

# **Race, Ancestry, Identity & Genetics Part 1**

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# Learning Goals

1. Distinguish between race, ethnicity, ancestry, and nationality.
2. Differentiate between social identity and genetic ancestry, and in particular, understand how social identity is (often) discretized, while genetic ancestry is a continuum.
3. Discuss the history of eugenics and medical mistrust among racial/ethnic groups through discussions of historical cases/events, such as the case of Henrietta Lacks.
4. Understand how race/ethnicity becomes biological through the effects of racism and how this is relevant for genetic medicine and research.

# Ground norms

- Be respectful of conflicting opinions
- Commit to learning and growing
- Compassionate listening
- No talking over anyone
- Make space, take space
- What is said in the room, stays in the room (confidentiality)
- Use “I” statements for sensitive topics
- Don’t equate people with stereotypes
- Don’t rush to judge others

# Overview

20 min: Discussion and didactic lesson on social identity

20 min: Discussion and didactic lesson on genetic ancestry

10 min: BREAK

10 mins: Dialysis video

10 mins: Dialysis video discussion + key points

30 min: Case examples and reflections in small groups

# Genetic Ancestry & Social Identity



# What comes to mind when you think about race?



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# What comes to mind when you think about ethnicity?



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# What comes to mind when you think about ancestry?



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# Discussion

What was your rationale for putting down certain words?

Are there words in these clouds that you disagree with?



# Race and ethnicity in the US Census over time

1790

Free white males, Free white females

All other free persons

Slaves

2020

White [+]

Black or African American [+]

American Indian or Alaska Native

Chinese

Japanese

Filipino

Korean

Asian Indian

Vietnamese

Other Asian

Native Hawaiian

Samoan

Chamorro

Other Pacific Islander

Some other race

Mexican, Mexican American, Chicano [+]

Puerto Rican

Cuban

Another Hispanic, Latino, Spanish origin



# Definitions

**Race:** socio-political mechanism for classifying individuals; often tied to status, colonialism and power; relies on ideology or inequality. Similar physical or behavioral characteristics

**Ethnicity:** cultural construct often linked to community, religion, language, etc.

**Ancestry:** biological inheritance of DNA, can be traced through the genome using genotype data

**Nationality:** place of legal organization, ownership, citizenship, or lawful permanent residence (or equivalent immigration status to live and work on a continuing basis) of suppliers of commodities and services.

Popejoy, A. (2020, September). Information Disparities and Implications for Clinical Genetics. Lecture conducted from at Stanford University, United States.

Cornell Law (2023)

# Racism and Its Effects

**Racism:** A system of structuring opportunity and assigning value based on the social interpretation of how one looks (“race”). It unfairly disadvantages some individuals/communities, unfairly advantages other individuals/ communities – Camara Jones, Phylon 2003

## Three Levels of Racism:

### 1) **Institutional/ Structural Racism**

- The unfair policies, practices and procedures of particular institutions and systems that routinely produce racially inequitable outcomes for people of color and advantages for white people

### 2) **Personally-Mediated/Individual/Interpersonal Racism**

- Individual acts of discrimination and prejudice, stereotypes, hate

### 3) **Internalized Racism**

- Acceptance by minority groups of negative messages about their own self worth; BIPOC adopt racially prejudiced attitudes and behaviors that lead to discrimination and stereotyping of their own racial group

