

# Social Control and the Health of African American Boys and Men: Introduction and Current Statistics

(Guest Editorial)

by

K. Tutashinda, D.C.  
KTutashinda@gmail.com  
Imhotep Chiropractic & Wellness Center  
Berkeley, California

The following is excerpted from the forthcoming book *Whose Future is it? Social Control and the Health of African American Boys and Men*, due in December 2012 by Imhotep Publications (3358 Adeline Street, Berkeley, California 94703; 510-450-1095).

## Introduction

While much of our attention has deservedly turned to the impending water shortage, oil crisis, pending climate change and seemingly unending ecological disasters, we often neglect the indigenous societies and grassroots communities of people who are directly affected by them. And if the late great thinker and activist James Boggs is sadly correct when he says, “the city is the Black man’s nature,” one such threatened group is African Americans, particularly its boys and men. Michelle Alexander brings this observation into staggeringly clear focus in her book, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. As impressive a work as it is, and it is truly an impressive piece, although much of this analysis has been made before. Radical scholars like Sidney M. Willhelm, Huey P. Newton, George Jackson, Angela Y. Davis, Haki Madhubuti, Dylan Rodriguez and Loic Wacquant, as well as prison and grassroots activists, community members and so-called felons themselves have understood and articulated many of these insights and have therefore proposed radical and transformative solutions. What is unique however is the clear historical argument presented through legal case studies, the forcefulness in which it is presented, as she explains:

*“I reached the conclusions presented in this book reluctantly. Ten years ago I would have argued strenuously against the central claim made here—namely, that something akin to a racial caste system currently exists in the United States.”* (Alexander 2010, p.2)

With an undergraduate degree from Vanderbilt University and a law degree from Stanford University, both predominantly white and extremely conservative institutions, Ms. Alexander was poised to take her place among the highly paid, yet largely invisible world of corporate attorneys. And by her admission, that is what she partly did for several years. But when she took a job for the ACLU as director of the Racial Justice Project for Northern California, and encountered young African American boys and men who had been profiled, harassed, and in the example of “the Rider’s case” in Oakland, California, people were framed and railroaded into prison by corrupt police officers, Ms. Alexander took notice, had the courage to look at the facts and got involved. Here, the facts speak volumes in her clear theme that this situation did not occur over night, and that it is not by accident, and while not conspiratorial per se’, it constitutes systematic structural racism that affects not only freedom, but also the health of families and communities for generations.

Therefore, we start from that premise with a look into the past and future. We look into the past to place today’s health status and its relationship to social control in its proper context and into the future because if Alexander’s premise is correct, and the visions of futuristic and scientific prognosticators are any indication, the future health and actual survival of African American boys and men are not guaranteed. And to reiterate, if the situation is as dire as it appears, with more African American boys and men in prison than in college and even more on parole and probation with many robbed of voting rights, job opportunities and ways to advance themselves, they are increasingly killed by police and pitted against each other and unwitting participants in the so-called “war on drugs,” then the question of survival is not an original question and obviously legitimate. Furthermore, if scientific and technological projections do not include them in their prognostications, the question: “whose future is it?” and others are warranted, hence the focus of this presentation.

## **Current Health Status of African American Boys and Men**

African American boys and men have the lowest life expectancy and some of the highest rates of acute and chronic disease in America. Their homicide rate is the highest in America, and their prison, parole, and probation rates are the highest in the country, and even with cancers, they do not have the highest rate, however, they have the highest death rate. And if dental, mental health, lack of health insurance, employment and “happiness,” is put into the overall health quotient, which if looked at holistically, the health status of African American boys and men is indeed bleak.

The socio-political realities of America is such and have been historically, that along with Native American boys and men, African American boys and men, when it comes to total functionality and health in a holistic sense, could almost be considered an “endangered” species. African American and Native American women have many of the same health issues and face their own horrors of physical and sexual abuse, and even forced labor.

But the men of these two groups, and in this case, African American boys and men face the current threat of actual survival. The anxiety, stress, and tension created by constantly looking over their shoulder for the police, dodging bullets in senseless drive-by shootings, trying to keep or seek out low paying jobs, being viewed as thieves, vagrants or murderers by the media, or being constantly criticized at home makes them increasingly vulnerable to disease and illness.

In the age group of 18-35, homicide is the number one health threat. According to Brendan O’Flaherty and Rajiv Sethi in their comprehensive study, “Homicide in Black and White”, they state that:

*“African-Americans are six times as likely as white Americans to die at the hands of a murderer, and roughly seven times as likely to murder someone. Young black men are fifteen times as likely to be murdered as young white men. This disparity is historic and pervasive, and cannot be accounted for by individual characteristics. Culture-of-violence and tail-of-the-distribution theories are also inadequate to explain the geographic and demographic pattern of the disparity. We argue that any satisfactory explanation must take into account the fact that murder can have a preemptive motive: people sometimes kill simply to avoid being killed. As a result, disputes can escalate dramatically in environments (endogenously) perceived to be dangerous, resulting in self-fulfilling expectations of violence for particular dyadic interactions, and significant racial disparities in rates of murder and victimization.”* (O’Flaherty 2010)

