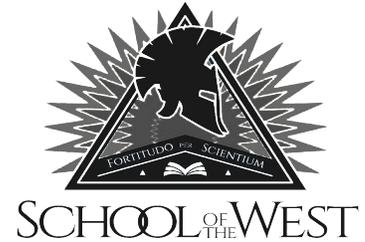


Lecture 5: *Disease Predilection Differences*



COMPREHENSION QUESTIONS

1. The sickle cell anemia mutation protects against what infectious organism?
 - a. Meningitis
 - b. Measles
 - c. Microsporidia
 - d. Malaria

2. The CCR5 protein mutation protects some Caucasian people against HIV through what mechanism?
 - a. The mutated CCR5 protein binds the HIV virus tightly, allowing the immune system to destroy it
 - b. The mutated CCR5 protein binds the HIV virus tightly, allowing it to enter the cell to be broken down by enzymes
 - c. The mutated CCR5 protein does not bind HIV, so the virus cannot enter the cell to infect it
 - d. The mutated CCR5 protein does not bind HIV, so the virus enters the cell through other proteins, at which point it is broken down by enzymes

3. What are autoimmune diseases and what race of people has the highest rates of autoimmune disease?
 - a. Diseases caused by excessive an immune system response against infections; Hispanics
 - b. Diseases caused by an excessive immune system response against the body's own proteins; blacks
 - c. Diseases caused by an excessive immune system response against allergens; whites
 - d. Diseases caused by an excessive immune system response against the body's own proteins; Asians

4. What race of people has the highest rate of diabetes?
 - a. White
 - b. Black
 - c. Asian
 - d. Amerindian

5. Which races of people have the highest and lowest rates of osteoporosis, respectively?
 - a. White, black
 - b. White, Hispanic
 - c. Black, Asian
 - d. Black, Hispanic

ESSAY QUESTIONS

We noted in our lecture that a certain class of blood pressure medications, ACE-inhibitors, are not as effective in blacks as they are in whites, even though black people have the highest rate of high blood pressure of all the races. One of the scientific articles that described this phenomenon offered this as an explanation for why this fact hadn't been discovered sooner: *"Despite the higher rates of [high blood pressure], blacks are underrepresented in randomized, controlled trials [a type of scientific study commonly used in medicine] of therapeutic medications, with a participation rate of <30%."*

1. Let's assume that by "<30%," the author means about 25% of study participants are black. Based on the Centers for Disease Control (CDC) data presented in this table, do you think it is true or false that "blacks are underrepresented" in the scientific studies? Explain your reasoning.

Racial Group	% With High Blood Pressure	% Of Total Population	% Of Total High Blood Pressure Patients
Black	54%	13%	17%
White	46%	55%	60%
Asian	39%	6%	6%
Hispanic	36%	20%	17%

Here is an excerpt from a scientific paper about recruiting non-white patients into scientific studies. Read the excerpt and answer the subsequent questions: *"Throughout the world there are problems recruiting ethnic minority patients into...clinical trials. A major barrier to trial entry may be distrust of research and the medical system...In Leicester [England], ethnic minority patients tend to choose [doctors] of a similar ethnic origin. Although they often have fluent command of the English language, the consultation between patient and [doctor] is often conducted in their mother tongue...[T]he role of the [ethnically similar doctor] to facilitate entry into clinical trials should be explored further...[Additionally], Ethical Review Committees require translation of all the trial literature into the predominant languages spoken by the relevant minority communities. Our experience is that these translated documents may be of limited value. For example, in Leicester many Gujarati [a region in northwest India] speakers cannot read the written versions and some Hindi [spoken in much of India] translations are incomprehensible as they use classical rather than colloquial Hindi."*

