

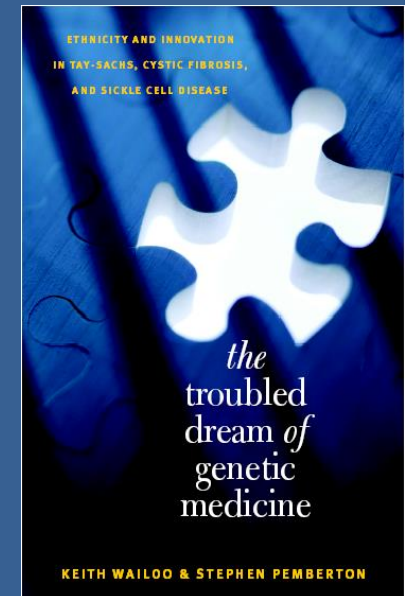
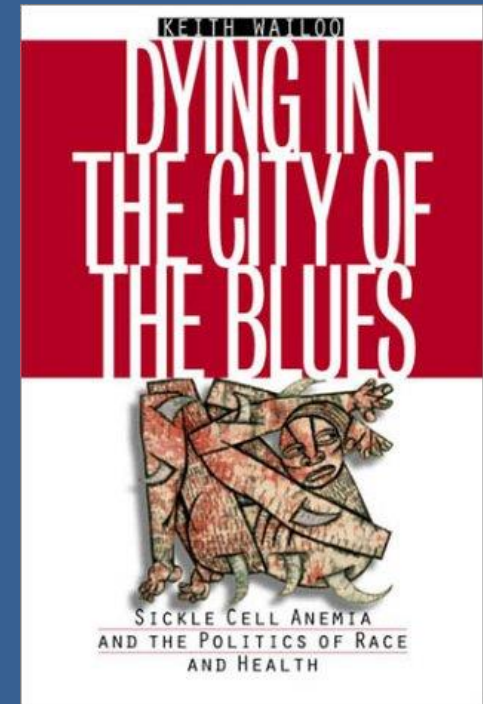
# Race and Genetics:

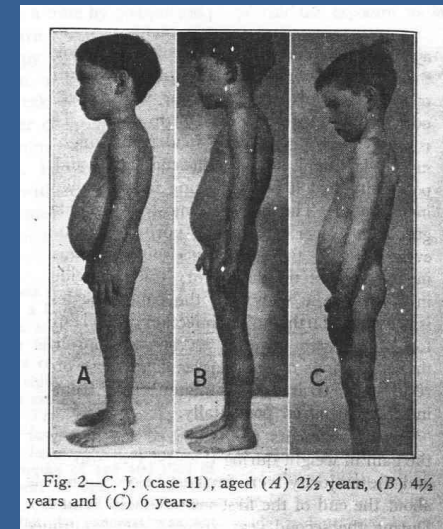
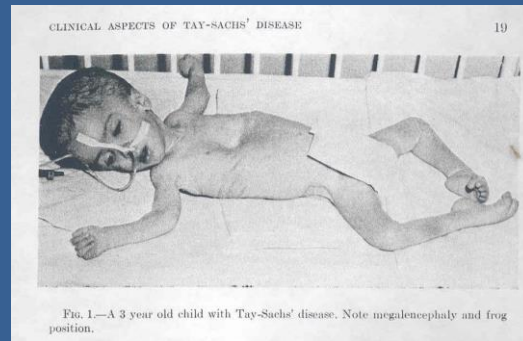
How different cultures mediate issues of testing, prevention, and treatment

(Committee on Human Gene Editing:  
Scientific, Medical, and Ethical  
Considerations)

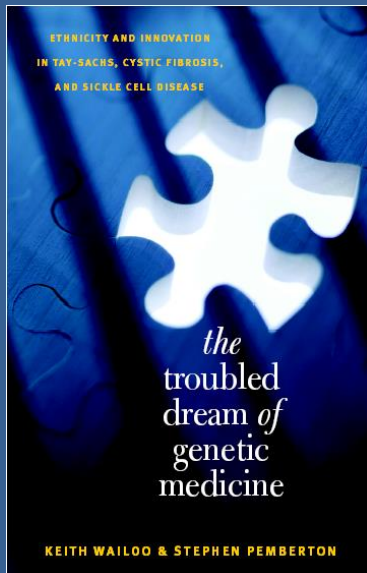
July 12, 2016

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Townsend Martin Professor of History and Public Affairs  
Princeton University  
Woodrow Wilson School of Public and International  
Affairs  
Department of History





## Sickle Cell Disease, Tay-Sachs Disease, and Cystic Fibrosis



What do the histories of these three diseases tell us about race/ethnicity and genetics?

