

HEALTH

Q&A: How 'blast zone' of gender politics is hurting research on women's health

David Page of Whitehead says women's health researchers are in 'double jeopardy'



David Page, former Whitehead president: "There's no reason that women's health research should be considered a political or partisan issue." Gretchen Ertl/Whitehead Institute



By **Elizabeth Cooney** March 7, 2025

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David Page's bio reads like a history of science in the age of genomics. In 1979 he was the first student to work on what we now know as the Human Genome Project. He then became a fellow at the Whitehead Institute for Biomedical Research before joining its faculty (and MIT's), and later served as Whitehead's president for 16 years. He's mapped, cloned, and published the complete genomic sequence of the Y chromosome.

Now back in his lab post-presidency, he studies how male and female cells, tissues, and organs are and aren't essentially the same. That sheds light on heart failure, systemic lupus, autism spectrum disorder, and many cancers, among other diseases.

That also puts him in the line of fire.

"My work falls within the blast zone of gender ideology," he said.

Page talked with STAT recently about what's unfolding in science in the United States. This conversation has been lightly edited for length and clarity.

Let's start with the proposal to cap indirect costs in grants from the National Institutes of Health at 15%.

This is a dramatic undermining of the relationship between the federal government and the biomedical research enterprise that was established after World War II and that has served our nation and the world well ever since. That partnership really can't survive a 15% cap. It's just not feasible.

All I'm doing here is reiterating things that I'm sure you've heard from others. But then you have to realize that in the arena of, let's say, women's health research, there's a double whammy.

How so?

In the specific attack on "gender ideology" — and those are the White House's words, not mine — no one should be confused into thinking that this is limited to issues of trans or nonbinary gender identity. The blast zone around the White House's discussions of gender ideology extend to anything that seems remotely connected to feminism. And that includes women's health research.

Topics that really have no business being politically controversial, like whether we should understand heart disease in both men and women, have become politically controversial, thanks to the White House's announcements. I understand for convincing voters to vote one way or another, the focus was on trans and gender ideology.

There's no reason that women's health research should be considered a political or partisan issue. I'm trying to distinguish it from issues of women's reproductive rights, also folded into the mix. In addition to the general assault on the academic biomedical enterprise, there is this specific assault on anything that falls, broadly speaking, under the rubric of gender ideology. And that makes no sense. It's completely indefensible, even on political grounds. But that's where we are.

How has that played out for you?

I was scheduled to give a lecture in a series called "Demystifying Medicine" on February 4 on the topic of sex and disease, together with Janine Clayton, who has for many years run the Office of Research on Women's Health. A few days before, I was informed that our lectures had been canceled for administrative reasons. And then I got a further explanation that they'd been canceled because of recent events.

What does this mean?

At NIH, the Office of Research on Women's Health is an office that I've advised extensively over the years. Their website has been pared down and scrubbed. And I'm really very concerned about the future of any organized efforts in the area of women's health research at NIH.

What are you hearing from your colleagues?

Folks in this field of women's health research realize they're in double jeopardy. So there's the general assault on the academic biomedical enterprise, and then there's the specific attack on anything that the White House presently construes as involving gender ideology.

What can you do?

We're all sort of waiting for the dust to settle. But I think at the same time, there needs to be considerable resistance.

What about your students?

What I tell my own students is we will stay the course, and we will. The research we're pursuing is timeless and of fundamental importance. And it is not politically driven.

Have politics figured so much in your work before?

Something that has always made me uneasy about the public discourse around women's health research is the degree to which historically, I'd say, the advocacy has grown ahead of the scientific rigor. And I think that's coming back to bite us now.

I've always told my students and my associates that our lab's focus will be not on the political advocacy, but on bringing scientific rigor to a topic that needs it.

Take us back to when this was an issue.

It has required political change over the last 40 years to create an awareness of the need for women's health research. Prior to 1990, women were routinely excluded from NIH-supported clinical trials outside of the reproductive tract. And so it was actually only with legislation passed in the early 1990s that mandates were put in place to include women in NIH-supported clinical trials.

It was at the same time that the Office of Research on Women's Health was created within the office of the director of the NIH. All of this came about because of the efforts of a number of really powerful women legislators, so it did involve politics.

But your work is not just about women.

We're not necessarily talking about medical issues that are specific to women, but that they affect males and females differently.

Are your students fearful?

Students across the academic biomedical ecosystem are in need of assurance right now. They're worried about their career prospects. My message is uniformly one of assurance, saying that actually, you know, scientific research has never been for the faint of heart. And so this is just the latest test. I actually think that some of my students are taking inspiration from this moment.

Really?

I don't think it's all despair. There's plenty of angst and there's plenty of concern. But personally, I think this is the time to double down.

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