

The Virtues of Ethnicity: Is Race Necessary in Medicine

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## ABSTRACT

Error theorists about race face a challenge from the occurrence of diseases and other health ailments that, appear, to be tracked by groups that are carved out by racial terms. If race does indeed allow us to make useful medical distinctions, then it would seem foolish or even a form of medical injustice to deny its reality. This paper provides a response to the stated challenge. First, by primarily using the work of Anthony Appiah, I will describe the error theorist position and its arguments for the non-reality of race. From here, I demonstrate the extent to which medical professionals grant the race is a scientifically arbitrary term and give arguments for accepting race as an alternative that may even be more medically useful. Finally, I advance an eliminativist argument to further motivate the notion that race, if it is truly not necessary, should be eliminated from use.

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## GENERAL AUDIENCE ABSTRACT

Error theorists about race face a challenge from the occurrence of diseases and other health ailments that, appear, to be tracked by groups that are carved out by racial terms. If race does indeed allow us to make useful medical distinctions, then it would seem foolish or even a form of medical injustice to deny its reality. This paper provides a response to the stated challenge. First, by primarily using the work of Anthony Appiah, I will describe the error theorist position and its arguments for the non-reality of race. From here, I demonstrate the extent to which medical professionals grant the race is a scientifically arbitrary term and give arguments for accepting race as an alternative that may even be more medically useful. Finally, I advance an eliminativist argument to further motivate the notion that race, if it is truly not necessary, should be eliminated from use.

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## The Virtues of Ethnicity: Is Race Necessary in Medicine

Error theorists about race face a challenge from the occurrence of diseases and other health ailments that, appear, to be tracked by groups that are carved out by racial terms. If race does indeed allow us to make useful medical distinctions, then it would seem foolish or even a form of medical injustice to deny its reality. Since error theorists claim that race does not track discrete biological groupings, how then can they account for what seems to be the useful role race plays in the medical domain? In this paper I offer a possible response to the above question. I begin the paper with an articulation of the error theorist position on race and arguments in its favor. Next, I will articulate the objection error theorists face concerning the medical utility race appears to have: If race is not real, how can it be medically useful? In response to this objection I will demonstrate the ways in which despite its prevalent use, medical professionals grant that the sense in which they talk about race is not based on any physiological characteristics. That is to say ‘race’ and its terms are used in this way simply because that is how society groups certain populations. From here, I argue that ‘race’ in medicine is unnecessary. The groups that are picked out by ethnic terms could provide an alternative vocabulary for describing these populations. Ethnic terms, due to their more focused scope, avoid the tendency that ‘race’ terms have of picking out too many people and may in fact provide a basis for greater medical progress. Further, I claim that our reliance on ‘race’ may in fact be obfuscating as the uncritical continuation of its gives the false sense that no further meaningful distinctions can be made; ethnicities give us a more fine grained and therefore a more medically useful distinction. Finally, I finish the paper by giving a further reason as to why we should be wary of unnecessarily applying and preserving racial concepts. Namely, that ‘race’ is almost inseparable from essentialist connotations. The idea that members of the same ‘race’ share intellectual, moral, and

psychological characteristics as a result of being part of that race. I argue that ethnicities do not necessarily share this same connotation to the extent that 'race' does.

### I. Racial Skepticism or Error Theory

As error theories are generally controversial, I begin by motivating the racial error theorist position. It is not my aim to provide a complete justification for the position, I only hope to demonstrate some of the reasons that count in favor of holding the view in order to justify trying to save it from the particular objection this paper is concerned with. Racial skepticism, or an error theory about race, entails the view that there is nothing in the world that justifies our use of racial terms, and as such, race is not real. A further position one can have in regards to 'race' is that of eliminativism, the notion that we should eliminate racial terms from usage.

In *Race, Culture, and Identity* Anthony Appiah carefully outlines his account of why race does not exist. As contemporary realists about race likely view it as a result of biology I focus on the argument of his that best addresses this understanding of the concept. This biological understanding of race could be said to be justified by the causal theory of meaning. On this account "if you want to know what object a word refers to, find the thing in the world that gives the best causal explanation of the central features of uses of that word." (63) If we want to know what 'race' means, we must find the thing in the world that best justifies its use. Race, as it turns out, is not so simple a case due to its momentous historical role. "So, what we need to do, on this view, is to explore the history of the way the word 'race' has been used and see if we can identify through that history some objective phenomenon that people were responding to when they said what they said about 'races.'" (64) Historically, 'race' has been thought to pick out some essential nature that all members of a population shared with one another, but not with

those of other races. As beliefs about essences are no longer taken seriously and are not considered to exist, they cannot be the referent for beliefs about race.