About vulnerable populations?

About the genetic detection, prevention, testing, and treatment (from era of genetic testing... to era of gene therapy and gene editing)?

# TSD, SCD, and CF – common features

Autosomal Recessive (established in 1950s)

Mechanisms of Inheritance (carriers → disorder)

Prevention via Genetic Testing/Counseling (1970s)

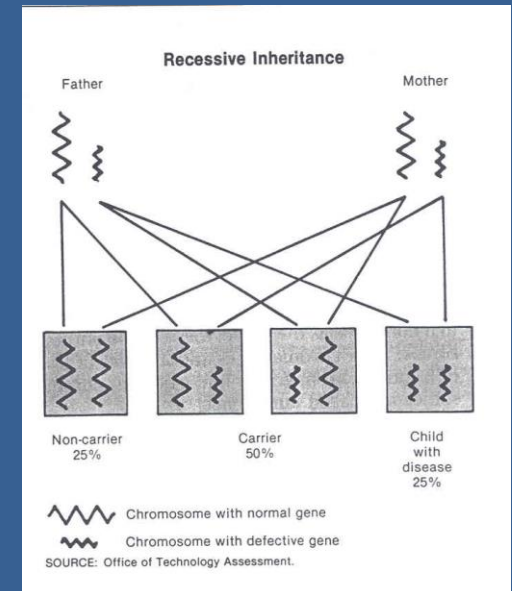
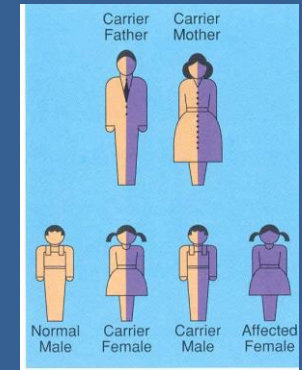
Identification of cause/Hope for Treatment:  
- Drugs, Surgery: Impact on Life Expectancy, Illness, Experience (1950-present)

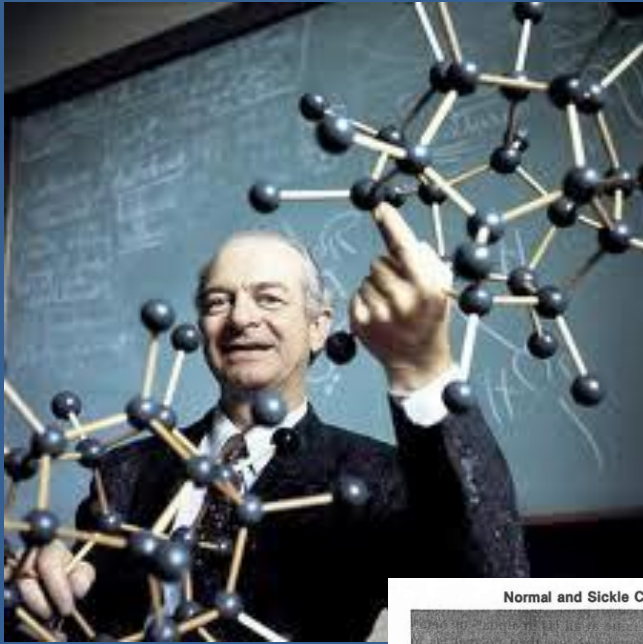
## THREE CAUTIONARY TALES Genetic Progress and Social Complexities

Each genetic disease – travels different pathways because of questions of race and ethnicity



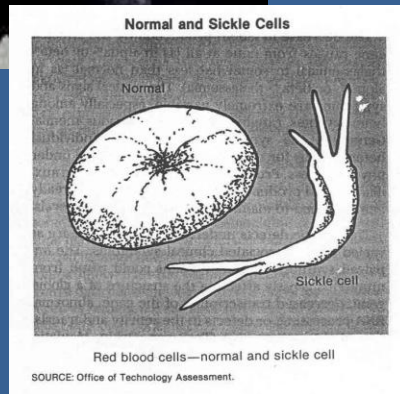
## CARRIER PARENTS 25% CHANCE OF HAVING AFFECTED CHILD





1910 – Sickle Cell clinical description (by James Herrick)

1950 – Linus Pauling discovery that a missubstituted amino acid on the complex hemoglobin molecule caused sickling (turned the disease from an obscure curiosity into the “first molecular disease”)



SEARCH FOR A “DE-SICKLING” AGENT:

One scientist predicts in 1951, medicine “may be able to devise a small innocuous molecule which might lock on to the defective hemoglobin and prevent the abnormal molecule from misbehaving.”

