Over the last decade, there has been a growing appreciation and understanding of the force I call structural racialization or structural marginalization. While there is not yet firm consensus what this term means, there is broad and substantial agreement. Structural marginality is a shift in focus from people and individuals to structures and institutions. Structures are not neutral, and require careful intervention and vigilant monitoring if they are to serve justice and promote inclusion. When structures unevenly distribute opportunities or depress life chances along the axis of race, it can be described as structural racialization. Some of my colleagues use the term “structural racism” to describe this phenomenon.

I seldom use the word “racism” or the term “structural racism”; I much prefer “racialization.” While more difficult to grasp at first blush, this term is more accurate and invites a different inquiry. “Racialization” connotes a process rather than a static event. It underscores the fluid and dynamic nature of race. Moreover, “racism” is understood as a consciously motivated force. “Racialization” implies a process or set of processes that may or may not be animated by conscious forces. “Racism” invites a search for a racist actor, much as a web suggests the presence of a spider. “Structural Racialization” is a set of processes that may generate disparities or depress life outcomes without any racist actors. It is a web without a spider.

However, this distinction is not the focus of this article. There are two other concerns I wish to raise and address. The first is the overuse of disparities in understanding and addressing structural racialization and structural marginality. The second is the inadequate attention that racial resentment or other forms of anxiety play in generating structural arrangements.

The Overuse of Disparities

There is a tendency to make disparities the focus or primarily analysis for measuring or gauging structural racialization. While I agree that disparities are important and may be strongly indicative of structural racialization, this is an incomplete approach that suffers from a number of flaws. Look at almost any report on the state of race in America, and it will likely begin with disparities in a few or many areas: graduation rates, educational attainment, life expectancy, rates of incarceration, income, wealth, and so on. These disparities are soon (and appropriately) put in a context of structural inequality, with the goal being to eliminate the disparities based on race. But focusing predominantly on disparities in this way is a mistake.

Even when properly contextualized, many audiences will assume that disparities are a result of individual factors such as ability, hard work and intelligence rather than structural forces such as educational or employment opportunity. Groups that suffer from disparities may be stigmatized unless we are exceptionally careful. Research suggests that disparity data are as likely to reinforce negative stereotypes as engender support for structural interventions. While this use of disparities is a mistake, they may still be useful in terms of measuring and analyzing structural racialization. Disparities may suggest areas of focus or investigation as well as evaluate the efficacy of structural interventions. Still, there remain limitations with the use of disparity data and disparity metrics, even well-intentioned.

First, a disparities approach presumes that the baseline position of the dominant, higher-performing group is the appropriate goal for reducing or eliminating the disparity. In the U.S.

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context, this usually means a focus on white performance or outcomes for setting goals. For example, in trying to close the achievement/opportunity gap, the focus is often on bringing African-American or Latino test scores up to the level of whites. Similarly, if 70% of whites have good health insurance, then achieving the same level of coverage among people of color would presumably result in structural racial equity. This is not only a false assumption, it is an uncritically accepted benchmark. The performance or level of access to resources that a dominant group enjoys is not necessarily the benchmark we should be setting.

On careful examination, it becomes clear why this approach to goal-setting is not correct. First of all, the ideal benchmark is universal access to health insurance and quality health care, including the 30% of whites without insurance. Second, a disparities gap approach assumes that health insurance, or access to a specific good, will translate into similar outcomes. We know that this is not true. Because of the many factors that contribute to health disparities in populations, addressing one factor in a dynamic system when two groups are not similarly situated will not achieve parity along a single-factor dimension.

Access to health insurance is merely one input that explains health outcomes. Extending coverage will not result in structural equity if other factors constrain healthy outcomes. This was evident when a CDC study showed that extending health insurance in Massachusetts was insufficient to improve health outcomes. Insured families may lack access to health care providers because they live in racially and economically isolated neighborhoods without health care providers or lack transportation to reach them. The HPV vaccine, for example, has been proven to reduce the incidence of cervical cancer in girls and women. Yet the vaccination treatment requires a three-dose schedule. Research suggests that many low-income and African-American girls and young women who receive the first vaccination shot are less likely to complete the treatment because of the lack of transportation to the health care provider’s office—either owning a car or having a parent with a flexible work schedule or vacation or sick time off to pick up their children from school to take them to the doctor three separate times.

