

How Does a Baby Have a Race?

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ROYAL RACISM

The Netflix series *Harry & Meghan* is an insider exposé of US-born Meghan Markle and her now husband, Prince Harry, the Duke of Sussex, sharing their experiences navigating internal politics and the British tabloids' portrayal of Meghan as a caricature of negative racial stereotypes.¹

When Meghan and Harry first publicly revealed their relationship, she became a prospective member of the British royal family, and public favor was generally with the young couple, bolstered by Meghan's popularity as an amiable American actress who starred on the TV series *Suits*.² Once they became engaged and Meghan's popularity grew across the Commonwealth while on tour with Harry, subjects in parts of the Global South still under the British Crown suddenly felt they could relate to a royal. While those at Buckingham Palace may have quietly questioned the acceptability of an actress marrying a prince, the reception of their engagement in the United Kingdom was generally positive.

A beautiful American actress who seemed to effortlessly win the affection of the Queen of England (Harry's grandmother), Meghan was praised as a highly suitable girlfriend for the handsome prince. The media commented on her sharp sense of style, graceful ease, and natural warmth in front of the camera. Suggesting she might be "the one," pop culture magazines speculated about the couple's seriousness, considering Harry's string of prior romantic relationships and highly publicized escapades.³

The Netflix series reveals that the couple started dating seriously out of public view, keeping their relationship mostly hidden in private residences and telling

only a trusted few. They became engaged not long after going public, which felt sudden to some. As the prince's fiancée, Meghan came under more scrutiny than she had as his girlfriend. Suddenly, she was no longer judged for her appearance, affect, and profession; rather, speculations emerged about her role within the royal family. This change in tone invoked racism, as some suggested that Meghan, the daughter of a white father and a Black mother, would not "fit in" at the palace.

Meghan was taken aback when the UK-based gossip columns and newspaper articles began blasting her (now Prince Harry's fiancée) in a negative way while invoking racial stereotypes of Black Americans. As this book's chapters by Mark Fedyk and Lisa Ikemoto explain, identity is complex. On camera for Netflix, Meghan described not having previously identified as a "Black woman" in the United States because she had light skin and was racially ambiguous. Meghan and her father, a white man, were close throughout her childhood. She characterized herself as a "Daddy's girl" and seemed to relate more to his racial identity than to her mother's. Their previous closeness was a source of pain and distress when Meghan and her father became estranged after he sold fake stories to the relentless British tabloids. In the series, Meghan explains how she had not much pondered having differently racialized parents until it became a focus on social media and in the UK popular press. Harry, too, isolated and protected from awareness of modern-day racism by his white (and royal) privilege, received a swift lesson in its harmful effects.

Meghan's mother, a self-described Black woman with darker skin than her daughter, was often mistaken as a nanny or the adoptive mother of her biological child due to the differences in their appearance. In contrast to Meghan's and Harry's surprise at the press invoking racist stereotypes, Meghan's mom saw it coming. Having lived in the United States as a Black woman her entire life, she spoke on camera about having latent anxiety that racism would eventually harm her daughter.

Leading up to the wedding, Meghan was judged with increasing British scrutiny. Harassment from the paparazzi grew to an unbearable extreme, not unlike the days of Princess Diana (the late mother of Harry and William), when a royal jewel on her ring finger marked the end of a personal life and the freedom to live as an independent woman in the world.⁴ As the UK public(s) and the royal family began to see these women as future assets of the Crown—no longer simply young, beautiful women winning the hearts of princes—their unique identities and bright characters seemed to fade, being gradually replaced by distorted daily narratives and motives of the popular press.

In Meghan's case, racialization of her identity made the prospect of becoming Prince Harry's wife a controversial one. Sixty years ago, marriage between people assigned to different race categories was illegal in many US states, and it may still be frowned upon in some families and communities. With an undertone of race-based disapproval, the British media portrayed Meghan as a questionable reproductive contributor to the royal bloodline, given her familial heritage. Even before

she and Harry officially tied the knot, Meghan's prospective membership in the royal family became a topic of racialized debate on reproduction.⁵

Racist media attacks escalated in frequency and intensity when Meghan became pregnant after the wedding and was compared negatively to Harry's older brother William's wife, Kate (formerly Middleton), the Princess of Wales. Photos of the two women holding their pregnant bellies in the same ways (at different times) touted Kate's protective motherly instincts, while accusing Meghan of being obsessed with her baby bump, reportedly keeping her hand there as a means of gaining attention. While neither woman came from a royal background, Kate's (entirely) white British background made her an appropriate vessel for the reproduction of royalty, while Meghan's mixed racial background made her a dubious one.

