What's the Use of Race?

*** Abstracts ***

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Invited Lecture:

Race and the Biological Citizen

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Race, Genes, and Justice: What Does Race Add to the Presentation of Forensic DNA Evidence

How and when, if at all, is it appropriate to use race in presenting forensic DNA evidence in a court of law? This paper questions the underlying assumption of the utility of race itself in forensic DNA analysis. It examines what race adds as a practical matter to ability of the finder of fact to make fair and accurate decisions and weighs this against the potential dangers of bias created by introducing issues of race as genetic into the context of what is usually a violent crime. It argues that in most cases such evidence should be excluded as irrelevant, or if deemed relevant it should be held inadmissible because the dangers of infecting the proceedings with racial prejudice outweigh any possible benefit that introducing the race-based statistics could provide. This is particularly the case where race is being introduced in a context that involves constructing a relationship between genetics and violent crime. The paper concludes that in most cases, given the current state of forensic DNA technology, there is no longer any justification (if there ever was any) for using race specific data bases in presenting DNA evidence to a jury.

One sub theme of the paper is a consideration of the consistent lack of attention to the technical complexities of using racial and ethnic categories in a genetic context. Such lack of attention is especially striking in comparison to the extreme detail and care with which forensic DNA experts will describe the complexities of using genetic technologies involved in the collection, amplification and analysis of DNA itself. I will argue that similar care of the data should be given to methods for using racial categories in a genetic context. A second sub-theme will a consideration of the persistence of the use of racial categories long past the time where technical developments in DNA analysis seem to have rendered the use of racial categories unnecessary. Here I will consider the inertial power of race to remain a part of scientific and legal practice and become “typical” once it is introduced into the technical and conceptual apparatus of law enforcement.

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Populations, Individuals, and Race: What Happens with the Move from Medicine to Law Enforcement?

The debate in medicine over the use of race has generated several serious proposals to abandon race categories as doing more damage than good. Nonetheless the proportion of scientific research articles that incorporate race or ethnicity has increased, not decreased, over the last several years. Recently this revitalization of race in science, particularly in genetics, has flowed into other social arenas including law enforcement. Backed by genetic analysis, a new kind of racial profiling, forensic DNA phenotyping (FDP) is poised to emerge into law enforcement practice.

In several countries analysis of crime scene DNA already has gone beyond the traditional goal of ascertaining identity by matching features of non-coding DNA and now incorporates genetic markers that ostensibly link a trace to its owner's ancestry or race and thus, to physical appearance. The goal of these analyses is to provide law enforcement with a verbal portrait on which to base a search for suspects. While there are plans to add markers for skin pigmentation, hair color and texture, and behavioral traits, the title of a recent talk on FDP, "Insights into race from DNA profiles", (M. Taylor, Forensic Bioinformatics Conference, Dayton Ohio, 2007) confirms the focus on race.

Forensic genetics might once have been largely isolated from medical genetics, but FDP has changed this. The Human Genome map provided the basis for FDP and the results of the HAPMAP are eagerly awaited for its refinement. Answering the question, "What the use of race?", requires tracking this cross over from medicine to law enforcement.

This paper will contrast FDP practices to medical uses of race first formally and then practically. How does FDP analysis move from population to suspect? Are these movements the same as those in the move from population to patient? Practically, in what ways does the operational context of FDP—law enforcement—differ from medicine and what implications do these differences have for analyzing how FDP uses race?

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Folk and Scientific "Race": Anthropologies of Human Variation

