

White Privilege and the Biopolitics of Race¹

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I hope to shed some light on what I see as an emerging means of preserving white privilege—a new biopolitics of race. I am glad that there are so many young people in the audience because this is a struggle for the future that many people haven't been paying attention to, and we need to include it in our organizing to eliminate racism and white privilege in this country.

My question is: How is white privilege preserved yet made invisible in the twenty-first century? That's the tricky thing about white privilege, right? It's been imbedded in U.S. institutions for centuries and yet many people don't see it. I think we always have to ask, how is it that white privilege persists today? What is the mechanism that obscures white privilege in our current day and age? What are the forces, the institutions, the ways of thinking that we have to contest? The White Privilege Conference quotes on its flier a brilliant observation by Martin Luther King Jr.: "The best way to solve any problem is to remove its cause." But, of course, we can't remove the cause of the problem if we misdiagnose it. One of the ways that white privilege is perpetuated in this country is by convincing people that it's natural for white people to have a privileged position in society. That's just the way it's supposed to be.

Why do many people still believe that white privilege is natural? Why do they think it's natural that our prisons are filled with black and brown people, that most of the children in foster care are black and brown, and that black and brown people die early deaths? How can all this inequality be natural? One way people are persuaded that inequality is natural is through a misunderstanding of genetics. On June 26, 2000, President Bill Clinton unveiled a working draft

of the map of the human genome and famously announced, “I believe one of the great truths to emerge from this triumphant expedition inside the human genome is that, in genetic terms, all human beings, regardless of race, are more than 99.9 percent the same.” We differ only in a very tiny percentage of our genes. This confirmed the American Anthropological Association statement that race is a social and cultural construction. I would say, race is a political construction. The human species cannot be divided into genetically distinct races. So many scientists and scholars believed that the misunderstanding of race as a biological category had ended. Everyone would realize that all human beings are fundamentally the same. White privilege would disappear because scientists had discovered that these divisions don’t exist at the genetic level. Well, what happened?

Just as I was preparing this talk, I opened the *New York Times* to find an article entitled, “A New Look at Race and Natural Selection,” describing a study that searched the human genome for evidence of the evolution of races (Wade, 2009). Researchers examined DNA collected from groups chosen from diverse parts of the world—Biaka pygmies, Bantu-speaking Africans, Western Europeans, Middle Easterners, South Asians, East Asians, Oceanians, and Native Americans, which seemed to represent the classic racial classifications scientists used prior to mapping the human genome. Accompanying the article was a chart showing the sites along the genome at which natural selection occurred in each of the eight regional groups. Science journalist Nicholas Wade interpreted the study as a verification of biological races: “The *principal human races* presumably emerged as the populations of each continent responded to different evolutionary pressures” (Wade, 2009, my emphasis A1). In a practically verbatim

recitation of nineteenth-century ideas, the venerable *New York Times* told readers that new genomic methods confirmed repudiated racial theories of a former era.

What happened to the evidence that race is socially constructed and a political category? The Human Genome Project proved that we are all one species that cannot be partitioned genetically into races. But many people still believe, and some scientists are trying to prove, that there are principal human races that differ from each other at the genetic level. In fact, we are seeing an explosion of race-based genomics.

I worry that this is a new racial science that is basically an updated version of racial classifications from the 1700s, when Linnaeus and other European naturalists divided human beings into races (Painter, 2010). They claimed they could tell the difference between races from certain biological evidence. Supposedly, our contemporary society has rejected eighteenth-century racial taxonomies, but here we are in the twenty-first century with a new way of thinking about race as rooted in biology and not in power. This new racial science encompasses the evolutionary research mentioned above, as well as studies of racial difference in biomedicine and human genetic variation. We're seeing it in the development of race-specific drugs, in reproduction-assisting technologies, genetic ancestry testing companies that claim to identify customers' racial identities, and DNA forensics used by law enforcement.

These race-based biotechnologies are combining to produce what I'm calling a new biopolitics of race. It attributes health and other inequities to inherent racial genetic difference, disguising the social determinants of racial inequality. According to this view, inequities aren't caused by social power, privilege, and discrimination. They are caused by the natural genetic predispositions of people belonging to these so-called principal human races, which evolved

differently. This racial biopolitics is a means of reinforcing racial inequality and disguising white privilege in post-civil rights America where many Americans believe that, since we went through the civil rights movement and now have a black president, racism no longer exists. So you have to explain, if racism no longer exists in America, why do we have these stark racial inequities here? Either you think it's caused by illegitimate, unjust, social and political privilege, which should be eliminated. Or it has to be natural. What I am trying to show you is that there is a move, across many, many areas of our culture and science and politics, that says it's all natural.

