

EDITOR

Mary E. Northridge, PhD, MPH

DEPUTY EDITOR

Manning Feinleib, MD, DrPH

ASSOCIATE EDITORS

Wendy Chavkin, MD, MPH

Don C. Des Jarlais, PhD

Lawrence J. Fine, MS, MD, MPH, DrPH

Michael R. Greenberg, PhD

Paul Halverson, DrPH, MHSA

Jeffrey Levi, PhD

Richard Neugebauer, PhD, MPH

Dona Schneider, PhD, MPH

Anne Schuchat, MD

Daniel Wartenberg, PhD

INTERNATIONAL ASSOCIATE EDITORS

Mary Bassett, MD, MPH (Harare, Zimbabwe)

Alfredo Morabia, MD, PhD (Geneva, Switzerland)

CONSULTING EDITOR FOR STATISTICS

Bruce Levin, PhD, MA

EDITORIAL BOARD

Faye Wong, MPH, RD (2000)

Chair

Chinua Akukwe, MD, MPH, FRSJ (2000)

Maria L. S. Cervania, MPH (2000)

Carolyn Clancy, MD (2000)

Noreen M. Clark, PhD (2001)

Helene D. Gayle, MD, MPH (2002)

Lawrence W. Green (2001)

Marvin Marcus, DDS (2001)

Kenneth R. McLeroy, PhD (2001)

Marla E. Salmon, ScD, RN (2002)

Susan C. Scrimshaw, PhD (2002)

Marcia Stanhope, DSN, RN, FAAN (2002)

Lorna Wilson, RN, MSPH (2000)

Ruth E. Zambrana, PhD (2002)

STAFF

Mohammad N. Akhter, MD, MPH

Executive Editor/Executive Director

Ellen T. Meyer

Director of Publications

Nancy Johnson

Managing Editor

Reid Lelong Lowe

Production Editor

Dave Stockhoff

Assistant Production Editor

Charlene Royal

Administrative Coordinator

Ashell Alston

Advertising Manager

Niki Blake, Deborah Fowler,

Joseph Loehle

Publication Assistants

CONTRIBUTING EDITORS

Ronald Bayer, PhD

Health Policy and Ethics Forum

Elizabeth Fee, PhD

Theodore M. Brown, PhD

Public Health Then and Now

Betty Wolder Levin, PhD

Public Health Matters

Sonja Noring, MA

In Print, On Line

Hugh H. Tilson, MD, DrPH

Field Action Reports

Editorial

Counting Accountably: Implications of the New Approaches to Classifying Race/Ethnicity in the 2000 Census

The 2000 US census brings unprecedented changes in how we, as a nation, can identify our race/ethnicity in the federal census. In addition to employing new racial/ethnic categories, the 2000 census offers individuals, for the first time, the option of checking multiple categories. Signaling major shifts in the conceptualization of race/ethnicity, these changes have important implications for public health research and practice, including monitoring and analysis of racial/ethnic inequalities in health and allocation of resources relevant to population health.

Change racial/ethnic categories in the US census, and you change denominators for rates of birth, disease, disability, and death. Change rates, and you change assessments of need, understandings of social inequalities in health, and claims for resources. Change racial/ethnic categories, and you change our view of ourselves in relation to what even the US federal government now recognizes, explicitly, as the “social-political construct” of race/ethnicity.¹

Central to issues raised by new approaches to classifying race/ethnicity in the US census are relationships between counting, control, and accountability.²⁻⁷ Whether hearkening back to the “political arithmetick” coined by Sir William Petty (1623–1687) in England or the literal “statistics”—meaning numbers relevant to governance by a state—coined by Gottfried Achenwall (1719–1772) in Germany in 1749, counts of bodies have been and continue to be central to governance of the modern state’s body politic and to both its public health infrastructure and the public’s health.⁴⁻¹⁰ Whether this counting of bodies serves the interest of elite control or, alternatively, of democracy and accountability is a matter of politics and power. Embodied in this question of counting is who counts, and how. Classifications and categories employed in any census necessarily are en-

meshed in the social and political realities of the society in which the census is conducted.²⁻⁷