UREA – 1970s promising desickling agent shows “no hematological or clinical benefit,” toxic side effects. 1990s: Hydroxyurea success (reduce painful crises



# 1960s – GENETIC TESTING CONTROVERSIES

Rising awareness of SCD: “disease of pain and suffering” of African-Americans, too long ignored

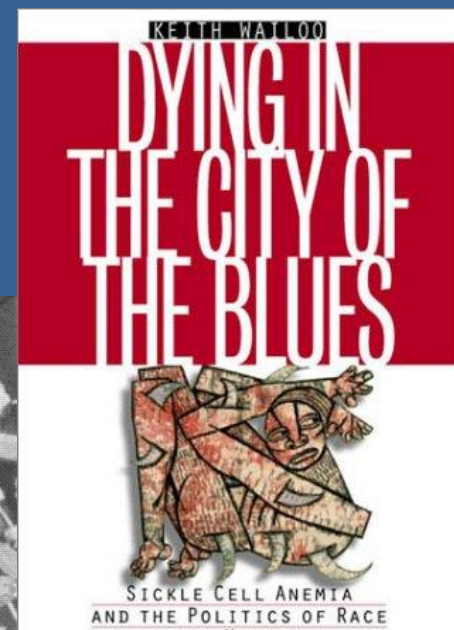
Carrier frequency: 1 in 12 African-Americans

## TESTING – PROGRESS OR STIGMA?

LINUS PAULING, UCLA Law Review, 1968: “I have suggested that there should be tattooed on the forehead of every young person a symbol showing possession of the sickle cell gene or whatever other similar gene... that he has been found to possess in a single dose... If this were done, two young people carrying the same seriously defective gene in single dose would recognize the situation at first sight, and would refrain from falling in love with one another.”



*Afro-American* (1893-1988); Jul 22, 1972; ProQuest Historical Newspapers: The Baltimore Afro-American pg. 1



## Federal sickle cell clinics facing minority resistance

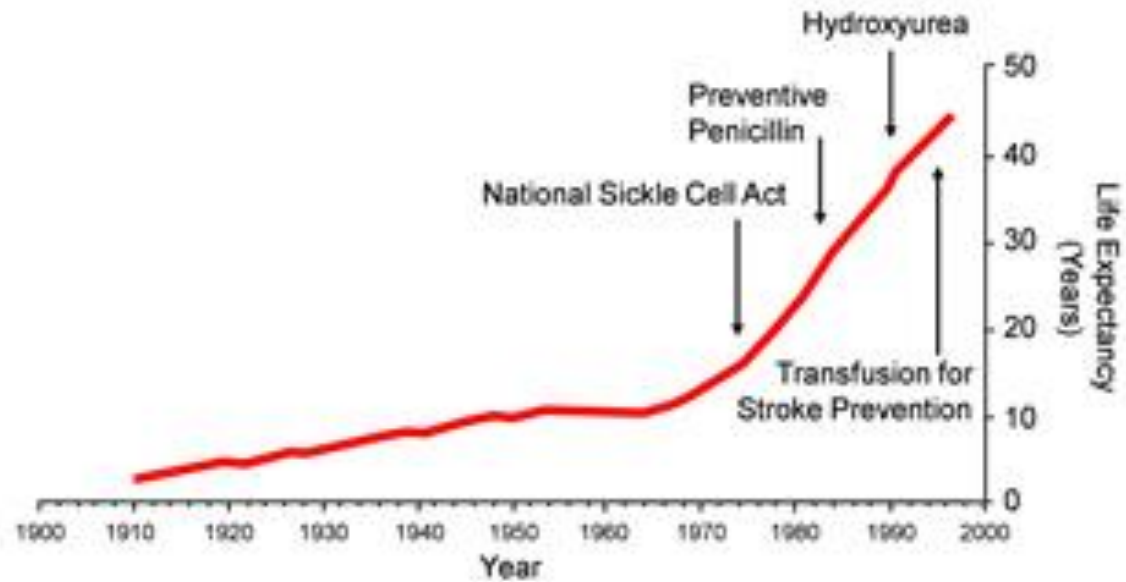
WASHINGTON (UPI) — Facing state lethargy and the resistance of some blacks, the government is launching a network of hospitals that primarily afflicts nonwhites. Although federally-financed centers have been approved for 10 cities and red tape involved in preparing the official announcement. The centers were approved May 10 by the Na-

