

Categorisation and Minoritisation

Sujitha Selvarajah ¹, Thilagawathi Abi Deivanayagam,² Gideon Lasco ³, Suzanne Scafe,⁴ Alexandre White,⁵ Wanga Zembe-Mkabile ⁶, Delan Devakumar¹

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¹Institute for Global Health, University College London, London, UK

²Department of Public Health and Policy, St Helens and Knowsley Teaching Hospitals NHS Trust, Prescot, UK

³Department of Anthropology, University of the Philippines Diliman, Quezon City, Philippines

⁴School of Humanities, University of Brighton, Sussex, UK

⁵Center for Medical Humanities and Social Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA

⁶Health Systems Research Council, South African Medical Research Council, Tygerberg, Western Cape, South Africa

Correspondence to

Dr Delan Devakumar;
d.devakumar@ucl.ac.uk

The disproportionate mortality of COVID-19 and brutality of protective institutions has shifted anti-racism discourses into the mainstream.¹ Increased reckoning over categorisations of people demonstrate that racial categories, while imprecise, fluid, time and context-specific, embody hierarchical power. We interrogate categorisations used in the UK, South Africa and the USA; their origins and impact. We emphasise needing to recognise commonality of power structures globally, while acknowledging specificity in local contexts. In identifying such commonality, we encourage use of the term ‘minoritised’ as a universal alternative.

HISTORICAL CONTEXT

Various historical and geographical contexts give rise to categorisations, consistently exposing the use of power in creating separation.

The UK term BAME (Black, Asian and minority ethnic) reflects decades of categorising groups of people referred to in the 1940s and 1950s as ‘coloured immigrants’; ‘New Commonwealth immigrants’ or ‘African, Caribbean and Asian’ immigrants. This terminology, highlighted their perceived differences and non-White identity. From the 1960s to the early 1990s, ‘Black’ was used by some, as a political term to highlight the shared history of colonialism and political and cultural entanglement that brought African peoples, people from the Indian subcontinent and Caribbean people of all heritages to Britain. BME (Black and minority ethnic), a governmental term, evolved to BAME in the 1990s when Asian was added, recognising the number of Asian people in the UK. The use of BAME contributes to obscure the colonial past and its impact on the lived experience of these groups.

In South Africa, racial classification was an essential weapon of the apartheid arsenal. Categorising the South African population into racial groups can be traced to the colonial era in the mid-1800s,² but racial categories

Summary box

- ▶ Categorisations are imprecise, time and context specific and do not cross borders well, despite sharing global commonality in the power structures that govern them.
- ▶ Problems with current categorisations include: masking the centering of Whiteness, flattening or erasing difference and masking inequality, all of which make data interpretation and policy-making less effective for certain populations.
- ▶ Minoritised can be a more useful term as it describes intersectional forms of discrimination, and acknowledges the active processes involved in differential allocations of power, resources and ultimately health.
- ▶ Categorisations can be helpful in data collection and research but should be as specific and locally appropriate as possible.

found their full expression under apartheid when promulgated in the Population Registration Act of 1950. Under this law, four racial categories were formalised: White, Black, Coloured and Indian. From 1948 to 1991, racial classification was the foundation of all apartheid laws, determining where people could live, work, access healthcare and social services, be educated, travel and play. Even after the Act was repealed in 1991, the racial categories remain across many settings.

The use of racialisation to assign rights and power is well established in the USA. Many have spoken of Whiteness as property, enabling freedom and rights.^{3,4} This has been enshrined in law, from slavery, to the one drop rule of Tennessee and Virginia’s Racial Integrity Acts, to the Jim Crow laws, whereby Whiteness confers rights, power and privilege. The same values are evidenced today through the disproportionate incarceration and policing of Black Americans. The newer term BIPOC (Black, Indigenous and People of Colour) has gained recent popularity, being traced back to Twitter in 2013.⁵ While BAME highlights the two largest non-White groups in the UK, BIPOC emphasises the two groups who face the greatest discrimination and long history

of oppression in the US context: Black and Indigenous people. Many of the criticisms we explore below are applicable to both BAME and BIPOC, but a key difference being that BIPOC, like 'Women of Color', was born primarily from multi-cultural and multi-racial movements working to dismantle the systems of oppression which create racial hierarchies. Women of Color in the words of Loretta Ross is 'a solidarity definition, a commitment to work in collaboration with other oppressed women of color who have been minoritized'.⁵

These categorisations are marked by contention, contradiction and contestation. We explore four themes arising from these discourses; (1) Whiteness and Eurocentrism, (2) homogenisation, (3) furthering divisions and (4) recognising power hierarchies. We then explore specificity and universality in our suggested alternative.

