

Facilitator Notes

Superior, The Return of Race Science

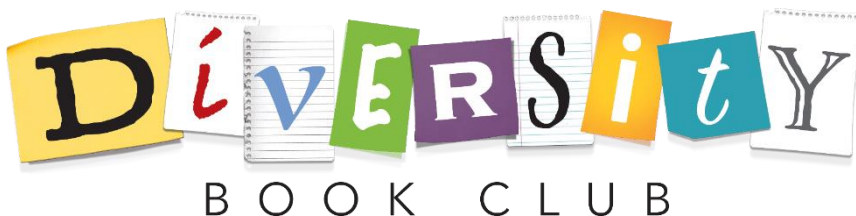
Chapters 9-11 and Afterword

By Angela Saini

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Diversity Landscape of the Chemical Sciences

A report by the Royal Society of Chemistry



DISCUSSION BOOKLET 3 – CRIB SHEET

"I have a dream that my four children will one day live in a nation where they are not judged by the colour of their skin but by the content of their character."

Rev. Dr. Martin Luther King Jr.

Acknowledgments

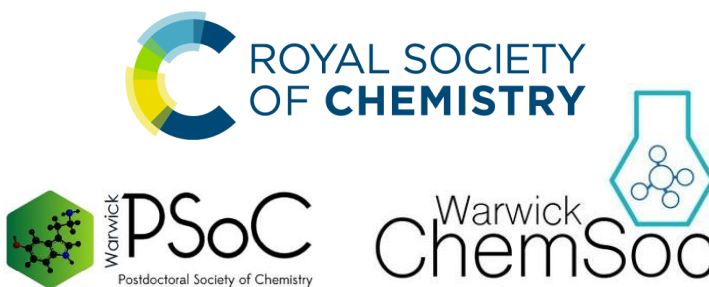
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All Diversity Book Club materials are brought to you as open access to enable you start your own club, through the hard work of the above individuals. We ask if you use these materials to keep the Acknowledgement Section in the Booklets you use and credit the Chemistry Department of the University of Warwick.



Thinking back - What challenged/surprised you from the chapters?

This could be something pertinent or something that really grabbed your attention and made you think twice

This is an open question that we will likely use in some form in all the sessions. It is a good opportunity to gauge the feelings and understanding of the group

Last session we finished by looking at some statistics around attainment gaps in undergraduate populations. This time we are going to consider the caste system and its similarities with “race”, arguments around intelligence and race, the pervasiveness of race in medicine and why race is so steadfast as a concept.

Discussion

What are the similarities and differences between the caste system and race?

How are both applied to people and society?

It's approaches are no different from the social divisions that we see in race; both seek to divide and classify people into “them and us.” Saini notes the permeance (from birth) of the caste system on outcome i.e. job etc (p216). The caste system is described as almost “congenital”, showing clear parallels with the concept of race – including the caste systems use of skin colour (p217).
Who benefits from this?

For more information on the caste system participants may find Chapter 4 of Hinduism by Prof. K.M. Sen useful.¹

“The Hindu caste system has aroused more passion, for and against, than most other aspects of Hinduism. On the one hand there are those who are indignant at the inequality it represents, but fail to look at the system historically ... On the other, ... [there are those] who refuse to see that caste divisions are matters of social significance with no essential significance to religion...”

Prof. K.M. Sen discussing the Caste System¹

How do Herrnstein, Bouchard and Plomin’s views on intelligence and race link to discussions around the biological basis of race from last session? P221-225

All three argue that intelligence is linked to race and that eventually there will be genetic evidence found. This is similar to last session where hypotheses were made with no evidence, based on belief, in the hope that evidence may eventually be found.

How do Turkheimer's (P228-229), the Flynn's effect (P232-233) and Witty & Jenkins work (P235) dispel the concept of IQ as a heritable, unchangeable entity?

Turkheimer – almost all variation in IQ is accounted for by environment i.e., socioeconomic background etc
Flynn effect – the more you engage with IQ tests the better you are at them. Furthermore, the better your education and opportunities the higher your IQ is likely to be. This is seen on a national-level where more resources lead to higher IQs in countries.
Witty & Jenkins – race and genetics does not determine IQ

What do Turkheimer (P229) and Coleman (P235-236) think are the reasons for IQ disparities in the US?

Socioeconomic status (for example the IQ of poorer students falls over summer holidays but increases in wealthier students), racial injustice and environmental factors

"Being in the same school or being in the same family means little if society as a whole sees you as substandard."

Saini page 236

While race may be medically expedient as a criterion for differentiation, what are the drawbacks and wider societal implications of this approach?

Who benefits from this approach? Does this approach perpetuate the conceptual basis of race being biological?

"We would have needed a larger sample size to study a general population than we could get away with with a black population."

Jay Cohn page 255

“Race became relevant in the creation of this drug, not for medical reason, but for legal and commercial ones”

Johnathan Kahn page 256

Using race as a differentiator makes people believe the concept of race is biological) – in practice it doesn't always benefit the patient and it does perpetuate idea of biological race

Reflecting

Why do we draw on racial reasons as the cause of IQ disparities and health inequalities?

How does data from around the world and social issues undermine these conclusions? P236 and P268. How does this link to Carson Byrd's work? P278-279

Cooper (p252) highlights that the concept of race is so deeply embedded in our thinking that it is hard to extricate it. Race becomes our default reason for many things. Consider the work of Byrd who showed that white people only see race as a biological determinant in black people but not in white people.

For many the concept of race is convenient – in medicine, the concept of race saved NitroMed (the marketers of BiDil) money, and race also saves the time of clinicians by easily categorising people.

