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Is Race a Social Invention? (with transcript)

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Eleanor Barrett: Welcome to *Case in Point*, produced by the University of Pennsylvania Law School. I'm your host Eleanor Barrett. In this episode, we'll explore the question of whether race is a social invention, and we'll look at the policy, legal, and other consequences of categorizing race biologically.

Joining us to examine these issues are Dorothy Roberts, the 14th Penn Integrates Knowledge Professor here at the University of Pennsylvania. Professor Roberts also hold joint appointments at Penn Law, and in the sociology and Africana studies department. Her latest book is *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-first Century*.

Also joining us from North Carolina is Professor Jonathan Marks, a biological anthropologist from the University of North Carolina Charlotte. Thank you both for joining us.

Let's start with the seemingly obvious question, what is race and how do we define it?

Dorothy Roberts: We define race a couple ways. One is a biological definition, where it's a group of individuals or members of a group who are so similar to each other that they can be distinguished from members of another group, a population that is biologically distinct enough to be identified as naturally a subspecies. And then there's also a social definition of race, which is the definition that I think more appropriately belongs to human beings. It is a political classification of people into groups that are seen to be distinct and usually placed in a hierarchy. So on the one hand, there are races that are biologically distinct from each other, and we know that doesn't really apply to human beings, and then there groupings that are socially distinct from each other based on invented demarkations. And that's what we really mean when we talk about race applied to people, to human beings.

Jonathan Marks: I think the big lie, the big fallacy is that we have a formal scientific concept of race that applies to people. And as Dorothy was saying, empirically we're not discrete enough or different enough from one another to have that zoological subspecies apply. But there is this concurrent informal use of the word race that stems from the 18th century, which is basically any group of people with their own identity. And as a result people started – scientists in the late 18th, early 19th century totally used those two concepts interchangeably. So it really had no applicable definition. Anybody could be a race. You could apply it to Jews. You could apply it to Catholics. You could apply it to the Irish. And in the early 20th century

anthropologists tried to formalize the term and suggest that there really were subspecies in humans and those were the real official races, but more intensive empirical studies in the 1950s and '60s showed that those data just don't sustain the idea that the human species is divisible naturally into units that would be analogous to subspecies and other species.

Eleanor Barrett: So what are some misconceptions that we might have as a society about race, maybe arising from these two different notions of the concept?

Dorothy Roberts: Well, I think as Jonathan was saying, a big misconception is that what we call race, which is really a social category, an invented category – I would say it's the category that was invented to govern human beings, to be able to identify which group of human beings were supposed to be in control and which group of human beings were supposed to be subordinate to them. Purely social. The misconception is that it really is rooted in biology, that human beings really are divided into these natural races, and that what is actually a social grouping, the misconception is, is that that is a true biological grouping. And that is a huge misunderstanding of human genetic diversity, of human political relationships, and of basic biology as well.

Jonathan Marks: And certainly it's no coincidence that race, as a form of classifying humans, comes into existence in the era of colonialism and exploitation of peoples from all over the world in the service of empires. I think the biggest misconception to me is, as Dorothy was saying, the idea that this is a natural category as opposed to a biocultural category. And I think the best illustration of that is that somehow we imagine President Obama as a black man with a white mother rather than as a white man with a black father. And what that illustrates is, what we call in anthropology, the principle of hypodescent, where when different groups coexist with different social strata, a great deal of value is placed on a little bit of biological inheritance, and you get the identity of one parent rather than the other.

Eleanor Barrett: All right, Jonathan, what do you mean by bioculturalism?

Jonathan Marks: What I mean is that it's a category that's comprised of sort of two kinds of natures, one of which is the nature of biology, that there are natural, there are biological differences among human beings that are geographically patterned – skin color, hair form, body build, that kind of stuff. But there's also, in addition to a little bit of nature in our classification, there's a great deal of cultural

imaginary forces that go into the construction of these categories. And that's why we classify President Obama as being in one category rather than in the other category or in two categories. This is how we classify people in the modern world, and it's not about biology. It's about a little bit of biology and a lot of culture.

