

before the Iraq invasion to September 2003, which shows that more than 6 in 10 Americans had misperceptions of facts about the war, believing, for example, that weapons of mass destruction were found; that Saddam had ties with Al Qaeda; and that world opinion favoured the US invasion. These erroneous beliefs were related to people's primary source of news. The most accurately informed used NPR (National

Public Radio) and read the newspapers; the least well informed used Fox TV, owned by Rupert Murdoch, who also owns Sky TV.

Without an informed citizenry, the kinds of governments and societies we want, the kinds the world respects, can shrivel, reaping disaster on the lives and living conditions ultimately of us all. Those especially in the helping professions who understand the need for truth

and openness in government and the relentless search for truth by the media must speak openly for this imperative to states and in the media.

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Correspondence to: Professor N Milio, University of North Carolina, Carrington Hall no 7460, Chapel Hill, NC 27599-7460, USA; milio@email.unc.edu

Data, "race", and politics

Data, "race," and politics: a commentary on the epidemiological significance of California's Proposition 54

Nancy Krieger

The importance of the politics of data for epidemiological analyses

Data for social justice and public health are akin to the proverbial two edged sword. To the extent we base any of our claims about social injustice in evidence, we must use data—whether of the quantitative or qualitative sort. But data do not simply exist. By contrast with the literal definition of "data" as "that which is given," data instead are duly conceived and collected, via the ideas and labour of those who would obtain the requisite evidence.¹ In the case of epidemiology, moreover, we must often use population data appearing in categories that are far from ideal—precisely because the assumptions of those with the power to shape and accrue the data often differ from those who seek to use these data to illuminate and oppose social inequalities in health.

Instructively highlighting these tensions are issues that recently arose in relation to the California ballot initiative Proposition 54.^{2–4} Officially designated as the "Classification by Race, Ethnicity, Color, or National Origin Initiative"—but called the "Racial Privacy Initiative" by its supporters (who previously sponsored the successful anti-affirmative action Proposition 209)—Proposition 54 sought to ban collection or use of racial/ethnic data by government agencies.^{2–4} Under the slogan "Think outside the box," the initiative's proponents claimed Proposition 54 would "end government's preferential treatment based on race, and junk a 17th century

racial classification system that has no place in 21st century America."³

Despite its seemingly "progressive" approach to discounting outdated modes of classifying "race," Proposition 54 nevertheless was soundly defeated (64% opposed) by a coalition lead in large part by public health advocates and researchers, who exposed how the absence of these data would translate to public harm, especially in relation to public health.^{2–4} Recognising that not collecting data is a time honoured method of removing a problem from public purview, as if to say: "no data, no problem,"¹ the opponents argued Proposition 54 would effectively whitewash reality—by precluding monitoring of racial/ethnic disparities in health let alone developing programmes or allocating resources to address them.

To understand the conceptual issues at stake, highly relevant for both health research and public health monitoring. Figure 1 diagrams the three contrasting approaches to data on race/ethnicity informing arguments for and against Proposition 54. Tellingly, both proponents and opponents of Proposition 54 condemned racism and unscientific beliefs about "race" as an "innate" characteristic. But, whereas proponents argued that racial/ethnic data should not be collected because "race" is not "real" (that is, not "biological"), opponents countered that this stance patently ignored the social realities of "race"—that is, as a socially constructed

Key points

- California's Proposition 54, which sought to ban state agencies from collecting or using racial/ethnic data, was defeated by a coalition largely led by public health researchers and advocates
- Both proponents and opponents denounced racism and rejected "race" as a "biological" category
- Whereas proponents claimed "race" was therefore not "real" opponents argued the social realities of "race" and ongoing racism required collecting the data to monitor social inequalities in health and other outcomes
- These debates reveal complex concerns about data relevant to epidemiological analyses of population health

category reflecting societal and individual histories of racial discrimination and dispossession.

The contradiction is therefore sharp—and unavoidable—and affects all research using categories that bear the mark of social inequality. Data on social disparities in health have long been disparately interpreted as evidence of:

Policy implications

- California's Proposition 54 would have seriously harmed efforts to monitor and address racial/ethnic disparities in health.
- Epidemiological analyses should explicitly expose issues of social injustice whenever using social categories linked to social inequality.

