Penultimate draft. Published in *The American Journal of Bioethics*

https://doi.org/10.1080/15265161.2020.1861371

Against the Reification of Race in Bioethics: Anti-Racism Without Racial Realism

The three target articles constitute a powerful and persuasive call for actively anti-racist bioethics and biomedicine. All three articles reject race as a biological category. Nevertheless, they share a common commitment to racial classification. At one point, Ruqaiijah Yearby writes that "social race, like biological race, is an illusion created to establish racial hierarchy," but mostly she writes about "races" as though they were not an illusion, but a reality.

In this commentary I critique the racial realism of the target articles. I argue that the biomedical fight against racism is best served by a form of anti-realist reconstructionism about race, which says that there are no races, only racialized groups—groups misunderstood to be races. Note that I do not defend the color blindness that Clarence H. Braddock (2020) persuasively rejects. Because of the role of skin color in racialization and racism, color blindness is a misguided goal. One can reject color blindness, though, without accepting racial realism.

Before I get to my main argument, I want to briefly discuss race as a biological category. I agree with the authors that race is a biological illusion, and have argued this elsewhere (Hochman 2016; 2019b). However, both Braddock and Yearby over-extend the argument against biological race. Braddock writes that "an individual who is Black is as different from the next person who is labeled as Black as they are from another person who is labeled as white" (Braddock 2020, see also Yearby 2020). However, as David Witherspoon and colleagues explain, "the answer to the question 'How often is a pair of individuals from one population genetically more dissimilar than two individuals chosen from two different populations?' depends on the number of polymorphisms used to define that dissimilarity and the populations being compared" (Witherspoon et al. 2007, 351). Depending on these variables, sometime there are more genetic similarities within racialized populations than between them, a fact that is compatible with the finding that most human genetic diversity resides within any given racialized group (Witherspoon et al. 2007).

Overstating the case against biological race provides ammunition to those who accuse biological race skeptics of misunderstanding the science (Hochman 2016). It is also important that "race" is replaced with other categories, such as 'racialized group' and 'ancestry.' Rather than "race," Yearby suggests that biomedically relevant factors include "neighborhood…; education; occupation; job; health insurance coverage; income; wealth; health behaviors; experiencing racism; gender identification; disability status; and age" (2020). I agree, but "experiencing racism" doesn't tell us precisely how an individual is racialized, and it isn't a proxy for a range of diseases that are correlated with ancestry. Think of the Italian who travels through life without experiencing racism, but who has sickle cell disease. Biomedicine offers strong support for anti-realism about biological race (Msimang 2020). However, the more fine-grained category of ancestry ought to be adopted, and the category of the racialized group ought to replace "race."

Now to the racial realism of the target articles. What, if anything, justifies this stance? For Yearby, racism *requires* the existence of races. She describes racism as "a social system where the racial group in power creates a racial hierarchy in which other racial groups are deemed inferior" (2020). However, racism requires the existence of groups *believed* to be races, not actual races.

Braddock alludes to "a strong body of evidence that supports the notion that race is not a biologic category or construct but rather a sociological and experiential construct" (2020). But surely 'race' is a biological category, just one that fails to refer. And while we cannot understand society or identity

without acknowledging *racialization*, it is unclear whether we need to posit the existence of "races" for these purposes.

The target articles often use 'race' and 'racism' interchangeably. I agree with Braddock when he argues that "By taking a colorblind stance, we have neglected racism and its influence and effect on our ethical deliberations" (2020). However, I am unsure what to make of his claim about the "negative impact of race and racism on health" (2020). It is unclear how "race," as something distinct from racism, has negative impacts on health.

Zamina Mithani, Jane Cooper, and J. Wesley Boyd also use 'racism' and 'race' interchangeably when they argue that "bioethicists ought to examine instances where racism is clearly mentioned, but also all of the other times when race is conveniently omitted" (Mithani et al. 2020). "Race" is something people are supposed to have, while racism is a form of discrimination and persecution. These are not the same thing, and the reality of racism does not imply the reality of race.