Analysis of human variation endures as a domain of inquiry in biological anthropology. Theoretical movement away from typological approaches to explain the evidence of human variability apparently undermines the use of key concepts and methods in forensic anthropology. This analysis presents the socio-historical and scientific rationale for both the movement away from typology in studies of human variation, and for the retention and success of legacy typological categories in forensic anthropology. The conceptual shift to analysis of differences in human genetic polymorphism rather than human anatomic polymorphism pairs with a shift to examining variation within populations rather than between populations. The application of forensic anthropology to medico-legal purposes imposes social needs and institutional requirements on scientific knowledge in practice. Anthropologists working in forensics and allied research areas confidently include race as one of the pillars of the biological profile they produce from skeletal analysis. This essay seeks to extend our understanding beyond a master narrative that assumes a fundamental progress of forensic anthropology toward objectivity, or an alternative that assumes a political determinism of the scientific outcomes of forensic anthropology. Using the lens offered by the recent controversy surrounding Kennewick man, this essay considers anthropologists' discussion of scientific authority and the charges of social construction of scientific concepts and terminologies. In place of these divergent standpoints I argue for critical characterization of the tensions that generate scientific knowledge among its practitioners and publics. A clear analysis of how forensic anthropologists employ the race concept in practice helps to refine our training of scientists to deploy complex categories and illuminate some important facets of how science succeeds.

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Biobanks and the Biopolitics of Inclusion

What is the use of race to the large-scale population based biobanks that have been proposed or initiated in countries from Japan, Australia, Canada, to the US, Sweden and the UK? Is it a way to ensure that people from all ethnic backgrounds are able to participate in these projects? Will it help scientists using these resources to identify the effects of social inequalities? Or will it help with producing evidence for cultural or genetic differences that could hold the key to understanding disease causation? My paper engages with these questions with reference to one famous biobank project: UK Biobank, a longitudinal prospective resource funded by the Wellcome Trust, the UK Medical Research Council and the UK Government's Department of Health. By combining information from molecular analysis of biological samples, health records, and lifestyle questions, its aim is to elucidate the risk factors involved in the development of common, complex diseases. Given the history of under-representing minorities in British medical research, there was a hope that UK Biobank would be beneficial for minority groups and would address their health needs. Using interview data from key scientists at UK Biobank as well as documentary analysis my paper claims that to establish its scientific, political and social legitimacy, the inclusiveness of UK Biobank became a key concern. On what basis and in what numbers minority ethnic groups should be included in the resource was a significant scientific and political challenge, which has impacted on the final design of UK Biobank. My discussion of the interview data addresses how scientists' efforts centred on the co-production of the scientific and socio-political orders of 'inclusiveness', raising issues about social justice, health disparities and genetic differences. In conclusion, I reflect on broader questions for this type of population-based medical research about legitimacy, citizenship and public benefit.

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The Use of Ancestry versus Race in Biomedical Human Genetic Research

This paper examines genome wide association studies (GWAS) that search for genetic markers that may be involved in causing common complex diseases. Some researchers argue that they do not use notions of race in their research design, but instead use notions of ancestry to minimize confounding due to genetic differences between populations. How is ancestry operationalized in these studies, and does this conceptualization of ancestry relate to notions of race? How is the Haplotype Map used in GWAS? Some GWAS break down the term "European" into four sub-categories. What do we learn about population classification through this sub-categorization? More generally, this paper explores ways in which genetic studies in biomedical research can be performed without explicitly invoking notions of race and ethnicity.

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The Use of ‘Race’ in Canadian Genomics Research

In 2000, the Canadian government launched a concerted funding effort to establish Genome Canada. Dedicated to developing and implementing a national strategy in genomics and proteomics research "for the benefit of all Canadians", Genome Canada invests and manages large-scale genomics research projects in human health. However, despite the fact that Canada is engaged in large-scale genomics research projects which utilize 'racial data', the language, concepts and categories employed rarely use the word 'race'. Rather, terms such as 'ethnic communities', 'isolated populations', 'human diversity' and 'multiculturalism' are increasingly being relied upon to debate issues of human genomic difference. What then, is the use of the ‘race’ in the context of Canadian genomics research? Through a multi-sited ethnography of Canada, and specifically of Genome Canada, my paper explores how ideas of human genomic difference are being mobilized and accorded properties in ways that both obfuscate and rework 'race'. Drawing on interviews with Canadian scientists and bioethicists, along with participant observation at conferences and workshops, my paper argues that while genomic science may be dispelling the myth of discrete 'races', researchers need to consider how genomics intersects with national histories, cultural belonging and identity. Debates about 'race' and genomics need to be extended to think critically, for example, about the challenges posed by Aboriginal populations living in Canada's borders. This is particularly the case as the “promise of genomics” contributes to a restructuring of what is meant by community and personhood. The debate about the use of ‘race’ in genomics needs to address, not only, how the word ‘race’ translates across national boundaries, intertwining itself with colonial histories; but also the ways in which ideas of race have been re-packaged through, for example, Canadian discourses of multiculturalism. In order to explore the competing interests at stake in the debates on ‘race’ and genomics we need to address both how racial differences are being re-codified through the molecular gaze of genomics, and how ideas of racial difference have been supplanted and re-worked in different national contexts.