# Racism and Its Effects

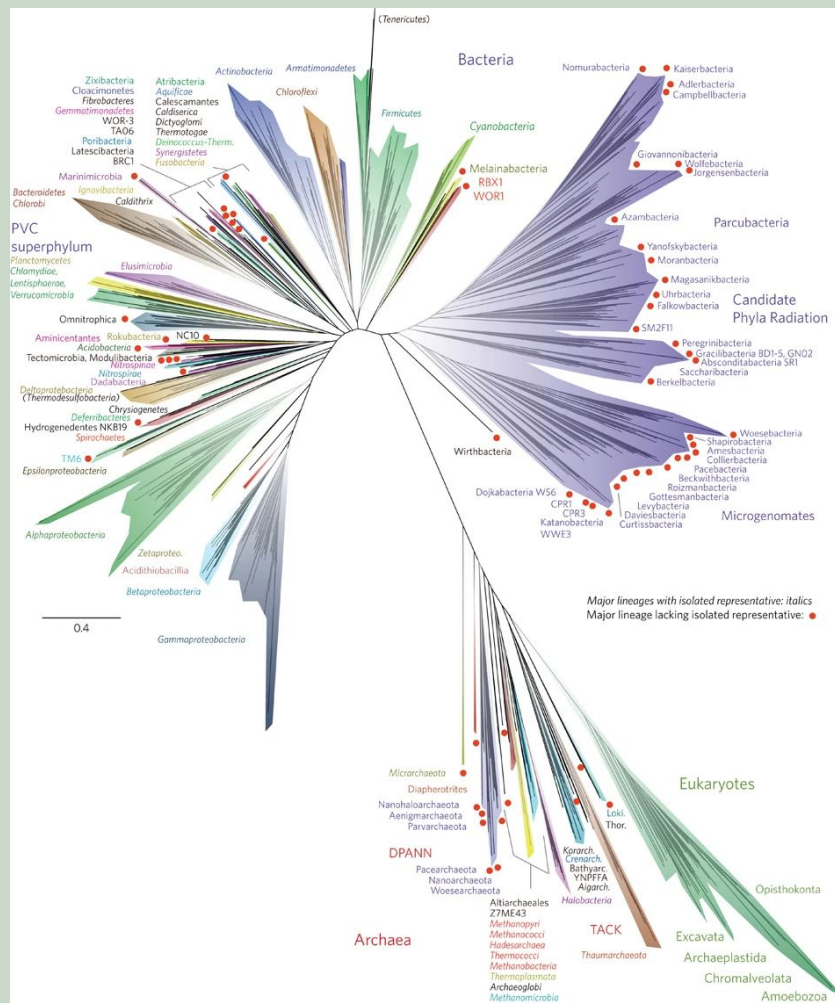
- 1) Implicit Bias:** Unconscious bias in favor of or against one person or group that affects our thoughts or actions in a certain way
- 2) Microaggressions:** The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership (from Diversity in the Classroom, UCLA Diversity & Faculty Development, 2014)
  - “The most detrimental forms of microaggressions are usually delivered by well-intentioned individuals who are unaware that they have engaged in harmful conduct towards a socially devalued group”
- 3) White Privilege:** An unearned advantage white and white-passing people have in relation to power dynamics in social settings, simply because of their skin color and/or appearance.

Race is a product of racism, not  
the other way around.

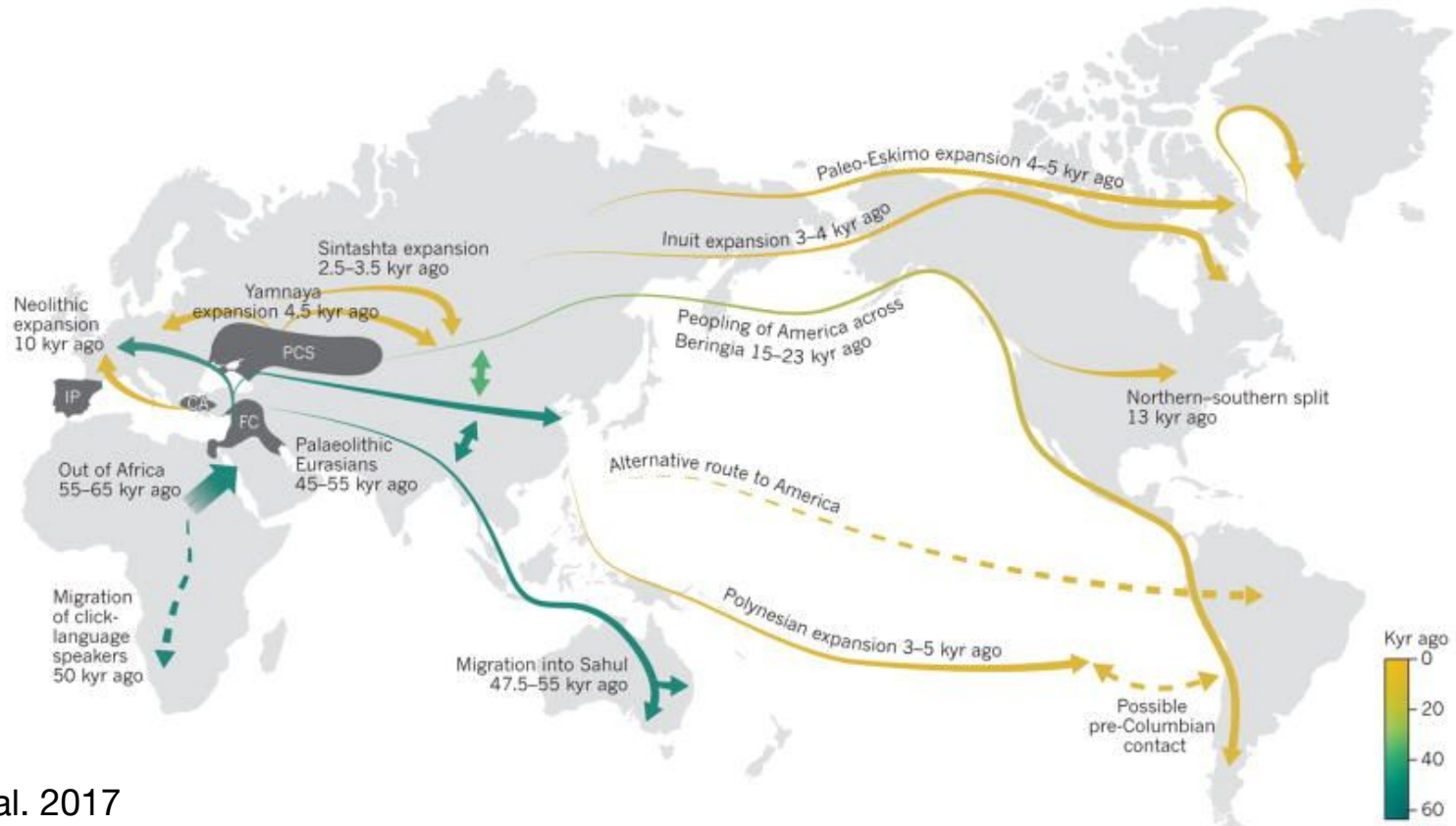
**What do you think genetic ancestry means?**



