Although anthropologists and many genetic scientists have long argued against the biological basis for distinguishing populations into racial categories, race remains an important concept in clinical medicine. Despite substantial evidence to support the contrary, medical researchers continue to seek genetic explanations for observed racial differences in disease incidence and prevalence. As a result, beliefs regarding the genetic basis for racial differences in health are being translated into medical practice and medical professionals routinely draw on racial stereotypes in making decisions regarding diagnosis and treatment. Outside of the clinic, these stereotypes regarding health disparities are infiltrating the public arena and becoming synonymous with minority communities. Drawing on ethnographic research conducted in primary care clinics, this paper examines how a group of primary care clinicians (n= 58) understand the role of race and ethnicity in health disparities. I start off with briefly examining the social justice background of health disparities in the United States and its transformations over the years. I then move to the clinicians to explore the socioeconomic, cultural, genetic dimensions of their responses highlighting how the decontextualization of discrimination based reasoning for the existence of health disparities facilitates the implementation of race based care with clinicians.