A few years ago, David Satcher, the former surgeon general of the United States, and his coauthors, wrote a very compelling article that offered a measure of health inequities in the United States (Satcher et al., 2005). In 2002, there were more than 83,000 excess black deaths. That means that in that year, 83,000 black people would not have died if they had the same death rate as white people in America. One of the coauthors said that this excess death rate is the same thing as loading up a 747 full of black people every single day for a year and crashing it with no survivors. Most Americans don't seem very concerned about this fact of racial inequality in the United States. If you think the death gap exists because black people's genes are different, then you don't have to worry about changing society. The way to solve it is a special medication for black people rather than eliminating the social causes. And sure enough, in 2005, the Food and Drug Administration (FDA) approved the first race-specific pharmaceutical in the United States (Kahn 2007). This drug, called BiDil, is a therapy for self-identified black patients with heart failure.

But BiDil was not what it seemed. The first race-specific drug did not contain new ingredients. Nor was it designed only for black people. It wasn't even developed to target any

particular genes. Jay Cohn, the University of Minnesota cardiologist who patented BiDil, combined into a single pill two generic drugs that had been prescribed to patients regardless of race for over a decade. In fact, he originally intended to market it to patients of any race who could benefit from it (Kahn, 2004). There is no scientific proof that BiDil works differently in black people. The clinical trial that tested BiDil enrolled only “self-identified” African Americans. Because there was no comparison group, the researchers never showed that BiDil functions only or even better in blacks than in patients of other races. Doctors cannot predict based on race whether or not the drug will work in any given patient.

But after Cohn licensed the rights to NitroMed, a private biotech start-up in Lexington, Massachusetts, they repackaged BiDil as a drug specifically for African Americans in their applications for patent and marketing approval (Kahn, 2004). NitroMed asked the FDA to authorize BiDil as a race-specific drug on grounds that its clinical trial involving only African American patients showed a dramatic reduction in their heart failure deaths. In other words, the company argued that, because BiDil was tested only on blacks, the FDA should label it as a drug for blacks only.

Why do black heart failure patients need a race-specific therapy? Why can't black people use the therapies other people use? Or maybe a better question is, why can't other people use therapies that work for black people? The company says there are “ethnic differences in the underlying pathophysiology of heart failure” (Kahn, 2004). In other words, heart failure—as one of the doctors who led the clinical trial said—is a different disease in black people. The message is: Black bodies are different and that's why they die of heart failure at higher rates. Even scientists at the FDA, in explaining the agency's decision, said, “We hope that further research

elucidates the genetic or other factors that predict the usefulness of [the BiDil ingredients]. Until then, we are pleased that one defined group has access to a dramatically life-prolonging therapy” (Temple & Stockbridge, 2007, p. 57). In other words, a racially defined group could serve as a temporary substitute for the yet undiscovered genetic or other factor that identifies who will benefit from BiDil.

The FDA decision reinforced not only a biological definition of race but also a white standard of humanity. Most pharmaceuticals in the United States were tested on white people and the assumption was that they are good for everybody, because white people’s bodies are the standard. What does it mean, then, that if a drug is tested on black people, it can only be used by black people? This says that black bodies can’t represent people of other races. This also reinforces the view that those 83,000 extra black deaths a year are caused by blacks’ inherent physical weaknesses. This notion of black inferiority always goes hand in hand with the notion of white superiority. Whiteness serves as the standard of humanity that everyone is measured against.

Law professor Jonathon Kahn (2008) studied patent applications over the last several years and discovered that there has been a huge increase in the patenting of drugs that use race as their special application. He argues that we’re seeing a growth in the “strategic use of race as a genetic category to obtain patent protection and drug approval.” That’s how the cardiologist who first patented BiDil was able to get an extension on his patent—by converting the exact same ingredients from a drug for heart failure regardless of race to a drug for black people.

Another important intersection of race and genetics is in reproduction-assisting technologies that combine with genetic testing to select out embryos considered to have genetic

abnormalities. Fifteen years ago when I was writing *Killing the Black Body*, every image supporting these technologies was of white people (Roberts, 1998). Images of blond-haired, blue-eyed babies were presented as the ideal product of genetic testing. Just think about the futuristic images that predict a time when we'll be able to manipulate or select genes in embryos to have the "perfect baby." Do they ever then show a picture of a black or brown baby? No, it's always the blond haired, blue-eyed baby who is supposed to represent genetic perfection produced by these technologies.