# Tree of life



# Human evolutionary history

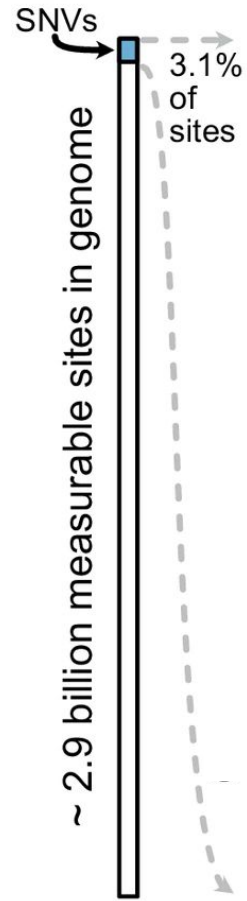


# **0.1% of the human genome differs between individuals**

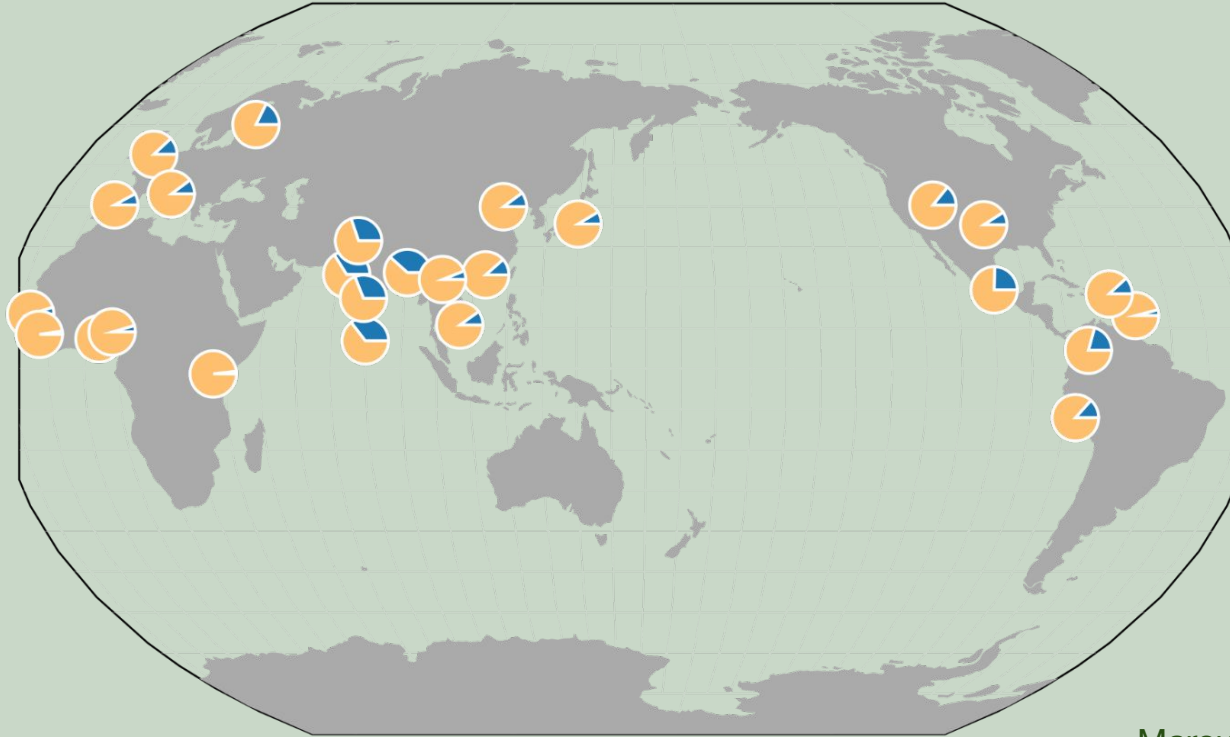
Total human genome: 3 billion base pairs

