especially where external funding supports core public health functions rather than supplemental services. More resilient models treat aid transitions as planned handovers, so programs continue while capacity grows.



Following the Money

When Federal Dollars Are Cut, Communities Pay

In April, the White House signaled its continuing desire dramatically to reduce funding for health in 2027, recommending a 12% cut to Health and Human Services funding over already-reduced fiscal year 2026 levels. In June, the House Appropriations Committee issued its own version suggesting cuts of roughly 3.5%. The Senate has yet to weigh in.

Both proposals contain some notable priorities, such as increases for public health infrastructure, data modernization, and infectious disease programs. Good things, much needed. Both also propose significant reductions: 12–31% to the Centers for Disease Control and Prevention (CDC); up to 11% to the Administration for Strategic Preparedness and Response (ASPR); and the elimination of the Agency for Healthcare Research and Quality (AHRQ). Chronic disease and prevention programs have been particularly hard hit. Preventive Health and Health Services Block Grants, Million Hearts®, and school health would be eliminated. CDC funding for HIV prevention and research would be cut by 78%.

Here's what many fail to understand: when federal budgets are cut, state and local funding is, too.

Continued page 3

THE SWOT

Preparedness by Design

Laboratory preparedness depends on systems that can move people, specimens, data and resources before a crisis becomes visible, not only on response after an emergency is declared. In [Ready or Not 2026](#), Trust for America's Health placed 20 states in the high-performance tier, 17 states and D.C. in the middle tier, and 13 states in the low tier. The report found that 41 states had adopted the Nurse Licensure Compact, most states held public health or emergency management accreditation, nearly every state had a written laboratory surge plan, and most residents received water from community systems meeting health-based standards.

The point is not a perfect scorecard; it is architecture. These measures show where preparedness has become institutional rather than improvised: credentialed workforces, accountable agencies, laboratory surge capacity and environmental health protections. For global health leaders, the broader strength is that resilience can be benchmarked, compared and built before the next threat arrives.

Global Health Blind Spots

Rare, severe zoonotic infections expose whether health systems can recognize low-frequency weaknesses before they become high-consequence events. Hantavirus is not a likely pandemic threat, but that is why it is useful as a public-health test case. In May 2026, [WHO reported](#) an Andes virus cluster linked to the MV Hondius cruise ship, with eight cases (now 13) and three deaths, while assessing global risk as low. The point is not panic; it is detection. Preparedness relies on clinician awareness, strong surveillance and laboratory readiness—not solely on emergency response once outbreaks have already occurred.

The broader weakness is ecological. [Reports](#) showed increased hantavirus infections abroad, while [U.S. risk modeling](#) linked higher risk to drier, underdeveloped areas, socioeconomic vulnerability and rodent-species richness. These are often treated as separate issues—climate, poverty, housing, wildlife and diagnostics—but hantavirus shows they are connected. Public health leaders' concern is not widespread transmission, but whether fragmented systems can coordinate fast enough when the threat is unfamiliar.

A New Map for Medicine

[Renewed attention on the interstitium](#) opens a promising frontier for global health research and clinical innovation. Once treated largely as empty space between cells, the interstitium is now understood as a widespread, [fluid-filled connective tissue network](#) supported by collagen and elastin. This network helps move fluid, nutrients, immune cells and molecular signals between tissues before they return to the lymphatic and cardiovascular systems. Its importance lies in the possibility that interstitial flow may influence inflammation, wound healing, edema, fibrosis, pain, drug delivery and how some cancers spread.

The opportunity is not to overstate the discovery but to investigate it with greater scientific rigor. Better imaging, mapping, biomarkers and clinical trials could help researchers understand how the interstitium affect disease progression and recovery. It also encourages a more integrated view of the body, where anatomy, immune activity, circulation and mechanical forces are studied as connected systems. The interstitium may just become a new map for prevention, diagnostics, treatment and disease management.

