8-22-2017

Postracial Fantasies and the Reproduction of Scientific Racism

Daniel Morrison
Abilene Christian University, drm18c@acu.edu

Patrick Ryan Grzanka

The American Journal of Bioethics

ISSN: 1526-5161 (Print) 1536-0075 (Online) Journal homepage: http://www.tandfonline.com/loi/uajb20

Postracial Fantasies and the Reproduction of Scientific Racism

Patrick Ryan Grzanka & Daniel R. Morrison

To cite this article: Patrick Ryan Grzanka & Daniel R. Morrison (2017) Postracial Fantasies and the Reproduction of Scientific Racism, The American Journal of Bioethics, 17:9, 65-67, DOI: 10.1080/15265161.2017.1353179

To link to this article: http://dx.doi.org/10.1080/15265161.2017.1353179

Published online: 22 Aug 2017.

biocultural citizenship proposes a key framework for grappling with the complexities of racial identity practices, biomedical categorizations of race/ethnicity, and the many embodied effects of systematic racism.

The challenge here goes beyond merely social scientists developing new theories, but rather calls for a deep collaboration among these theorists, public health practitioners, and policymakers joining with geneticists and epigeneticists. The relatively new science of social epigenetics and its exploration of gene–environment interactions—the empirical observations that experiences, from cellular to social, chemically affect gene expression and thus who we are and become—requires no less of us if we are to effectively understand and eliminate health disparities and, indeed, improve human health writ large. ■

ORCID

Melissa Creary http://orcid.org/0000-0001-7904-3377

REFERENCES

Bonilla-Silva, E. 2010. *Racism without racists: Color-blind racism and the persistence of inequality in America*. Lanham, MD: Rowman & Littlefield, 2010.

Creary, M. S. 2017. Biocultural citizenship and embodying exceptionalism: Biopolitics for sickle cell disease in Brazil. *Social Science & Medicine*.

de Bairros, F. S., S. N. Meneghel, J. S. Dias-da-Costa, D. G. Bassani, A. M. B. Menezes, D. P. Gigante, and M. T. A. Olinto. 2011. Racial inequalities in access to women's health care in southern Brazil. *Cadernos de Saude Publica* 27 (12):2364–72.

Duster, T. 2003. *Backdoor to eugenics*, 2nd ed. New York, NY: Routledge.

Duster, T. 2006. Comparative perspectives and competing explanations: Taking on the newly configured reductionist challenge to sociology. *American Sociological Review* 71 (1):1–15.

Epstein, S. 2007. *Inclusion: The politics of difference in medical research*. Chicago, IL: University of Chicago Press.

Gravlee, C. C. 2009. How race becomes biology: Embodiment of social inequality. *American Journal of Physical Anthropology* 139 (1):47–57.

Krieger, N. 2010. The science and epidemiology of racism and health: Racial/ethnic categories, biological expressions of racism, and the embodiment of inequality—An ecosocial perspective. In *What's the use of race?: Modern governance and the biology of difference*, ed. I. Whitmarsh, and D. S. Jones, 225–58. Cambridge, MA: MIT Press.

Panofsky, A., and C. Bliss. 2017. Ambiguity and scientific authority: Population classification in genomic science. *American Sociological Review* 82 (1):59–87.

Perez-Rodriguez, J., and A. de la Fuente. 2017. Now is the time for a postracial medicine: Biomedical research, the National Institutes of Health, and the perpetuation of scientific racism. *American Journal of Bioethics* 17 (9):36–47.

Ray, T. 2017. In current political climate, Can precision medicine initiative enroll underrepresented groups? GenomeWeb, March 20. Available at: https://www.genomeweb.com/policy-legislation/current-political-climate-can-precision-medicine-initiative-enroll (accessed June 21, 2017).

Schumaker, E. 2017. Deportation fears put a damper on diverse medical research. *Huffington Post*, May 1. Available at: http://www.huffingtonpost.com/entry/deportation-fears-medical-research_us_5902307ce4b0026db1df7589 (accessed June 21, 2017).

Postracial Fantasies and the Reproduction of Scientific Racism

Patrick Ryan Grzanka, University of Tennessee
Daniel R. Morrison, Vanderbilt University

In a highly controversial paper published in *Hypatia*, a leading journal of feminist philosophy, Rebecca Tuvel (2017) defends the concept of transracialism, exploring the potential parallels between transgender identity and transracial identity. Tuvel analyzes the case of Rachel Dolezal, a daughter of white parents who identifies as black. Criticisms of Tuvel's argument were widespread, but most relevant to Perez-Rodriguez and de la Fuente's proposed solution to the problem of racial classification in medicine is the assertion that Tuvel fails to address the enormous body of scholarship in critical race and transgender studies that precedes her. Tuvel's detractors insist that had she attended to even a fraction of the trans and critical race literature, she never would have

Address correspondence to Patrick Ryan Grzanka, Department of Psychology, The University of Tennessee, 1404 Circle Drive, Knoxville, TN 37996, USA. E-mail: patrick.grzanka@utk.edu

posed her defense of transracialism, because this literature has long negated the false equivalence of race and gender identity.