Even if there are no essences, like I mentioned earlier, biology is clearly what most everyone would expect to be the referent of racial terms; 'race' picks distinctions that are important for biological theory. Populations defined as something like a community of interbreeding and reproductively isolated individuals might be a candidate for a 'race' referent. Appiah agrees that there are many species of plants and animals where this definition may pick out races. However, he goes on to say "It's just that this doesn't happen in human beings. In this sense, there are biological races in some creatures, but not in us." (100) In the United States, it would be hard to claim that the groups picked out by the standard racial terms exist in such a state. The other possible candidate for a 'race' referent are the groups that are identified by phenotypical and morphological traits that are thought to indicate geographical origins of ancestry. This kind of grouping works for some individuals and fails to encompass others, but Appiah wonders what biological significance it carries. There is so much variation between these traits that it is insufficient to "provide us with a concept that was central to biological thinking about human beings." (101)

Naomi Zack, further attacks this understanding of 'race' in *Philosophy of Science and Race*: "If common sense racial taxonomy is assumed to be real because it has a basis in science, and it does not have a basis in science, then common sense race is unreal." (78) In addition, she says "essences, geography, phenotypes, genotypes, and genealogy are the only known candidates for physical scientific basis of race. Each fails. Therefore there is no physical scientific basis for social racial taxonomy." (78) However, the genealogical notion of cladistic race has been proposed as a promising biological correspondent of race. Clades are groups that contain as

members descendants of a common ancestor. Robin Andreasen, a defender of the cladistic notion of race, says the following in “The Cladistic Race Concept: A Defense”: “Evolution often takes the form of a branching pattern, which can be represented as a phylogenetic tree. Provided that each object in the tree has a unique immediate ancestor, cladism defines its taxa as ‘monophyletic groups’ – i.e., groups composed of an ancestor and all of its descendants.” (425)

Zack provides a number of reasons why clades fail to provide a biological ground for racial terms, but I will focus on the following claim she makes: “A clade consists of descendants of a common ancestor with a distinctive derived trait, whereas a race in the social sense may contain members who are descendants of other races.” (76) This argument comes in the form of what Ron Mallon, in “‘Race’: Normative, Not Metaphysical or Semantic,” calls mismatch arguments. He defines these arguments as follows: “A mismatch argument holds that the true account of the extension of a term or concept *x* would be sharply different from what is believed about the extension of *x*.” (533) One of the problems facing the cladistic notion of race is the extent to which it fails to justify common usage of racial terms. It would be difficult to claim the groupings given to us by clades have been reproductively isolated for all of history. As such, it is similarly hard to claim that any individual today is an exclusive member of any given clade. This creates a mismatch between the biological notion of clades and common sense uses of racial terms. The populations that are picked out by clades do not come close to matching the populations that contemporary ‘race’ terms do. If so, then clades, even if real, fail to justify our ‘race’ concepts.

## II. Should Medical Populations be Divided by Race?



So, it seems that the notion of biological race is at least controversial enough that racial skepticism is a reasonable position to hold, but it is not without its detractors. Those who wish to object the error theorist position can do so on many grounds. The particular worry being considered in this paper is that we should reject error theories because race allows us to make medically significant claims; if race is not real then we cannot account for the use of race in medical contexts. For instance, Sally Haslanger in her chapter titled “A Social Constructionist Analysis of Race” asks us to consider a drug, BiDil, that has been approved for use to treat heart failure, though only for African Americans. Haslanger goes on to say “if, as the eliminativist argues, race is not real, then the approval of BiDil for Blacks is as (un)justified as the approval of BiDil for witches.” (4) Also, Ian Hacking in “Why Race Still Matters,” while discussing the use of the term ‘race’ in medicine, writes, “Even if one is a complete skeptic about, for example, a genetic basis for the differential efficacy of the drug, the drug does appear to be statistically useful in treating the designated class of patients. That means that race may be a useful indicator to a physician of the potential effectiveness of this rather than another drug—under present social and historical conditions.” (107) The objection is fairly straightforward. The error theorist claims that the notion of race is not real. However, racial terms do appear to have some efficacy for the purposes of research and treatment. The charge is then that the error theorist is unable to account for this phenomenon and additionally is committed to saying these inferences are unjustified.