Machine-Speed Misinformation

A [recent experiment](#) highlights a growing threat in the global health information ecosystem: false medical claims can now move rapidly from the internet into AI outputs and, eventually, into academic discourse. While AI can improve access to knowledge, it can also contaminate the evidence base.

Researchers created “bixonimania,” a fictional blue-light-related condition, and posted bogus studies online to test whether AI systems would treat the material as legitimate. Some language models began describing the nonexistent condition in medical terms, and fabricated work later appeared in peer-reviewed citations. Thus, evidence verification, source tracing, and responsible AI governance must become core health-security priorities.

For global health leaders, the concern extends beyond one fake disease. Health systems, universities, NGOs, clinicians, and the public increasingly rely on AI-assisted summaries, search tools, and automated research workflows. When those systems repeat unverified claims, misinformation can gain credibility before experts can examine the evidence.

The Coming Community Health Crisis

Federal Budget Cuts Damage State and Local Resilience (cont'd from page 1)

About [80% of CDC's budget](#) goes to fund state and local partners, and viewed from the other perspective, over half of [state](#) and [local](#) public health funding comes from the directly or indirectly from the federal government (not including Medicare or Medicaid funds), with only a quarter from state budgets, and the remainder from other sources. Congressionally mandated "Section 317" funding for childhood vaccines, which is not at risk, forms the backbone of the nation's immunization infrastructure. Federal discretionary funding supports food safety surveillance; child lead poisoning prevention; overdose prevention; mosquito-borne and tickborne disease protections; diabetes, heart disease, and stroke prevention; cancer screenings; youth violence and suicide prevention; smoking cessation; Alzheimer's disease programs; and the list goes on. Most of these latter programs are funded through the [Prevention and Public Health Fund](#) (PPHF) or Preventive Health and Health Services Block Grants—both on the chopping block.

Federal funding is also critical to public health preparedness, response, and recovery activities at the state and local levels. The PPHF contributes \$40 million annually to enable states and cities to build epidemiology and laboratory capacity. CDC Public Health Emergency Preparedness cooperative agreements funnel approximately \$800 million to states and select large cities each year to enhance and maintain their capacity to detect and respond to infectious disease outbreaks and public health emergencies, including the health effects of natural disasters. These state and local capabilities take on even greater importance as experts and insiders [question](#) our nation's capacity to address health emergencies at the federal level.

The reality of the federal and state budgeting processes mean that the effects won't be felt immediately. Most states are on a July to June fiscal year, so federal appropriations decisions made this fall and winter enter into effect next summer and extend into 2028. When those delayed cuts finally reach communities, *who will be left to absorb the cost?*



NGO Health Funding Refocuses on Determinants, Outcomes

Public health philanthropy now does more than fill funding gaps. It signals where the field is moving. Major United States-based funders increasingly support work that reaches beyond the clinic and addresses the systems that shape health: housing, food access, climate resilience, data infrastructure, infectious disease, maternal and child health, overdose prevention, tobacco control, road safety, and health equity.

The shift matters for organizations seeking support. Competitive proposals cannot rely on broad statements of need. They must define a measurable public-health problem, identify the population affected, present a credible intervention, explain how the work can scale, and show why the project aligns with the funder's priorities.

Organizations that connect health outcomes to systems change stand out. Those asking only for program support may struggle. In this funding environment, public health should be framed not only as care delivery, but as prevention, infrastructure, resilience, and measurable community protection.

Funders reflect this trend in different ways. [The Robert Wood Johnson Foundation](#) emphasizes health equity, community conditions, and policy-relevant research. [The Gates Foundation](#) remains a major [global-health](#) funder. [Bloomberg Philanthropies](#) focuses on preventable deaths. [The Rockefeller Foundation](#) and [Kresge Foundation](#) often work where health intersects with climate, food systems, housing, and resilience. [The Centers for Disease Control and Prevention Foundation](#) connect private philanthropy to public-health priorities and emergency needs.