In a cruel turn, British tabloids narrowed in on the predicted race of the embryo in Meghan's womb. The Netflix exposé implies that members of the royal family (presumably William and the brothers' father, Charles) had expressed concern for the future of the British monarchy should the child be born "too dark" for their standards. Excruciating paparazzi harassment, controlling policies of the royal family's administration, and threats of physical harm led Meghan into devastating isolation and depression during her pregnancy. Harry declined to comment on the specifics but made it clear that he and Meghan were forcibly ousted from the royal family, while media narratives maintained that they left by choice. The stress from these circumstances undoubtedly influenced Meghan's mental and physical health, and thus (potentially) the health of her future baby boy, Archie.

The publicity surrounding Meghan and Harry's marriage and the birth of their first child throws into sharp relief the usually implicit existential threat that reproduction among racially discordant partners poses to white supremacy and, as Lisa Ikemoto's chapter points out, the notion of white purity, which are both foundational principles of colonialism. The harmful ideologies of white supremacy and purity are critical mechanisms of the British monarchy's persistence, as they continue to justify global exploitation and oppression. Colonialism's justification has always been rooted in the premise that a small number of (divinely ordained) people deserve rights to resources and rulership that extend across the globe, while others are meant to toil in poverty without access to even their own lands' riches. Thus, reproduction between favored and unfavored groups naturally invalidates the falsehoods perpetually touted about biological underpinnings of human classes. The same is true of mixed-race children; their very existence threatens the idea that humans can be distinctly divided into coherent racial groups. These offspring are not easily placed into any of the mutually exclusive race-labeled categories, thus gradually dissolving any imaginary dividing lines between them.

Though *Harry & Meghan* made headlines for its raw and intimate exploration of the couple's personal experiences in a blinding, frightening spotlight, it also shed light on an important phenomenon for science, medicine, and public policy that has yet to be deeply interrogated: the construction and attribution of race

categories to entities with no ability or agency to participate in or influence this process, such as a developing embryo, a newborn baby, or a young child.

RACIALIZABILITY

Considering the race of a baby would not be so challenging if race were an inherent biological trait that could be determined with a scientific approach. If race could be measured objectively, with classification rules uniformly applied, individuals could be unambiguously assigned to groups. It is precisely because race is socially constructed, and because categories are ephemeral, subjective, and context dependent, that it is extremely difficult to answer the question of whether a baby can have a race at all.⁶

If an entity can be presumed to belong to a racial category despite its inability to persist outside of the womb, how far does the attributability of race extend back in the growth of a budding fetus? Would a clump of cells in the earliest stages of embryonic development qualify as *racializable*? If so, at what stage of embryogenesis would it be feasible (and socially acceptable) to speculate about the embryo's racial identity, and, if based on the racial identities of its parents, would every potential offspring of a certain reproductive pairing be predicted to have the same race?

Every adult human being has developed personal beliefs about racial identity and reproduction, whether consciously or not, at the very least related to their own birth parents and their social or cultural heritage. It is almost certainly the case that, for some reproductive scenarios, it may be difficult to imagine how a baby could have a different racial identity than that of its parents—for example, when the two parents have similar racial identities. When parents' racial identities differ, this may be a more interesting question with no concrete answers. In either scenario, it may be tempting to assert with confidence the predicted race of a baby still in utero, but we must consider the implications of this assertion.

Biomedical researchers are engaged in the creation of human cell lines—that is, cell cultures derived from human cells, which are extracted and then grown in a laboratory. Do these cell lines maintain the racial identities of the humans from whom they were derived? If so, is there a rigorous way to take this into account when conducting genetic or other health-related scientific research using human cell lines? And how might we interpret our findings, if indeed such qualities were identified and associated with interesting biomarkers?

If a cell can have a racial identity, this *could* fundamentally change the definition of race from a thing social scientists, anthropologists, and demographers tell us emerges through a socially and culturally derived process of self-identification and ascription that is fluid and dynamic across contexts to something that is fixed and biological in nature. Race might instead be treated as a heritable trait, transmitted genetically from parent to offspring, which persists in its potential relevance for biology even after it is removed from a human body and maintained

in an artificial environment. But what if the “racial identity” of a cell lies not in its DNA but in its epigenome, the annotations that are added to our DNA in the form of methylation, acetylation, or changes to histone structure throughout our lives? The “racial identity” of the cell could then reflect the racialized experiences of the cell’s donor, rather than any innate genetic factors.