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Use of Racial/Ethnic Identity in Medical Evaluations and Treatments

Clinicians consider patient race in diagnosis, prognosis and treatment decisions. The importance of this information is marked by the rite of beginning case presentations with the essential trinity of age, race, and sex. This practice derives from beliefs that incidence of many conditions is racially patterned, and that racial groups are particularly susceptible or resistant to specific therapies (e.g. antihypertensive therapy more efficacious for whites with beta-blockers and for blacks with diuretics). We consider the evidentiary basis for taking race into account when making clinical decisions. We show that "significant" differences detected in research at the population level are often mistranslated by clinicians into decisions at the individual level, especially so when quantitative differences are understood in categorical terms (e.g. beliefs that a drug "doesn't work" in some racial/ethnic group). There exists an entire technology for evaluating clinical decision making, and to our knowledge this has not previously been applied to the potential utility of self-identified race. To take the example of diagnosis or screening, we consider clinical characteristics of racial classification for various conditions, and how much this categorization moves pretest probability toward some degree of clinical certainty. Sickle cell trait, for example, is often viewed as the paradigmatic racial characteristic, and yet it is easy to show using known prevalences and likelihood ratios that race provides surprisingly less information then commonly believed for choosing to screen or not screen newborns. Similar examples apply to questions about treatment, and justifications for using race in decision making becomes even weaker if one takes into account evidence that physicians don't use plausible values for prior distributions and test characteristics even when these are available. We show that if whatever small amount of potential benefit is combined with irrational stereotypes about patients (e.g. compliance, intelligence), then the net impact quickly becomes harmful.

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‘Race’ and its Cultural Politics in U.S. Epidemiology

Epidemiological research powerfully shapes both public health policy and medical practice in the U.S. During the past several decades, critiques of reductionistic, biologized conceptualizations of "race" in health research have generated new efforts to employ more socially contextualized understandings of "race" among some U.S. epidemiologists. A broad epistemological debate has emerged between two causal logics: (1) "risk factor" approaches that became conventionalized in American epidemiology after the 1950s, and (2) "eco-epidemiological" approaches that seek to better account for the role of social context in disease causation. This paper examines this debate through the example of research about racial/ethnic disparities in preterm delivery (PTD), a key contributor to long-standing social disparities in infant mortality rates in the U.S. Despite decades of epidemiological inquiry, these disparate rates of PTD remain poorly understood. Both federal agencies and private foundations devoted major new funding initiatives to this topic in the 1980s and 1990s. By 2001, a variety of PTD researchers began voicing awareness and support for eco-epidemiological arguments that link embodied health outcomes to social experiences associated with race/ethnicity. Yet a close examination of these works suggests that substantive attention to social context has remained elusive. Instead, the scientific legitimacy of epidemiological claims about racial/ethnic disparities in PTD continues to be arbitrated by (1) a reductionistic focus on biological mechanisms, and (2) a consistent privileging of individual-level concepts and measures. Using insights from anthropology and science studies, this paper considers how and why key assumptions underpinning conventional "risk factor" approaches persist in PTD research, even when well-developed eco-epidemiological alternatives are increasingly available and acknowledged. This analysis highlights key political interests and cultural anxieties in the contemporary U.S. that work to subjugate social justice as a priority in health research about "race."