2. White people currently make up 7% of the world's population. What is the problem with referring to non-whites as "ethnic minorities"? What term do we use in the white-positive sphere?
 3. Given that humans are hard-wired to trust people of their own kind, is it surprising to you that "distrust of research and the medical system" would be an issue for non-whites? Who invented modern medicine? Who's value system, intellectual capacity, and way of viewing the world forms the basis modern medicine?
 4. The authors of the paper note that non-whites prefer to speak in their own languages, even when they are fluent in English and living in England, and try to visit doctors of their own race. What do you think would happen if a white person went to the doctor in the United States and asked to be cared for by other white people who speak English?
 5. A foundational concept in scientific research is this: the bigger the study, the more accuracy it has. Studying 10 people is not nearly as effective as studying 10,000 people. With fewer people, a single outlier may skew all of the data. With 10,000 people, a single outlier will not matter. If the goal of scientists is to include many people of different races in their scientific studies, and those races of people are very genetically different, what effect is that going to have on the data produced by those studies? Compare that to scientific studies that, in an ideal world, would be conducted on each race of people separately in their own ancestral homelands.
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ANSWERS

COMPREHENSION QUESTIONS

1. d
2. c
3. b
4. d
5. a

ESSAY QUESTIONS

1. Blacks have a higher rate of high blood pressure than other races, with over half of all blacks in America having high blood pressure. However, blacks only make up 13% of the US population. Therefore, 17% of the total patients with high blood pressure are black. If they are 25% of participants in clinical trials, they are OVER-represented, not under-represented. 17% would be what the anti-whites would consider "represented." Anti-whites don't care about facts, however, they care about their anti-white agenda, and saying that blacks are "underrepresented," even when they aren't, is part of the anti-white narrative.

2. Of all the major races of people, whites are the SMALLEST group worldwide. We only make up 7% of the current world population, and in a few short years that number will be 5%. To call non-whites “minorities” is a lie. It’s also a way to make it sound like non-whites are small, powerless groups of people oppressed by all the evil powerful whites. The opposite is actually true. So, in the white-positive sphere, we refer to non-whites as non-whites. We put ourselves at the center of our own story. We don’t give legitimacy to the anti-white narrative.
3. White people invented modern medicine, which is also called “Western Medicine.” It was so effective that we took our knowledge all over the world, sharing it with every other race of people. Some races, like Asians and Jews, have high enough IQs to adopt Western Medicine and add to it by doing some of their own scientific studies. Other races, like Hispanics and Indians, have also adopted it with reasonable success, although they don't contribute much in the way of high-quality scientific studies. Others, such as Africans and Australian Aborigines, have not been able to use Western Medicine; white people have had to build and staff medical clinics for them. Only rare Africans can complete medical school and become doctors. However, all of the other races of people also still practice their folk medicine, for example Ayurveda in India, Acupuncture in China, etc. Many people in those countries still prefer the folk medicine of their own people to Western Medicine, even though Western Medicine has been proven to be more effective than those other systems. This should be considered normal and natural, since their systems reflect who they are as people.
4. This has actually happened in the US and Britain. Patients have asked to be seen by white doctors or nurses who speak fluent English. In many cases the patients ended up in the news, shamed and called anti-white slurs like “racist” and much worse. There are numerous articles, easily found on the Internet, with titles like this one: “When the patient is racist, how should the doctor respond?” A photo of an elderly white patient accompanies this article. On the other hand, there are countless articles in the medical literature about how important it is for non-whites to be able to see medical practitioners of their own race. This is yet another example of blatant anti-whiteism.
5. Including many people of different races in scientific studies waters down the data. For example, if a study can only include 1,000 people, the ideal would be for all 1,000 people to be of the same race. If the study includes people from 4 races, that’s only 250 people of each race. The power of that study is significantly decreased. If each race of people conducted their own studies on their own people in their own ancestral homelands, each study would maximize it’s power and produce the best data possible. The exact same study could be conducted in each country, and differences between the races then be easily compared. Including all the races in one study waters down the data. Assuming the races are the same further muddies the data and may result in some races not being treated effectively for their disease.

COMMENTS

Once again, let's turn an anti-white statement into something white-positive. The statement was: "Despite the higher rates of [high blood pressure], blacks are underrepresented in randomized, controlled trials of therapeutic medications, with a participation rate of <30%." How about....

"Despite representing only 17% of all high blood pressure patients, blacks are overrepresented at 30% of study participants."

"In a country built by white people, blacks are overrepresented in scientific studies."

"White people are underrepresented in scientific studies performed in the countries built by their own ancestors."

REFERENCES

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