Treating race as an immutable trait that nonhuman (cell lines) or future human (embryos) entities can possess is a slippery slope, whether a single cell in a petri dish or a growing fetus in the womb. In the case of Archie and his ex-royal mother, tabloid-fabricated racialized tropes about Meghan may have trickled down to influence Archie’s development in negative ways, through the stress of growing a human being in a system that is designed to oppress, extract, and exploit. I therefore argue that it is not fabricated or assigned racial identities that alone do the work of racism. It is rather through the context-specific applications and uses of those labels that facilitate and enact race-based discrimination and aggression that harm is done to individuals and communities. In this line of thinking, race labels may or may not be assigned to babies, but this has no impact on them unless there is a conceptual framework and hierarchical systems of power that create meaning and produce harm (or protection) according to and abiding by those labels.

The act of racializing a person (or a thing) is assigning a label for the purpose of establishing or maintaining hierarchies of difference, and is an opportunity to arbitrarily generate or sequester power.⁷ Interrogating how newborns are racialized, for what purpose(s), and by whom offers insights about the creation and reproduction of race and ethnicity labels as means of administrative, medical, and scientific classification, thereby undermining their scientific validity and clinical utility.

The central thesis of this chapter is that a baby does not have a fully formed cognitive or conscious racial identity, and that both direct and indirect assertions or assignments of attributed race are derivative and deterministic in nature. That is, they are derived from and play a part in determining racial constructs in a cyclical loop of self-referential and reinforcing logic. Racial labels are used to separate human beings into mutually exclusive categories of difference based on a handful of arbitrary physical characteristics and how they interact with the social, cultural, and political context at a particular time and place.⁸ Systems in which people are inherently stratified according to these social structures will inevitably yield group-level differences that correlate with racial labels and thereby appear to naturalize racial categories.

This closed-loop system operates on both conscious and unconscious levels, with underlying systemic, economic, and political motivations that have been buried in historical narratives with which most scientists and physicians are unfamiliar or believe are irrelevant.⁹ This system functions to preserve extant hierarchical structures in society, with the ephemeral attribute of whiteness (which many biomedical scientists and physicians in the United States and the United Kingdom share) as the ultimate gatekeeper and passport to power. Since the fundamental

nature of this construct is self-reinforcing without revealing its foundational conceptual flaws, everyone must diligently engage in questioning its use in science and society.

ON WHITENESS

Humans interpret our experiences and observations through a sensory-neuronal process of creating meaning about inputs our brains receive through sense organs. We *Homo sapiens* are particularly reliant on our visual systems to provide information about our surroundings. We must render down a vast stream of input to a simplified and comprehensible pattern of thoughts and images to make sense of the world. This process has played an important role in helping humans to determine safety and kinship ties throughout our evolutionary history, and it has also contributed to our survival-based cultural notions of “other.”¹⁰

Our natural way of processing information about the world and putting it into boxes—together with unhelpful human traits like greed and compartmentalization—influences our beliefs about what our observations might signify about a person, from biology to behaviors, and even the limits of one’s potential across all domains of life. Specifically, the perception of an undefined trait—whiteness—suggests proximity to European dominance, power, and privilege.

One of the major ideological dogmas of the US political and social order is a belief in the concept of whiteness as indicative of innate deservedness, or a natural inheritance of unearned dominance, power, and privilege. In the natural and medical sciences, whiteness is rarely discussed as a scientific or even conceptual object, taken for granted as the reference category in statistical analyses comparing data grouped by race or ethnicity labels. It is implicitly treated as the presumed default, or the standard, for US society.¹¹

Reflecting histories of discrimination and oppression, biostatistical comparisons between white and “non-white” groups that identify disparities reinforce misconceptions of the scientific validity of whiteness. When researchers make comparisons between groups considered socially or scientifically relevant, implicit assumptions of validity and mutual exclusivity of categories are often unquestioned. When data are missing on race or ethnicity, they may be inferred from other information without asking individuals directly; or they may be excluded entirely.¹²

Missingness of race and ethnicity data is not random. Categorical frameworks and discrete data structures used to racialize people ensure that those who identify as white have at least one relevant box to check, corresponding to a label that denotes the quality of whiteness. In contrast, categories that are often described singularly as “non-white” render differently in our data collection frameworks and contextual understandings. It is not sufficient to identify someone based on the absence of a quality (i.e., non-whiteness), so once someone is labeled or determined as *non-white*, there is a subsequent layer of racial classification with

categorical constructs that may (or may not) be relevant to a person's identity. In the research context, people who identify with more than one category are often arbitrarily assigned to one or another—or to a multiracial category—by the investigators. Often, the only salient option for multiracial people is a checkbox labeled “other.” For someone like Meghan Markle, her concurrent status as descended from both white and Black parents reveals a rupture in the fabric of assumptions that underlie these racialized frameworks and the construct of whiteness.