Today these images are changing. Women of color are increasingly part of the market for these technologies (Roberts, 2009). If you go on Craig's List you will see many advertisements or solicitations for egg donors that appeal to a diverse range of women. They are looking for Asian eggs, African American eggs, Jewish eggs, because more people of color are using these technologies, and people usually want eggs produced by women of their own race. Will extending these technologies to people of color change white privilege in America? At the same time that we're seeing diversity in ads for egg donors, we're also seeing a growing business of "reproductive tourism," people traveling from the United States to India to hire surrogates who will gestate their babies for a fee. At the same time we're seeing these technologies extended to people of color, there continues to be the assumption of whiteness as genetic perfection and the use of bodies of color as means of reproductive labor. In addition, these companies include race as a biological factor in calculating the risk that an embryo carries a chromosomal problem. Thus, reproductive technologies continue to reinforce a biological definition of race and a racial hierarchy in reproduction.

In the last 30 years there has been an astronomical skyrocketing of the prison population. The United States has the largest prison population in the world and the highest rate of incarceration, ever, in the history of Western civilization (Alexander, 2010). There has never been a democracy that has incarcerated so many people or at the rate that the United States is incarcerating citizens and immigrants. This unprecedented rate results from the mass incarceration of black and brown people (Alexander, 2010). The rate of incarceration of black men is seven times that of white men. There is a one-in-three chance for black men to be sent to prison. In some neighborhoods, such as in the black neighborhoods of Washington, D.C., there is a fifty-fifty chance of going to prison if you're a black man.

DNA has caught up with law enforcement, as well. The federal government has a national system of collecting DNA, the Combined DNA Index System or CODIS, containing samples from over 7 million offenders, the largest collection of offender DNA in the world. Congress approved the collection of DNA by federal agents from anyone they arrest or detain (Preston, 2007). We're not talking about taking DNA from people who've committed crimes, which itself raises civil liberties concerns. These people are innocent until proven guilty, and their DNA can be collected against their will. Forty-seven states now collect from all convicted felons and more and more states are collecting from juvenile offenders and anyone who is arrested (Moore, 2009). True, DNA has exonerated many wrongfully convicted people—that's a good use of DNA. But it's very different when the government collects DNA in order to incriminate people. If the public sees no problem in the government collecting DNA from arrestees, then the government should collect DNA from each of us. Until we're ready to say that

the government can collect everyone's DNA, what is the justification for collecting the DNA from innocent people the police stop and detain?

Who are the people most vulnerable to genetic surveillance by the government? This is one of the most significant aspects of white privilege in America. Most of the time, white people can walk around without fear that police are going to stop them. Black people don't have that privilege. Black men living in many cities are constantly at risk of being stopped by the police. And if the police are going to start collecting DNA from everyone they arrest or detain, these DNA banks are going to be filled with the DNA of black and brown men. With current arrest and conviction rates, you could literally predict that half the black youth in a city will have their DNA collected by the police. That means that these men are disproportionately subject to whatever errors occur in DNA collection and analysis. They're the ones who are at risk of being wrongfully convicted because of these errors.

In 2007, the New York City police department made 112,000 drug arrests; most of these were just for possession of marijuana (Levine, 2008). Eighty percent of those arrested for possession of marijuana were black or Latino. Do you think 80 percent of the people in New York City who smoke marijuana are black and Latino? Most drug users in New York are white. But police are not going to NYU and Columbia to stop students to check for drugs. White students and residents of high-income neighborhoods do not have to fear that the police are going to arrest them and collect their DNA. Instead, the vast majority of people being stopped on the streets by the police in New York City are black and Latino youth. And in some inner-city high schools, half of the black teenage boys have already been arrested. In addition, a genetic testing company claims that, based on a crime-scene sample, it can tell police the suspect's racial

identity—South-Saharan African, Native American, East Asian, or European. This reinforces the idea that race is genetic and we can identify race from genes (Fullwiley, 2008).

At the same time that we're seeing this huge focus on race at the molecular level, there's a push to ignore race at the societal level. A majority of justices on the U.S. Supreme Court believe we have a color-blind society. When two school districts tried to desegregate their schools voluntarily by making race a factor in school assignments, the U.S. Supreme Court struck down their plans as a violation of the Constitution. Chief Justice John Roberts said, "[T]he way to stop discrimination on the basis of race is to stop the discriminating on the basis of race" (Parents Involved in Community Schools, 2007, p. 748). By this logic, you shouldn't have a white privilege conference, because you shouldn't pay attention to race. You have to be color-blind.

To some people, genetic difference explains the disparities we see in our society. I'm not saying that everybody who's doing scientific research that treats race as a biological category believes our society is color-blind. But what are the implications of the belief that health inequities are natural and stem from differences in our genes? What does it mean that, instead of focusing on the fact that, on one hand, we all descended from a common African ancestor and, on the other, we are too genetically diverse and intermingled to box into five categories, we are told that evolution created separate, distinct genetic races? Are school children going to be taught about white privilege or are they going to be taught that race is genetic? One approach defines race as a political category; the other defines race as biological.