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Race, Culture, and Conceptual Clarity in Contemporary Constructions of Cultural Competence

The problem of racial/ethnic disparities in health care is the focus of intense study. Health care institutions and universities are funding large medical research initiatives seeking to understand how diseases differ among different racial/ethnic populations and are re-organizing their operations to become more “culturally competent.” However, interventions designed to reduce disparities care, while ostensibly targeted at improving care for group-based identity constructs, the content of these interventions usually consists of explicitly cultural constructs.

This is particularly the case with “cultural competency” programs. With the explicit goal to reduce disparities in care for racial/ethnic minorities, these programs consist of training programs to convey differences in health beliefs and behavior that are held by racial/ethnic group members. Their underlying assumption is that any individual patient that a clinician encounters is likely to hold one or more of these cultural beliefs or practices. Knowing about these beliefs and behaviors before hand may prevent improper or inferior treatment on the part of the clinician. If, however, the clinician’s judgment about group membership is inaccurate or the individual member of the group does not share cultural traits with other group members, the logic of cultural competency interventions may be deeply flawed.

Drawing on ethnographic observation and over 200 interviews with patients and staff at mental health treatment facilities in the Boston area, this paper examines the use of race in institutional efforts to reduce racial disparities in health care. It shows that by conflating race with culture, health care organizations fail to recognize the complex mechanisms producing disparities in care. In order to more effectively target interventions to reduce disparities, programs must address racial stereotyping and bias at the clinical level (which can take place regardless of cultural factors), and problems of interpersonal cultural conflicts and miscommunication (which can take place regardless of racial identity).

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“We Don’t Want to be *Too* Sensitive”: The Uses of Culture and Race in the Development of Culturally Competent Health Care

For the last century the culture concept has been central to anthropological critiques of race, and culture and race continue to be the primary analytics through which we understand and discuss difference. The two ideas are, however, intricately intertwined, and many scholars have examined the ways in which the use of culture perpetuates race-thinking while simultaneously diverting attention away from the political dimensions of race. As scholars examine the stakes involved in deploying either concept, many have suggested that culture itself is no longer a useful analytic, and have proposed a renewed focus on race.

This paper draws on these debates to examine the current push for “cultural competency” in U.S. health care. Drawing on two years of fieldwork among cultural competency advocates, I examine the ways in which cultural difference has come to be seen as a “common-sense” factor behind racial and ethnic health disparities. Exploring the multiple ways in which ideas about culture and race are negotiated in the effort to address these disparities, I argue that while the push for cultural competency is a relatively recent phenomenon, the understandings of difference and disparity that lie behind it are not. Though advanced in opposition to race and in the cause of social justice, the culture concept has the unintended consequence of depoliticizing inequality.

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Invited Lecture:

The Science and Epidemiology of Racism and Health: An Ecosocial Perspective

Racism harms health. It also creates the very categories of "race." Racial/ethnic health inequities are a biological expression of racism; their origins lie in injustice, not biology. This is not an ideological argument: it is a scientific statement that rests on rigorous tests of scientific hypotheses about how racial/ethnic inequities in health status and health care arise from unfair and unjust societal conditions. As delineated by ecosocial theory, at issue are the myriad ways racial inequality becomes biologically embodied, over the lifecourse and across generations, thereby creating racial/ethnic health inequities. Relevant pathways include adverse exposure to: economic and social deprivation; toxic substances, pathogens, and hazardous conditions; social trauma, including racial discrimination; targeted marketing of harmful commodities; and inadequate and degrading medical care. Conducting research on these topics requires recognizing that we cannot escape history or pretend that it hasn't happened. Understanding the historical contingency of racial/ethnic categories and acknowledging the profound change involved in using these data -- from an initial purpose of discriminating adversely to instead providing evidence of discrimination that must be countered -- is a minimal first step. Additional challenges include measuring exposure to racial discrimination in its many forms and tracing how it can harm health, considering both levels of analysis and etiologic time frames and pathways. Using examples from my own work, I will argue it is both feasible and necessary to monitor the magnitude of racial/ethnic health inequities and test hypotheses about the health consequences of racial inequality. When categories of race/ethnicity are no longer linked to inequity, we will see it in the data. Until then, we cannot afford to be blind to the realities and impact of racism.