Race and racism are inseparable. If the concept of racial identity is meant to situate people within a social order or hierarchy of power, Meghan Markle's racial identity confuses that social order and challenges hierarchies of power, which exposes her to further racism. So, what about her offspring? Babies lack any power; they are at the mercy of caregivers to keep them safe and alive. For that reason, they experience racism primarily through the benefits or harms of their parents' and/or caregivers' racial and economic privileges or lack thereof. If perceived whiteness is a requirement to access those benefits and privileges, and all racial categorization is done in reference or relative to whiteness, it follows that a baby can have a race only when an external authority assigns it a label to denote whiteness or a lack thereof; and these labels endow the baby either with value and privilege, or with inherent disadvantage.

RACIALIZATION AS AN INTERNAL AND EXTERNAL PROCESS

The identity aspect and semantic object “infant”—from the Latin *infantem*, or *one who cannot speak*—supersedes any racial identity a baby may have that would grant or revoke their power. Even when race labels are assigned to an infant, if race is a construct to identify people, assign stereotypes, and designate social position with its attending privileges (or lack thereof), then it is irrelevant to babies because the designation as “baby” takes precedence. This use of a semantic classifier denotes the total absence of power to determine one's own racial identity.

If we consider race as an internal process of integrating societal inputs into an aspect of one's personal identity, babies—and anyone else without a robust and developed sense of self—are ineligible as entities who could possibly have a racial or an ethnic identity. Viewed in this light, Meghan and Harry's unborn child, Archie, was not eligible for a racial identity, because his embryonic/fetal state rendered him incapable of complex internal processes of self-discovery. However, the racial identities of Harry and Meghan interacted with one another and with the sentiments of the British popular press to spark the imaginations of people who looked on with anticipation or anxiety about the future race of their baby.

Scholars across the social sciences and anthropology typically define race as a category of identity that is co-constructed between an individual and the society in which they live.¹³ That is, our personal contexts and lived experiences shape

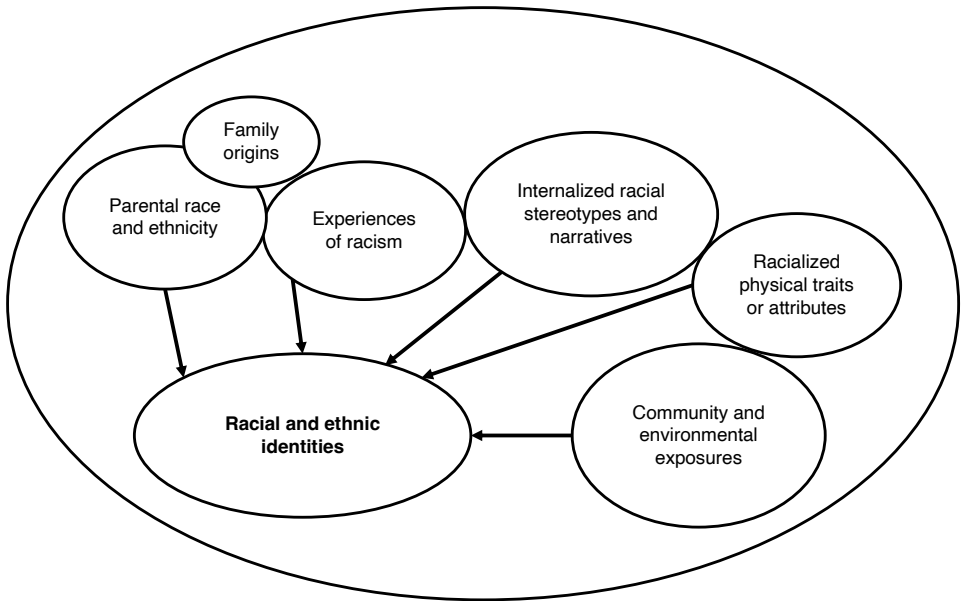


FIGURE 7.1. Multifaceted construction of race and ethnicity: context-dependent factors combine to create social, cultural, and political identities of race and ethnicity. Racial identities may be constructed through a complex process involving contextual understandings of oneself and one's family origins. Individual choices about how to self-identify are often constrained by predefined categories and stereotypes, and assignments of race categories are based on interwoven social, cultural, and political norms or conventions. Image created by the author.

our racial identities over time. The example of Meghan Markle illustrates how a person's racial identity can shift depending on the dynamics of their situation, which include public sentiments, popular press, societal narratives, and cultural norms. Figure 7.1 illustrates interactive processes through which self-identified race or ethnicity is developed in context.