The statistics are staggering enough, but the assertion that much of it could be due to the fear of being killed or preemptive is earth shattering. Why do young African American men fear being killed? Why do they live in communities where this is such a threat? Are young African American boys and men inherently violent? To answer these questions, a look at Alexander’s *New Jim Crow* might be helpful. In her book, she writes that since the end of enslavement and the birth of the Jim Crow system of segregation, a caste system of sorts was developed in America (Alexander 2010, p.2). This caste system with African Americans on the bottom in near perpetual servitude survived intact from the late 19<sup>th</sup> century until the 1970s in certain parts of the South. When African Americans began to revolt against this system, resulting in the Civil Rights/Black Power movements of the 50’s, 60’s, and 70’s and they began to militantly confront the multi-faceted economic, political, cultural, and military tentacles holding them down in the form of white supremacy, white and powerful forces in America reacted with fear and systematic violence. The FBI launched a nationwide search and destroy mission, hence, a counter intelligence program (COINTELPRO) on the Black Panther Party and other radical groups, and much of the movement was crushed or kept preoccupied with numerous legal and trumped up criminal cases. And even before COINTELPRO, *“Southern governors and law enforcement officials attempted to generate and mobilize white opposition to the Civil Rights Movement”* (Alexander 2010, p.42) which began the “law and order” rhetoric because of unrest and years of resentment, street crime began to rise, particularly in urban areas. Alexander explains further,

*“Unfortunately, at the same time that civil rights were being identified as a threat to law and order, the FBI was reporting fairly dramatic increases in the national crime rate. Beginning in the late 1960’s, crime rates rose in the United States for a period of about ten years. Reported street crime quadrupled, and homicide rates nearly doubled.”* (Alexander 2010, p.44).

She goes on to explain that although some of the statistics were questionable, most experts agreed that crime did rise, most probably due the maturing of the “baby boomer generation,” coupled with rising unemployment rates. This all gave rise to increasing calls for “law and order,” even from some conservative African Americans and this provided justification for increased imprisonment, longer and stiffer jail sentences and an increasingly military approach to police enforcement. Politically, this resulted in the Republican’s and Richard Nixon’s “Southern Strategy,” where a

*“New majority could be created by the Republican Party, one that included the traditional Republican base, the white south, and half the Catholic, blue-collar vote of the big cities...H.R. Halderman, one of Nixon’s key advisors, recalls that Nixon himself deliberately pursued a Southern, racial strategy: “He [President Nixon] emphasized that you have to face the fact that the whole problem is really the blacks. The key is to devise a system that recognizes this while not appearing to”* (Alexander 2010, p.44)

This racist and systematic approach later emerged as the so-called “war on drugs,” and was re-enforced by the Reagan, Bush and all subsequent administrations since (Alexander 2010, p.48). This “war on drugs,” has been used as justification to build more prisons and imprison more people than any on earth, with the highest percentage being African American and Latino youth. Even the Obama administration has allotted over 2 billion dollars to the Byrne Act, which funds and arms local police forces with the latest paramilitary gear as cash strapped cities are cutting services and closing schools and libraries. All of this is seen against the backdrop of rising unemployment, globalization, and the closure of entire manufacturing industries in America. Thus a “dog eat dog” mentality has developed on the streets of America where young African American boys and men are hustling and killing each other for every dime, and are often involved in illegal and illicit activities. While it is obvious they are the ones pulling the triggers and no conspiratorial forces can be readily identified in the halls of Congress or in American board rooms, it is clear from Alexander and research that it was all set in motion by “conspiratorial thinking” and executed by known and admitted conspiratorial politicians, including Nixon, the former President of the United States.

Sidney M. Willhelm, over 42 years ago in his book, *Who Needs The Negro?* describes it even more comprehensively. He indicts capitalism and the forward push of technology and automation as driving forces behind African American isolation, unemployment, imprisonment and ultimate destruction.

Harking back to the original and only reason African Americans were brought to the “New World,” for free or cheap labor, and acknowledging and observing that all of the cotton has been picked and factories have been built, he asks the eye opening question, who needs the Negro, especially in this modern age. Even though African Americans have not been rounded up and systematically killed like the Jews, communists, homosexuals and Gypsies in Nazi Germany, automated and robotized America does not need millions of unskilled and low skilled workers and similar to Andre Gorz in *Farewell to the Working Class* (Pluto Press,2001) and Loic Waquant in *Punishing the Poor: The Neoliberal Government of Social Insecurity* (Duke University Press Books, 2009) raises the issues of what America plans to do with its marginalized and oppressed so-called minorities and poor. Willhelm (1970) sums it up very succinctly at the end of his book, he writes,

*“After much postponement due to economic dependence on black labor during the last 350 years, the Negro question finally transforms into the Indian question. What is the point, demands White America, in tolerating an unwanted racial minority when there is no economic necessity for acceptance? With machines now replacing human labor, who needs the Negro?”* (Willhelm 1970, p.354)