Racism does imply the existence of racialized groups—groups mistakenly believed to be races. Braddock writes that "to see Black patients as Black is to acknowledge that we understand the impact of racism on health" (Braddock 2020). This is exactly right. My view is not that there are no Black people, but that Black people constitute a racialized group (white people being a self-racialized group).

One might argue that social inventions like "race" can be just as real as the objects of the physical sciences, and I'd agree! Money is a social invention, but money is surely real. However, "race" is different from money. When we agree that money is valuable it *becomes* valuable. But this is very different from "race" because the groups people think of as "races" did not take on the properties they were believed to possess. Racialization is not a race-making process.

We might think instead of race as a *social kind*, analogous to the kinds of the physical sciences. There isn't space to go into this, but as I've argued elsewhere, this move fails. Attempts to define race by reference to purely social factors inflates the category of race beyond recognition, with too many different sorts of groups counting as "races" (Hochman 2019a; c.f. Msimang 2019).

'Race' stands on shaky conceptual ground. This matters because there are risks associated with racial realism. 'Race' has been used to justify some of the worst evils of modern history, and belief in the reality of race is associated with racist attitudes—a finding that holds even when 'race' is understood as a social category (Shulman and Glasgow 2010). The risks associated with racial realism are especially high in the biomedical context, where people are primed to think in terms of biological difference.

I believe that we ought to be disruptive with our language in order to clearly signal that race fails as an analytic category. This is why I employ the concepts of 'racism,' 'racialization' and 'racialized groups' instead of 'race.' Of course, racism is not a linguistic problem, but a structural one, so there is only so far such a recommendation can go. Nevertheless, language does matter, and when it comes to racial realism, we are playing with fire.

Mithani, Cooper and Boyd argue that "we must embrace an ethic of discomfort—being comfortable with the uncomfortable" (Mithani et al. 2020). I cannot prove, but I wonder whether the slippage between 'race' and 'racism' in the literature is due to discomfort. Racism is so morally loaded that it may be less confronting (for authors or their audiences) to write of 'race' instead. As Mithani, Cooper and Boyd recommend, we ought to sit with our discomfort. This means naming racism, rather than using 'race' as a euphemism. With concepts such as 'racism,' 'racialization' and 'racialized groups' there is no need to invoke "race" in bioethics and biomedicine, and given the arguments against racial realism and the risks involved, there are powerful reasons to—as Mithani, Cooper and Boyd suggest—"focus on more creative ways to address systemic societal issues" (2020)

References

Braddock, Clarence H. 2020. “Racism and Bioethics: The Myth of Color Blindness.” *American Journal of Bioethics*.

Hochman, Adam. 2016. “Race: Deflate or Pop?” *Studies in History and Philosophy of Biological and Biomedical Sciences* 57: 60–68.

———. 2019a. “Is ‘Race’ Modern? Disambiguating the Question.” *Du Bois Review: Social Science Research on Race* 16 (2): 647–65.

———. 2019b. “Race and Reference.” *Biology & Philosophy* 34 (32): 1–22.

Mithani, Zamina, Jane Cooper, and Wesley Boyd. 2020. “Race, Power, and COVID-19: A Call for Advocacy Within Bioethics.” *American Journal of Bioethics*.

Msimang, Phila. 2019. “Racializing Races: The Racialized Groups of Interactive Constructionism Do Not Exclude Races.” *Ergo* 6 (1): 1–30.

———. 2020. “Medicine, Anti-Realism and Ideology: Variation in Medical Genetics Does Not Show That Race Is Biologically Real.” *SATS* 20 (2): 117–140.

Shulman, Julie L., and Joshua Glasgow. 2010. “Is Race-Thinking Biological or Social, and Does It Matter for Racism? An Exploratory Study.” *Journal of Social Philosophy* 41 (3): 244–259.

Witherspoon, D.J., S. Wooding, A.R. Rogers, E.E. Marchani, W.S. Watkins, M.A. Batzer, and L.B. Jorde. 2007. “Genetic Similarities within and between Human Populations.” *Genetics* 176 (1): 351–59.

Yearby, Ruqaiijah. 2020. “Race Based Medicine, Colorblind Disease: How Racism in Medicine Harms Us All.” *American Journal of Bioethics*.