But, is this really the case? I would like to suggest that the error theorist need not rely on racial terms to talk about the differences of medical outcomes in populations. Alok Sharma, a cardiologist, prefaces the paper “Heart Failure in African Americans: Disparities Can Be Overcome” by qualifying the term ‘race’ as follows: “An important caveat in discussing racial

differences in heart failure is that race is completely arbitrary and is based on sociopolitical rather than scientific or physiologic definitions.” (302) If race is biologically as arbitrary as Sharma, and error theorists generally, suggests, then I must wonder why its widespread use continues. It is certainly the case that there are, as Hacking suggests, statistically meaningful medical differences in populations, but that does not mean ‘race’ is the only or even best way to distinguish said populations. Ultimately, I am arguing that if there is a method of distinguishing populations that is just as good, or even better, than ‘race’ for medical purposes, then the error theorist can avoid the apparent inability to account for different medical outcomes in populations.

If not ‘race,’ then I propose ethnicity. By ethnicity I mean something like Richard Schermerhorn’s account, given in *Comparative Ethnic Relations: A Framework for Theory and Research*, that ethnicities are “a collectivity within a larger society having real or putative common ancestry memories of a shared historical past, and a cultural focus on one or more common elements defined as the epitome of their peoplehood.” (12) The populations whose medical outcomes differ could be better understood not under broad categorizations like ‘race,’ finer, and perhaps more biologically significant, distinctions can and have been made using ethnicity. Hacking even describes such a case when he said “West African ancestry is an indicator for being a carrier of the sickle-cell anemia trait, which confers some immunity against malaria. This trait was often stigmatized as simply ‘black.’” (108) Intuitively, it seems that the population that is more likely to carry the sickle cell anemia trait is better served by understanding them as a West African ethnic group as opposed to unceremoniously lumping them in with all others that are considered to be black. Hacking might be said to have recognized this problem but was willing to continue using ‘race’ as a flawed but useful concept. The same

could be said of scientists, like Sharma, who despite acknowledging how biologically arbitrary race was, continue using the term due to a lack of viable options.

However, I argue that we do in fact have an alternative in the form of ethnicity. We need not by default resort to racial concepts because ethnicities allow us to talk about these populations and may in fact, as with the case of the sickle cell trait, be better than 'race'. Now I claim that reliance on 'race' has in fact served to obfuscate and limit our thinking about populations. This is demonstrated by Hacking's and the scientific community's insistence on using 'race' despite granting its lack of biological meaningfulness. Stephen Cornell and Douglas Hartmann, in *Ethnicity and Race: Making Identities in a Changing World*, identify why: "Where racial designations have been used, ethnic distinctions within racial categories have tended to be over shadowed by the racial designations... All of the commonly designated racial groups in American life are multi ethnic." (27) It was hard to recognize ethnicity as an option because 'race' tends to nullify our ability to make finer distinctions. Concerning the earlier mentioned case of BiDil, the drug approved exclusively for African Americans, Hacking, commenting on the efficacy of the drug, says "nobody well understands why. The reasons could be at least in part social and economic (including dietary) rather than hereditary." (107) The current inability to understand the drugs greater effectiveness on certain populations may just be another result of the obfuscating nature of 'race'. By this I mean to suggest that if race is the primary category used to distinguish medical populations this may contribute to the blinding of researchers.

