# Letters to the Editor

## **Defining Skin of Color**

Dear Cutis®:

It was disheartening to find an article in your journal (Taylor SC, Cook-Bolden F. Defining skin of color. *Cutis*. 2002;69:435-437) that attempts not only to define but also to justify the term *skin of color*. These are thankless tasks, because the term is utter nonsense.

Something may be the "color of . . . ," but can anything be "of color"? Obviously, all skin must be of some color, or else it would not be visible. The term *skin of color* is ridiculous if taken literally. It is a euphemism.

The word *colored* was originally regarded as a polite way of referring to African Americans. It probably came into use in the mid 19th century—an era famous for its verbal niceties—and was used as such by Abraham Lincoln in 1860. Eventually, this term was further refined and by the 20th century was changed to the slightly more elegant *people* of color, much the way a green hat might become a hat of green. Race was the real issue, and an individual's actual skin color had little to do with it.

The main point is that colored and people of color are not descriptive terms but are clearly euphemisms related to race. What these terms really mean is "nonwhite," which actually means non-Caucasian—the term used by the US Census Bureau. There are dark-skinned Caucasians just as there are light-skinned African Americans and Asians. Nevertheless, once one has designated all non-Caucasians as "people of color," it is but a short grammatical mis-step to describing their skin as "skin of color."

Skin color is tangible and measurable. This is not true of the biological concept of race, which has been fraught with serious problems since Johann Blumenbach, the father of modern anthropology, first introduced it in 1776. Chief among these problems has been the controversy over whether race as such really exists or whether it is simply a classification device, providing a frame within which various groups of mankind may be arranged. These abstractions, however convenient, are misleading when confused with living populations. Races grade into each other, and the physical traits by which they are characterized show considerable overlap. Skin color is but one of many physical features used to differentiate races and, because of its extreme variability, is in itself not particularly important. Craniofacial features

and hair structure generally are considered much more significant indicators of race. Many anthropologists believe that the concept of race is so unproductive and inexact, so apt to perpetuate confusion and engender discord, that it should be dropped altogether.

It is extremely important for everyone, not just scientists, to recognize the inherent difference between race and skin color. Dermatologists know that certain predispositions, such as the tendency towards postinflammatory hyperpigmentation, have more to do with skin color than race. They also recognize that conditions such as pseudofolliculitis barbae are related more closely to race than skin color.

It is an offense against scientific clarity to blur the distinction between race and skin pigmentation. The hybrid term *skin of color*, part euphemism and part science, attempts to refer to both simultaneously and thereby confounds the two. It is obviously a wastebasket term, because everyone except light-skinned Caucasians may be said to have "skin of color." To add to the confusion, the term also includes light-skinned Caucasians of Latino or Hispanic background, whose only distinguishing feature is their ethnicity.

If it is appropriate in certain situations to provide racial identification, let me recommend the following:

- The term *white* or *Euro-American* should be used with the understanding that it designates a member of the Caucasian race and does not mean white literally, but rather a wide range of pinkish tan.
- The term *black* or *Afro-American* should be used with the understanding that it designates a member of the Negro race and does not mean black literally, but all shades of brown, ranging from very light to very dark.
- Those individuals who are neither clearly "black" nor clearly "white" should be designated by their national or regional origin. This includes, primarily, Mongol or Mongoloid—words that are inherently so ambiguous as to be worthless. People may be referred to as Pakistani, Native American, Mexican, North African, etc. The use of national or regional terms here circumvents the issue of race entirely, which is a distinct advantage.

The term *light-skinned* or *dark-skinned*, if pertinent, may be used as an adjective preceding any of the above. The term *color* should be used to mean precisely that and should never be used to intimate an individual's race or ethnicity. I believe the above designations will offend no one.

It is unfortunate that we, as a nation, are so neurotically preoccupied with race and skin color that we cannot even communicate about these subjects without using euphemisms. The term *skin of color* is a symptom of this malady. Gleaming with political correctness and bearing all the hallmarks of bureaucratic doublespeak, such a term can only lead us backwards into confusion. The term is political and should not be given scientific legitimacy. Rather than try to define it, the medical profession should give it wide berth. There is nothing inherently wrong with the occasional euphemism, but the use of obfuscatory language, no matter how benevolent the intention, has no place in scientific discourse.

Sincerely, Stephen E. Silver, MD, PC Waterford, Connecticut

### Dear Cutis:

I have a great deal of difficulty with concepts such as race and ethnicity as they appear in scientific journals. When I went to grammar school, 5 terms were used to define race: white, black, brown (Indian), yellow, and red (American Indian, what we now call *Native American*). In the article "Defining Skin of Color" (Taylor SC, Cook-Bolden F. Cutis. 2002;69:435-437) these groups are cut down to 3: black, white, and yellow. These differences were based on skin color and, to some extent, on geography. However, when people began to travel more extensively, relationships became somewhat blurred. In my youth, interracial marriage was rare, but it has become much more common. I now see many shades of yellow and brown. It is difficult to know how to categorize these individuals.

The increasing incidence of shades between the absolute colors of the major races indicates that interracial marriage and crossover are increasing and racial barriers are decreasing. There is no firm delineation between people who are "black" or "of color," or, for that matter, "white." Is a Swede with Fitzpatrick skin type I a Caucasian? What about an Italian with Fitzpatrick skin type IV? No pure definitions exist. Studies done in the United States, where crossover is more common, may be of little relevance. Racial classification

often is based on either the author's or, worse, the individual's perception. Therefore, we should do studies in countries where crossover is much less common, such as Japan, China, India, or Africa, to obtain information about how cutaneous disease manifests in "pure" groups of people with specific skin colors. From this information, we need to evaluate skin color classifications in our patients in the United States to determine how they may evolve.