Average pairwise differences: 3 million base pairs

**Variants that are common in one population are usually shared by multiple populations**

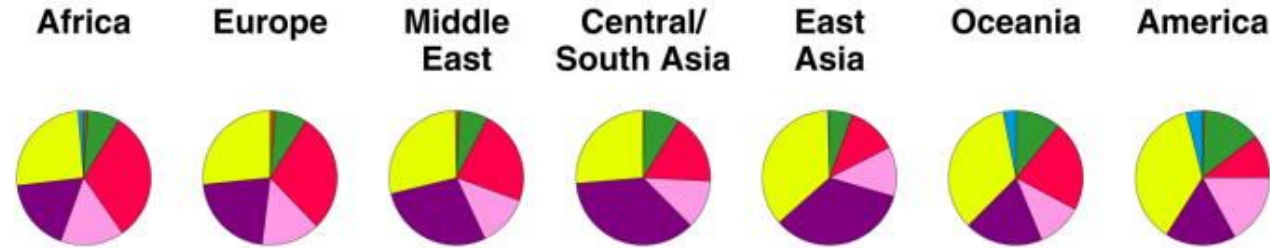


# Allele frequencies vary continuously with geographic distance

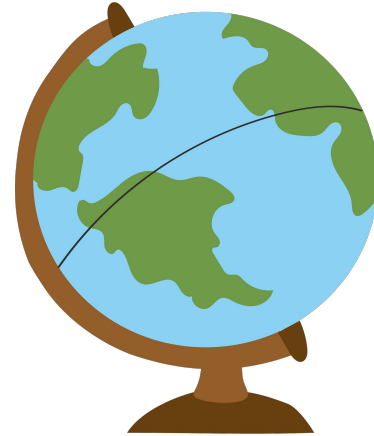


Chr12:113118612  
Marcus & Novembre 2016

# And yet... it is still possible to cluster individuals into groups based on genetic information



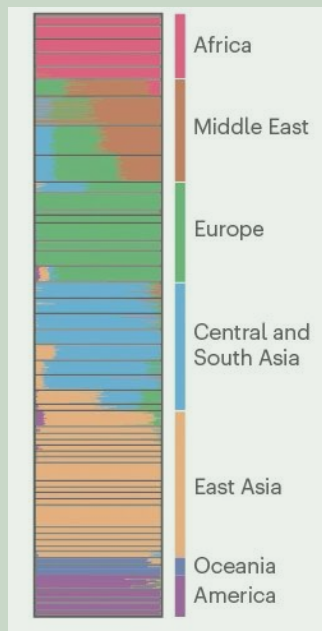
# Genetic “ancestry” is usually estimated by computing genetic similarity to some reference population(s)