Moreover, with regard to public health, wherever social constructs of “color,” “race,” and “ethnicity” have emerged as salient concepts related to politics, property, and power, whether in countries once colonizers or colonized, the social realities of these lived experiences of domination/subordination (typically enforced, initially, by legal codification) have integrally shaped both the public’s health and explanations for observed racial/ethnic disparities in health.⁹⁻¹⁹ In these matters, public health research and practice have spanned both sides of a key divide: whether “race” (understood as a fundamental biologic category) or racism (understood as a fundamental but not inevitable social relationship) accounts for observed racial/ethnic disparities in health. The tension between these 2 understandings remains evident in public health research and practice today, even as scientific research from myriad disciplines, ranging from population genetics to anthropology, has long since discredited notions of “race” as an innate biologic construct.^{11-16,20-22}

Adding further complexity to contemporary controversies, voices that once affirmed racial inequality and trumpeted the fixity of “racial categories” are now, in this age of attacks on affirmative action, seeking to end the collection of racial/ethnic data—because, they say, with barely a crocodile tear, they now understand that “race” is not “real”—meaning, not biological.^{23,24} Notably, some well-intentioned public health researchers are likewise calling for abandonment of racial/ethnic data, saying that such categories perpetuate racism.²⁵⁻²⁷ Others, including myself and other contributors to this issue, argue that without racial/ethnic data, we cannot monitor progress or setbacks in addressing racial/

ethnic inequalities in health.^{28–33} To us, the point is that racism is real and has demonstrable impacts on our bodies. From this stance, the answer is not to stop collecting racial/ethnic data but rather to end the “racialization” of these data. This requires not only collecting better racial/ethnic data but also ensuring that all public health databases and reports include relevant socioeconomic data and that public health research and programs address how racial discrimination—and resistance to racial oppression—shape the public’s health.^{14,34–38} Wrestling with these issues likewise necessitates engaging with the complex conceptual and methodological issues posed by racial/ethnic classification in the census.

To spur public health dialogue and debate on the significance of new approaches to classifying race/ethnicity in the 2000 census, this issue of the Journal includes a series of articles and commentaries developed for—and in response to—the April 2000 symposium “Race/Ethnicity and the Year 2000 Census: Implications for Public Health Data,” organized by the Harvard Center for Society and Health and cosponsored by the Massachusetts Department of Public Health and the Boston Public Health Commission.³⁹ Questions addressed by contributors to this issue of the Journal included the following:

- What guidelines will the federal government issue for handling how the new racial/ethnic data are tabulated?
- What guidelines will the National Center for Health Statistics issue for tabulating both denominator and numerator data?
- How will state health departments implement these guidelines, and what will be the implications for programs based on these data?
- How are these changes and guidelines viewed among the racial/ethnic groups most likely to be affected by the new methods of classifying racial/ethnic data?
- How do other countries, such as the United Kingdom, Brazil, Zimbabwe, and South Africa, address issues of racial/ethnic classification in their census and public health databases?
- How does an historical perspective on racial/ethnic classification and “race science” help us better understand contemporary issues and options for improving public health data and practice relevant to reducing and ultimately eliminating racial/ethnic disparities in health?

Notably, the articles included in this issue present diverse views and recommendations. We in public health, whether researchers or practitioners, have yet to arrive at a consensus on the meaning or significance of racial/ethnic categories for our work. Yet it is only by developing an understanding of differing views on racial/ethnic categories, as reflected in and

shaped by census data, that we can develop informed analyses and policy recommendations relevant to understanding and altering societal distributions and determinants of health.

Ultimately, new—and old—approaches to classifying race/ethnicity affect all of us in public health, regardless of where we sit. Consider only the site of the spring symposium, held in Boston, in Massachusetts, on the New England seaboard, in the United States of America. In these very names, we hear important echoes of history highly salient to the construction of racial/ethnic categories.^{40–42}