Even if we could eliminate the disparities in both inputs and outcomes, that does not mean we are living free of structural racialization. What if we can show that the reason only 70% of whites, following my hypothetical above, have health insurance is itself a result of racial anxiety? Many experts, such as Albeto Alesina and Edward Glaeser at Harvard University, assert that the main reason that the United States has an anemic welfare system compared to other wealthy western nation is race. Race plays a direct and indirect role in the development of these structures. It plays a direct role in that, as they write, “[o]pponents of redistribution in the United States have regularly used race-based rhetoric to resist left-wing policies.” It also plays an indirect role in the formation of critical institutions. As they note, “[t]he formation of the United States as a federation of independent territories led to a structure that often creates obstacles to centralized redistributive policies.” The New Deal had to accommodate itself to the racial strictures of the South, which often meant local control and state block grants rather than centralized federal administration. This resulted in compromises that were not made in other Western nations. Even if we eliminated the racial disparities in welfare benefits, it would not mean that these structures are no longer racialized.

### Critical Structures

This brings me to my next critical point. Structural racialization requires an analysis of the genesis and formation of critical structures, not just how a structure operates or how programs are administered. Just as the welfare system’s structure and administration, including acquiescence to state discretion, harms blacks and other people of color, it clearly injured whites as well, who would have benefited from more generous provision and a stronger labor movement. In today’s context, it is clear that opposition to taxes on the rich or the regulation of banks is, in part, animated by racial concerns. The rhetoric of “takers” and “makers” and the “47%,” prominent in the 2012 Presidential election, was part of this new racial code.

Consider the forms of racial resentment and massive resistance following the Brown mandate that shuttered schools and closed swimming pools in the South for everyone. While African-American students suffered, so, too, did lower- and middle-class whites, who lost critical educational and recreational opportunities. The impact may have even been greater, in absolute numbers, on whites. Yet the provision of public goods, in which pools were closed, was an expression of a racialized system. Who benefits from a system and structure that depresses life outcomes for many whites and people of color? This is an important question.

Elites strategically deploy racial rhetoric and concerns about the “undeserving other” to attack regulations and defeat higher marginal tax rates. This does not mean that these elites necessarily have animus to people of...
The education system is colorblind in theory. In fact, the education system operates, at least in part, as a systemic barrier to college for many minorities who finish high school unprepared for college. Polarization by race and ethnicity in the nation’s postsecondary system has become the capstone for K-12 inequality and the complex economic and social mechanisms that create it. The postsecondary system mimics and magnifies the racial and ethnic inequality in educational preparation it inherits from the K-12 system and then projects this inequality into the labor market.

So, what can be done? In combination, both race- and class-based affirmative action can ensure that highly qualified African-American, Hispanic and lower-income students gain access to well-funded and selective colleges that lead to elite careers.

But affirmative action is not enough to make more than a dent in the larger systematic racial and class bias in the core economic and educational mechanisms. Affirmative action, whether it is race- or class-based or some combination of the two, can help out those who strive and overcome the odds, yet does relatively little to change the odds themselves.

There are always African-American, Hispanic and working-class striving who beat the odds, but for the mass of disadvantaged people it is the odds that count. The odds are stacked against African-American, Latino and low-income students. Disadvantage, like privilege, comes from a complex network of mutually reinforcing economic and educational mechanisms that only can be dealt with through a multifaceted economic and educational policy response. These economic and educational mechanisms are colorblind and class-blind in theory but not in fact. They are nested together in ways that make their combined negative effects mutually reinforcing, resilient and superficially legitimate as racial and ethnic barriers to opportunity.

The formation of habits and othering behavior and long-standing habits. Disadvantage powered often by unconscious racial prejudice. Repetition of or hiring bias is not conscious discrimination is of little consequence and might actually exacerbate the negative impact of these structural dynamics by insulating the status quo from intervention. In this situation, we might need positive or affirmative action to change and disrupt these patterns. We live in structures powered often by unconscious behavior and long-standing habits. The formation of habits and othering at some level is human, and unavoidable, but can be influenced.

While disparities may be an expression of structural inequalities, the absence of disparities does not mean a racially just society. While disparities may be diagnostic, they cannot be our focus. Rather, our goal must be to foster structures that support positive life outcomes untainted with racial resentment or anxiety.