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Invited Lecture:

The Biopolitics of Health: Beyond Inclusion, Beyond Difference

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What Are the Consequences of Using Census Categories of Race/Ethnicity as Analytical Variables in Social and Biomedical Research?

There is widespread support amongst equity advocates for using the pragmatic, salient and sensitive racial and ethnic categories preferred by censuses around the world to generate more representative population estimates of social and biomedical need, and to identify any racial and ethnic disparities that might warrant further exploration or intervention. At the same time, there is a growing recognition that this ‘descriptive’ use of such categories can lead to their use as ‘ascriptive’ variables and the reification of race and ethnicity as the essential cause(s) of any disparities observed. Indeed, the drift from ‘description’ to ‘ascription’ has been the principal criticism levelled at the use of racial and ethnic categories for identifying social and biomedical disparities, although this has been largely dismissed by equity advocates who see no alternative for exposing injustice and discrimination on the grounds of race and ethnicity. However, the way in which racial and ethnic categories have been operationalised by the US and UK censuses, and others, means that these categories inevitably disadvantage ‘minority’ groups when they are used as analytical categories for exploring differences between racial/ethnic groups. This occurs in two ways: First, the smaller numbers of ‘minority’ group individuals included in the ‘representative’ population samples preferred by equity advocates means there is less statistical power for identifying any relationship between exposure and outcome within these groups. Second, the tendency to lump ‘minority’ groups together, and to allocate individuals of mixed ‘majority-minority’ ancestry to the ‘minority’ group involved, means that there is likely to be greater variation in any relationship observed between exposure and outcome amongst ‘minority’ group members. Thus, the way in which racial and ethnic census categories are operationalised and sampled means that they are likely to provide less reliable and more variable evidence of social and biomedical processes amongst ‘minority’ groups. Alternative approaches to classification and sampling strategies – using groupings with equivalent sociocultural and/or biomedical heterogeneity and samples with equivalent statistical power – are required to ensure that data generated to monitor the social and biomedical disparities amongst racial and ethnic groups do not undermine the evidence required to assess and address these.

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The Use of Race/Skin-Color Statistical Data in Present-Day Brazil: Increasing Racism or Fighting Discrimination?

The use of race as a criterion for affirmative action policies has gained particular stridence in the American public debate after the Supreme Court rulings on the plans in Louisville, Ky., and Seattle that assigned students to schools based on the color of their skin. The news circulated the world, but for those accustomed to the heated domestic debate over affirmative action policies Brazilians it carried an air of déjà vu. Since affirmative action for university admissions policies started being implemented in Brazil, in 2003, the Brazilian media has been flooded with divergent and, often radical, opinions on the use of race as a criterion for granting special rights and privileges to groups of people.

This presentation intends to show that the use of race/skin-color statistical data in Brazil involves complex sociological and political factors which do not support Tukufu Zuberi general condemnation of such practice in his recent Thicker than Blood (2001). In order to do that, I will first present the politics of Brazil's racial statistics in historical perspective and then analyze how different racial/skin-color criteria used today in affirmative action programs in the country relate to ethnical and racial identities and socioeconomic data. The conclusion is that a universal stance regarding this matter, be it positive or negative, should be avoided. It is only by understanding the particular relation between racial/skin-color identity formation and socioeconomic inequalities in a country, in this case Brazil, that one can devise policies with a greater potential of promoting more social equality and justice.

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“We are just one race here”: Supreme Court Constructions of Race after *Brown v. Board of Education*

In rejecting a biological imperative for race, it has become common in law and legal analysis to present race as socially constructed. Understanding race as a social construct, powerful as it is, challenges race as a natural and scientifically justified means of ordering the universe. In the wealth of excellent scholarship exploring the social construction of race in myriad contexts, surprisingly lacking is analysis of how the United States Supreme Court constructs race. As the final arbiter of constitutional rights to equal protection and due process, the Court’s jurisprudential construction of race – its definition of what race is -- matters in ways that other social constructions of race do not. This is not to say that constructions of race by other individuals or groups are unimportant, but simply to recognize the power the Court has to impose its constructions on American society as a matter of law. For the same reason, it seems realistic to expect that the Supreme Court would have developed a significant body of jurisprudence defining race. What does the Court consider race to be?

