A Pragmatic Approach to Defining Race in Medicine

Daniel Fitzgerald, 2021

The purpose of my summer research was to determine how philosophical definitions of race and racism may be utilized in a medical context to alleviate racial health inequalities. I used a sociological definition of race proposed by Sally Haslanger who suggests an "ameliorative" definition, which aims to address past harms caused by racism. For the effects of racism in health, I drew on the writing of my faculty advisor, Professor Alberto Urquidez, and suggest that racism in a medical context should be understood as an institutional wrong. Therefore, in conclusion, when assigning race, medical practitioners should not attempt to signify a genetic group but rather a social group who has suffered from institutional racism that has adversely affected their health.

I began my project by examining the different problems philosophers encounter when asking what the term 'race' means. According to some philosophical programs, how you define a word is by finding what it picks out in the natural world. For example, the definition of water is simply what it refers to, namely, two hydrogen atoms bonded to an oxygen atom. However, when philosophers turn to natural scientists and ask them what it is that 'race' refers to *empirically*, they are met with a somewhat unsatisfying response: there is no one gene, skin type, or phenotypic trait that makes one's race physically real. At this point, many philosophers decide the best course of action is to simply toss in the towel; if there is no one material thing 'race' refers to, then it is best to do away with racial concepts entirely. Philosopher Kwame Anthony Appiah takes this a step further by claiming that racial concepts are inherently harmful, for, historically, racial categories have been used to justify some of humanities most abhorrent evils. Other philosophers claim that we are just not asking the right scientists—instead of turning to the geneticists and biologists for answers, we should be turning to the social sciences. Philosopher Sally Haslanger does exactly this and accepts the answer an overwhelming majority of social scientists proffer: race is a social construct. Haslanger further explores how our racial concepts operate and evolve alongside other social practices, and she concludes that they need amelioration. Instead of simply doing away with these concepts like Appiah suggests, Haslanger claims that they can be revised with the help of normative input to serve a beneficial purpose in understanding certain social phenomena and ending injustices. Where better to look for normative input to inform a working definition of race than perhaps humanity's largest moral failing—racism.

This process may seem a little backwards. Common sense generally holds that a definition of race has logical priority over a definition of racism, for we first need to pick out what groups are adversely affected by racism. However, the particular pragmatism I advocate for threatens to dismantle this common intuition. I suggest that a definition of racism holds logical priority over a definition of race, and that a thorough account of race should be informed by a thorough account of racism. I believe this argument is upheld by the tenets of an ameliorative approach: it is more helpful if we define racism first and clarify the injustice we are speaking of, and race second and connect this injustice to any groups that experience it.

My research then focused in on philosophical definitions of racism. I began searching for an account of racism that would explain why some groups of people have been unjustly placed in the grips of society's ills and tangles, and why others have evaded them. While looking for this particular account, however, I realized that in order to be truly ameliorative, we may need a variety of different accounts of racism. Given the plethora of racial problems the world faces today, having different accounts of racism that overlap serves as a desirable toolkit to understanding and ending these problems.

I then turned my attention to one of the most alarming racial problems: health inequalities. In the U.S, minorities face disproportionately high morbidity and mortality rates. To make sense of these inequalities, I follow my faculty advisor, Professor Alberto Urquidez, and suggest that racism in the medical context should be understood as an institutional wrong that functions to oppress people. To understand health inequalities, we should not think of the paradigm case of racism being a white person yelling racial epithets at a black person; rather, we should think of racism as the dramatically lower chances of a Black kid going to college than a White kid, or the stark differences in pollution between Black and White neighborhoods, or the widening wealth gap between Black and White families. These are the problems that unfortunately physically emerge into disease and sickness. This institutional account of racism further informs an account of race: When assigning race, medical practitioners should do their best to place the individual in relation to possibly oppressive institutions.

Haslanger, Sally. "Gender and Race: (What) Are They? (What) Do We Want Them To Be?" Noûs, vol. 34, no. 1, 2000, pp. 31-55.
Appiah, Anthony. "The Uncompleted Argument: Du Bois and the Illusion of Race." *Critical Inquiry*, vol. 12, no. 1, 1985, pp. 21–37.
Gee, Gilbert C, and Chandra L Ford. "STRUCTURAL RACISM AND HEALTH INEQUITIES: Old Issues, New Directions." *Du Bois review : social science research on race* vol. 8,1 (2011): 115-132. doi:10.1017/S1742058X11000130