The current “gold standard” for data collection on race and/or ethnicity is self-identification, also called self-reported race or ethnicity in the United States. Certificates of live birth for infants born in the United States have included information about race since 1916, when the standard certificate asked for the “color” of the mother and the father.¹⁴ In 1997 the US Office of Management and Budget (OMB) revised its race-reporting standards, allowing people to indicate multiple races on the US Census.¹⁵ Birth certificates have allowed parents to report multiple race categories only since 1999.¹⁶ Revisions of and additions to US racial and ethnic categories and classification schemes have thus produced differences in the way demographic information has been recorded and characterized over time. The inherent fluidity of this data construct thus points to its fallacy as a proxy for something innate and immutable.

One might nevertheless encounter arguments and practices that suggest race or ethnicity exist objectively and could thus be assigned to individuals without their participation or agreement, including (presumably) babies. Babies may be profiled based on racial stereotypes of physical attributes (i.e., pigmentation of skin, hair, and eyes) and assigned a race label or category, for example. If race and ethnicity are thought of not as a process but rather as some natural essence that can be inherited through parents and can be objectively measured, ascertained by proxy or visual inspection and evaluation, then the absence of a personal, internal notion of one's own racial identity may not preclude babies from having race as an external characteristic or trait.

Scientists, clinical providers, and other medical or health-care professionals may implicitly (and incorrectly) consider race a biological essence that is passed on genetically from parent to child. Focusing on physical attributes of humans that have been socially and culturally coded as aspects of racial identity, people may reason that genetics are responsible for the physical development of such traits, and therefore that presumed racial attributes are inherited through DNA. While this interpretation of race is inconsistent with the contextually constructed view of race described in this volume, let us consider for a moment this position. Some physical traits are often attributed to stereotypical race categories, most notably relative concentrations of skin pigmentation but also hair texture and certain facial features.

The human pigmentation spectrum is determined by relative concentrations of melanin in our body's cells. Melanin is a protein produced in cells called melanocytes; it protects the body from radiation and helps with heat regulation through concentrations of pigmentation in skin, hair, and eyes.¹⁷ Melanogenesis, the production of melanin, is controlled by innate genetic factors, as well as environmental factors such as cumulative exposure to UV light and changes in the body that are related to other gene-by-environment (GxE) processes such as inflammation. When babies are first born, the skin changes rapidly to create an epidermal barrier that protects the infant from harmful exposures in the world. This skin maturation process also involves significant changes in color, which increase with age.¹⁸ Having two biological parents with different skin, hair, and eye colors introduces many different possibilities of coloration across physical traits that are traditionally racialized, which—by chance—may combine in ways that do or do not match stereotypical racial profiles in any given context.

Adopting a biological view of race based on an infant's relative concentrations of melanin would therefore be premature on two counts: (1) visual examination to assign race at birth preempts skin maturation with increasing baseline melanin in the first few weeks of life, and (2) environmental exposures trigger melanogenesis that darkens skin at different times, such as seasonally with increased daylight. The point here is to suggest not that racial or ethnic identities could ever be accurately surmised by external observers just by looking at an individual (because there is so much more to it—see figure 7.1) but rather that, even if one could determine

someone's race by looking at them, newborn babies are not well suited to such methods of visual inspection and evaluation. This is, nonetheless, how race is often determined by morgue staff for the purpose of death certificates. In such instances, infants whose parents might not identify as white are often arbitrarily classified as white on postmortem inspection.

Babies born in the United States are not assigned a racial identity on their certificates of live birth based on visual inspection. In fact, they are not assigned a race at all. Birth certificates in the United States record only the racial and ethnic identities of the biological parents.¹⁹ Since this information is self-reported, it meets the gold standard for race and ethnicity information, assuming that parents are given adequate opportunity to self-report. Subsequent users of birth certificates, however, including researchers as well as governmental and nongovernmental agencies, typically infer the race of the child from the race(s) of the parents. This practice exemplifies the assumption in US biomedicine, including research as well as clinical practice, that children must have the same racial identity as one or both parents.