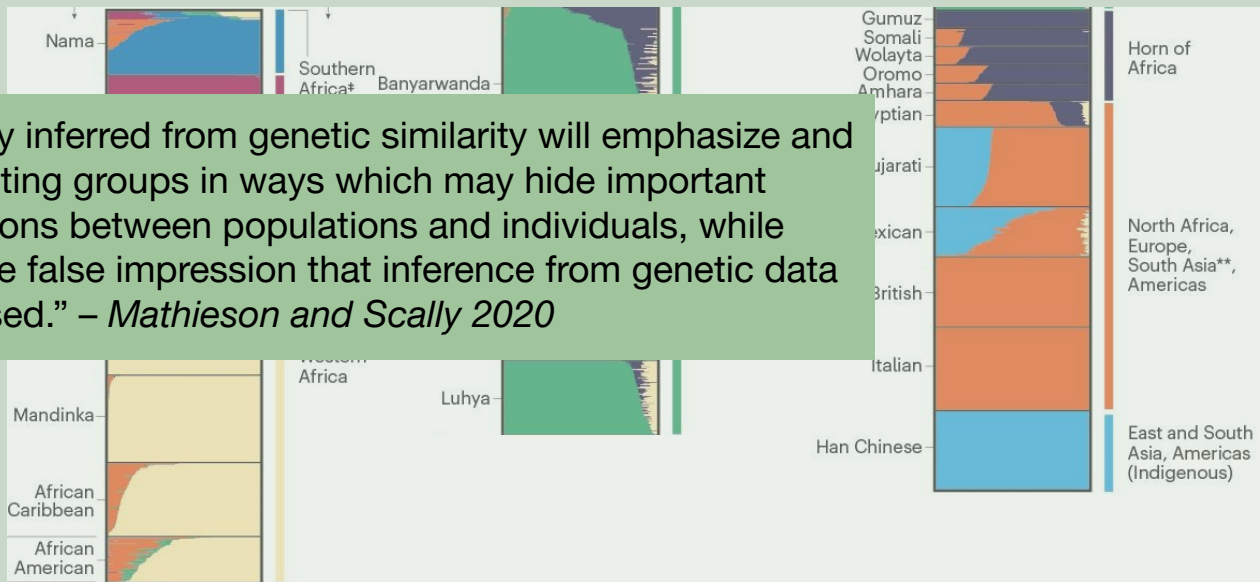
# In computing genetic similarity, our choice of reference populations matters... a lot

African populations are 13% of those sampled

African populations are 85% of those sampled



“Ancestry inferred from genetic similarity will emphasize and reify existing groups in ways which may hide important connections between populations and individuals, while giving the false impression that inference from genetic data is unbiased.” – *Mathieson and Scally 2020*