“It should be pointed out that the avoidance of the birth of children with severe disabling diseases is . . . not genocide,” wrote a University of Alabama School of Medicine official under a cover letter from Gov. George C. Wallace.

## Sickle Cell Disease Therapeutic Progress

- Antibiotics
- Transfusion
- Prophylactic Penicillin
- Hydroxyurea (treatment of crises)

## Increases in Life Expectancy of Patients with Sickle Cell Anemia in the U.S.



# CARRIER TESTING AND DISCRIMINATION – IMPLICATIONS FOR EMPLOYMENT

- AIR FORCE ban on TRAIT CARRIERS;  
Airlines and carriers as flight attendants (1970s)

## THE HEALTH OF SCD CARRIERS (at WORK, at ALTITUDE, under STRESS)?

Clark to s  
September  
Fitzgerald Cecil  
Pittsburgh, PA,  
will keep Pittsbi  
when the Steek  
Sunday.  
Clark has sickle  
red blood cells  
to the player.  
Last year, Steel  
the Broncos.  
In 2007, Clark  
ultimately lost h

### Blood Doctors Call Foul On NCAA's Screening For Sickle Cell

January 26, 2012 · 6:07 PM ET

SCOTT HENSLEY

If you're a college athlete who's talented enough to play a Division I sport, the NCAA requires that you get a blood test to see if you have [sickle cell trait](#).

People with sickle cell trait carry one copy of a gene that can lead to an abnormal type of hemoglobin, the oxygen-carrying molecule in red blood cells. (Two copies of the gene lead to [sickle cell disease](#).)



### ONGOING ETHICAL AND POLICY CONTROVERSY:

Is a ban/restriction on carriers a form of discrimination against or social policy in their best health interest?

Screening U.S. College Athletes for their Sickle Cell Disease Carrier Status, October 11, 2010 (Secretary's Advisory Committee on Heritable Disorders in Newborn and Children) ---- to advise the Secretary of the U.S. Department of Health and Human Services about the rule of the National Collegiate Athletic Association requiring testing for sickle cell trait in all incoming Division I student athletes.

# Tay-Sach's Disease: A Success Story (Warren Tay and Bernard Sachs) 1880s

## “The Genetic Basis of Jewish Amaurotic Family Idiocy”

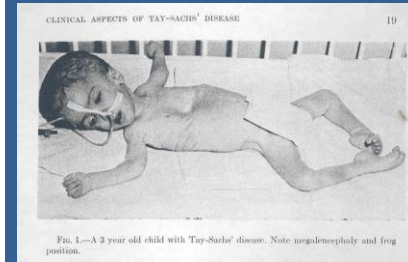
“almost exclusively  
observed among  
Hebrews”

neurological and  
cognitive decline,  
mental retardation,  
cerebral seizures, loss  
of vision and motor  
control, death by age  
2-6.

### THE GENETIC BASIS OF AMAUROTIC FAMILY IDIOCY.

BY DAVID SLOME, M.A., PH.D., M.B., CH.B.,  
1851 *Research Scholar.*

*(From the Department of Social Biology in the University of London.)*



## AT MID- 20<sup>th</sup> CENTURY

1950s: Rise of clinical genetics, discovery and identification of the heterozygote (carrier) possible; identified as lipid storage disorder, lysosomal storage disease

Carrier frequency: 1 in 25/30 Ashkenazi Jews

**1969: O'Brien and Okada – deficiency of hexosaminidase A (hex A) which results in buildup of lysosomes in brain tissue.**

Hope for a cure: 1971 -- “with detection and prevention of TSD possible, the question of cure arises...” Friedman