The article "Defining Skin of Color" tries to define these classifications but comes up with a political rather than a scientific definition. I am hard pressed to define the terms Chicano, Latino, or even African American. Is a Vietnamese person one whose parents were both Vietnamese, or is he or she still a "person of color" if the father is a white American soldier? There was a concept prevalent in the pre-1950 American South in which a person who was one-eighth black (an octoroon) was still considered black, while one who was one-sixteenth black was considered white. The same criterion was used in Hitler's Germany for people with a Jewish background. One-eighth Jewish was enough to be sent to the concentration camps. These are political not scientific definitions.

We need to write with scientific clarity to make our statements believable. There is no acceptable scientific definition of the term *skin of color* because we live with a continuum of racial colors and features.

Sincerely, Mervyn L. Elgart, MD University Dermatology Associates, PLLC Washington, DC

#### **Author Response**

It is with great excitement that I respond to the 2 letters to the editor by Drs. Silver and Elgart concerning the article, "Defining Skin of Color." I welcome and encourage a discourse on this issue. The fundamental question of whether scientists should attempt to identify and define differences in mankind, in this case for the purpose of understanding and advancing knowledge of cutaneous disease, is at the heart of the matter. If it is deemed valuable to categorize mankind, what is the optimal system to employ? We at the Skin of Color Center grapple with these questions on a daily basis. Based on these letters to the editor, my colleagues apparently share this struggle.

Both colleagues accurately point out that the biological concept of race is fraught with many problems. In addition, they accurately state that no pure racial or ethnic definitions exist. Furthermore, as mankind becomes more homogeneous through intermingling of the races, the ethnic distinctions that do exist become increasingly blurred. Race has been and still is used as a marker of several different physical features, including skin color. Does it make more sense to define skin based on race and ethnicity or on the actual hue of the skin? Or, are both systems inadequate? As Dr. Silver indicates, postinflammatory hyperpigmentation is related most closely to skin color, but most of our patients with this cutaneous disease are of African, Asian, or Hispanic descent. Dr. Silver also correctly points out that pseudofolliculitis barbae may have more to do with race than actual skin color. However, most of our patients with this disorder have Fitzpatrick skin types IV to VI. Here, we clearly see that skin color and race are almost inextricably intertwined; they are confounding variables. The term skin of color, as imperfect as it has proven to be, is an attempt to include within one easily understandable phrase many individuals who share similar characteristics and diseases. The term, furthermore, is used at our center to bring together patients, clinicians, and scientists interested in investigating and treating diseases such as postinflammatory hyperpigmentation and pseudofolliculitis barbae.

I applaud Dr. Silver's attempt to create an identification system for mankind that is based on race. In fact, I wrote the following response to an inquiry from the editor of the *Journal of the American Academy of Dermatology* regarding the use of the term *African American* in case reports (personal communication):

"... Currently, the term African American appears to be the preferable term in the dermatology literature. However, this term is a misnomer for those individuals of African descent described in the literature who reside or have resided in a Caribbean, European or an African nation. Although no term will address all of the issues related to the appropriate nomenclature for these individuals, I propose the use of the term black in the dermatology literature for the identification of subjects or patients of African descent. This term is not intended to pertain to the color black, but instead black meaning "... of, pertaining to, or belonging to those individuals whose ancestors originated from the continent of Africa."

As Dr. Elgart states, "... we live with a continuum of racial colors and features." However, the question remains as to how we as dermatologists can best understand and treat differences in cutaneous disease among these individuals without a mechanism to define their differences. Is it valuable to

place individuals from several different racial and ethnic groups under one umbrella term, such as *skin* of color, for the purpose of understanding and advancing the knowledge of cutaneous disease? We at the Skin of Color Center believe that the answer is a resounding "yes."

Finally, to assume that such terms have no political impact is to ignore the reality that numerous studies by biomedical scientists in many fields have repeatedly shown that "people of color" suffer disparities in their access to healthcare, as well as in the quality of healthcare they receive. I thank Drs. Silver and Elgart for their comments and perspective.

Sincerely,
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### **Editor's Note**

When editing articles, Cutis attempts to use race and ethnicity terminology as outlined in the American Medical Association Manual of Style, 9th Edition (Iverson C, Flanagin A, Fontanarosa PB, et al, eds. Chicago, Ill: American Medical Association; 1998). The manual states that for the terms white, black, and African American, "copy editors should follow author usage," with the exception of the term Caucasian, which "is often used to refer to white but is technically specific to people from the Caucasus region and thus should be avoided."

The manual also states that American Indian is preferred to Native American, but, whenever possible, authors should specify the nation or peoples (eg, Navajo, Inuit) rather than use more general terms.

For Spanish-speaking people, Hispanic may be used to designate those from Mexico, South and Central America, and the Caribbean. Latino excludes those of Mexican or Caribbean descent. The manual provides guidance that these 2 terms should never be used as nouns, and, when possible, "a more specific term (eg, Mexican, Mexican American, Latin American, Cuban, Cuban American, Puerto Rican) should be used."

Similarly, Asian persons should be described according to their country of origin (eg, Chinese, Indian, Japanese). The term *Oriental* should never be used.

The manual's guidelines further state that, "Racial categories should not be used automatically. Authors should explain and justify racial designators used, perhaps in the methods section of the manuscript. Any such terms should be used accurately."