# Deconvoluting some terms

## **Genetic Similarity**

Similarity of one's genetic variation, usually to some reference populations

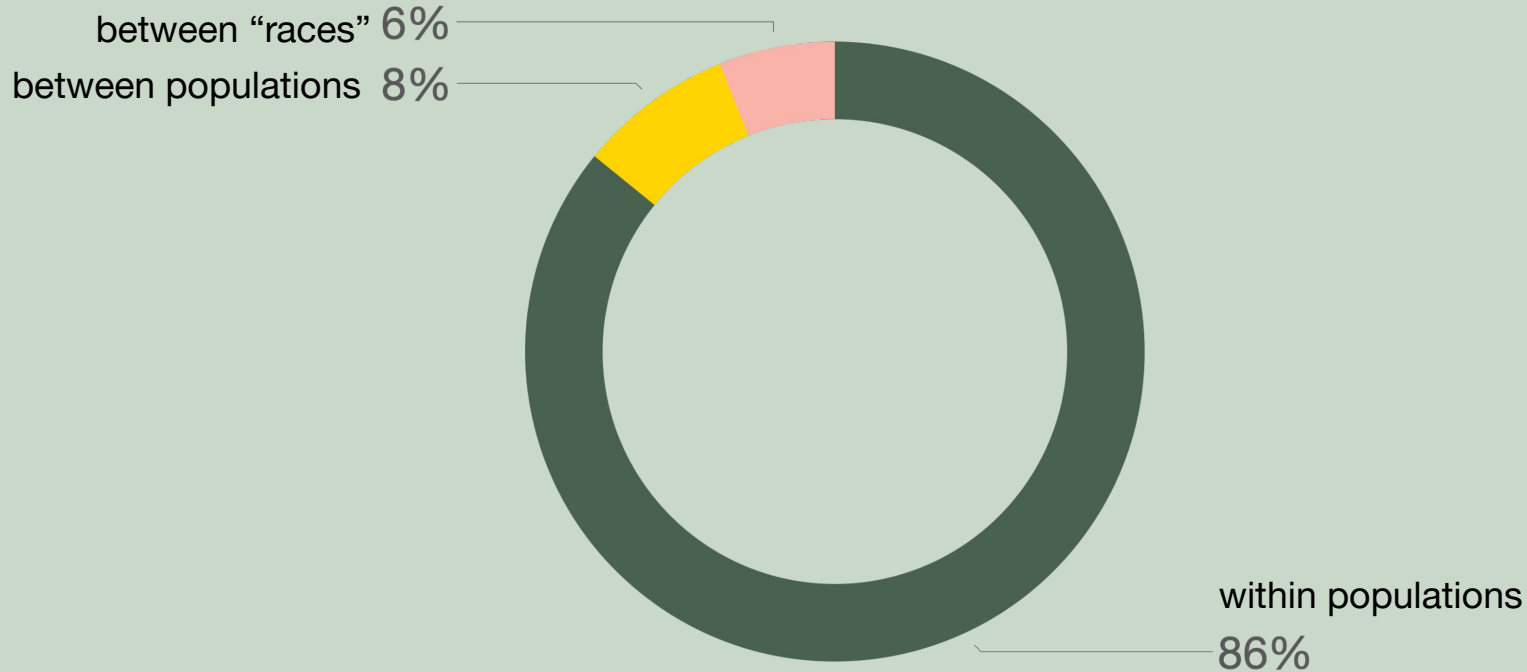
## **Genetic Ancestry**

Biological inheritance of DNA, can be traced through the genome using genotype data

## **Geographic Ancestry**

Region(s) of the world where portions of an individual's ancestors lived. As a result of migration of individuals and populations over time, an individual's genetic ancestry might not match their geographic ancestry.

# Importantly, very little genetic variation can be attributed to differences between populations or “races”



**Importantly, very little genetic variation can be attributed to differences between populations or “races”**

Human racial classification is of no social value and is positively destructive of social and human relations. Since such racial classification is now seen to be of virtually no genetic or taxonomic significance either, no justification can be offered for its continuance.

# Genetic Ancestry vs. Social Identity

- 1) **Genetic Ancestry:** biological inheritance of DNA, can be traced through the genome using genotype data
- 2) **Social Identity (Theory):** social categorization and self-conception that explains how people represent social categories and their associated attributes govern how they behave and how they conceive of themselves.

Popejoy, A. (2020, September). Information Disparities and Implications for Clinical Genetics. Lecture conducted at Stanford University, United States.

Hogg, M. A., & Rinella, M. J. (2018). Social identities and shared realities. *Current opinion in psychology*, 23, 6–10.

# Discussion: Genetic Ancestry & Social Identity

How do race, ethnicity, ancestry, and nationality fall into social identity and genetic ancestry?

How do you see social identity interact with genetic research and healthcare?



BREAK - 10 minutes

# Dialysis Video

# Dialysis Video

<http://docuseek2.com/cart/product/522>



# Dialysis Video Discussion

1. What are your immediate thoughts/reactions to this video?
2. In what ways do you see race/racism becoming biological?

# Dialysis Video - Key Points

1. Tuskegee and other similar events have colored how people view medicine and research
  - a. Medical/Research Mistrust
2. Racial thinking affects who is likely to qualify for organ transplants
  - a. Stereotypes/stigmas of certain groups of people (often people of color) can affect clinical judgment of who is “deserving” of a kidney transplant
  - b. Perceptions that certain people will “ruin” or “waste” the opportunity for a transplant, so why not give it to someone who is deemed “more deserving”
3. Person reported seeing more white people in line for a kidney than black patients
  - a. Mentions differences in delays and misbeliefs about interracial organ transplant matching

# Case Examples: Genetic Ancestry and Social Identity Interplay with Healthcare

# Overview of activity

## Case examples

1. Henrietta Lacks - [Intro Video](#) + [Impact Video](#)
2. Forced Sterilization - [California Sterilization](#) + [Prison Sterilization](#)
3. VUS Rates/Carrier Screening - [Discussion Article](#)

## Activity timing

- 5 min small group discussion
- 15 min large group share-out
- 10 min large group discussion

## **10 minutes - small group discussions**

Who benefitted and/or who was harmed in this case study?

