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NIH spending \$1.7M to keep Big Macs out of immigrants' hands

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The National Institutes of Health is spending nearly \$1.7 million to prevent immigrants and refugees from adopting our 'Big Mac' culture.

The program sends "community partners" into mosques in Minnesota to host talks about physical activity and nutrition even though most refugees and immigrants tend to be healthier than Americans.

Spending watchdogs say the grant is an example of NIH's nanny programs gone too far and say that Americans, including refugees and immigrants who hope to assimilate, should be able to work with their own families and communities to maintain their own healthy lifestyles.

"NIH funding of a program to tell immigrants how to eat and exercise is the definition of a bloated nanny state. How come NIH always complains it doesn't have enough funding to study major diseases, but then it spends money on wasteful programs like this?" said Chris Edwards, a federal budget analyst at the Cato Institute.

"It is appropriate for local communities and charitable groups to ease the transition to American society for refugees, but the federal government should stay out because its plate is full with truly national issues," Mr. Edwards added.

For spending nearly \$2 million of on another health welfare program instead of allocating funds for broad scientific research, NIH wins this week's Golden Hammer; a weekly distinction awarded by The Washington Times highlighting examples of wasteful or questionable federal tax spending.

NIH defended the grant saying it supported their public health mission because immigrants make up a growing part of the U.S. population that is succumbing to poor dietary habits after assimilation.

"Immigrant and refugee populations coming to the United States are usually healthier than the general U.S. population. However, over time they develop cardiovascular risk profiles, including physical inactivity, sedentary behaviors and unhealthy dietary practices and diet quality that can lead to cardiovascular disease, which is the number one cause of mortality in the U.S." an agency statement to The Washington Times said.

"With more than one million immigrants and refugees arriving in the United States annually, early intervention to reduce behavioral risk factors is crucial" the statement said.

The program, called "Healthy Immigrant Families: Working Together to Move More and to Eat Well," launched in 2012 and set to end in November aims to create a "sustainable, socio-culturally appropriate physical activity initiative for refugees in Minnesota."

Published results from the project reveal that most refugees already know the importance of a balanced diet and healthy lifestyle, but many said they had found themselves succumbing to American "fast food culture,"

"If anything it appears many refugee populations could teach longtime residents a thing or two about diet or exercise," said Pete Sepp, President of the National Taxpayers Union.

He argued that instead of spending tax money on community education programs, the government should focus on giving refugees and businesses in their communities the ability to better meet local customers' food and exercise needs.

"That means removing the tax and regulatory barriers to start-ups. Doing so will cost taxpayers nothing. In fact it will strengthen the economy, introduce more people to the American Dream, and even help to bring in more tax revenues from the additional business activity," Mr. Sepp said.

More than 3,300 refugees arrived in Minnesota in 2014 alone. Most of them hailed from Somalia, Burma and Iraq.

Although those refugees generally have better nutritional habits than Americans when they arrive, many arrive with ailments. According to state records, 22 percent of refugees who directly settled in Minnesota had tuberculosis, 15 percent had parasitic infections; 7 percent had elevated levels of lead in their blood, 5 percent had hepatitis B and 1 percent had syphilis.

One of the biggest challenges refugees faced when trying to maintain a healthy lifestyle in the U.S. was a lack of confidence in their ability to fit in to American culture.

In another study, published in the American Journal of Men's Health, Somali men who participated in focus groups said they did not always exercise because they felt embarrassed about "using unfamiliar clothes and exercise techniques in public."

Richard Manning, president of Americans for Limited Government, argued that NIH's program actually creates a barrier to assimilation refugees.

"The assimilation of the large Somali Muslim refugee community should be a goal of the United States government, yet NIH is spending money virtually taking the Big Macs right out of their mouths and lecturing them on doing sit ups," Mr. Manning said.