# Genetic Disease That Attacks Jews Called Potentially Curable

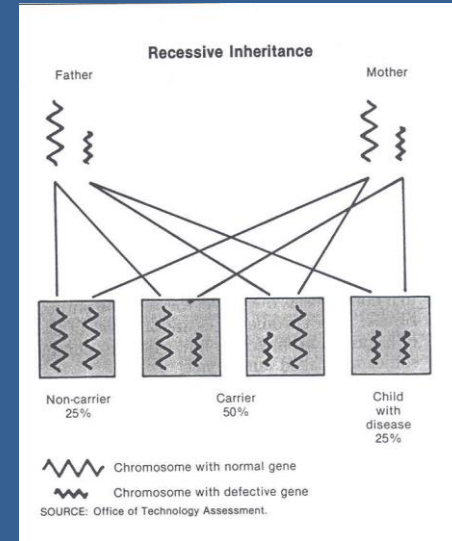
Cure: By 1982 – “Protein Targeting” in TSD

DEEMED A FAILURE

O'BRIEN: “The prospects for the development of therapy in the near future are dismal”

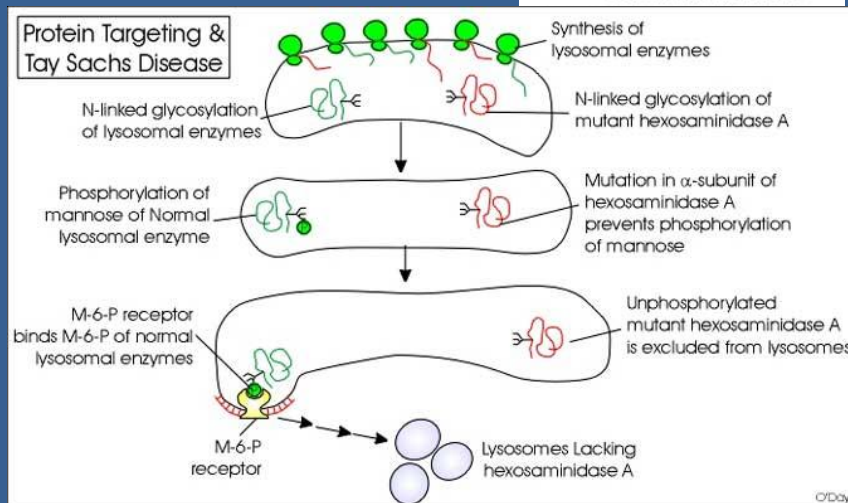


© A Tay-Sachs Child, 1988

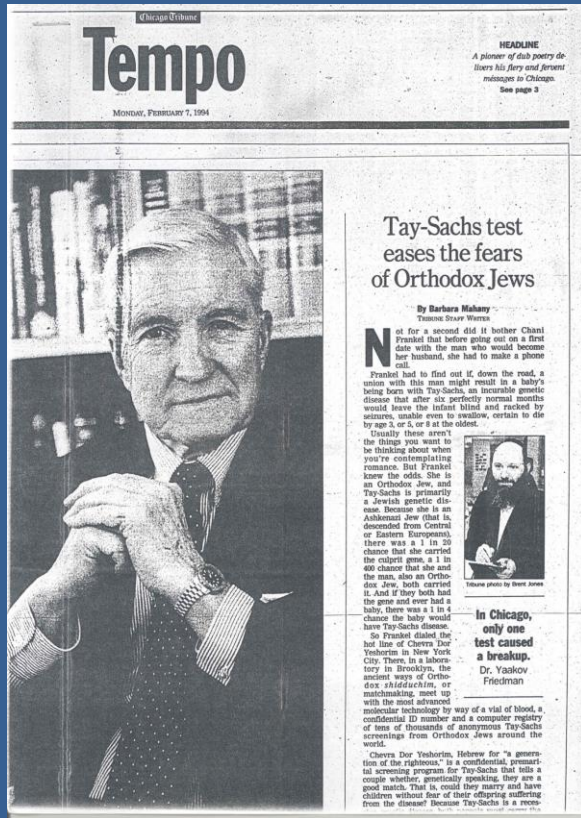


The Question of Prevention:  
INTERTWINED WITH JEWISH  
IDENTITY in U.S.

