THE FOUNDATION OF MODERN RACIAL CATEGORIES AND IMPLICATIONS FOR RESEARCH ON BLACK/WHITE DISPARITIES IN HEALTH

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INTRODUCTION

Inconsistent progress in narrowing the black/white racial gap in health outcomes has led many to question how health researchers classify, describe, and analyze race in their efforts to understand racial disparities in health. Researchers have recommended a focus on ethnic rather than racial variation, proposed alternative terminology for racial and ethnic categories, questioned the exchangeability assumptions intrinsic to efforts to explain racial disparities, suggested abandoning racial comparisons altogether, and debated whether strong associations between genetic markers, continental ancestry, and standard racial/ethnic categories validate the latter’s biologic relevance. Researchers and the public, however, lack a uniform understanding about what the terms race and ethnicity refer to and how they should be categorized. Furthermore, despite the current national focus on understanding and reducing health disparities between racially designated groups, terse attention is given to the origins of racial terminology and classifications. Advancing our ability to address racial/ethnic disparities in health requires an historically informed understanding of these issues, including how the notion of fixed and distinct races became fixed in the American mind.

Example

A dark-skinned Dominican-American woman may be viewed as black by a police officer pursuing a black suspect, Dominican by an employer who subscribes to the belief that Hispanics/Latinos possess a better work ethic than do African Americans, and simply Dominican by herself and her family. In other words, the manner in which she self identifies may rarely involve race, but ideas about race and ethnicity may affect her likelihood of being subject ed to police surveillance or brutality, opportunities for employment, self-identity, cultural milieu, and associated stressors.

As demonstrated by research on social and contextual health influences, all of these factors may affect her health and life expectancy. Health investigations that seek to understand the mechanisms through which racial and ethnic factors operate must recognize and differentiate the various aspects of identity outlined in this example.

The inclusion of race/ethnicity in an epidemiologic triad with age and sex has become routine. For example, from 1996 through 1999, 77% of studies published in the American Journal of Epidemiology and the American Journal of Public Health made some reference to race or ethnicity. Race, sex and age, all may be thought of as physical attributes with social relevance. Race, however, differs conceptually from both sex and age because it lacks agreed-upon criteria for classification or a direct biological component. Because no set of biological traits determines race and because racial/ethnic designations represent the needs of various stakeholders, racial categories change over time and are used inconsistently and unreliably.

There is no ‘gold standard’ for the use of race in health research; however, the Office of Management and Budget (OMB) establishes racial and ethnic...
standards for census and other official data collection and the NIH requires that investigators categorize clinical research study participants into the OMB-defined racial/ethnic categories. These are as follows with the descriptions in parentheses referring to "a person having origins in the": American Indian or Alaska Native (original peoples of North, Central, and South America who maintain tribal affiliation or community attachment), Black or African American (black racial groups of Africa), Native Hawaiian or other Pacific Islander (original peoples of Hawaii, Guam, Samoa, or other Pacific Islands), or white (original peoples of Europe, the Middle East, or North Africa), and Hispanic/Latino (Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race) or not. The precise origins of the term "race" are obscure, but it appears that the word evolved in Romance languages during the Middle Ages and was used to describe distinct breeding lines of animals. The application of the English word race to classify humans of varying geographic origins and phenotypes similarly stems from the Italian, razza or raza, a classificatory term for animals similar to type or species. As a taxonomic category, race falls below the level of species, implying biologically (and genetically) distinct populations that may interbreed and produce viable offspring. The scientific and popular North American versions of the modern concept of human races and formal race taxa for human populations emerged in the 17th century, which precedes modern genetic theory and thus challenges present-day assumptions that the origins of race are genetic endeavors.