My analysis of Supreme Court cases since *Brown* provides a somewhat surprising perspective. Ranging from *Loving v. Virginia* in 1967 to *Parents Involved in Community Schools v. Seattle School District* in 2007, many Fourteenth Amendment Equal Protection cases arrive at the Court as race cases. The Supreme Court does not specifically define what race is, or even consider whether what is presented to it as race or racial discrimination is the same thing, something similar, or something different as in other cases. A partial explanation arises because race in constitutional Equal Protection cases is generally treated as a question of fact, if it is questioned at all, and thus largely in the purview of trial courts rather than appellate judges. But, maybe race is like pornography: the justices can’t tell us what it is, but they know it when they see it, even if what they “see” are not the actual spouses, venire persons, law school applicants, or criminal defendants, who petition the Court, but statements of alleged fact set forth in written briefs. The Supreme Court routinely receives cases that demonstrate the continued importance of race in US society; it likewise routinely punts the question of what race is, as if race were an uncontested concept, as if we all know and agree on what race is and how it works in the United States.

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Indian in a Black Body? The Dilemma of Race and Recognition in Indian Country

In a December 6, 2006, Op Ed in *U.S.A. Today,* Chad Smith, Principal Chief of the Cherokee Nation stated regarding membership eligibility that the Cherokees were comprised of many people of various racial backgrounds, “Hispanic, Irish, German, French, Korean and African blood. Nonetheless, there is one question that stands before the Cherokee people today: Should they also be of Indian blood? That is what will be decided by Cherokee voters in February.” The Cherokee vote and the question of blood were directly connected to the issue of the Cherokee Freedmen, descendants of African slaves whose citizenship in the Cherokee Nation was not based on blood (although some have biological links), but rather an 1866 treaty which granted former slaves and their descendants’ full citizenship in the tribe. Since that time, the Freedmen have struggled to exercise their citizenship rights and over the years have faced expulsion on numerous occasions. On March 7, 2006 the Cherokee Supreme Court declared Freedmen expulsion unconstitutional. Nevertheless, the decision was rejected by an overwhelming majority who voted on March 3, 2007 to formally expel 2,800 Freedmen on the grounds that they were not real Indians. Chief Smith asserts that the Freedmen expulsion is not racist, but rather an exercise in tribal sovereignty. The rhetoric of blood as a racial signifier has been the salient issue which has guided state and federal recognition policy, as well as tribal membership eligibility for decades. As Scott L. Gould asserts race has become the central criterion for Indian identity and may well prove the most detrimental to Indian survival. Patrice Limerick warned that adhering to a strict racialized definition of Indianness will cause Indians to define themselves out of existence. This paper will use the Cherokee controversy as a case study to examine the uses of race in U.S. government and tribal government policies and discuss ways in which such agencies should revise their race based policies for the benefit of American Indian survival and true sovereignty.

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Racialized Groups and Races

Scientists and philosophers have not managed to agree on a concept that adequately expresses the following widely accepted truths:

1. "Classical race" is a scientifically invalid concept. Groups conventionally and historically referred to as "races" do not share behaviorally and psychologically significant traits rooted in a common genotype and distinguished in that respect from other "races."
2. The populations referred to as "races" are, nevertheless, historically and socially distinctive peoples, which share with ethnic groups that they are intergenerational peoples with distinctive experiences and identities, but are historical products shot through with contingency.
3. Nevertheless these populations are not *merely* ethnocultural groups, because the false idea of race (#1 above) has been instrumental in creating the socio-historical experience and sense of peoplehood of these groups. Ethnocultural groups need not have this sort of falsehood involved in them.