Dorothy Roberts: And I would just emphasize that those classifications are purely invented. So they use a little bit of biology in order to pretend that they're actually natural categories. But the very exercise of dividing people up into these big groups that we call races and determining who belongs to which race, what are the biological indicia of being a member of one race or another and the qualities that we ascribe to people of different races, why it matters to even belong to one race or another or to even have races, all of that is purely invented. And as Jonathan said, it was invented in order to justify slavery and colonialism and conquest. You cannot tell what race someone is without knowing the legal rules, the social rules, the cultural rules of how race is defined at that particular time in history and that particular country.

And so it turned out, in the United states, because it was beneficial to a slave system to define black people as someone having any amount of African ancestry – that's why we think of President Obama as a black man – instead of just as plausible, just as biological would be a definition that says anyone is white if they have any amount of European ancestry. In that case, many, many people who are considered black would all of a sudden be white, including president Obama. So that rule is made up. It's made up, and yet many people think that the black race, the white race, the Asian race, the Native-American race, these are natural categories, but they're not at all. They're invented categories.

Eleanor Barrett: Well, let's talk about some of the consequences of this. Are there any biological definitions of race that are still used by scientists today, and how or why do they use those definitions?

Jonathan Marks: I think to the extent that they're used in epidemiological studies, a lot of the work tends to punt on the question of sort of defining race, but asks subjects to self-identify. Here's a list of categories; check one. So in that case, the categories are preexisting and reified and you're just slotting yourself into those categories. Because of course, one does have to study the fact that there are health disparities between black people and white people that aren't fact of nature, but are facts of social injustice. And we can talk a little bit later about the category of facts that we're dealing with,

but if ameliorating social injustices is one of your goals, then of course distinguishing who is in which category becomes important.

Dorothy Roberts: Yes, but of course, as you know Jonathan, there are many scientists who are using race as a biological category, not as a way to address the social inequities that cause those disparities. So the idea that races are natural groupings that evolve to be genetically different after human populations left Africa about 50,000 years ago, and this idea that they landed on different continents and then evolved to be separate genetically distinct races, that definition still circulates in some scientific journals today. And it's used in, for example, pharmacogenomic research that is looking for drugs that are useful for people with different genotypes, and some companies are using that idea of race-based genetic difference to identify which drugs would be better for people of different races, and this uses a biological definition of race.

But even more commonly, doctors routinely use race in their diagnosis and treatment of patients. Medical students are still taught today that when they see a patient, one of the very first things they do is identify the patient's race. And then they interpret the symptoms that the patient has according to the race of the patient. This is using primarily a biological definition of race, the idea that people of different races have different diseases or experience disease differently.

Eleanor Barrett: Just a quick followup on that point, Jonathan talked earlier about having people self-identify as race. When you're talking about in the medical school context, do the doctors do the identifying or patients self-identify? How does that work?

Dorothy Roberts: Yes. Well this happened to have just come up in my class on race science in society yesterday where I showed the students a printout of a blood test where there is a reading that is different for African-American and non-African-American patients. In other words, depending on the race of the patient, the doctor reports to the patient a different level of this chemical in the blood, and my students said, "Well, how do the doctors know what race?" And sometimes doctors just look at the patient and determine what the race is, and this is true for biomedical researchers who are using race in their research to look for genetic reasons for health inequities.

And some of them look at the research subject, look at the patient and determine for themselves, but more commonly, I think, is what Jonathan was mentioning, which is self-identification. In many,

many studies and in some medical records, the patient identifies his or her own race. But here you can see a problem with the biological versus the social definition. There isn't a medical test of whether the patient is black, white, Asian, Native American. The patient reports it for herself, and that could be based on – it is based on not the patient's genetic test that she's taken. It's based on the patient's own identification, which is a cultural, social, political identification.