Bluntly “black and white” decisions are easier to make than more nuanced ones, so reducing complex problems to race saves time and money for many. This is despite different groups in different countries having different outcomes.

The narrative around the “robustness” of different races also varies over time, often to fit a purpose. While evidence from around the world refuting the use of race.

In summary, making race biological avoids dealing with the actual issues of inequality such as money etc.

“There is a rich social science literature conceptualising racism, but this research has not been adequately integrated into the medical and scientific literature”²

Mary Bassett in The Lancet - page 247

“Racialised thinking is such a deep part, just like gendered thinking is such a deep part, of our psychology that we can't just by conscious effort free ourselves from it completely.”

Richard Cooper page 252

Is Mary Bassett's critique of the Sciences' handling of data, when considering racial and gender differences, fair?

Have we retrofitted the science to fit societal expectations? How does this link to the SUSHI story p271-272 and Lahn's research?

All the stories and case examples follow the same thread – we found a difference between groups of people and made the reason race, why? Because we want to believe that race exists, look at Saini's interview with Lahn on pages 277-278.

Why is race as a concept so pervasive in society?

What does Fields mean by "racecraft"? How does this pervasiveness of race as a concept link to identity politics and the search for belonging? p290

"We keep looking back to race because of its familiarity. For so long, it has been the backdrop to our lives, the running narrative. We automatically translate the information our eyes and ears receive into the language of race, forgetting where it came from."

P287

As seen in the previous question we use race to justify and explain outcomes because; it is expedient to do so, we have been raised in the concept of race and it ignores deeper inequalities. Race also feeds into the wider narrative of nationalism and identity (chapter 7-8). Have group members ever actually stopped and considered why the concept of race exists before these sessions?

Consider the COVID-19 pandemic, how have members of BAME communities been treated?

How has what we discussed in the previous questions been played out in the COVID-19 pandemic? Why have we used race as a discriminator in COVID-19? Has this played into the narrative that race is biological?

“The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.”

“Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure. They are more likely to use public transportation to travel to their essential work. Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk.”

Public Health England Report³

“Black, Asian, and minority ethnic (BAME) people are not genetically more at-risk of dying from Covid-19, a new study has concluded.

BAME communities are two to three times more likely to die from coronavirus than other members of the population, analysis of NHS data has previously revealed.

However, scientists in Japan and the US found no differences in seven genes associated with viral entry of SARS-CoV-2 – the virus that causes Covid-19 – across ethnic groups.”

Johnathan Chadwick, Mail Online⁴

“Ethnicity is a complex entity composed of genetic make-up, social constructs, cultural identity, and behavioural patterns.

Ethnic classification systems have limitations but have been used to explore genetic and other population differences. Individuals from different ethnic backgrounds vary in behaviours, comorbidities, immune profiles, and risk of infection, as exemplified by the increased morbidity and mortality in black and minority ethnic (BME) communities in previous pandemics.”

Pareek et al. The Lancet, Ethnicity and COVID-19⁵

The aim of this question is to highlight that we still use the concept of race today without too many qualms. The fact that multiple sources have to overtly dismiss genetic differences as the reasons for health inequalities in BAME communities is telling.

It is also worth highlighting the suspicion of some BAME communities around getting the vaccine – often stemming from distrust of the medical system and those in power who have often ignored (health) inequalities or exploited BAME communities (consider the words of David Lammy MP around vaccine hesitancy in BAME communities)

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Considering “races” pervasiveness in society, will we ever live in a post-racial society?

If we can reach a post-racial society, how do we get there? What can we do individually and as larger groups to get there?

It might be worthwhile to look again at the RSC report on diversity to refresh our memories of the issues in the Chemical Sciences. Or consider the caste system; in the “West” we often view

the caste system with derision and contempt – why do we not see “race”, arguably a very similar construct, in the same way as a society?

Post-racial – having overcome or moved beyond racism: having reached a stage or time at which racial prejudice no longer exists or is no longer a major problem. (Merriam-Webster)

Get your group to think about positive steps to reach a post-racial society, perhaps link to the RSC report we looked at in Booklet 1
The purpose of the question is to bring home that we all have a role to play in deconstructing race and racism.

Finally, how would you define “race”?

This is to draw people back to the start of booklet 1 and consider how far their views have evolved around race and racism.

Next Steps

First things first, thank you for taking part in the sessions, we hope you enjoyed them and will join us for the next book. Your contributions have been appreciated and the discussions we have had are contributing to making a more inclusive community for all. However, this is the last booklet in the series exploring Angela Saini’s book and the linked RSC report so any **comments, critiques or feedback** would be much appreciated by the authors of these booklets and the wider team.

*Second, we will be holding a “**Positive Action and Discussion Session**” that all participants will be invited to. In this session we will discuss how we can bring about positive change in the **community, curriculum and culture** of the department and University.*

We hope to see you all there!

Additional Notes;

References;

- (1) Sen, K. M. The Caste System. In *Hinduism*; 2005; pp 17–21.
- (2) Bailey, Z. D.; Krieger, N.; Agénor, M.; Graves, J.; Linos, N.; Bassett, M. T. Structural Racism and Health Inequities in the USA: Evidence and Interventions. *Lancet* **2017**, 389 (10077), 1453–1463.
- (3) Public Health England. *Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups*.
- (4) Chadwick, J. BAME People Are NOT Genetically More At-Risk of Dying from Covid-19, Study Finds. *Mail Online*.
- (5) Pareek, M.; Bangash, M. N.; Pareek, N.; Pan, D.; Sze, S.; Minhas, J. S.; Hanif, W.; Khunti, K. Ethnicity and COVID-19: An Urgent Public Health Research Priority. *Lancet* **2020**, 395 (10234), 1421–1422.