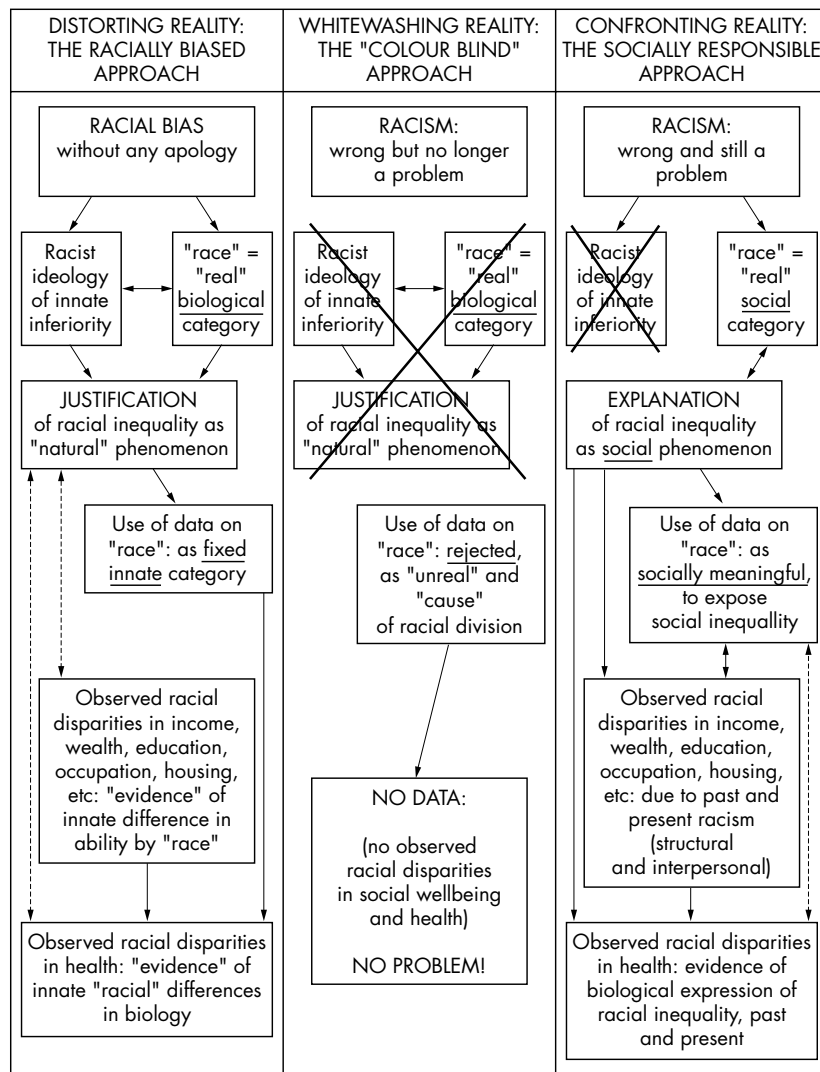


Figure 1 Divergent conceptual approaches to racial/ethnic data at play in the debate over California's Proposition 54.

(a) "innate" inferiority, (b) "cultural" inferiority, or (c) embodied consequences of social inequity.⁵ There is no "thinking outside of the box" devoid of context. In the case of racial/ethnic inequalities in health, when "colour" is no longer a signal for denial of human dignity and human rights, we will live in—and the data will show—a multi-tuéd society with equality for all. Only by bringing into the open the issues of power and injustice that lie behind the "that which is given" of public health data can we work honestly with the data to promote social justice and human rights, which together comprise the foundation of public health.

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Correspondence to: Professor N Krieger, Department of Society, Human Development and Health, Harvard School of Public Health, 677 Huntington Avenue, Boston, MA 02115, USA; nkrieger@hsph.harvard.edu

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Life and death, day after day

The image, a corridor outside a medical ward in a main hospital of an African country, was taken around the time dedicated for family visits. A dead body, being carried to the morgue, some visitors and others are part of the day to day scenario in some settings. In countries ravaged by high mortality rates for various reasons, it could seem "normal" to walk between dead bodies and live ones. In fact, that is life for millions of people... to live at the edge of death.



J Jaime Miranda
International Health and Medical Education
Centre, University College London, The
Archway Campus, Union Building, 2–10
Highgate Hill, London N19 5LW, UK;
j.miranda@ucl.ac.uk