

Racialization of drugs mobilizes prior conceptions of identity

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If we want to fully understand the allure of pharmaceuticals, we need to look beyond both medical efficacy and profit motives. A new study in the *Journal of Law, Medicine & Ethics* shows that when we use claims about drugs in arguments about racial identity, the meaning of both the pharmaceuticals and of race remain unsettled.

Anne Pollock, Ph.D. of the Georgia Institute of Technology tracks the intersection of race and a particular generic drug, thiazide. Not focusing on marketing and efficacy but rather drawing on social theory, the article describes and analyzes an encounter at an African American Studies Colloquium that involved economist Roland Fryer and literary theorist Henry Louis Gates, Jr. who use thiazide as a nexus through which to talk about ideologies of race. The identification between race and thiazide are unstable, diverse, and ambiguous, even among two African American Harvard professors.

Pollock then contextualizes that encounter in larger debates around race and thiazide to further show the complicated nature of pharmaceutical meaning making. Although pharmaceuticals can seem to rely on scientific data and marketing for their power, they are, in fact, also subject to claims on many more levels.

On the one hand, thiazide has been called upon in a recent resurgence of an argument relating selection pressures in Atlantic slavery to cardiovascular disease in African Americans. This claim suggests the drug could be key to solving racial morbidity and mortality disparities.

At the same time, thiazide has been touted by the National Institutes of Health as the best antihypertensive medicine for everyone, especially Blacks.

The extent to which a drug is taken – or talked about – is related to commodity properties that exceed the physiological and economic. Links between race and pharmaceuticals can be both unstable and generative even when the drug in question is old and generic.

Source: Wiley

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