The first known scientific descriptions of human "races" was published by the French physician Francis Bernier in 1684. It described four groups distinguished by geography but described by phenotype. Numerous other racial classification systems were published subsequently as the new discipline of anthropology evolved and colonial exploration expanded during the following century. In 1735 the Swedish-American naturalist and father of modern taxonomy, C. Linnaeus, first published Systema Naturae. In it, Linnaeus proposed four distinct racial groups for human beings that encompassed not only phenotype and geographic origin but also personality traits, skills, and abilities generally thought to be inherent to each group (Figure 1). The categories in these early "scientific racial classifications" were often explicitly or implicitly ordered, with descriptions or rankings that regularly placed blacks (Africans) at the bottom and whites (Europeans) at or near the top. Interestingly, the 1990 US Census used essentially the same four racial groupings – Indian (Amer.)/Eskimo/Aleut, Asian/Pacific Islander subgroups, black or Negro, and white — demonstrating how relevant the history is to our current understandings and uses of race.

**Fig 1. Racial classification scheme by Linnaeus (as summarized from Systemae Naturae)**

| Americus (American Indian): reddish, choleric, and erect; hair black, straight, thick, wide nostrils, scanty beard; obstinate, merry, free; paints himself with fine red lines; regulated by customes |
| Asiaticus (Asian): sallow, melancholy, stiff; hair black; dark eyes; severe, haughty, avaricious; covered with loose garments; ruled by opinions |
| Africanus (black): black, phlegmatic, relaxed; hair black, frizzled; skin silisy, nose flat; lips timid; women without shurne, they lactate profusely; crafty, indolent, negligent; ancestors himself with grease; governed by caprice |
| Europeanus (white): white, sanguine, muscular; hair long, flowing; eyes blue; gentle, acute, inventive; covers himself with close vestiments; governed by lawes |

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EVOLUTION OF THE RACE CONCEPT

The concept of inherently distinct and unequal subpopulations of human beings termed “races” continued to evolve during the period of Spanish and British colonial expansion, the extermination and removal of various American Indian tribes, and the massive enslavement of Africans on American shores.\textsuperscript{28–30} We and others propose that, over time, these beliefs about race coalesced into an “ideology,” or systematic body of ideas\textsuperscript{31} that reflected the social and economic needs and aspirations of the dominant classes and (in this case) the emerging United States government.\textsuperscript{32,33} Ideologies shape the organizing principles by which societies operate and help establish how individuals understand themselves in relationship to others and the world around them.\textsuperscript{34} The birth of racial categories was the product of these sociopolitical organizing principles: “Racism appeared and gained currency with the beginning of ‘modern science’ which coincided with the development of one of the ideological systems that gave legitimacy to the bourgeoisie who was then acceding to political and economic power.”\textsuperscript{35} p. 291

In the United States, early racial classifications and descriptions (ie, labels such as ‘white,’ ‘red,’ and ‘black’) reflected the striking skin color differences that distinguished European settlers, American Indians, and West Africans. As populations representing the full skin color continuum between these groups (ie, the ‘shades of grey’ between black and white) were not present, the phenotypic distinctions between them seemed discrete. These striking phenotypic differences helped shape North America’s particular manifestation of slavery.\textsuperscript{28,32} For example, European indentured servants originally held a somewhat similar status to African servants and composed the major portion of the free labor pool in the first half of the 1600s.\textsuperscript{28} Through-out the second half of the 1600s, however, social, economic, and legislative changes altered the character of forced servitude in the colonies, making it a permanent status for African servants and eventually reserving this slavery solely for Africans and their descendants:

“There is, or should be, no doubt that the Africans’ physical differences facilitated their reduction to the kind of servitude that the English had long wanted and that agricultural circumstances demanded. The visibility of Africans made it possible to structure the demarcation point of permanent slavery solely on the basis of color. Captured Africans, removed from any possible source of aid and comfort, thrown together with others who did not share their language, culture, or religion, were the most vulnerable of all of the subordinate populations, …”\textsuperscript{28p. 107}

Increasingly, only members of one group were both born into slavery and died as slaves: Africans with dark skins. Scientific and religious theories that blacks were of a separate and inferior race flourished and served to both justify slavery’s institutionalization and reinforce the idea of distinct and distinctly inferior human races.

