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# Comments and Topics for Our Times

## Comment: Abandoning "Race" as a Variable in Public Health Research— An Idea Whose Time Has Come

Raj Bhopal and Liam Donaldson, in their paper "White, European, Western, Caucasian, or What? Inappropriate Labeling in Research on Race, Ethnicity, and Health,"<sup>1</sup> propose that terms such as *White*, *Caucasian*, and *Occidental* be abandoned in health research. Their suggestion is based on an analysis of the weaknesses of those terms; their arguments are similar to reservations raised about commonly used labels including *Black*, *Hispanic*, and *Asian*. This proposition must be examined seriously.

A long and distinguished scholarly tradition has made it clear that "race" is an arbitrary system of visual classification that does not demarcate distinct subspecies of the human population.<sup>2-5</sup> The concept, developed largely to justify the highly profitable African slave trade and the systems of slavery in the Americas, hinged on the "natural inferiority" of "colored" peoples to "Whites." A writer eager to prevent racial equality and the inevitable racial amalgamation he feared would follow wrote the following:

A superior breed is thus to be contaminated by interbreeding with an inferior one. No breeder of animals would weaken the strain of his superior stock by crossing them with inferiors. Blooded dogs would lose their points if crossed with curs. Race horses would lose their speed if bred with ordinary work horses. . . . The Caucasian race is a blooded stock among the races of mankind. Why injure it by crossing it with a common stock?<sup>6(p43)</sup>

The social and economic division of populations according to racial classifications—for example, the practice of racial segregation in the United States, apartheid in South Africa, and racial genocide in Germany—is based on this assumption of inequality among races. These systems constrained the opportunities of those in the "inferior" races and enhanced the life chances of those in the "superior" races. "Racism," the general term for systems promoting unequal treatment of racial groups, has been a critical factor determining the health

of the world's population. In the United States, for example, the 1986 *Report of the Secretary's Task Force on Black and Minority Health* documented that Blacks and Hispanics had poorer health than Whites on a wide array of markers.<sup>7</sup>

Although social systems organized around racial inequality clearly shape health outcomes, we must be cautious about proceeding from that basic fact to the use of race as a variable in health research. Let us examine the following propositions:

- *Proposition 1.* If racism is a principal factor organizing social life and influencing health outcomes, then racial classification is important.
- *Proposition 2.* If racial classification is important, then health researchers must study people according to their races.
- *Proposition 3.* If people must be classified by race, then the use of politically derived racial classification systems (i.e., the US census classification scheme) is appropriate. (Think about this story: During a 1997 Holocaust commemoration event, an American boy with a Jewish father and a Christian mother asked his father, "Am I Jewish?" The father replied, "You are if the Nazis say you are.")

These 3 propositions proceed with a certain ineluctable logic, but they must be questioned on 2 points. First, if racism is a principal factor organizing social life, why not study racism rather than race? Second, why use an unscientific system of classification in scientific research? For racial classification systems are developed only when "race" is accepted as a legitimate variable. Why continue to accept something that is not only without biological merit but also full of evil social import? Here Bhopal and Donaldson pose a critically important challenge.

**Editor's note.** See related commentary by Bhopal (p 1303) in this issue.

I believe we must acknowledge that, at least in the United States, "race" is an ingrained part of personal identity. Children are expected, by age 4 or 5 years, to be able to name and identify with their racial group. To propose the abandonment of racial classification schemes is to challenge deeply held and socially endorsed ways of seeing one's place in the world. Abandoning racial classification would cause many people to wonder, "Well, then, who am I?" In other words, if we discarded "race" we would precipitate an identity crisis. We would threaten, as well, other vestiges of the racist system, some of which are designed to maintain racism and others to remedy historical injury caused by discrimination.

Bhopal and Donaldson, by proposing a completely new terminology for health research, ask us to move past this understandable anxiety and view their proposal with greater openness than has heretofore been possible. Rather than working through stereotypes, we might be able to open our research practices to a much broader examination of the life factors that shape health outcomes.

For example, the emergence of the study of "place" in geography, anthropology, psychology, and other disciplines has opened up a remarkable new area of inquiry, that of understanding the ways in which we organize social and economic relationships within bounded areas.<sup>8,9</sup> Issues of understanding *who* is inside *what* are clearly important to health research. To confirm this theory, we need only consider the following observations: (1) sexually transmitted diseases, which are overrepresented among Blacks and Hispanics, can best be understood by examining the geographically organized social networks within which they are spread<sup>10</sup>; (2) displacement, migration, and other relocation experiences undermine mental health and well-being<sup>11</sup>; and (3) geographically concentrated poverty, another factor highly associated with race, undermines health for all people living in a given locale.<sup>12</sup>

A second area for study, the understanding of ethnicity, is both important and closely related to issues of place. It is well known that people establish common cultural traditions by living together, that is, by sharing a place. Individuals take traditions to new locations, but those traditions are inevitably adapted to the exigencies of the new location. An example is the African American diaspora from the

Black Belt, a major population movement that reshaped American demographics. The rural-to-urban, South-to-North population movement is reflected in many cultural shifts, among them the emergence of urban rap as a major new musical idiom. As in other diasporas, discontinuity occurs during transmission of the culture, but the particular alterations vary among the new centers of African American life. Given the massive population movements that are reshaping demographics all around the globe, getting a handle on ethnicity will be a continuing challenge.

Third, and perhaps most important, we should consider equality as a subject of research. Jonathan Kozol, in his book *Savage Inequalities*, commented on the San Antonio, Tex, schools that are supported by district taxes.<sup>13</sup> Some of the districts are wealthy, others quite poor. The inevitable result is that educational outcomes are widely disparate within the city. To the extent that life chances—and health outcomes—are determined by early education, the children living in poor neighborhoods of San Antonio are given less than a fighting chance. This and other forms of inequality are important topics for study because inequality creates divergent health outcomes for populations.

In thinking about new ways of organizing the research enterprise, I believe 2 factors have been overlooked and deserve more serious consideration. First, the research enterprise is overly focused on survey research and clinical trials. For practical reasons, such studies provide information about small groups of people and therefore about only one level of scale of human social organization. We need, as well, information derived from studies of individuals (e.g., case studies, ethnographies) and studies of large areas (e.g., studies of cities or regions or cross-national studies). Second, health researchers tend to focus on very short periods of time. Even longitudinal studies are limited to 40 or 50 years. The evolution of human behavior and the ecosystems within which it is located must be understood from the perspective of much longer time frames. Race is a case in point: the modern concept of race, which is rooted in the slave trade, has been subject to remarkable alterations over the past several hundred years.

I believe it is time to abandon race as a variable in public health research. Following

the illusion of race cannot provide the information we need to resolve the health problems of populations. Following Bhopal and Donaldson's proposal would lead to new questions, new variables, and new solutions. We face the opportunity to invent a new science that embodies the human rights and civil rights essential to the health of human populations. □

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