The Latest

Drought Fuels Antibiotic Resistance

A [global study](#) found that drier soils contain more antibiotic-resistance genes and that arid regions report higher resistance in hospital infections. The findings suggest [climate-driven drought may intensify antimicrobial resistance](#), though healthcare conditions and other regional factors also play a role.

Pancreatic Cancer: Targeted Drug Doubles Survival

In a [Phase 3 clinical trial](#), the oral RAS inhibitor Daraxonrasib extended median survival to 13.2 months among patients with previously treated metastatic pancreatic cancer, compared with 6.7 months for chemotherapy. The investigational drug also doubled progression-free survival and produced more tumor responses with fewer serious side effects. [The FDA](#) has authorized expanded access for eligible patients while the manufacturer prepares the drug for regulatory review.

Wastewater Sequencing Spots One Measles Case in Cook County, Illinois

Researchers used untargeted genomic sequencing to detect what appeared to be a [single measles infection in wastewater](#) serving more than one million people. The system identified the virus without researchers testing specifically for measles and prompted notification of local health officials. The finding shows how wastewater sequencing could detect rare or unexpected pathogens across large populations.

Perspective

— Andy Weis



While emergencies occur without warning, preparedness requires years of sustained investment. Yet federal funding instability has become one of the greatest threats to the Nation's ability to prevent, prepare for, respond to, and recover from public health emergencies.

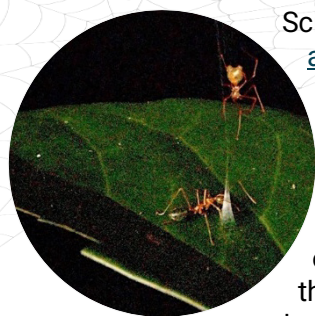
The consequences are felt across every level of government. ASPR struggles to launch new preparedness initiatives, modernize response capabilities, and strengthen the Hospital Preparedness Program when funding remains uncertain. The CDC faces delays in modernizing public health surveillance systems, strengthening laboratory capacity, and supporting disease detection and response efforts nationwide. FEMA's preparedness mission—including planning, training, exercises, and grant programs—becomes increasingly difficult to execute when agencies cannot confidently plan beyond short-term funding horizons.

The Strategic National Stockpile also depends on predictable appropriations to replenish medical countermeasures, rotate expiring pharmaceuticals, maintain critical equipment, and prepare for emerging biological threats. Likewise, state, local, tribal, and territorial health departments rely heavily on federal funding to recruit and retain epidemiologists, emergency managers, laboratory personnel, and public health professionals. Hospital Preparedness Program participants depend on consistent funding to strengthen healthcare coalitions, improve medical surge capacity, and maintain readiness for large-scale emergencies.

Preparedness cannot be turned on and off with the federal budget calendar. Continuing Resolutions delay contracts, freeze hiring, postpone modernization efforts, and discourage long-term investments. The result is a preparedness enterprise that spends valuable time managing fiscal uncertainty instead of strengthening national resilience.

The next pandemic, bioterrorism incident, or catastrophic disaster will not wait for Congress to pass a budget. Stable, predictable funding is not simply a financial issue—it is a national security imperative.

And then there's this ...



Scientists in northern Queensland have discovered a tiny “ballista spider” that [turns silk into a catapult](#). Instead of waiting passively for dinner, the nocturnal spider builds a spring-loaded snare aimed at one difficult target: [aggressive green tree ants](#). When an ant bites the silk trigger, the trap snaps upward, launching the ant into the spider's web with astonishing force. Researchers say the spider shows one of nature's most specialized hunting systems—a reminder that evolution still has a few bizarre tricks after all. The finding is striking because green tree ants are not easy prey. By weaponizing the ant's own attack response, the spider avoids a dangerous close-range fight and lets physics do the work. It is less a web and more a rainforest trapdoor crossed with medieval siege technology. Photo: Ajay Narendra, Pranav Joshi, Daniele Liprandi, Gregory J Anderson, Jonas Wolff, [CC BY](#)