As black slavery became institutionalized, distinctions between blacks and whites were coded into legislation, such as post-1650 colonial laws that allowed white indentured servants to marry with their masters’ permission, earn their freedom, and even carry weapons.\textsuperscript{36} Eventually, none of these rights were afforded to black slaves. Moreover, socioeconomic status became secondary to the dictates of race laws, such that even free blacks were not permitted rights and privileges afforded whites of similar classes. As the threat of rebellions from unified poor whites and blacks grew, laws were passed to prevent fraternization between white servants and black slaves and to better reward white servants for their labor.\textsuperscript{28,36} Although many non-English European immigrants (particularly the Irish) were initially seen as inferior to the English and even depicted as subhuman, savage, or animal in scientific writings, printed advertisements, and popular culture,\textsuperscript{37} the rigid boundaries among European groups blurred, disappeared, or became non-divisive over time\textsuperscript{38,39} and the disparaging notions eventually came to be largely reserved for African Americans and American Indians.\textsuperscript{28}

Through legislative and social processes, race in the North American context, evolved into a rigidly hierarchical framework for jointly conceptualizing human differences and labor divisions, with white relative to non-white, and ultimately black, forming the major dividing line.\textsuperscript{36} Although frameworks existed differentiating Europeans according to nativity, class, and phenotype, Indians according to tribe, and Africans according to tribe and clan, these were slowly superseded by an ideology promoting white/non-white distinctions as more fundamental than any other.\textsuperscript{19} The phenotypic variation that existed among the different peoples who populated the Americas during the colonial period was real\textsuperscript{25}; however, “race,” the means used to understand it, was an ideology. This race ideology supported the survival and aspirations of British settlers by legitimating the perpetual ownership and mistreatment of some human beings, the violent quest for land already inhabited by others, and the enactment of laws to prevent rebellion by poor whites and blacks who, despite their shared experiences of mistreatment and desperate economic conditions,\textsuperscript{28,36} were largely kept apart by racial classifications. In other words, racism, defined by Merriam-Webster as “a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race” was encoded in the modern idea of race itself.\textsuperscript{31}
The pre-17th century uses of the word “race” referred, in a sometimes-neutral fashion, to national groups, generations, or types and not to classifications so broad that they subsumed entire continents of people or predetermined individuals’ inherent capacities. Similar to the modern-day notions of ethnicity, European explorers and scholars once used race as a means to refer to different tribes, clans, language groups, and nations, as these were the primary bases for group identification, conflict, and prejudice. Lumping very diverse peoples together, by, for example, stripping enslaved Africans of their tribal identities and race-ing them as black, ultimately facilitated the domination of these populations for their land, their labor, and their bodies. Religious and pseudoscientific theories linking mental and physical inferiority and superiority to newly formed racial categories served to legitimize this oppression. For example, the exploitation of minority females in the slavery area was justified by notions regarding the untouchable and pure nature of white female bodies vs the crude, public, and inherently violable nature of black and other female bodies. It included the rape of slaves by slaveholders and the perfection of surgical techniques, without consent or anesthesia, on enslaved black women and on Eastern European immigrant women, who were not yet considered white.

RACE: MODERN USES

The early post-slavery period, 1870–1930, saw large in-migrations of non-Anglo Saxon Europeans such as European Jews and Italians. Most were not initially classified as white but, within a few generations, became white through processes heavily influenced by labor, housing segregation, and the “Great Migration” of African Americans from the rural South to Northern urban centers where they threatened to compete with Whites in the emerging industrial sector. The reclassification of these Eastern and Southern European ethnic groups occurred as whites fortified their social position while undermining black efforts to access institutions, such as labor unions and homeownership, that would improve their own. Racial reclassification processes continue to unfold with various implications for the growing populations of non-European people in the United States. In some instances, however, they may reflect and reinforce perceptions of white and black as polar opposites on an American racial continuum as the quote below suggests.