Despite Carrier Frequency (TSD)  
1 in 25-30 Ashkenazi Jews  
1 in 20 French  
Canadians/Louisiana Cajuns  
1 in 200-300 U.S. population



**Modern Matchmaker**  
**Premarital Tests Help Hasidim Avert Genetic Disease**  
By Alex Shimo-Barry



One notable episode: RACE, ETHNICITY, AND GENETICS

TESTING SERVING THE NEEDS of ethnic/religious community

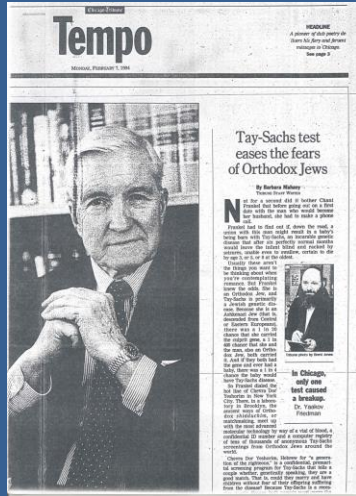
1983 -- RABBI JOSEF EKSTEIN (had watched four of his own Tay-Sachs children die)

FOR ULTRA-ORTHODOX JEWISH, proscription against abortion limits options

Rabbi Ekstein's Innovation: CHEVRAH DOR YESHORIM "GENERATION OF THE RIGHTEOUS"

Testing Adolescents for Carrier Status – Arranged Marriages to avoid producing TSD

SUCCESS SPREADS: Chicago – "modern matchmaking..helps avert genetic disease"



# 1993 -- Why not expanding Dor Yeshorim to test for Cystic Fibrosis and Gaucher's Disease – prevent marriages

Dor Yeshorim: expands testing to other, not invariably fatal, “Jewish genetic diseases” like Gaucher’s disease and Cystic Fibrosis



# FROM DREAM TO NIGHTMARE – PREVENTING CF?

“this mentality, unfortunately, has been fostered in some degree by the scientific community... if a test exists, you should use it.” Michael Kaback, medical geneticist

“as you move further and further away from an untreatable disease in which no one survives to cystic fibrosis and Gaucher’s disease, I find the application much more troubling and much less acceptable.” Mark Seigler, Ethicist, U. Chicago

“this is a moderate nightmare... this is a miniature but significant version of Big Brother...” Francis Collins, Director of the Center for Human Genome Research



# A CLASH of GENETIC IDEALS

## PREVENTION

## ... vs. CURE?

### Nightmare or the Dream Of a New Era in Genetics?

By GINA KOLATA

In an ambitious attempt to eliminate common recessive diseases from their community, a group of Orthodox New York and Israel is using advanced molecular genetic tests to screen young people for genetic defects before marriage.

*New York Times (1923-Current file); Feb 18, 2003; ProQuest Historical Newspapers: The New York Times*

### Using Genetic Tests, Ashkenazi Jews Vanquish a Disease

By GINA KOLATA

A number of years ago, five families in Brooklyn who had had babies



S O C I E T Y

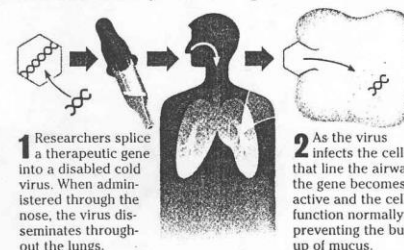
MEDICINE

### Closing In on Cystic Fibrosis

Researchers are learning to replace a faulty gene

#### Going to the Root of the Problem

A genetic defect prevents CF sufferers' cells from excreting salt properly. Mucus builds up and destroys lung tissue. A new treatment seeks to implant a normal gene into the diseased cells.



NEWSWEEK : MAY 3, 1993

2003 –  
Testing for  
TSD  
hailed a  
success

STIGMA OF TESTING? EUGENICS? A SUPPORTER OF DOR YESHORIM: “While ethicists agonize over some people’s being marginalized as marriage partners, they would do better to focus on the fact that medical conditions not manifesting themselves until middle age [like Gaucher’s disease] do not make them benign.... Prevention beats remedy any day.”



# 1993-94: CF – HOPE FOR A CURE:

## PREVENTING CF vs. THE DREAM of a CF CURE

Identification of Gene. Envisioning the replacement of faulty genes.