Though subject to several meanings and uses, the notion of "social construction" that has been recruited to express the distinctive character of racial groups generally contains a serious ambiguity in such contexts, meaning alternatively (a) that "socially constructed" races do not possess the characteristics they are popularly thought to (i.e. point #1), *or* (b) "socially constructed" groups are contingent historical creations and have changed over time (i.e. essentially point #2)—but not both. Neither meaning captures *all* of what is distinctive about these groups (points #1,2, and 3).

I propose that these groups be thought of as "racialized groups," a concept that grants them an unquestioned social and historical existence while definitively jettisoning any implication of genetic or other innatist behavioral commonality or group distinctiveness. I argue in addition that this concept (a) more readily leaves open as an empirical question whether the causes of group disparities are current environment (discrimination or culture), historical legacy, *or* genetics; (b) allows for the significance of ethnic differences within racialized groups (e.g. African immigrants vs. African-Americans within "blacks"); and (c) more readily than "social construction" invokes a racial justice approach to racialized group disparities. (328 words)

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Is There Really Light at the End of the Tunnel? A Case Study on US Children's Concepts and Constructions of the Race Concept

There are many scholarly works that persuasively argue that the concept of race continues to be a problematic issue in the social science community. This situation, as well, exists in the general public's notion when dealing with questions pertaining to the actual existence or the factors that account for race membership. Interestingly enough, there is very little literature that focuses on a child's perception or construction of what constitutes race membership. Moreover, children are often not included in national race discourses. With this in mind, the purpose of this paper is to examine how two cohorts of fifth grade students perceive, understand, and construct what race is from their individual and peer-group point of view. Secondly, it will demonstrate how important it is to engage children in race discourses with adults and their fellow peers. Lastly, it will highlight the contributions that the anthropological perspective can make in advancing educationally viable programs on the subject of race and its impact on social relations in the United States of America.

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Race and the Manufactured Actor: Representations in Puppetry and Animation

While race is largely accepted as a primarily social rather than biological form of human distinction, puppets and other representations of humanity still tend to built along existing racial lines. In fact, race appears almost inescapable in human representation. This fact has special ramifications for puppetry. While many puppeteers working in the United States are actively involved in pro-diversity work, many representations, especially of non-White humanity, remain curiously reactionary, especially in light of on going arguments and recommendations about productive representation in Media Studies and other disciplines. Writings produced by puppet artists and the racial nomenclature of puppet sets clearly reveals a sense of discomfort around racial representation. Yet, little has been written examining this phenomenon or discussing ways to avoid re-inscribing racial stereotypes. One reason for the outdated nature of visual representation in puppetry is the ongoing presence of the nostalgic impulse in the art form, arising both from practicing artists and audience expectations. However, the relationship of traditional puppetry to the art of caricature also plays a large part in the phenomenon. As I will demonstrate, despite the conservative nature of trends in puppetry construction and performance, there are certain works that highlight the art's ability to trouble popular conceptions of the meaning and reality of race.

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Markets, Media and Public Representations of Genetics and 'Race'

The popular press plays a significant role in the translation of scientific information to the general public. While it is vital to recognize that the media does not inform or shape public perceptions in a crude linear fashion (that it, the media does not simply transmit opinions that are blindly adopted by the public), the media clearly plays a critical role. As the major source of science information, the media provides the facts and issues to be debated, and often frames the nature of the controversy by highlighting specific issues or perspectives. In this way, the media can help to form public perceptions. This perception is, admittedly, filtered through individual values and preconceived notions. But the topics, controversies and issues are often provided, characterized and legitimized by the media.

In this presentation, I will explore the nature of public representations of race in the context of genetic research. Specifically, this presentation will: 1) consider what emerging evidence tells us about the role and impact of popular representations on public perceptions (e.g., do simplistic representations of race as biologically determined reinforce the notion that race is a biological, rather than social, construct?); 2) provide the results of a comprehensive analysis of the popular media coverage of BiDil, the first "race based" drug (e.g., was race presented as a biological fact or a social construct?); and 3) consider the future policy challenges associated with the communication of research based on genetic variation between populations.

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