You know, it's interesting, there's a recent study that found that in a big longitudinal study of health, individual research subjects' race changed over time, partly because different interviewers identified their race differently, but also because people changed their own racial identification over time.

Eleanor Barrett: How interesting.

Jonathan Marks: There's also something to be said for the fact that ancestry is a risk factor for certain genetic diseases, so physicians do need to know. For example, if you're Ashkenazi Jewish, you're at a higher risk of having certain alleles that are found at higher frequencies, Tay-Sachs disease, familial dysautonomia, things like that. If you are of African ancestry, you have a higher risk of sickle cell anemia. If you're of northern European ancestry, you have a higher risk of cystic fibrosis.

But knowing the differences in risk also creates a potential problem, because you don't want to be the pediatrician that had the baby presenting symptoms of sickle cell anemia, and the baby looks white to you, and you say to yourself, "Oh, this can't be sickle cell anemia, because I know white babies don't get sickle cell anemia." When in fact sickle cell anemia is there in Saudi Arabia, in India, in the Mediterranean, so it's sort of irrespective of your looks. There are other populations at higher risk. You don't want to be the pediatrician that says, "This baby is black, it can't be cystic fibrosis." Because it can be cystic fibrosis, but just at a lower probability. So one has to be careful in misusing the racial diagnosis in health diagnoses, because they're not essential categories, they're probabilistic categories.

Dorothy Roberts: Yeah, and there are many cases where physicians have misdiagnosed a patient because the physician believes that because the patient belongs to a certain race, they categorically could not have a particular gene or set of genes, and that just isn't true. Again, there is no racial subdivision of the human race into subspecies where one race has certain genetic characteristics that no other race

has. That just doesn't exist in the human species, and so this medical diagnosis based on race can lead to the wrong diagnosis because of these racial assumptions.

Eleanor Barrett: We've been talking about some of the medical consequences of these biological definitions, but what are some other consequences of these definitions sort of historically speaking? Have there been other consequences in other fields as well?

Jonathan Marks: Well certainly slavery and genocide counts as significant consequences and obviously very tragic consequences.

Dorothy Roberts: Yes, some of the worst genocides, exterminations in the history of mankind have been based on a biological definition of race and the belief that human beings are naturally divided into races and some are less valuable or harmful to society, whereas others are superior. So eugenics, for example. In the United States, at the beginning of the 20th century, mainstream science promoted the view that human beings were divided into genetically distinct races, that some were superior to others, and that government should take steps to ensure the proliferation of the genetically valuable races and take steps to deter procreation by people who were considered not to be valuable.

And so this was official science, mainstream science, official U.S. policy in this country to mandatorily sterilize people who were believed to belong to an inferior race that had antisocial characteristics, like feeble-mindedness or lack of intelligence, a predisposition to criminality. And we now know that these policies were continued into the 1970s in some states. In fact just last week, the state of Virginia legislature voted to give reparations to its citizens who were compelled to be sterilized under its eugenics law, and this continued in Virginia, and in North Carolina as well, into the 1970s. At that point, it was mostly poor black women who were being sterilized by the state on grounds that they shouldn't be having children because they were a burden to society.

Jonathan Marks: But by the same token, a lot of the eugenic measures in the 1920s were targeted at groups that we now consider ethnicities. They've been sort of demoted from races even though in Europe they're sort of the classical races. But in America, the immigration restriction laws that were passed in 1924 were targeted at Italians and Jews very specifically, which were considered to be racially inferior even in the United States.

Dorothy Roberts: Yes, which is another great example of how race is invented and how it changes over time depending on political considerations. So as Italians and Jews, Slavs, others from southern Europe became more assimilated into what we now think of as a white population, they began to have the privileges of whiteness and were not seen as appropriate subjects for mandatory sterilization. They were, though, in the 1920s and '30s and in fact the Congress passed an immigration law based on eugenic philosophy that limited the numbers of people who could immigrate to the United States from southern Europe. They were considered a different race than people from England and Scandinavia and Germany. And that concept of race has changed just in the matter of a century, and that shows that race is a political category that serves particular political ends.