RACE ASSIGNED BY PARENT PROXY

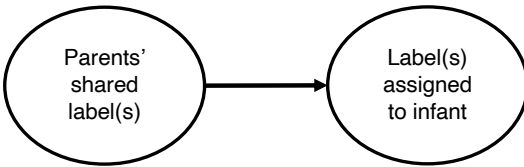
There are two basic approaches to assigning race using parent race and/or ethnicity as proxy variables: one method is to use data from just one parent, and the other is to use data from both parents. In the single-parent transmission model (figure 7.2-II-A), one categorical label is inherited from one parent, and nothing is inherited from the other parent. This model is used when the data for one parent is missing or unavailable, or when rules for coding race based on parental proxies indicate that a particular parent's labels should be transmitted preferentially. It may also be the result of discordant racial identities between parents, when one label is selected preferentially over another, regardless of the parent(s) from which they are inherited.

When race and ethnicity are concordant between parents and can be easily classified into one of the standard categories set forth by the OMB, the question of what race a prospective or actual newborn will be is considered straightforward. The baby will, it seems naturally, inherit its racial and ethnic identity from its parents. This practice breaks down, however, when parental race or ethnicity is ambiguous, when these identities differ between parents, or when one or both parents are missing data on race and ethnicity. Figures 7.2 and 7.3 illustrate models of transmission of parent race and ethnicity labels to infants when they are concordant, discordant, and/or missing.

Race label(s) assigned to an infant when parent labels are discordant or missing depend on predefined, structured rules for coding data into ontological frameworks, providing unique guidance for each context and instance in which race is assigned. Sometimes infants whose parents' race categories differ are assigned "other" or "multiracial" labels, whereas, in other settings, more complicated rules apply for selecting one category to represent an infant's race.

I. Concordant parent race and ethnicity labels

Parents have the same label(s) attributed to them, which are then assigned to the infant.



II. Discordant parent race or ethnicity labels

Parents have different labels attributed to them, so rules are applied to assign labels to the infant.

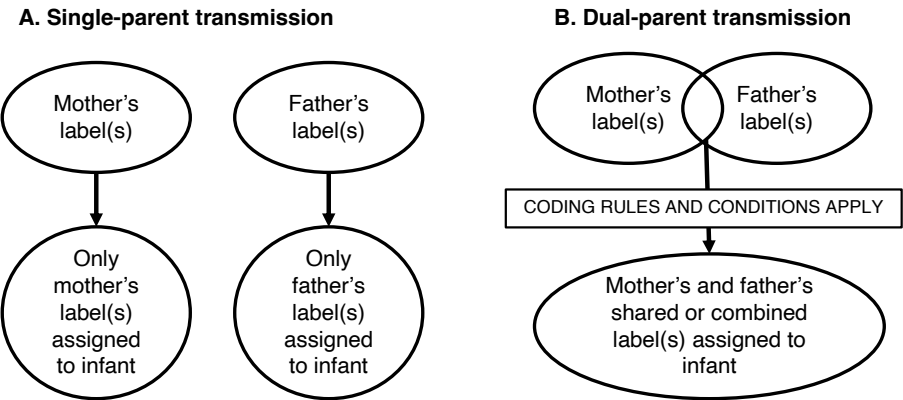


FIGURE 7.2. Models of transmission and assignment of categorical labels to infants based on parent race and ethnicity labels: (I) when parents' labels are concordant and (II) when parents' labels are discordant. (II-A) Single-parent transmission is implemented when either the mother or the father is designated as the parent whose racial and ethnic labels are to be assigned. (II-B) Dual-parent transmission is implemented when both parents' racial and ethnic categorical labels may be transmitted to their infant, based on different procedures or rules and conditions for coding this information. Image created by the author.

Figure 7.3 illustrates the hypothetical inference of infant race categories when parent race categories are discordant or missing. In figure 7.3-A, the mother is coded as "Hawaiian," and the father is coded as "Asian and Black." Under the rules of this hypothetical situation, since both parents are considered *non-white*, the father's race is transmitted to the infant, unless the mother is Hawaiian. In this case, then, the infant is also coded as "Hawaiian." When the mother is instead coded as "white," the default inheritance is the father's race because he is *non-white* (B and C). In the presence of multiple racial categories for a parent, the first *non-white* label listed is transmitted to the infant (i.e., "Asian" in B and "Black" in C). In

