

Commentary

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The essay by Carlos Zubaran titled “Human Nomenclature: From Race to Racism” provides an excellent summary and synthesis of the extant literature on use of racial categories to explain differences in disease patterns among population groups. The author does a commendable job of tracing the historical literature and conversations of the role of race and its genetic underpinnings that has become a part of the current discourse to categorize human beings. Zubaran also marshals significant supporting evidence from the literature to argue against a biological definition based on genetics to explain racial health disparities. He correctly emphasizes that the use of racial categorization in health disparities research is unwise not only because there is little biological evidence for it, but also on ethical and social justice grounds. He highlights historical examples of the use of racial and genetic explanations for health disparities, and warns readers of the potential for discrimination at the individual level and even stigmatization of whole communities and groups. In addition, he correctly points out that the use of racial categorizations in healthcare research can be misleading, resulting in the exclusion of more meaningful social or environmental factors that better explain differences in health status among groups of people.

Often in the face of these shortcomings, health researchers may seek to use racial categories as social constructs, but even here Zubaran suggests caution, arguing that “race as a social construct is insufficient to justify its perpetuation as a categorical and differential entity for humans.” He recognizes the need to move from merely warning of the pitfalls of racial categorization to thinking about how race and disease might be more meaningfully addressed in health disparities research. To this end, he suggests the need to redirect the discussion to etic and emic approaches when studying health and disease patterns. Etic approaches force researchers to move beyond discussions of racial health disparities and look for health patterns that cut across racial groups. Emic approaches help health researchers examine variations in health practices and behaviours within racial categories, an approach that will be key in addressing stereotypes and myths on issues of health. The question is not which of these approaches will help us understand health patterns, but rather the merging of information from studies using one or both approaches that will help advance health research in the future.

In our efforts to move beyond racial categorization in understanding health disparities, it is important not to ignore the challenges and experiences of particular racial or ethnic groups who may experience historically significantly worse health outcomes than others because of racial segregation and discrimination. Clearly, more needs to be done in terms of conceptualization, operationalization and methodology when addressing cross-cultural issues of health. Nevertheless, Zubaran’s essay offers much food for thought: the issue of health disparities remains a troubling problem, not only in the developed world as it deals with increasing diversity in its population, but also in the developing world, which has its own problems of divisions along gradations of colour or tribal and factional lines.