For example, returning the BiDil case, despite it being approved exclusively for those who self-identify as African-American, the cause of this phenomenon remains a mystery. Sheldon Krimsky, in "The Short Life of a Race Drug" describes the drug's history. Initial clinical trial data failed to show the drugs statistical efficacy on a multicultural population with

heart disease which led the FDA to initially reject the drug. Krinsky says, “NitroMed re-examined the clinical trial data along racial lines and then ran a new clinical trial that enrolled 1050 men and women who self-identified as African Americans. The results showed a 43% decrease in mortality and a 39% reduction in risk of first hospitalization against placebo.” (1) As a result of this second trial the FDA, the approved the drug but only for patients with cardiac disease who self-identified as African-American. Krinsky concludes with, “Neither socially constructed nor self-identified concepts of race can serve as a proxy for an unknown or ill-defined biological marker that provides a causal connection to or strong association with a drug's effectiveness.” I take Krinsky's ultimate point to be that due to the ambiguity of ‘race’ terms in the medical context, prescribing drugs based on solely on race cannot be justified. What's relevant for my purposes is that, assuming BiDil does in fact produce a different medical outcome in those who self-identify as black, because the connection to race has been made our inquiry into the underlying mechanisms has ended. Because the biological reality of race is dubious and as Krinsky says “if a drug works it is because of the genetics and physiology of the patient (9),” there is in fact an explanation for the disparity in outcomes that is not captured by appealing to race. If this is true, then reliance on racial terms has in fact obfuscated relevant physiological features of patients such that doctors may be hindered in treating them.

By adopting the position that distinctions between populations with different medical outcomes are better made as ethnic distinctions rather than racial distinctions, there are two positive upshots; one for the error theorist and one for patients. The first stems from the fact that an error theorist on race can now respond to accusations that these distinctions could not be accounted for by their position. Ethnicities allow us to make the same kind of distinctions. The second benefit is that it just may be the case that ethnicities, being far smaller groups than race

populations, are less amenable to gross overapplication. Members of ethnic groups are far more likely to share ancestry and cultural habits, like diet and lifestyle, than those grouped into races. This may allow for a better scientific understanding of the variety of medical outcomes.

### III. Ethnicity vs. Race

Supposing ethnicities can indeed provide this explanatory role that race was meant to supply in the medical context, is relying on ethnicity possible or even desirable for the anti-realist? One motivating reason eliminativists have for recommending the cessation of ‘race’ terms stems from their historical connections with essences. The worry is that no matter if races are biologically real, socially real, or not real it would be almost impossible to divorce the terms from this deep-rooted connection with their essentializing origins. As Cornell and Hartman put it “Race has been the most powerful and persistent group boundary” and this power in part stems from the deep metaphysical separation of people racial terms allow. (27) Appiah’s work in particular highlights the extent to which essentialism was an integral part of the formation and development of theories of ‘race.’ These essentialist connotations that come with grouping humans by racial categories seem inseparable such that one worries whether they can or even should be salvaged or saved. While this paper does not expressly advocate an eliminativist stance on race outside of the medical context, this particular eliminativist charge against racial terms can be used as a motivating reason for accepting ethnic terms as alternatives. In what follows, I will highlight various episodes during the development of ‘race’ with the hopes of demonstrating that essentialism is inextricably tied to the origin and use of ‘race’ and its terms.

Returning to *Race, Culture, and Identity*, Appiah makes a crucial incite regarding ‘race’ that motivates my claim that the term is seemingly inseparably tied with essentialist notions. Namely, that the modern conception of ‘race’ came about from the “running together of biology

and politics” (72). Appiah’s focuses on the writings of Thomas Jefferson as an instance in which the question of ‘race’ was directly concerned with the resolution of political concerns. In this case, Jefferson’s contemplation of race was motivated by the question of why it is people perceived to be of different races could not live together. Jefferson justified this claim by appealing to the what appeared to be physical and moral differences between the groups. For Jefferson, “‘race’ is a concept to explain cultural and social phenomena” (67). These explanations turn out to depend on essentialist claims about moral and intellectual character of each race. In *Notes on the State of Virginia*, Jefferson points to the supposed “real distinctions which nature has made” that make coexistence of the races impossible. (147) About blacks he says they are “in reason much inferior, as I think one could scarcely be found capable of tracing and comprehending the investigations of Euclid; and that in imagination they are dull, tasteless, and anomalous...never yet could I find that a black had uttered a thought above the level of plain narration.” (149-150) Jefferson supposes that these are essential features of blacks as he believes these traits remain regardless of how “cultivated” of a society they find themselves in and the blackness of their skin serves as a biological sign of these traits. Jefferson’s writings provide an example of ‘race’ being deployed to advance a political aim and does so by relying on the explicitly essentialist understanding of the term.

