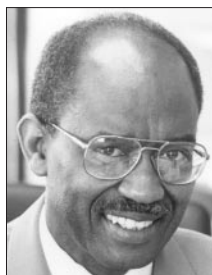


EDITOR'S CHOICE



Confronting the Moral Economy of US Racial/Ethnic Health Disparities

For the countless number of public health scientists and professionals who have dedicated their careers to the investigation and elimination of racial and ethnic disparities in health, this issue of the Journal is a signal event. This issue features articles that were presented as papers at the April 2002 Conference on Racial/Ethnic Bias and Health sponsored by the Office of Behavioral and Social Sciences Research of the National Institutes of Health. These articles review existing evidence on the multiple pathways through which repeated exposure to racial discrimination can undermine the health of individuals or whole populations, and they provide concrete suggestions for future research. This is a signal event because it heralds the legitimacy of the study of racial/ethnic discrimination, or racism, as a likely fundamental cause of the nation's enduring racial/ethnic disparities in health.

Because racism, operating through varied interpersonal and institutional pathways, is a fundamental cause of racial/ethnic health disparities, the elimination of these disparities—the magnificently democratic goal of *Healthy People 2010*—cannot be achieved without first undoing racism. This is a tall order. Good research—conducted by scholars from a variety of disciplines—is likely to be absolutely essential to accomplishing this goal.

Racism is incompatible with democratic ideals, yet both are deeply characteristic of US society. What permits such an obvious contradiction to endure? Part of the answer, I believe, lies in the moral economy of US society. Moral economy refers to the norms that govern, or should govern, economic activity (Sayer A. Equality and moral economy. Lancaster, United Kingdom: Dept of Sociology, Lancaster University. Available at: <http://www.comp.lancs.ac.uk/sociology/soc059as.html>. Accessed December 23, 2002.) in a given society and that set either tight or loose constraints on the ability of

dominant groups to treat subordinated others as undeserving of the protections and privileges they accord themselves. Such constraints will be fairly loose, and the resulting group inequalities in wealth, health, and longevity fairly large, as long as the inequalities can be publicly rationalized as logical, indeed inevitable, outcomes of group differences in talent, work ethic, or unconstrained lifestyle choices.

As far as the American public is concerned, the above argument has been the dominant and, until quite recently, uncontested explanation of the nation's persistent racial/ethnic health disparities. Curiously enough, this “explanation” has taken root in the American psyche without a shred of empirical evidence to support it. In other words, the entire argument rests on an edifice of negative moral sentiments about some (though not all) racial/ethnic minorities, stereotypes that, on the one hand, increase these minorities' vulnerability to economic exploitation in the marketplace and, on the other, portray them—subtly or overtly—as undeserving of the protections and privileges of citizenship readily made available to others.

The proposed national research agenda on the role of racism in the overall health of the nation provides us with our first real opportunity to directly confront, and eventually dismantle, the moral economy that undergirds US racial/ethnic health disparities. If, through this work, we provide the American public with sound empirical knowledge that can be used to construct a new moral economy of racial/ethnic relations, it will be one of the finest examples imaginable of science at work in the service of society. ■

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