“Are Lebanese white people?” we asked a 71-year-old Ned Holder, a former sheriff [in Sunflower County, MI]. “Yes,” he said, “although they’re real dark.” How about Italian Catholics; are they white? Sure. And Jews? “Yes,” he said, “they go to the white schools.” And Mexicans? “They’re becoming more white. More of them are getting an education.” Then what’s a white person, we asked? After some confusion over the meaning of the question, he concluded that it was probably anybody “who isn’t black.” —Rodriguez G. “Definitions of Whiteness and the Delta Blues,” LA Times, 1/14/2007.

The apparent physical reality of race has become rooted in our collective consciousness even though it is not difficult today to find individuals whose phenotype is not consistent with his or her racial identity. Since 1970, those who fill out the phenotypic continuum between white and black have been at the forefront of challenging official race categories and popular notions about race. During the intervening nearly 40 years, the foreign-born population has doubled — primarily through immigration from non-European areas. Interracial couples, marriages and offspring have also increased dramatically. Many immigrants and interracial parents have found race notions ill-fitting to how they perceive themselves or their children. Persons born to different races have agitated for a multiracial category and questioned the paradigms of white purity and non-white pollution implied in the one-drop rule that asked them to choose one race. Those from East India and Middle East have resisted being classified as Asian and white, respectively. Hispanics/Latinos, whose native ideas of race and color differ markedly from U.S. ideas, have widely resisted racial categorization, with 42% selecting “other” race in the 2000 Census. Asian American organizations have also pushed for more detailed information on their subpopulations whose SES and cultures differ markedly by national origin. It is for these groups — those in between the poles of black and white — that the notions of separate and distinct races most consistently break down, as evident from inconsistent racial codings on birth and death certificates, in multiple wave of follow-up surveys, or between respondents and interviewers.

The 1990 and 2000 Census questions on race and ethnicity show a substantial move from an inflexible race based on phenotype or supposed blood quantum to a more flexible notion that captures ancestry or nationality. For example, the 2000 Census categorizes Hispanics, Asians, and Pacific Islanders by national ancestry and American Indians and Alaska Natives by tribal affiliation. Conversely, although non-Hispanic whites and blacks together compose about 80% of the US population, the Census does not further categorize these two racial groups. Hence, while recognizing that a complex and inherently fluid heritage exists and should be distinguished among some peoples, the questions continue to reinforce fixed and distinct notions of black and white races, the new “all” option for multiracial individuals, notwithstanding.
RACE: DEFINITIONS AND IMPLICATIONS

Races are not defined consistently on the basis of specific combinations of physical or cultural criteria; rather, the concept of race, derives its meaning within societal contexts. Phenotypic differences, sometimes striking ones, exist across racially designated groups, but these are described in some countries without referring to the same rigid and finite racial classification system. For example, in Brazil, individuals are categorized primarily according to skin color and class, with those with some African ancestry classified as white if they have light skin or large bank accounts. A few other societies (e.g., South Africa) operate under different, but still rigid and hierarchical racial schemata. Many others focus on ethnic or religious, rather than racial, divisions.

In the United States, race was historically classified according to ancestry and blood quantum in official statistics and popular opinion (e.g., origins of the infamous 'one-drop rule' are laid out in 1870, 1880, and 1890 instructions for Census takers). Official racial designations are now based on self-identification (many official forms), active cultural identification (in the case of Native Americans), mother's race (birth certificates), geographic origin (Census), and phenotype (death certificates). Individuals, however, still regularly group others into racial categories based on their phenotypes without any knowledge of their ancestral origins, cultural identification, or parents' race. Furthermore, the white and black race categories persist and many disparities in the health and social status of these groups have remained constant or worsened over the past century.

Approaches to presenting racial health disparities that are not historically informed have the potential to reinforce racial ideologies that assume the inferiority or superiority of racially designated groups. Acknowledging that race is a worldview whose current meanings cannot be separated from its historical origins enables health researchers to develop solid foundations for understanding and eliminating existing racial disparities in health and healthcare delivery (Figure 2). This includes the behaviors of healthcare providers who may not consciously subscribe to prejudiced ideas against minorities but whose practice of medicine is differential by patient race. Several studies, including randomized controlled trials with video pseudopatients, have documented differential treatment by patient race. This research allows us to discuss race in a causal, counterfactual sense – similar patients of white rather than black race would have been more likely to receive aggressive care. However, the actual causal mechanism – the so-called “race effect” – relates not to personal race attributes but to the relative positions these pseudopatients occupy within the racial hierarchy of the physicians' society. In other words, racial hierarchies establish value systems and prejudices in individual’s minds that can lead them to differentially react to others’ phenotypes. As no feasible interventions can change a patient’s race, interventionists must target interpersonal factors (e.g., the conscious or subconscious racial ideology of healthcare providers) and structural factors (e.g., the institutional systems in which clinicians operate) to insure equitable care.