Furthering this point I turn to an observation made by George Fredrickson in *Racism: A Short History*. One might wonder how countries that based their founding creeds on enlightenment ideals of humanism and the inherent equality of all humans could create such systems of discriminations. If all people are equal, on what grounds can such treatment be justified? Fredrickson says:

“Egalitarian norms required special reasons for exclusion...the one exclusionary principle that could be readily accepted by civic nationalists was biological unfitness for full citizenship. The precedent of excluding women, children, and the insane from the electorate and denying them equality under the law could be applied to racial groups deemed by science to be incompetent to exercise the rights and privileges of democratic citizenship.” (68)

Much like Jefferson was concerned with the question of “coexistence of between the races,” American society was faced with the task of explaining how in a land of equals there could be those who were treated so systematically unequally. An answer, once again, appeared in the form of appealing to natural distinctions between peoples. In response to the rising abolitionist movement in 1830s, the American School of Ethnology offered a scientific justification for the unequal treatment. “They proposed that, contrary to the teaching of Genesis, there had been a number of separate divine acts of creation, leading to the appearance of more than one human species within the genus homo.”<sup>1</sup> As you would imagine, these separate species were said to possess distinct “natural” dispositions, we can call these essences, in regards to intellect and moral character that would recommend the most inferior of these species to servitude. This particular historical incident is of great relevance here as while their particular views on the origin of race are no longer held, the practice of resorting to biological and taxonomic distinctions became a permanent feature of the American ‘race’ concept, essences and all. “The very fact that we continue to discuss race as if it was a matter of biological distinction and not an arbitrary concept is the lasting legacy of the history of the American School of ethnology and its activity”<sup>2</sup>

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<sup>1</sup> See Smith, Robert A. “Types Of Mankind: Polygenism And Scientific Racism In The Nineteenth Century United States Scientific Community.” 4

<sup>2</sup>Smith 109-110

I claim that ethnic groupings do not necessarily share this essentialist undertone, at least to the extent that 'race' does. The concept of 'race' I hope to have shown has been invoked to respond to political questions concerning perceived others. As Omi and Winant put it race "creates or reproduces structures of domination based on essentialist categories." (71) A key feature of this process is that races are externally imposed on other groups. These distinctions allows me to press why it is ethnicities are preferable to race in regards to worries about essentialism. My claim is not that it is impossible to make essentialist claims about ethnicities but rather that ethnic terms do not have a linguistic history so entangled with essentialist notions in the way that 'race' does. Moreover, given that members of an ethnic group self-identify with some shared culture it is difficult to imagine an ethnicity properly understood being imposed on individuals. If this is indeed a reasonable way to think about ethnicity and ethnic groups, then I stress that the behaviors associated with culture largely do not bring to mind metaphysical essences in the way terms referring to race do.

#### IV. Conclusion

In this paper, I have attempted to address a particular objection to error theory about race. If race is not real, how can the error theorist account for its apparent utility in the medical context. My response has been to suggest that in the medical context, what 'race' was thought to be tracking might be accounted for by a finer grained method of tracking populations in the form of ethnicity. I aimed to demonstrate that ethnicity, a grouping that is available to the error theorist, can explain many of the phenomenon that race was believed to have been tracking and that ethnicity may in fact be better at doing so. I also provided a reason why we should not rely on race; namely, it is obfuscating. Often times observations revealed by examining patients on



the grounds of their supposed race are quite simply without explanation but because we are so tied to the concept, we often seek no further explanation. The BiDil drug is an example of such a case. Researchers simply saw that when patients were grouped by race, outcomes appeared better for those that were black. Our societies trust in race is so great that this alone was enough to get the drug approved by the FDA for black patients despite the fact that we know the biological grounds for race are shaky at best. Without reliance on race as the end of explanation it seems hopeful that treatments can be developed on a more significant ground than race. Shifting from race has the additional benefit of moving away from a concept so intimately tied with the fallacious and harmful notion of essence. Eliminativist argue that its historical and contemporary inseparability from essentialism provide reason to remove them from our vocabulary. In the realm of medicine at least, I argue that we should be Eliminativists about race. What was seen as a possible failure of the error theorists position, I say is in fact a strength. I worry our reliance on 'race' has prevented us from providing care for patients using factors that are more particular and medically meaningful to them. At the very least, I hope to have given reason to reconsider that 'race' take so large a role in the medical context.

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