Jonathan Marks: And one of the most interesting stories in terms of race globally is how two of the most racialized others in Europe, the Irish and the Jews, in the United States in the 20th century became deracialized, and became sort of variant white people as opposed to racialized others, as they had been in Europe.

Eleanor Barrett: What are some of the consequences of these categories? We've talked about the historical ones, but the consequences persist to this day. So can you tell us a little bit more about that as well?

Dorothy Roberts: Well, for me the major consequence of continuing to believe that human beings are naturally divided into biological races is seeing social inequality as the consequence of biological difference. I think that there is still a way that the common perception that races are natural and that there is a black race that's different from a white race that's different from an Asian race, different from a Native American race is that the social inequities we see among these races, including health disparities, must result from some natural difference among them, as opposed to resulting from social inequalities that exist along racial lines. But why? Because race is a sociopolitical category.

Jonathan Marks: It's the classic example of blaming the victim, by looking at social differences, political differences, and sort of rooting them in some sort of natural differences among the groups, when in fact those natural differences at some level exist. Skin color is real. Hair form is real. But innate intellectual differences, innate behavioral propensities are unreal and have always been sort of invoked and invented in order to rationalize the political injustices.

Eleanor Barrett: Well we've talked sort of in generalities about different kinds of inequalities or different kinds of public policy consequences, but what are some more specific disparities? You mentioned the concept of disparity. How does this play out in our society?

Dorothy Roberts: Well, health disparities are major. So as Jonathan mentioned earlier, there are large gaps in various health outcomes, including infant mortality. Black Americans are more than twice as likely to have babies who die in the first year than white Americans. Differences in cardiovascular disease, in diabetes, in deaths from breast cancer. There was a recent study that found in Chicago, black women are less likely to get breast cancer, but they're twice as likely to die from breast cancer as white women. So I could go on and on about these very devastating gaps in health.

And there are also gaps in education attainment, college admission, college graduation, high school graduation; gaps in wealth. Recent studies find that white Americans are twelve times more wealthy than black Americans. So on so many levels of welfare – incarceration also. Black men are seven to eight times more likely to be incarcerated than white men in this country. And black women are the largest growing group of incarcerated people in America, which has an astronomical incarceration rate. So there are these gaps in welfare, and a big question is why. Where do they come from? And I think it's crucial whether or not we understand those gaps as resulting from social – systemic social inequalities or whether we understand them as resulting from natural differences between people.

And the biological concept of race flows from an understanding of human beings as being unequal. I like to say that racism created race. It's not that human beings were naturally divided by race and then people became racist with respect to people of other groups. No, first was racism, the idea that human beings come in unequal groups and that some can be superior to others. That required the creation of racial classifications. And as long as we continue to have that view, that human beings are fundamentally divided into these racial groupings that are biological and therefore have consequences in society, it will be harder, I think, to work toward ending the social inequities which are what really explain these gaps.

Jonathan Marks: Yeah, I mean, I think the more we look at any epidemiological difference between blacks and whites in any particular outcome, what we tend to find is that it is more often a social thing than a biological and a natural thing. One of the nice examples of that is

African-American women are at higher risk of low-birth-weight babies, and that's true across class divisions, so that a black family at \$80,000.00 a year income and a white family at \$80,000.00 a year income, the black family is still more likely to have a low-birth-weight baby. And it had traditionally been thought to be a fact of biology; there's something in the African-American gene pool that leads to low-birth-weight babies being more frequent.

And there was a wonderful study done about 15 years ago in which rather than just contrast black and white Americans, they had a third group, which was African women who had immigrated to America and then had babies. And what they found was that the African women who had immigrated to the United States, their low-birth-weight probabilities – that the profiles tracked white women in America, not black women in America, which suggested that the disparity between African-American and European-American women for low-birth-weight babies had a lot more to do with the fact of growing up black in America than it had to do with the gene pool.

