



Written by [Michael Tennant](#) on July 24, 2022

HHS Funds Study to Determine Why Kids Think “White Males ... Best Exemplify a Person”

The Biden administration is spending over \$40,000 to figure out why children think that “white males — more so than black males, white females, or black females — best exemplify a person” — and how to “prevent the development of these beliefs.”

The Department of Health and Human Services (HHS) [granted](#) New York University (NYU) \$40,391 for a two-year study entitled “Societal Assumptions Regarding Typical Personhood and Their Effects on Reasoning Development.”

The premise of the study is that children believe “that white males represent the default person — a pattern rooted in the ideologies of androcentrism (centering the experiences of men) and ethnocentrism (centering the experiences of white people) prevalent in the United States.”

How do the researchers know that kids think of white men when they hear the word “person”? They don’t say. They merely assume that since “white men remain vastly overrepresented across a host of domains within the U.S.,” it must be the result of attitudes Americans pick up as children. But black men are similarly overrepresented among professional basketball players. Is this because Americans think “black man” when they hear “basketball player,” or is it because black men happen to excel on the court?

The grantees assert that the overrepresentation of white males “poses severe costs to the rest of society — women of all races, men of color, and gender-nonconforming individuals.” Once again, this is simply taken for granted. The only example of a cost to society given in the proposal is that “clinical trials have historically prioritized the experiences, perspectives, and health outcomes of white men” — a long-recognized problem that cannot be attributed solely to bigotry, as [Scientific American](#) reported:

The problem is not necessarily that researchers are unwilling to diversify their studies. Members of minority groups are often reluctant to participate. Fear of discrimination by medical professionals is one reason. Another is that many ethnic and racial minorities do not have access to the specialty care centers that recruit subjects for trials. Some may also fear possible exploitation, thanks to a history of unethical medical testing in the U.S. (the infamous Tuskegee experiments, in which Black men were deliberately left untreated for syphilis, are perhaps the best-known example). And some minorities simply lack the time or financial resources to participate.



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Having laid out their (unsupported) case that overrepresentation of white males in some areas of American society harms everyone else, the researchers write that “to address this issue, we must understand when and how the tendency to view white males as default people develops across childhood, as well as the environmental factors that underlie this phenomenon.” Thus, they seek to determine “(a) the developmental trajectory by which children’s default representation of people begin to favor whiteness and maleness over other identities, (b) the specific domains across which children do (and do not) activate a white male default to guide social reasoning, and (c) the sociocultural and ecological factors that can *prevent the development of these beliefs.*” (Emphasis added.)

Yes, thinking “white male” when one hears “person” is such a horrible thing as far as these researchers are concerned that they must spend \$40,000 of other people’s money to come up with ways to prevent it.

Of course, it should come as no surprise that the Biden administration, whose titular head is a white male, is funding such a study. According to [Judicial Watch](#):

The project is part of a broader HHS Equity Action Plan designed to transform how the agency does business in order “to concretely advance equity.” Under the overhaul a Minority Health Social Vulnerability Index was launched to help identify racial and ethnic communities at the greatest risk for disproportionate impact and adverse outcomes due to COVID-19 and a Racial Equity in Postpartum Care Challenge was created to reduce disparities and improve outcomes for postpartum “Black or African American” women enrolled in Medicaid, the government’s insurance program for the poor. HHS has also doled out millions of dollars to “minority-serving institutions” charged with strengthening COVID-19 vaccine confidence among racial and ethnic minority groups as well as underserved communities.

Needless to say, all of this, including the NYU study, is unconstitutional. It is also highly divisive. Then again, isn’t divide-and-conquer one of the Left’s prime strategies?



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