The words are redolent of the English colonizers, the Pilgrims, who in 1620, fleeing religious oppression and seeking to make a “new world,” landed one year after slave traders brought the first African slaves to Jamestown, Virginia. Naming the symposium’s locale likewise recalls the Algonquin-speaking Massachusetts American Indians whose principles of democratic governance, along with those of the Iroquois, inform our US Constitution (the Massachusetts, however, are no longer with us, having been rendered extinct in the 17th century by epidemics imported by European colonizers). A language of place likewise hearkens back to Amerigo Vespucci (1454–1512), an Italian explorer who, competing with his Spanish and Portuguese rivals, in the early 16th century explored the Atlantic coast of South America and whose name was emblazoned—as “America”—on the bulk of the Western Hemisphere in 1508 by the German cartographer Martin Waldseemüller. Boston, in turn, is one key city among many that provided leaders and soldiers for the Revolutionary War that led to the creation of the United States of America, which in 1790 became the first nation, anywhere on earth, to declare in its constitution that a decennial census shall be held as a cornerstone of good governance and democracy—and yet that counted a slave as only three fifths of a person and American Indians as untaxed “others.”^{3,2,3}

It is these twin and entangled legacies, indelibly inscribed in our nation’s history—of conquest, slavery, colonization, and immigration on the one hand and a commitment to liberty and equality on the other—that permeate our changing beliefs and understandings and constructions of the very notion of “race/ethnicity.” As you read this issue of the Journal, ask not only where you “sit”—geographically and historically—but also where you stand, on issues of racial/ethnic classification and public health. Join in the effort to improve public health concepts, data, and practice to address and ultimately eliminate racial/ethnic and related social inequalities in health. □

Nancy Krieger, PhD

Requests for reprints should be sent to Nancy Krieger, PhD, Department of Health and Social Behavior,

Harvard School of Public Health, 677 Huntington Ave, Boston, MA 02115 (e-mail: nkrieger@hsph.harvard.edu).

This editorial was accepted June 24, 2000.

Acknowledgments

Financial support for the symposium was provided by the Harvard Center for Society and Health, Harvard School of Public Health, Boston, Mass.

References

1. Office of Management and Budget, Office of Information and Regulatory Affairs. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. *Federal Register*. 1997;62:58781–58790. Available at: <http://www.whitehouse.gov/OMB/fedreg/ombdir15.html>. Accessed June 11, 2000.
2. Anderson M. *The American Census: A Social History*. New Haven, Conn: Yale University Press; 1988.
3. Cohen PC. *A Calculating People: The Spread of Numeracy in Early America*. Chicago, Ill: University of Chicago Press; 1985.
4. Desrosières A. *The Politics of Large Numbers: A History of Statistical Reasoning*. Cambridge, Mass: Harvard University Press; 1998.
5. Poovey M. *A History of the Modern Fact: Problems of Knowledge in the Sciences of Wealth and Society*. Chicago, Ill: Chicago University Press; 1998.
6. Porter TM. *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life*. Princeton, NJ: Princeton University Press; 1995.
7. Alonso W, Starr P, eds. *The Politics of Numbers. National Committee for Research on the 1980 Census*. New York, NY: Russell Sage Foundation; 1987.
8. Petty W. Political arithmetick [1676; published 1690]. In: Hull CH, ed. *The Economic Writings of Sir William Petty, Together With the Observations Upon the Bills of Mortality, More Probably by Captain John Graunt*. Vol 1. New York, NY: August M. Kelley; 1963:233–313.
9. Krieger N. Epidemiology and social sciences: towards a critical reengagement in the 21st century. *Epidemiol Rev*. 2000;22:155–163.
10. Krieger N. The making of public health data: paradigms, politics, and policy. *J Public Health Policy*. 1992;13:412–427.
11. Williams DR, Lavizzo-Mourey R, Warren R. The concept of race and health status in America. *Public Health Rep*. 1994;109:26–41.
12. Muntaner C, Nieto FJ, O’Campo P. The bell curve: on race, social class, and epidemiologic research. *Am J Epidemiol*. 1996;144:531–536.
13. Freeman HP. The meaning of race in science—considerations for cancer research. President’s Cancer Panel Meeting, April 9, 1997. *Cancer*. 1998;82:219–225.
14. Krieger N. Discrimination and health. In: Berkman L, Kawachi I, eds. *Social Epidemiology*. Oxford, England: Oxford University Press; 2000: 36–75.
15. Statistics Canada and US Bureau of the Census. *Challenges of Measuring an Ethnic World: Science, Politics, and Reality*. Washington, DC: US Government Printing Office; 1993.