Dorothy Roberts: Yeah, I think that study is a very, very striking example of how looking for genetic difference as the explanation is the wrong place to look, and what we have to look for is what is it about growing up black in America that causes these harms to health. Similarly, there was a big metaanalysis of studies across the globe of differences in hypertension, and that study found that Nigerians have lower rates of hypertension than white Americans. Jamaicans, black Jamaicans have lower rates of hypertension than white Americans. It's African-Americans, people who are born and grow up in the United States who have these high rates of hypertension, and so you can't explain it as some African gene that is producing hypertension. You have to look for what is it about the stress of living as a black person in America that causes higher rates of hypertension.

Jonathan Marks: And that gets to the important question of sort of who is to blame and what is to be done. If we are able, successfully, to relegate these differences to genetic natural differences, then nobody is to blame, and maybe nothing is to be done. It's just a fact of nature. But if we find it to be a result of systemic racism that is somehow inscribed upon the body, then yeah, we need to do something about it.

Dorothy Roberts: Yeah, and that I think brings up an important area of research that looks at how racism is embodied. So it makes the distinction between race as a biological category that naturally leads, because

of genetic difference, to these health inequities, and instead asks, how does belonging to a certain race, as a social grouping or as a political grouping, how does that lead to negative consequences on the body, negative biological consequences? So it does understand a relationship between race and biology, but not race as a natural biological category, instead, as a social category that produces these biological outcomes because of social inequality.

Jonathan Marks: There's a four year difference, on average, in the lifespans between African-American and European-Americans. There is no gene for shortened lifespan.

Eleanor Barrett: Well, you've talked about some work in the biological or in the scientific medical area that begins to address these disparities, but is there work in other disciplines as well that is also looking at this difference in definition or trying to address the disparities that we've discussed sort of in the same way that you've described in the medical field?

Dorothy Roberts: I think in law and other disciplines, there is a way of thinking about race and racism, critical race theory, which looks at the institutionalized systemic ways in which racial disadvantage is perpetuated generation by generation. So it's not through inheriting genes that predispose people to these negative outcomes. It's the way in which, at a societal level, we inherit the embedded institutionalized racism of prior generations. So looking at the way in which the criminal justice system, for example, the education system, and the healthcare system, systems that produce wealth, how they have disadvantaged people of color in this country in very systemic institutionalized ways that continue. Unless you do something to change them, they're going to continue to produce that disadvantage. And so what might look like cultural or biological inheritance and transfer is actually embedded in institutions.

Jonathan Marks: And in anthropology we ask now a very different question about human diversity than we asked 50 or 60 years ago. Fifty or sixty years ago, we were talking about, what are the primary divisions of the human species and how do we distinguish them? And now we realize that that's a false question. That's sort of like the phlogiston of anthropology. And what we do now is ask, what are the real empirical patterns by which human beings and human groups differ from one another? And it turns out that racially is not one of the major criteria.

What we find when we look at human beings across the world in groups is that most of the variation is found in all groups. We call that polymorphic variation or cosmopolitan variation. There are people of AB and O blood types everywhere. Second say that people vary is what we call clinally, and that is gradually, from place to place, there are no discrete boundaries between populations biologically. And the third way is locally, groups that are locally adapted. The idea that sort of all Europeans are categorically distinct from all Africans is a very outmoded mode of thought in anthropology, and it's also a very bad description. And I don't mean bad morally, although it is, but I mean bad empirically as a description of patterns of human diversity.

Dorothy Roberts: Yeah, I think that's a very important development, as well as the way of thinking about how social injustice and disadvantage is transferred from one generation to the next. This basic idea of how we understand humanity, how do we understand human genetic diversity, I think there is a lot of room still for educating people about that and figuring out a better way to understand human beings. I think it would improve medical practice, and it would also improve policies that are trying to understand the reasons for persistent inequality. Once it's clear that human beings aren't naturally divided into these racial groups – that when we talk about race, we're talking about a political social category – I think that will help to move toward ending those categories and the injustice that the categories help to perpetuate.

