



Written by [Raven Clabough](#) on May 11, 2017

NIH Using Taxpayer Dollars to Fund Transgender Study Led by LGBTQ Activist

The National Institutes of Health has developed a reputation for its controversial use of taxpayer dollars and for allowing contemporary politics to influence its research initiatives. The agency's decision to award a \$43,000 grant to research the "health status of gender minorities" in a study conducted by an anti-Trump political activist who believes that gender and biological sex are separate is not likely to quell those criticisms.



According to the [grant](#) for the study, "The transgender (TG) community experience health disparities associated with individual factors, such as gender identity and expression. To date, the majority of TG health-related studies have taken a narrow view of health by focusing on mental health outcomes and cross-sex hormone therapy, and frequently conceptualized health as the absence of engagement in health-harming behaviors."

"Contemporary, empirically-based knowledge of transgender health is scant," according to the grant for the project. "Subsequently, as this population continues to grow, they will have key health promotion, illness prevention, and chronic illness self-management challenges."

It continues, "In order to identify and prioritize health needs, and provide the foundation to develop clinical interventions and changes in clinical practice and in policy aimed at promoting health and wellness, preventing illness, and reducing the burden of illness in transgender adults, there is a need to develop a deeper understanding of their health status."

As such, this study seeks to compare the health status of different transgender subpopulations and will be examining data from a behavioral health survey collected by the Centers for Disease Control and Prevention in 2014.

And while it is true that the transgender community struggles with a disproportionate amount of mental health issues, the science suggests that gender dysphoria is at the center of those mental health issues and is in and of itself a mental health disorder.

According to a 2016 [report](#) co-authored by former Chief of Psychiatry at Johns Hopkins Hospital and Distinguished Service Professor of Psychiatry at Johns Hopkins University Dr. Paul McHugh and Arizona State University Professor of Statistics and Biostatistics Lawrence Mayer and published in *The New Atlantis* journal, transgenderism is not supported by science. The report concludes that gender identity is not separate from biological sex.

"Examining research from the biological, psychological, and social sciences, this report shows that some of the most frequently heard claims about sexuality and gender are not supported by scientific evidence," the report prefaced.

"The hypothesis that gender identity is an innate, fixed property of human beings that is independent of



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biological sex — that a person might be ‘a man trapped in a woman’s body’ or ‘a woman trapped in a man’s body’ — is not supported by scientific evidence,” stated the researchers.

According to *The New Atlantis* study, in fact, conditioning anyone to accept impersonation of the opposite sex via surgery or chemical influences is harmful. The authors observe that adults who choose to have sex-reassignment surgeries have “a higher risk of experiencing poor mental health outcomes.” They cite a study that found that sex-“reassigned individuals were about 5 times more likely to attempt suicide and about 19 times more likely to die by suicide.”

The study’s authors have noted that politics have been far too influential in the understanding of gender dysphoria.

The researchers wrote, “While there is much controversy surrounding how our society treats its LGBT members, no political or cultural views should discourage us from understanding the related clinical and public health issues and helping people suffering from mental health problems that may be connected to their sexuality.”

In June of last year, McHugh also [noted](#) that despite the lack of biological or physical basis for sexual identity, scientists struggled to persuade others that transgenderism is a psychological disorder because “there is a deep prejudice in favor of the idea that nature is totally malleable.”

Sadly, the new NIH study is likely to suffer the same fate as the researcher tasked with leading the study has far too much of a political interest in its findings to trust the basic science that disputes his own deeply-held beliefs. The study is to be conducted by Ethan Cicero, a post-doctoral student at Duke University who proudly touts himself a Trump “resistance” supporter.

Cicero’s views on gender are not exactly scientific, as he [contends](#) that having a “vagina does not equal woman.”

Cicero [defines](#) transgender as an “umbrella term that includes a spectrum of gender identities and persons with gender expressions varying from the traditional gender binary system.” He continues, “Identities within this spectrum include, but are not limited to, genderqueer, genderfluid, transsexual, gender nonconforming, and two-spirit people.”

Cicero’s approach to science underscores just how politicized science has become. In his previous [research](#), for example, he suggested that hospitals virtually shirk all that they know and understand about biology and science and instead ask patients for their preferred pronouns and “to be sensitive to shared spaces” by keeping the “gender to which they identify in mind” when placing transgender individuals in rooms.”

Cicero even criticized doctors for “incorrectly us[ing] sex and gender interchangeably,” since gender is “more abstract and refers to the complex relationships among gender biology (sex), gender identity (one’s sense of being female, male, both, or neither), and gender expression (outward presentation behaviors, and roles).”

Cicero’s views on the subject fly in the face of science so one has to wonder why the NIH entrusted him with the care of such controversial research.

Then again, the National Institutes of Health has not always made wise decisions when it comes to taxpayer dollars.

For example, in 2014, the director of the NIH, Dr. Francis Collins, [claimed](#) that the lack of government funds has inhibited the agency’s ability to develop a vaccine for the Ebola virus. But research by



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Arizona Republican Sen. Jeff Flake [uncovered](#) numerous examples of wasteful spending by the NIH that could have been utilized for research for an Ebola vaccine. According to Flake's office, the NIH used a portion of its budget for studies on the appearance of Jesus Christ's face on toast, the contagious nature of yawning, and monkeys' musical preferences.

In fact, according to Dr. Michael Bracken, professor of epidemiology at the Yale University School of Public Health, the [majority](#) of the studies conducted by the NIH have no clinic value. At a June 2016 NIH conference, Bracken explained that just 50 percent of the studies are even completed, and that half the completed studies (25 percent of the total) are based on flawed research and therefore are not trustworthy. Of the remaining 25 percent, half show what already has been shown, which means that only 12.5 percent of the total are actually useful to medicine. But though President Trump has proposed cuts to the NIH in the past, the latest continuing resolution has boosted its budget by \$2 billion.

The easiest way to combat the waste at agencies such as the NIH would be to simply eliminate all unconstitutional federal expenditures, which would include NIH funding, but Americans are hard-pressed to find lawmakers interested in doing that.



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