Some conservative commentators have been making exactly this point—that there is a difference between race at the social level and race at the genetic level. Jon Entine, who wrote

the book *Taboo: Why Black Athletes Dominate Sports and Why We're Afraid to Talk About It*, says there is no white privilege, but there are real genetic differences among people of different races “and they have huge consequences in everything from sports performance to success in the classroom” (Entine, 1999). He argued that blacks are better at sports because of their genetic differences. Who do you think he's talking about when he says sports performance? And who do you think he's talking about when he says success in the classroom? This way of thinking leads to the conclusion that schools are failing in the inner city not because they're poorly funded, but because the children there are genetically less capable.

Sally Satel, also at the American Enterprise Institute, wrote a cover story in the *New York Times Magazine*, “I Am a Racially Profiling Doctor.” She wrote, “In practicing medicine, I am not color-blind, I always take account of my patient's race. Stereotyping works, disease isn't color-blind” (Satel, 2002 sec. 6, p. 56). She says we should be color-blind in society; she opposes affirmative action and rejects the notion of white privilege. But she believes doctors can't be color-blind in medicine because people of different races are genetically distinct. “Social race is the phenomenon constructionists have in mind, but biological race is what BiDil's developers are concerned with,” she writes (Satel, 2005). Satel and Entine are preaching the philosophy that racial differences are real at the molecular level, but they are merely constructed in society. In other words, this concern with white privilege is in your head. It's just constructed ideology; you don't have to worry because it's not real. What matters is race at the molecular, genetic, biological level. Genetic race is scientific truth; social race is just ideology.

How, then, do we explain the disadvantaged status of people of color and the privileged status of whites? There are two very different ways of explaining this disparity—as social

inequality or as genetic difference. If it's produced by inequity, it's a social and political question. If it's produced by genetic difference, it's natural. If it's produced by inequity, it's unjust, and we should do something about it. If it's produced by natural difference, it's fair. If it's produced by inequity, we need social change to eliminate it. But if it's racial difference in the genes, you need some individualized remedy, like a pharmaceutical, to cure it.

So what is the origin of race? Is it genetics or is it power? One way to think about it is to ask, is there a genetic test for whiteness? Many genetic researchers focus on people of color and what's wrong with them. Why do they die at faster rates from so many diseases? Millions of dollars goes into this kind of research seeking the genetic cause for why different groups of people of color are so diseased. But there is not very much attention to this question: What's the genetic test for white people? If the origin of race is in genetics, we should be able to tell this racial category by the genes.

Well, if there's a genetic test for whiteness, then tell me who in Barack Obama's family is white. A family photo from his childhood shows his mother, who is of Irish decent; the Indonesian man she married after she separated from Barack Obama's father, who's Kenyan; Barack Obama's sister, whose parents are Barack Obama's mother and his stepfather. Who in this picture is definitely white? Apparently, just his mother. But could you tell that from a genetic test? If you test them, Barack Obama and his little sister are the genetic children of a white mother. The only way you can determine that he is black or that she is Asian and not white is to use a political test; there is no genetic test that can decide it. More generally, the only way you can tell who is white is a political test because it is a political category: White means people who are entitled to white privilege. This is a contest that's gone on in the United States for

centuries—who will be included in this category? The answer has nothing to do with genetics. At one point Jewish people were not included in this category. Irish people were not included in this category (Painter, 2010).

This is the question at the heart of American identity: Who is included in this category of people entitled to racial privilege and who is excluded? Before genetics was an established science, the courts determined it. There are cases where immigrants litigated to become part of this category, seeking the privileges of whiteness. Even the U.S. Supreme Court has had to determine the test for whiteness. The test is not based on genetics; it's based on power.

I don't want to close on a depressing note. While working in this field of biopolitics, I have been very encouraged by new alliances of people who recognize the danger in seeing genetics as the source of social inequality. It's dangerous for people with disabilities; it's dangerous for people who are struggling against racism in America; it's dangerous for people who are fighting for environmental justice, as well as for people who are concerned about economic justice, gender justice, immigration justice, and reproductive justice. More and more of those people are getting together and forging a common agenda to contest the ideology that social inequality is caused by biological difference.

So let me close with a quote from an author whom I admire very much, Dr. Linda Clayton (2007), who said, "There is only one race, it's the human race, and we must fight for our equal place." Yes, we're genetically diverse, but we're not separated into races by nature. Human beings were separated into races because it was politically expedient for Europeans who wanted to enslave and colonize people of color. And many people continue to hold onto that idea in the twenty-first century. The only way we can rid our society of that idea, along with the white

privilege it upholds, is through social struggle. People from all different groups and social movements must come together to say that we are one human race and we must topple the unjust systems, institutions, and myths that divide us.

Notes

1. This talk was originally delivered as the keynote speech at the 10th Annual White Privilege Conference, in Memphis, TN, on April 4, 2009.
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