Eleanor Barrett: As I'm listening to both of you talk sort of about empirical study and also about this structural inequality – or maybe another way of putting it is maybe like implicit bias. I'm not sure. But that seems to be something that I've seen in the headlines, in terms of studies sending out the same resume with two different names. And is that along the lines of what you're talking about, or is that a different strand of the same kind of – or how would you react to that? Let me –

Dorothy Roberts: Well, I see them as related. It's interesting, because just this morning, I tweeted something about this. Based on the department of justice report showing just extreme entrenched institutionalized racism in the Ferguson police and courts, and there were also reports about individual bias, racist jokes that Ferguson police officers made. Now both of those are evidence of a need to change in Ferguson. One is institutionalized. The way in which the police were set up and the courts were set up to disproportionately arrest black citizens and make money off of fining them for minor violations. And that's important. To me there is no need to prove

implicit bias. You've got the evidence of how the institution, the police and the courts operated to disadvantage and subordinate black citizens.

However, it also, I think is relevant that they expressed personal racial bias, because individuals implement these policies and institutions. So I don't think that you should have to show individual bias. I think it's very important to understand that institutions can operate in a racially discriminatory way even if the individual actors aren't expressing any kind of racial bias. But the racial bias is also relevant because it is one of the reasons why people in that system perpetuate a system that is obviously discriminatory against black people.

Jonathan Marks: And to add something to that, economic inequality, political injustice are not facts of nature. We started off this conversation talking about race as a natural category, talking about genes. Genes and nature are really irrelevant to the issues that are crucial here, which is about politics, economics, access to upward social mobility and things like that. Those are not facts of nature. Those are facts of society, facts of culture, and I think the biggest problem out there talking about race is that we often let the scientists, the geneticists co-opt the authority in talking about race, so that we often hear that since race doesn't exist as a natural category, therefore it doesn't exist.

And getting back to what Dorothy was talking about, about a half hour ago, it's very real as a social category. And these are very important as social and political fact. If you want to talk about political injustice, which is very real, that's not in the realm of nature and of natural facts. And if the facts of nature are the only facts that exist, then what does that do to political injustice or economic inequality? It renders them invisible or non-existent. We have to recognize that there are other kinds of facts than just facts of biology.

Dorothy Roberts: Absolutely. And I think one of the legal trends that I've identified is that the idea of color blindness is gaining popularity. It is espoused by a majority of justices on the U.S. Supreme Court. The idea that the government shouldn't pay attention to race, even for policies that are intended to try to address the kind of systemic institutionalized racism that I was just talking about. And so the U.S. Supreme Court has struck down state and local efforts, efforts by universities, efforts by school boards to affirmatively address the continued inequalities in society. And so that has been called

color blindness. The government should be blind to color and not pay attention to race.

Now at the same time that we're hearing don't pay attention to race, at the social level, there is this move that we were discussing earlier to resuscitate a biological concept of race in genomic science, in pharmacogenomics, in medicine, in biomedical research, in ancestry testing, all these biotechnologies and scientific research that uses race as a biological category. You put those two together and it means that there's this dual trend to pay attention to race at the biological level and not pay attention to it at the social level. It should be just the opposite. Race is not real as a biologically distinct grouping, but it is very real in society. And so I would say we need to move away from that false trend and firmly reject the notion that race is an innate division among human beings in order to morpholly address the systemic institutionalized inequities that still exist along racial lines in this country and around the world.

Jonathan Marks: For which the biological differences that exist among us are simply red herrings.

Eleanor Barrett: All right. Well, Dorothy, Jonathan, thank you so much. This was a great conversation. I really enjoyed it.

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