16. Ahmad WIU, ed. *"Race" and Health in Contemporary Britain*. Buckingham, England: Open University Press; 1993.
17. Hays JN. *The Burdens of Disease: Epidemics and Human Responses in Western History*. New Brunswick, NJ: Rutgers University Press; 1998.
18. Arnold D, ed. *Imperial Medicine and Indigenous Societies*. Manchester, England: Manchester University Press; 1988.
19. Harrison M. "The tender frame of man": disease, climate and racial difference in India and the West Indies, 1760–1860. *Bull Hist Med*. 1996;70:68–93.
20. Cavalli-Sforza LL, Menozzi P, Piazza A. *The History and Geography of Human Genes*. Princeton, NJ: Princeton University Press; 1996.
21. King JD. *The Biology of Race*. Berkeley: University of California Press; 1981.
22. Banton M. *Racial Theories*. 2nd ed. Cambridge, England: Cambridge University Press; 1998.
23. Jacoby J. If race shouldn't count, then why count it? *Boston Globe*. November 18, 1997:A25.
24. Thernstrom S, Thernstrom A. *America in Black and White: One Nation, Indivisible*. New York, NY: Simon & Schuster; 1997.
25. Fullilove MT. Comment: abandoning "race" as a variable in public health research—an idea whose time has come. *Am J Public Health*. 1998;88:1297–1298.
26. Stolley PD. Race in epidemiology. *Int J Health Serv*. 1999;29:905–909.
27. Stolley PD. Reply to commentaries by Drs Krieger and LaVeist on "race in epidemiology." *Int J Health Serv*. 2000;30:221–222.
28. Krieger N, Williams D, Zierler S. "Whiting out" White privilege will not advance the study of how racism harms health [letter]. *Am J Public Health*. 1999;89:782–783.
29. Buehler JW. Abandoning race as a variable in public health research [letter]. *Am J Public Health*. 1999;89:783.
30. Rabin R. The use of race as a variable in public health research [letter]. *Am J Public Health*. 1999;89:783.
31. Krieger N. Refiguring "race": epidemiology, racialized biology, and biological expressions of race relations. *Int J Health Serv*. 2000;30:211–216.
32. LaVeist TA. On the study of race, racism, and health: a shift from description to explanation. *Int J Health Serv*. 1999;30:217–219.
33. LaVeist TA. Why we should continue to study race . . . but do a better job: an essay on race, racism, and health. *Ethn Dis*. 1996;6:21–29.
34. Krieger N, Rowley DL, Herman AA, Avery B, Phillips MT. Racism, sexism, and social class: implications for studies of health, disease, and well-being. *Am J Prev Med*. 1993;9(suppl):82–122.
35. Krieger N, Chen JT, Ebel G. Can we monitor socioeconomic inequalities in health? A survey of US health departments' data collection and reporting practices. *Public Health Rep*. 1997;112:481–491.
36. Williams DR. Missed opportunities in monitoring socioeconomic status. *Public Health Rep*. 1997;112:492–494.
37. Williams DR, Collins C. US socioeconomic and racial differences in health: patterns and explanations. *Annu Rev Sociol*. 1995;21:349–386.
38. Lillie-Blanton M, LaVeist T. Race/ethnicity, the social environment, and health. *Soc Sci Med*. 1996;43:83–92.
39. Race/ethnicity and the Year 2000 census: implications for public health data. Harvard School of Public Health, Boston, Mass, April 11, 2000. Available at: <http://www.hsph.harvard.edu/census>. Accessed June 11, 2000.
40. Zinn H. *A People's History of the United States, 1492–Present. Revised and Updated Edition*. New York, NY: HarperPerennial; 1995. [See especially pp 1–22.]
41. Weatherford J. *Indian Givers: How the Indians of the Americas Transformed the World*. New York, NY: Crown Publishers; 1988.
42. Galeano E. *Open Veins of Latin America: Five Centuries of the Pillage of a Continent*. New York, NY: Monthly Review Press; 1973.