Perez-Rodriguez and de la Fuente (2017) fall into a similar but avoidable trap in their target article, proposing that biomedical researchers abandon race because it is a sociocultural construction. Their work is perhaps especially ironic given Danis, Wilson, and White's (2016) target article in *American Journal of Bioethics,* in which the authors argue that bioethicists should take a proactive approach to combatting racism. While Perez-Rodriguez and de la Fuente seek to address racism in their article, they propose a deeply flawed solution that turns upon evading race rather than dismantling racism.

In what follows, we place Perez-Rodriguez and de la Fuente's argument in the context of abundant and robust scholarship on color-blindness and race in science. We offer examples that demonstrate how a social environment characterized by racism can lead to certain health problems often attributed to race, even when institutions and social actors insist that they have moved "beyond" race. Social epidemiologists and other social scientists have consistently documented that the effects of racism are quite real and enduring (Phelan and Link 2015), despite the biological fallacy of race. In the following, we highlight how critical, justice-oriented social science offers practical strategies that bioethicists may employ when they address—rather than ignore—issues of race, racism, and intersecting social inequalities. In sum, we outline a path toward a bioethics that rejects color-blind racial ideology and enriches justice work for health equity.

According to Perez-Rodriguez and de la Fuente, the use of race as a variable in biomedical research fundamentally reproduces inequalities by predicating perceived group differences (e.g., health inequities, differential outcomes) on the unscientific taxonomies of modern racial categories. Their well-intentioned call to abandon race, however, ironically exemplifies color-blind racial ideology (Neville et al. 2013), which social scientists have critiqued as the dominant framework through which racial inequalities are perpetuated in the name of being racially "neutral." The social science literature on such appeals to move beyond race is unequivocal: These methods exacerbate rather than eliminate racism. The critical insight of social constructionism is not that because things are socially constructed they do not exist. To the contrary, critical social constructionism helps us to map the formation, meanings, dynamics, and consequences of social constructs such as race, including life chances and health outcomes. To be clear, we are not suggesting a return to a conceptualization of biological race inspired by naive realism or scientism. However, we believe the postracial fantasy imagined by Perez-Rodriguez and de la Fuente ironically furthers scientific racism rather than resists it.

Color-blind racial ideology reflects a worldview characterized by evading the significance of race and denying the power inequalities that are inherent to a racist society. Neville and colleagues (2013) describe two tropes of color-blindness: *Power evasion* maintains the status hierarchy of white supremacy by denying that such a hierarchy exists, while *color evasion* maintains racial inequities by enabling people—especially white people—to minimize the persistent significance of race and, therefore, racism. Perez-Rodriguez and de la Fuente have proposed an argument that resembles and could reinforce the practices of power evasion and color evasion by enabling biomedical researchers to (1) ignore the power relationships that produce health inequities across groups that are defined by the socially constructed but nonetheless materially consequential typologies of race, and (2) minimize or delegitimize claims about racial inequities under the guise of promoting postracial biomedicine. Extensive, cross-disciplinary research on color-blind racism has illustrated how these practices inflect institutional structures and everyday life. For example, Bonilla-Silva (2014) argues that color-blind racial ideology is the most common form of racism in the United States today, often taking the form of racially coded claims of blacks' cultural inferiority. Such an ideology appears even in the context of organizations and groups that are claiming to do antiracist work (Ahmed 2012). This systemic racism reveals itself in racially biased results from seemingly benign or socially neutral procedures, such as differential sentencing laws for drug possession and use, or in the routine activities of law enforcement (e.g., stop-and-frisk). Unsurprisingly, this literature has also demonstrated how color-blind racial ideology is more appealing to whites who would rather deny their unearned privilege than to people of color for whom race is an explicit and central part of their identity and culture and for whom the effects of racism are acute and unavoidable. Fortunately, research also offers guidelines for how to avoid the pitfalls of color-blind racism, including in the context of scientific knowledge production.