Closing in on CF Gene Therapy

GENE THERAPY – ADENOVIRUS VEHICLE “LEADING THE WAY”

SOCIETY

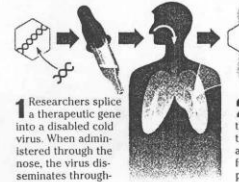
MEDICINE

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### Going to the Root of the F

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1 Researchers splice a therapeutic gene into a disabled cold virus. When administered through the nose, the virus disseminates through

## Cystic Fibrosis Gene Therapy Leads the Way



patients' lungs to test the therapy. Boucher and his colleagues apply the virus to nasal passages. "The cells in the nose are the same as those lining the lung, and they provide easier access," Boucher explains. As of

## Cystic Fibrosis Experiment Hits a Snag

By NATALIE ANGIER

THE first effort to install healthy genes in the lungs of cystic fibrosis patients has hit a few bumpy spots, forcing researchers in the United States to redesign their projects and sharply reduce the dose of the experimental therapy they give to people taking part in the trials.

At the same time, scientists in Britain have begun a human gene therapy trial of their own, using a very different and theoretically gentler method of inserting new genes into

A quest to put healthy genes in diseased lungs.

membranes of cells in the body's airway tissue. Without a working molecular traffic guard, the body's salt and water levels are thrown out of balance and a thick mucus gathers in the lung, serving as a broth for bacterial infections. Many cystic fibrosis patients die of chronic lung infections before the age of 30.

By giving patients working versions of the cystic fibrosis gene, researchers hope to forestall the mucus buildup, prevent lung damage and essentially cure the disease, rather than simply treat the symptoms as is now done. Ideally, the therapy would be given to very young children be

woman seemed to be faring just fine, and that his group planned to treat 19 more patients over the next several months.

Nobody knows yet whether any dose of the therapy will correct the defect in the lungs or cure the disease. The early stages of the trial are simply designed to explore questions of safety, to determine whether the gene switches on once the adenovirus has infected lung cells and to learn how long the effect lasts.

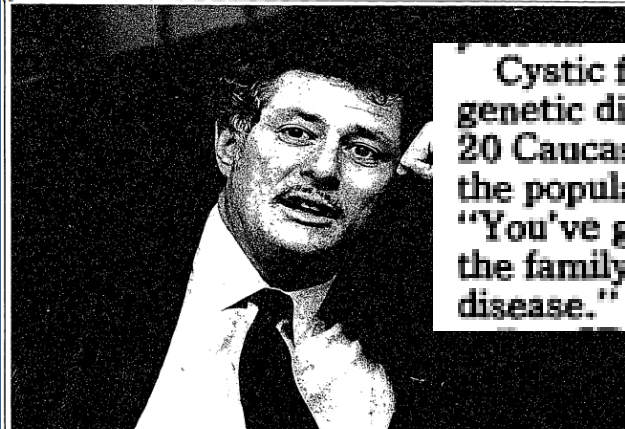
Different Approach in Britain

In Britain, researchers at the Roy

## CARRIER FREQUENCY

1 in 25-30 Caucasians and Ashkenazi Jews

The Washington Post (1974-Current file); Apr 20, 1986; ProQuest Historical Newspapers: The Washington Post pg. TW5



Cystic fibrosis is "the largest fatal genetic disease in the world. One out of 20 Caucasians carry it—equivalent to the population of Illinois," he said. "You've got to have it on both sides of the family. Basically, it's a white disease."

Frank Deford: "I've learned a lot . . . Death means they're going somewhere all by themselves, and children hate to be alone."

His Daughter's Legacy: 'Alex: The Life of a Child'