1. WHITENESS AND EUROCENTRISM

Many of these groupings centre Whiteness and create separation between White people and non-White people by drawing attention to perceived differences, while maintaining Whiteness as the 'ordinary'. It is a recurring paradigm that the 'norm' in science, medicine and health is Whiteness or European. In health literature, 'Asia(n)' continues to be shorthand for the entire continent, or to specific parts (eg, East and Southeast Asia) based on the largely unchallenged assumption that, 'due to the ethnic, genetic, environmental and cultural differences, clinical data of the Western populations may not be representative of Asian countries'.^{5 6} The implicit assumption is that the 'West' is the default 'reference population' with which 'Asians' are compared—notwithstanding the fact that even with the most restrictive definitions, 'Asians' make up three fifths of the world's population. Rejecting terms such as BAME and ethnic minority can be acts of decoloniality, decentering Whiteness and Eurocentrism.

2. HOMOGENISATION

BAME and BIPOC are used and interpreted in multiple ways, for example some refer to the 'BAME community'. Underlying this is the homogenising of all non-White British identities.⁷ This homogenisation is embodied in the pronunciation 'baym'. These terms flatten important social and cultural differences between groups, while erasing the uneven power structures within which they are situated. Failing to recognise that discrimination faced by each group is unequal, masks inequality. For example, when organisations state a percentage of BAME or BIPOC representation, we fail to recognise systemic exclusion of certain groups.^{7 8}

3. HETEROGENEITY: FURTHERING DIVISIONS AND DIFFERENCES IN OPINION

Such categories can also further divisions among non-White groups. In South Africa, there is recognition of the ways in which the categories centre Whiteness, and sow

and maintain divisions among the non-White categories of people (Blacks, Coloureds and Indians), pitting them against another, and maintaining racial hierarchies established during apartheid.

Furthermore, there is no consensus about these terms, illustrating that not all who are grouped together think or feel the same. While there is rejection of these terms by many, in South Africa, there is a definite embracing of certain labels by some. Some see the categories as embodying the history and specific experiences of non-White people in South Africa. Adhikari,² who makes a case for embracing the Coloured identity, stated 'coloured identity is also very much the product of its bearers who, I would argue, were in the first instance primarily responsible for articulating the identity and subsequently determining its form and content'. Thus, these terms do not cross borders with the term Coloured being pejorative in the USA and the UK, but embraced by some in South Africa.

4. HIERARCHICAL POWER AT THE HEART OF CATEGORISATION

Terms like ethnic minority are not neutral phrases referring to population size. Simplistic views like this ignore the central role of power. In South Africa, White people are a cultural majority despite being the numerical minority.⁹ Across the world, we see the minoritisation of people associated with Asia, a global majority. In recent infectious disease outbreaks from SARS to COVID-19, 'Asians' have been constructed in popular and state discourse as a dangerous, infectious 'other', imbued in discriminatory and xenophobic sentiment,¹⁰⁻¹⁴ echoing a much longer history of moral panic in the USA and elsewhere, around the 'Yellow Peril'. A similar dynamic was seen with terms 'African' or 'West African' during the Ebola outbreak in 2014,¹⁵ exposing categorisations of people as a function not of number but of power.

SPECIFICITY FOR USEFUL CATEGORISATION

Categorisation in some form can help identify disproportionate health burdens. Inappropriate use worsens stereotyping as 'the scientific use of a social category can be interpreted as an endorsement of its validity'.¹⁶ For example, the UK census, and therefore health data, is disaggregated by Black African, Black Caribbean, Asian Bangladeshi, Asian Pakistani and Asian Other categories, providing confusion between skin colour, continents and countries. Moreover, they can reinforce colonialism's 'comparative paradigm',¹⁵ which oversimplifies identities and contexts. This characterises global health today despite calls to decolonise it.^{15 16} For research and data collection purposes, we need accurate categories acknowledging complexity of identity, not originating from White or Eurocentric gazes and avoiding conflation of diverse groups or regions.

UNIVERSALITY OF MINORITISING POWER STRUCTURES

We recommend the term minoritised, which emphasises active processes,¹⁷ shifting beyond binary discussion

of minority versus majority.^{17 18} We build on existing explanations¹⁹ to define minoritised, as ‘individuals and populations, including numerical majorities, whose collective cultural, economic, political and social power has been eroded through the targeting of identity in active processes that sustain structures of hegemony.’ Power is emphasised as central to racism and intersecting forms of discrimination. It highlights maintenance of structures which diminish minoritised people’s capability to lead healthy lives. It neither singles out nor creates groups, and adds more nuance than words like marginalised by connecting back to terms such as ethnic minority, thus acknowledging existing literature while resisting its coupling with dubious assumptions about ethnicity.

In summary, we call for data collection and categorisations to be accurate, contextually appropriate and not to reinforce existing power hierarchies. Name and recognise people, without reductive acronyms and amalgams. We call for the use of minoritised, for it will remain applicable across various manifestations of unjust power, as long as inequity and discrimination exist.

Twitter Gideon Lasco @gideonlasco

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ORCID iDs

Sujitha Selvarajah <http://orcid.org/0000-0002-5866-2803>

Gideon Lasco <http://orcid.org/0000-0002-6402-682X>

Wanga Zembe-Mkabile <http://orcid.org/0000-0003-4106-4513>

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