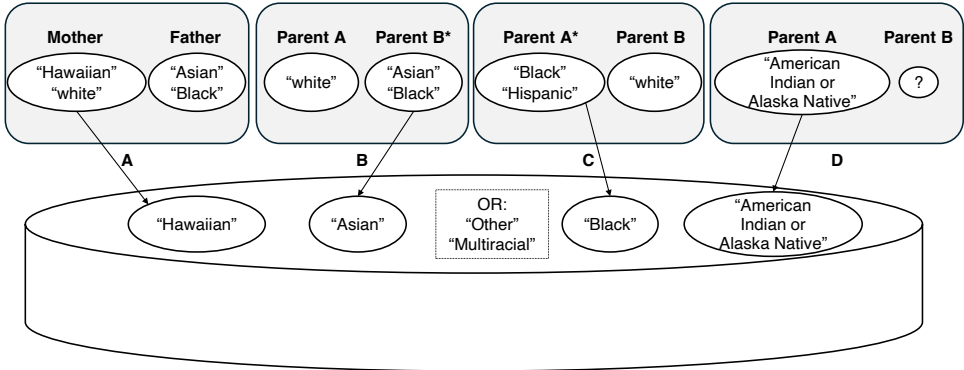


FIGURE 7.3. Hypothetical rules for how race labels could be assigned or attributed to infants based on parent labels. When parent labels are missing or discordant, various rules apply in different settings. Some labels are subjected to preferential transmission due to political or social dynamics; for example, only “Hawaiian” is assigned if the mother has this label (A). When one parent has been identified as “white” and the other parent has been identified with additional labels, only the first label attributed to the parent with non-“white” identities is transmitted (B, C). When only one parent has label(s), the first one listed is assigned to the infant (D). Image created by the author.

example D, only one parent’s race label—“American Indian or Alaska Native”—is available, so this is transmitted without regard to the other parent.

This example of precoded algorithms for deriving infant race labels based on various combinations of parental labels shows how widely data on racial and ethnic self-identification may vary in provenance, structure, quality, and completeness. Missingness is nonrandom, and erroneous attribution is rampant. Even when categories do represent self-identified racial and ethnic identities, selecting more than one category often results in erasure of designations entirely, replacing them with a “mixed” or “biracial” or “two or more” category that represents *none* of the categories selected by a person (or assigned to them). Assigning race labels to babies by parent proxy is thus another example of racial designations being arbitrarily imposed.

RACE AS AN OBJECT OF SCIENTIFIC INQUIRY

When reporting to the National Institutes of Health (NIH) on the diversity of cell lines and samples of biomaterial collected and/or intended for use in federally funded research, investigators are compelled to report this information according to US Census categories. This requirement was congressionally mandated starting in 1993 to facilitate tracking and enhancing the diversity of participants in biomedical research. An unintended consequence of this requirement was reinforcing

notions of mutually exclusive categories for race and ethnicity concepts among NIH-funded investigators, which likely motivated reliance on such categories for stratified analyses.²⁰

There are many well-intentioned researchers who focus on health equity for racial and ethnic groups traditionally underrepresented in biomedical research, who are also underserved in medicine and by social support systems. Research that illuminates disparities in access to health care, outcomes tied to diminished services or reduced quality of care, and other types of analyses can help shed light on opportunities to make medicine more equitable. In these cases, it may be useful to rely on race and ethnicity categories.

There may, however, be negative consequences of publishing research and media articles that report on differences between people attributed to different race and ethnicity categories, because these narratives reinforce false notions of biological or genetic distinctions, such as those described in the chapter by Tina Rulli and in the conclusion to this volume. One example is reporting on US Black maternal and infant mortality associated with birth. When statistics such as infant mortality rates are presented as differences between Black and white infants (rather than the differences between babies of Black and white mothers), readers may implicitly assume (or, worse, the discussion sections may suggest) that there is something fundamentally wrong with Black infants—that they are more likely to die because of an underlying condition—rather than see it as an indicator of the physiological stress created by the mother's lived experience of racism, disparities in their mothers' access to prenatal care, or a reduced level of quality in prenatal and birthing care relative to white families.

A systematic review of articles published in US perinatal health-care research between 1980 and 2021 examined concordance among different race and ethnicity data collection techniques for infants.²¹ The review authors concluded that “infants of color and those born to racially and/or ethnically discordant parents were the most likely to be misclassified across data sources” and that this misclassification of infants leads to inaccuracies in the measurement and reporting of morbidity and mortality rates across racial and ethnic categories. Study results indicate underestimates of these measures in “minoritized populations” relative to the “non-Hispanic/Latinx white population.”