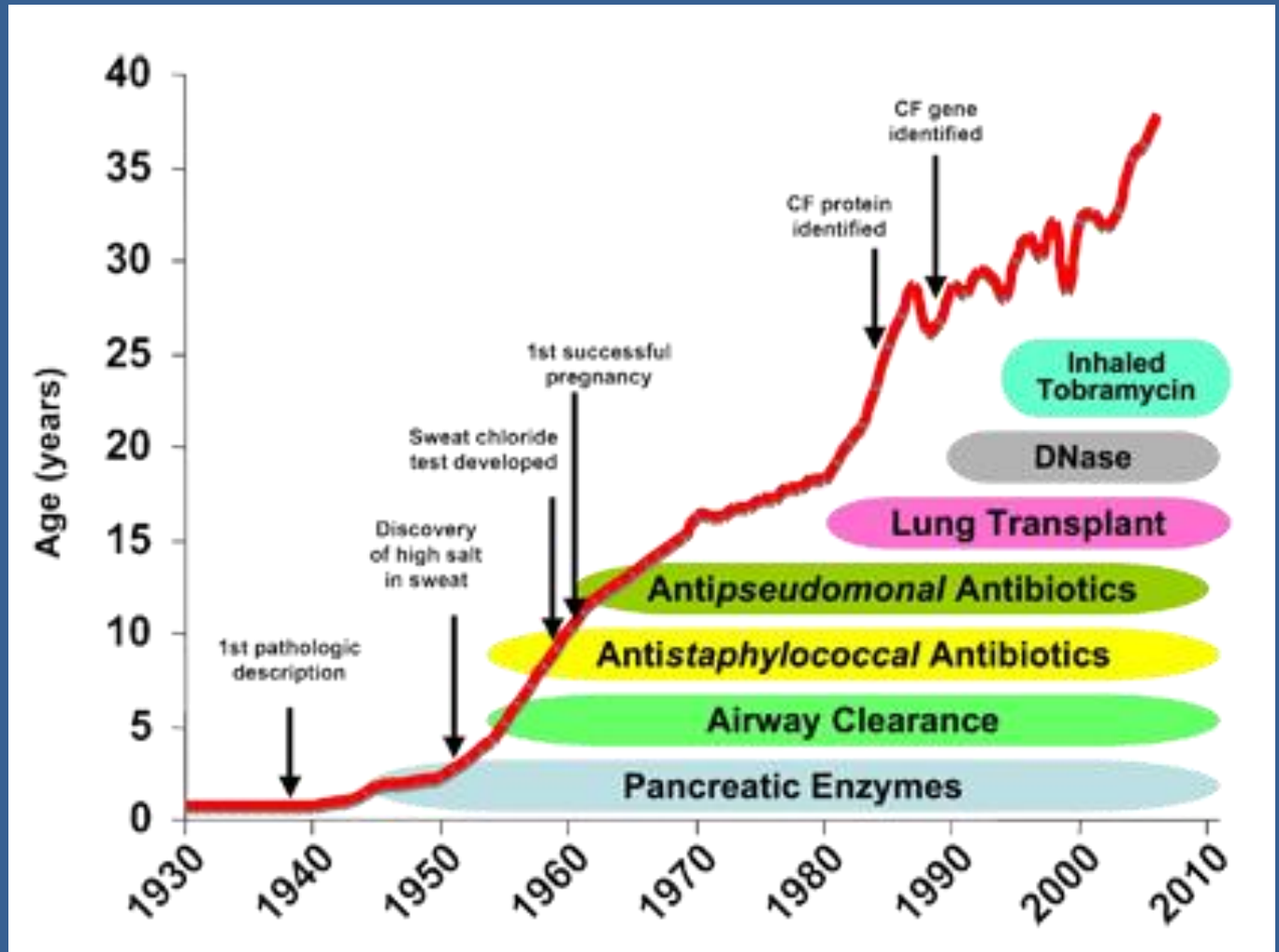
# CF Therapeutic Progress

-Sweat  
chloride test

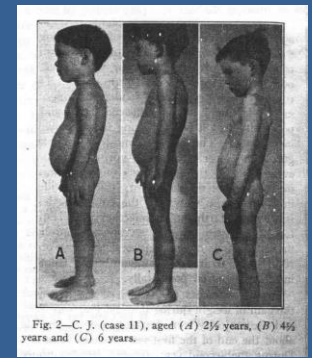
- antibiotics

- lung  
transplant

- DNase  
(reduce  
respiratory  
infections,  
improve  
breathing)



# Race and Genetics – how different cultures mediate issues of testing, prevention, treatment



1. RACE and Genetics – these controversies in the U.S. come in many varieties, and shifting forms – no single one-size-fits-all approach to avoiding controversy.

- Testing, Prevention, Gene Therapy
- Varies by group and within group, and by social context
- Defined by progress, and ongoing controversies

2. CLINICAL DIFFERENCES IN DISEASE: shape how genetic innovations have been applied, and how they interact with ethnicity and social values (TSD 100% mortality, Gaucher's disease, SCD)



3. WHO CONTROLS GENETIC TECHNOLOGY – shapes debate over race and genetics

- Rabbis, Trusted Experts, Community, NCAA, federal government, outside experts to the community?

4. EXPERT and POPULAR DISCUSSION OVER RACE, CARRY MANY DIFFERENT MESSAGES:

- the era of “personalized genomics” will transcend race
- but some genetic differences are group specific (Caucasian disease, Jewish disease, black disease)

