“There is yet another unexplored challenge amid all the calls for diversity: the continued use of outdated racial categories to measure inclusivity. In an age of precision medicine and exploding knowledge of genetics, it hardly makes sense to talk about “Asian,” “Black,” “Hispanic,” and “white” as monolithic biological classes. The notion that categories based on grim histories of racism and prejudice ought to guide subject recruitment in an era of multiracial identity, known genetic variability within groups, and wide genetic variation in the social categories being invoked is outdated and inaccurate.

Clinical trials in the U.S. have long skewed toward recruiting mostly white people. That justifies closely examining what this means for non-white people. In fact, it justifies rethinking what we mean by diversity.

In an era of sophisticated genetics defining ideas about race and ethnicity, using unscientific categories unique to America makes little sense. And pointing toward access to trials as a benefit to justify efforts at diversity when so many Americans are uninsured or saddled with crippling medical debt that mean they cannot access the breakthroughs of research makes even less sense.”