While this systematic review provides useful insights into the ways in which data collection and racial classification procedures create data disparities, with downstream implications for research findings and population-level estimates of important health metrics, it also rests on implicit (yet questionable) assumptions about the baseline validity of racial and ethnic classification. Authors acknowledged the “complicated” nature of collecting self-reported race and ethnicity data about infants due to their inability to self-report, and the lack of standards for collecting these data. They nevertheless evaluated different measurements of race and ethnicity for concordance, interpreting differences as *inaccurate*.

To say that a metric of inquiry is measured *inaccurately* means that it has a presumed ground truth to begin with; in this case, investigators treated parents' birth certificate race and ethnicity as the ground truth, and discordant race and ethnicity data on death certificates as misclassifications. Even in this study that was carefully designed to unpack limitations of racial and ethnic categorization techniques, race realism still underlies the entire analytic approach.

Decisions made in the realms of biomedical research, study design, data cleaning and analysis, and publishing results all add up to influence public (as well as scientific and medical) perceptions about the role of race and ethnicity in health and disease. This can sometimes have serious consequences for patients whose doctors make decisions or judgment calls rooted in common misconceptions about race. The onus is on human subject researchers to question and disrupt practices that are fundamentally unsupported as having scientific or clinical validity.

Questions about whether (or not) a baby can have a race should focus on the ways in which race realism is perpetuated, and on the data structures and analyses that maintain current practices to support the status quo. Rather than ask "How does a baby have a race?" perhaps the more precise question to ask is "Why do we think a baby should have a racial identity, and what is the validity of instruments we would use to attribute race to a baby?"

CONCLUSION: POWER AND POSITIONALITY

Racial ideologies underpin all individual and systemic applications of racism, from the personal development of racial identities to collective campaigns for data generation on different groups of people as defined by racial categories and frameworks. While US state and federal laws have eradicated many (explicitly) racist policies, and others have been rendered invalid due to greater protections for human rights and civil liberties, US infrastructures and the social, cultural, and political landscape of society have inherently disadvantaged individuals and communities that are classified or perceived as anything other than white.

This racial binary provided a justificatory foundation for Western imperialism, colonization, and their attending harms across the globe. Careful attention to and insistence upon empirical evaluation of the validity of such concepts is therefore required. The British monarchy enacted a presumed divine right to rule over previously sovereign nations; to oppress Indigenous, Native, and First Nations peoples; to extract and appropriate natural resources; and to justify colonial-exploitive historical practices under current global hegemonies based on an inherited endowment, supposedly bestowed by God. Religious depictions of light-skinned deities, contrasted with sinful humans shrouded in darkness, reinforce unconscious beliefs about lightness denoting *good* and darkness denoting *evil*, a trope that played out in the British tabloids and ultimately resulted in Meghan and Harry's separation from the royal family.

If even a *potentially Black* British prince-to-be poses a threat to the Crown's authority over populations who had never previously seen themselves represented among members of the royal family, does that not suggest the royal family's reliance on implicit whiteness to maintain its imperial supremacy?

This chapter has called into question the underlying assumptions, conceptual and scientific validity, and utility of measures intended to represent the race or ethnicity of an unborn fetus or a newborn baby. The ways in which US racial identities are constructed and attributed to those who lack agency to self-identify have been illuminated, and whiteness has been explicitly examined as a means of exclusion and erasure of complex identities. When the racial identity that one has grown up developing (often unconsciously) as a core sense of how one relates to the world has never been a source of pain, suffering, or concern, it is likely to remain unnoticed. This was illustrated with emotional sincerity and profound self-reflection in *Harry & Meghan* when Prince Harry revealed the depth of his privileged ignorance around racial politics, and how deeply ingrained they are in service to the royal British Empire turned Commonwealth. As Harry and Meghan's son, Archie, grows up and becomes self-aware within this global and historical context, he will have to reconcile his own conflicting identities the way his mother Meghan has done and continues to do, and as all children must do when their parents have different racial identities.

Without greater racial and ethnic diversity among scientific researchers in an academic field, blind spots and assumptions shared by people whose lives are not negatively impacted by attributed race will continue to creep in, causing errors in study design and interpretation that may lead to immediate and downstream harms.²² Becoming aware of this is (for some) the beginning of a journey toward self-discovery and self-determination within historical, cultural, and societal contexts. For white scientists and physicians, this may be the beginning of a journey toward understanding how privilege and positionality have shaped them; and it is a call to wield the power endowed by whiteness in the United States and the United Kingdom to raise awareness and change the status quo.

Babies may be labeled or assigned racial identities when they lack power to influence this attribution, but as they develop into self-reflective individuals with agency and a will to express their own process of racial identity formation, they can claim that power to self-identify.

NOTES

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