What do you think is the impact on communities or society as a whole today?

What was ethical, controversial, impactful to you as an individual?

## 15 minutes - large group sharing

What are the key points you'd like to summarize about your case?

Did you agree/disagree with anything from the articles/video?

What was ethical, controversial, impactful to you as an individual?

# Henrietta Lacks - Key Points

1. Black woman in Southern VA, diagnosed with cervical cancer in 1951
  - a. Went to John Hopkins in Baltimore for treatment due to only place near her that was open to Black and/or poor people
2. W/o her knowledge, a cell sample was collected from tumor and sent to lab
  - a. George Guy, head of tissue culture research, was trying to grow human cells outside of body and HL's cells didn't die for unknown reasons
3. HL's cells were shared with research community and used for:
  - a. Vaccines, Cloning, IVF, Genomic Mapping, etc.
4. HL died in 1951 (age of 31) without knowing her impact or what was done
  - a. Family + Advocacy was needed to honor HL and her family

# Forced Sterilization - Key Points

1. California was “worst state” within Eugenics movement in US
  - a. Both sexes were affected
  - b.  $\frac{1}{3}$  of sterilizations in country
2. Nazis based their eugenics ideologies off of theories developed in California
  - a. Scientists at Stanford promoted sterilizations as a way to improve society
3. 1970s = Sterilizations prohibited at all state institutions, unless found to be medically necessary
  - a. More clearer laws came in 1995



# Carrier Screening - Key Points

**Carrier:** An individual who has one copy of a disease-causing gene for an autosomal recessive condition, and has none or mild symptoms.

## **Carrier Screening**

1. Identifies presumptuously healthy prospective couples in which both individuals are heterozygous for the same disorder, and are, therefore, at risk to have an affected child with a life-threatening, serious, or chronic disorder.
2. Couples are screened for multiple genetic conditions (ranging from a ~150-500)
3. All individuals are thought to be carriers of at least one genetic condition

**Discussion Article for Healthcare Disparities in Carrier Screening:**

<https://www.mdpi.com/2075-4698/12/2/33>

# Carrier Screening - Key Points

1. Carrier screening, a nearly half-century old practice, aims to provide individuals and couples with information about their risk of having children with serious genetic conditions.
  - a. Traditionally, the conditions for which individuals were offered screening depended on their self-reported race or ethnicity and which conditions were seen commonly in that population.
2. This process has led to disparities and inequities in care as the multi-racial population in the U.S. has grown exponentially, yet databases used to determine clinical practice guidelines are made up of primarily White cohorts.
  - a. Technological advancements now allow for pan-ethnic expanded carrier screening (ECS), which screens for many conditions regardless of self-reported race or ethnicity.
3. ECS presents a unique opportunity to promote equitable genetic testing practices in reproductive medicine.
  - a. However, this goal can only be achieved if we acknowledge and appreciate the innumerable inequities evidenced in reproductive medicine and other socio-legal practices in the United States, and if we intentionally work in concert with healthcare providers, policy makers, advocates, and community health champions to reduce current and future reproductive health disparities.

# 10 minutes - large group discussion on biological effects of racism

Based on historical examples discussed:

- a. What impact might medical mistrust have on these racial ethnic groups?
- b. How do you see racism generating racial health disparities?
- c. How might these racial health disparities affect your research and/or practice?

## Medical Racism in Numbers

- The average lifespan for Black Americans is **6 years less** than their white counterparts.
- Black women are less likely to have breast cancer than white women, but **40%** more likely to die from the disease.
- A Black woman is **22% more** likely to die from heart disease than a white woman.
- A Black woman is **71% more** likely to die from cervical cancer than her white counterpart
- A Black woman is **243% more** likely to die from pregnancy or childbirth related causes than a white woman

“ - the mortality penalty for Black newborns is 39% lower under the care of Black physicians than White physicians.”

Greenwood et al. 2020

## Session 4: Race, Ancestry, Identity, and Genetics Pt 2

- Describe societal perceptions of social identity (race, ethnicity, and nationality) and genetic ancestry, including racial essentialism.
- Examine the consequences that these societal perceptions of social identity and genetic ancestry have on individuals and society broadly.
- Critique scientific uses of social identity (race, ethnicity, and nationality) and genetic ancestry



Taught by  
Justin Gomez-Stafford (he/they)



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