The manifestation of racial ideologies in the structural features of institutions can lead them to operate in ways that can create or reinforce racial inequalities without any intentionality on the part of those involved (i.e., institutionalized racism). Structural
This effect can be 79

2) HIV/STD

and limit the

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This framing of the issue

can inadvertently suggest

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The following examples

is not merely an individual attribute but

racism is an integral feature of society. It

continue to have important implications

for our contemporary ideas about race

and its relevance to health. These ideas

reflect perceptions about the sharp

phenotypic differences observed during

the initial contacts between British

colonists, various American Indian peo-

dles, and enslaved Africans in what is

now the United States. The import

awarded to skin color in determining

race fostered the acquisition of land by

whites and the perpetuation of chattel

slavery for free labor. These processes

and institutions strengthened and were

strengthened by the false notion that

hierarchical racial categories reflected

biological realities. Finally, the ongoing

debate about whether race is a social or

biological category is unlikely to be

resolved if race continues to be con-

ceived of as solely an attribute of

individuals because it does not address

why race seems to be a scientific fact.55

We argue that race is a social
category with some relevant biologic
linkages; however, these can often be
more precisely described by other vari-
bles. For example, a recent San
Francisco Chronicle article describing a
newly discovered genetic variant that
may help explain elevated HIV rates
among blacks contained the following
statement,

Certain species of malaria parasites
latch on to the Duffy protein and use it
as a gateway to enter red blood
cells. Africans overwhelmingly carry a
gene that disables this gateway - and
Weiss believes this may have been the
result of an evolutionary battle be-
tween humans and malaria. The

genetic trait is also prevalent among

African Americans, who typically
carry a mixture of African and

European bloodlines.52

The use here of African, African
American, and European provides read-
ers a clear understanding of whom this
gene most affects and its evolutionary
etiology. Replacing African and African
American with black and European
with white would obfuscate the infor-
mation, failing to clarify that some
blacks are less likely to have this gene
than others and implying that the gene’s
distribution in non-European whites
(some of whom come from areas
affected by malaria) is similar to that of
European whites. Adding the term
black in front of “African” and white in
front of “European” might further clarify that the terms refer to people of
African and European descent rather
than, for example, the white and Indian
populations of sub-Saharan Africa.
There are few simple solutions to the challenge of understanding or even discussing racial disparities in disease risk. In fact, efforts to simplify the complexity of human phenotypic, genetic, cultural, and socioeconomic variation have made race-related research a minefield of often premature and ultimately wrong conclusions.\textsuperscript{83} Health researchers are both reactors to and agents of the processes by which racial distinctions and race itself become meaningful to the general public.\textsuperscript{84} Given the contested nature of racial terminology and the fact that even sociobehavioral approaches to health seek to understand influences on biological processes, we must allow little room for misinterpretation of how we as researchers define race and ethnicity constructs. Health researchers need to understand the origins of the race concept so as not to inadvertently reinforce now debunked assumptions about it. In other words, neither reliance upon simplistic, nominal changes to group nomenclature (eg, “African American” instead of “black”) nor ignoring the historical origins of our racial thinking challenge ideas at the core of U.S. racial ideologies – that some phenotypically defined groups are inherently superior to others, whether in intelligence, physical power, morals, ability to self-govern, cultural practices, or health. Only through critical and transparent approaches based on understandings of the origins of race can we begin to break from the habit of racialized thinking.

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**AUTHOR CONTRIBUTIONS**

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