First, evidence suggests that when scientists avoid race when studying and treating health inequities, something else comes to serve as a shallow proxy for race. Ignoring race in the way Perez-Rodriguez and de la Fuente propose is likely to introduce a variety of "cultural" factors in biomedical research that are just substitutes for racial identity. Shim (2014) documented the pseudo-nuance of such factors in epidemiological studies and treatment of cardiovascular disease. Replacing race with "culture" often reinforces harmful stereotypes of racialized cultural practices (e.g., food choice), effectively reinscribing racial inequality while espousing race neutrality (see also Roberts 2012). In this case, ignoring race strips it of its social significance, foreclosing the opportunity to both address racism and advance social justice.

Second, critical literatures on race and science encourage us to develop structural understandings of race by following the lead of those who have been subjected to racism. For example, social scientists have documented the impact of de jure race-neutral but de facto racially biased institutional practices. Notably, Benjamin (2013) exposed the unequal positioning of the poor and people of color

in California's stem-cell initiative of 2004. Wanted for their biological properties, but excluded from potential treatments, allegedly due to cost, many African Americans and poor women bear most of the burdens of this research while reaping few benefits.

Third, intersectional perspectives illuminate the ways that race shapes and is shaped by other dimensions of inequality. As Grzanka, Brian, and Shim (2016) note, bioethics must understand race, gender, sexuality, and other vectors of difference at their intersections instead of treating these aspects of social identity in isolation. Biomedical research and medical practice must embrace and integrate intersectional perspectives if its practitioners, including bioethicists, wish to contribute to a more just and democratic society. Reproductive justice is an example of a social movement that has conceptualized sexual and reproductive health in intersectional terms (Luna and Luker 2013). Accordingly, reproductive justice advocates have insisted that racism differently constrains and enables individuals' ability to achieve reproductive agency. Promoting sexual and reproductive health, therefore, means directly confronting how racism, heterosexism, and capitalism, among other social systems, influence sexual and reproductive practices.

We join others (e.g., Danis, Wilson, and White 2016) in calling for bioethicists to take an active position in the fight for racial justice. We do not, however, think that Perez-Rodriguez and de la Fuente have proposed a viable pathway to alleviating racial inequality in biomedicine. Acknowledging that race is indeed not a natural kind should not be equated with ignoring race's status as a social fact—race is real, and it matters. In conclusion, we assert that a critical antiracism cannot be built on the denial of race, even if we acknowledge race is a social construction. To borrow from Haraway (2016), we should stay with the trouble that the social construction of race causes for biomedicine and society more broadly. We are more likely to unsettle white supremacy and scientific racism if we follow the trouble of race to its disquieting consequences instead of fantasizing about a postracial biomedicine. ■

ORCID

Patrick Ryan Grzanka http://orcid.org/0000-0002-7364-9965

Daniel R. Morrison http://orcid.org/0000-0003-1923-7406

REFERENCES

Ahmed, S. 2012. *On being included: Racism and diversity in institutional life*. Durham, NC: Duke University Press.

Benjamin, R. 2013. *People's science: Bodies and rights on the stem cell frontier*. Stanford, CA: Stanford University Press.

Bonilla-Silva, E. 2014. *Racism without racists: Color-blind racism and the persistence of racial inequality in America*, 4th ed. Lanham, MD: Rowman & Littlefield.

Danis, M., Y. Wilson, and A. White. 2016. Bioethicists can and should contribute to addressing racism. *American Journal of Bioethics* 16 (4):3–12.

Grzanka, P. R., J. D. Brian, and J. K. Shim. 2016. My bioethics will be intersectional or it will be [bleep]. *American Journal of Bioethics* 16 (4):27–29.

Haraway, D. J. 2016. *Staying with the trouble: Making kin in the Chthulucene*. Durham, NC: Duke University Press.

Luna, Z., and K. Luker. 2013. Reproductive justice. *Annual Review of Law and Social Science* 9:327–52.

Neville, H. A., G. H. Awad, J. E. Brooks, and M. P. Flores. 2013. Color-blind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist* 68:455–66.

Perez-Rodriguez, J., and A. de la Fuente. 2017. Now is the time for a postracial medicine: Biomedical research, the National Institutes of Health, and the perpetuation of scientific racism. *American Journal of Bioethics* 17 (9):36–47.

Phelan, J. C., and B. G. Link. 2015. Is racism a fundamental cause of inequalities in health? *Annual Review of Sociology* 41: 311–330.

Roberts, D. 2012. *Fatal invention: How science, politics, and big business re-create race in the twenty-first century*. New York, NY: New Press.

Shim, J. K. 2014. *Heart-sick: The politics of risk, inequality, and heart disease*. New York, NY: NYU Press.

Tuvel, R. 2017. In defense of transracialism. *Hypatia* 32:263–78.