

Book Review

Race-Making Redux: Medicine, Policy, and the Reemergence of Biological Arguments for “Race”

Gilman, S. L. (Ed.). *Race in Contemporary Medicine*. New York: Routledge, 2008. ISBN 13: 978-0-415-41365-7 (hbk, 193 pp., \$140.00).

How are social and natural scientists to understand the concept of “race” in the post-genomic era? Moreover, how does this understanding of “race” affect social policy, health-care provision, and health-care disparities? These issues are examined from historical and contemporary viewpoints in the edited volume, *Race in Contemporary Medicine*. Sander Gilman assembles an interdisciplinary panel—ranging from English, History, (medical) Anthropology, Folklore, Human Development, Epidemiology, Sociology, Communication, and Biology—to offer well-reasoned answers to these questions. Previously published as a special issue of *Patterns of Prejudice*, the authors spend ample time tracing the historical developments of the idea that “race” is a biological variable, juxtaposed with the findings from the Human Genome Project and various research biologists convincingly demonstrating that “race” is not a viable biological taxonomy (see also Marks, 1995; Smedley & Smedley, 2005; Tate & Audette, 2001; Zack, 2003). Nonetheless, national focus on social issues, such as U.S. health-care disparities between groups designed as “races,” has resurrected the idea that racial groupings might in fact be genetically or physiologically based.

Virtually every author in this volume notes that many current approaches in medicine, genetics, and pharmacology suffer from profound confusion between genetic and environmental causes for illnesses, using racial self-identity to equivocate between the two. The authors univocally argue that self-identified “race” captures little meaningful genetic variation and is a mostly socio-environmental claim. Additionally, human genetic variation across populations is largely indicative of migration patterns, not our classic racial categories (see chapters by Wald, Duster, and Graves and Rose). With varying emphasis, the authors recognize that genetic and physiological differences across world regions or within them are

important for medical research but do not align with our current taxonomy of “human races.” This argument is consistently made in a balanced manner that showcases the flawed assumptions and conceptual confusions that plague pro-“race” arguments.

Focusing on social policy, the authors also avail the reader of contemporary attempts to use “race” as a backdoor to patent garnering and other business issues. The recent controversies over a hypertension drug known as BiDil, marketed as specific to “African Americans,” and a lung cancer medication known as Iressa, marketed as specific to “Asian Americans,” are centerpieces for such discussions. Chapters by Wald, Azoulay, and Duster address this controversy and demonstrate (as other analyses have; Kahn, 2007) that the private companies funding these drugs heavily rely on dubious research methods and self-serving interests (e.g., extending patents or creating new markets). Ironically, initiatives by the National Institutes of Health to promote the inclusion of “race” in medical research—presumably for socio-political reasons—have contributed to the conflation of racial politics and medical research and practice (see Duster). The convergent focus of all chapters creates an important historical documentation of the racial stories that a number of U.S. and U.K. scientists have uncritically accepted but assiduously maintained. Furthermore, all authors argue that medical research is not doing enough to clarify these issues, often distorting them in the service of extant ideologies—ranging from the historically entrenched and equivocal belief in existing categories (see Wald, Azoulay, Alcabas, Lee) to charges of unintentional racism (see Neulander, Duster, Happe) and even eugenics parallels (see Snyder and Mitchell).

While some authors argue that belief in “biological race” is a sign of continuing racism, a social psychologist will also identify the *confirmation bias* (i.e., only examining supportive evidence and discounting or overlooking inconsistent evidence) in the psychology of these pro-“race” scientists, even though this phenomenon is never explicitly mentioned. Some scientists genuinely believe that “race” is a biological taxonomy largely because U.S. society endorses this view in various ways (as these chapters nicely develop). Consequently, some of these scientists are simply trying to confirm this popular view. Yet, as this volume makes clear, in order to achieve this confirmation these pro-“race” scientists consistently minimize or ignore compelling evidence that “race” is untenable as a biological taxonomy. For example, Graves and Rose show that a thee commonly cited biological investigation in support of “race” as genetic (i.e., Tang et al., 2005) is importantly flawed. Graves and Rose demonstrate that the underlying statistics in the type of cluster analysis used are inappropriate for the question asked and biased toward confirming the hypothesis based on the samples selected. Additionally, Tang et al. downplayed the fact that the clusters contained inconsistent classifications between racial self-identity and groupings based on genetic similarity, thereby overlooking important conceptual issues (e.g., mutual exclusivity of racial groups) in support of extant racial categories. Such claims persist even though studies conducted using better statistical techniques (e.g., subspecies differentiation

measures) show no distinctions among these self-identified “races”—even using very liberal criteria (Graves and Rose). Yet, when conceptual frameworks appear sound given confirmation bias and can also garner funding opportunities, unsubstantiated inferences are an unfortunate, but unsurprising, outcome.

Respecting the complexity of the health-care disparity issue, some authors (Wald, Happe) concede that self-identified “race” might be an impoverished proxy for socio-economic and other environmental variables. Nonetheless, all authors are clear that the confusion of biological and environmental influences is unacceptable for science. Wald uses the example of Howard University’s medical database for self-identified “African American” individuals to illustrate the conflation of identity politics and biomedical science (as “African Americans” make up most of Howard’s student body and service community as a historically Black college). The attempt to include historically underrepresented individuals in medical databases is admirable, but the rhetoric used might reconstitute forms of historical bias against social groups because scientists (and the public) misconstrue the issues (Wald). Graves and Rose further argue that with existing technology, it is possible (and crucial) to disentangle the contributions of historical social dominance and population genetics to health issues.

On balance, the volume is an excellent and successful attempt to de-couple the issues of biology and socio-cultural identities, offering readers historically informed explanations and insightful connections between basic and applied issues. Readers should keep in mind, however, that this volume is an expository collection of ideas rather than a series of developed solutions. Nonetheless, the insights presented can help guide appropriate and effective eventual health-care policies.

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