This question is critical in assessing overall health, because there are multiple social and political factors affecting it. In terms of overall health statistics, cardiovascular disease is the number one killer of African Americans in general and men specifically. Thirty-six percent of all African American deaths are due to some form of cardiovascular disease including coronary heart disease, angina pectoris or constriction with pain of actual heart vessels, stroke or cerebrovascular accidents, which are blockages in the blood vessels in the brain, or hypertension which is high blood pressure. Even though more African American women have cardiovascular disease than men, with percentages of 47.35 % and 44.8% respectively, the death rate for African American men is much higher. African American men die at a rate of 390.4 per 100,000 deaths as compared to 277.4 for African American women. The overall death rate is 244.8, and in regard to coronary heart disease (which includes heart attacks); the overall death rate was 122.7 per 100,000 versus 183.7 for African American men. This is a difference of 33.2%, and the ratios are similar with regard to strokes as well.

Furthermore, according to the American Heart Association 2012 Statistical Fact Sheet, “Blacks have a risk of first-ever stroke that is almost twice that of whites”, and the death rate was 62.1 per 100,000 versus 40.7 overall, a 34.4% difference. Hypertension statistics were similar with an overall death rate just 18.3, while that for African American men stood at 50.3. Again via the *American Heart Association Fact Sheet 2012* of the American Heart Association the difference between all races and African American men was a staggering 63.6%! (This adds up to African American men dying 30% more often from heart disease than white men and 14 times more likely to develop kidney failure than white men).

African American men also have the highest rates of hypertension and prostate cancer in the world and an overall mortality rate 1.3 times that of white men, 1.7 times that of American Indian/Alaska Native men, 1.8 times that of Latino men and 2.4 times that of Asian/Pacific Islander men (Xanthus 2009). Why?

One reason, according to researchers, is stress. Stress is the physiological reaction to an emergency, fear, anger, or threat to survival producing a “Fight or flight response.” It is a physiological response that is hardwired into the human being producing increased heart rate, respiration rate, sweating, hair standing on end creating an aerodynamic effect and in extreme cases, defecating and urinating to lighten the overall load readying the individual for an easier burden to run and get away from predators. If early humans did not have this response, they would not have survived the attacks by lions, leopards, hyenas, and wild dogs of the African savannah and other dangerous wild animals. Hence, the main hormones responsible for producing this effect are cortisol, epinephrine or adrenaline, and norepinephrine. And in the context of an actual emergency where the individual has to run, the bodies’ hormonal and physiological systems are returned to a normal resting state or equilibrium. In the context of urban America, with repeated bursts of these same hormones throughout the day without appreciable physical exercise or release, a state of equilibrium is never attained. In this state, the individual’s entire nervous and cardiovascular systems become out of balance, with the resulting effect of perpetual increased heart rate, respiration rate resulting in high blood pressure and associated cardiovascular diseases. Furthermore, with the genetic predisposition as a legacy of enslavement, along with the modern day stressors of unemployment, police harassment, imprisonment and street violence, it is not surprising to learn of the alarming numbers of African American men that have and are dying from cardiovascular disease (Xanthus 2009).

The next highest killer of African American men is cancer. Lung cancer is the highest killer and African American men have the highest rate of occurrence and death rate of prostate cancer in the world. African American men also have the highest rate of cancer for lung, colon, and rectum cancer, and the highest mortality rates for all of the above, including stomach cancer. Additionally, they have the highest overall age-adjusted rates for multiple myeloma, cancers of the digestive system combined and respiratory systems (via *The Provider’s Guide to Quality and Culture: African Americans and Cancer*). In the richest nation on earth with supposedly the best technology in the world, why do African American men have such high rates of cancer and die the soonest? The answers are complex and multifaceted, but have much to do with the aforementioned factors of stress, fear of violence, and a legacy of enslavement, along with smoking cigarettes, poor diet, and a lack of positive exercise. These last factors affect the cardiovascular profile as well and have to do with lifestyle and cultural choices.

The question that is pertinent here is one of vulnerability. With supposed access to the same system of health care, why do African American men have higher rates of occurrence and death from cancer? Many scholars and epidemiologists assert that it is due to lack of insurance, screenings and medical care.

But it is possible that Joy Degruy Leary's *Post Traumatic Slave Syndrome* (2005), epigenetics, and somatics play significant roles as well. In her analysis, the lingering effects of enslavement act as psychological triggers that subvert emotions and precipitate, at times, anger, hostility, and dysfunctional interpersonal relationships. And moreover, anger by itself produces a cascade of physiological effects such as increased heart rate, elevated blood pressure and nervous system exhaustion and imbalances that can cause ill health.

When it comes to anger in particular, in addition to poor dietary habits, lack of screening and regular checkups due to lack of money and or insurance, and environmental exposure to toxic materials, including car and manufacturing exhausts, African Americans in general and African American men in particular lack trust in the larger American system and many of the white Americans running that system. Furthermore, many of them do not trust the other African Americans within this system and white Americans and America in general. This is based on centuries old historical patterns and abuse from slavery and "Jim Crow," days, which makes Alexander's thesis so relevant. Shayla C. Nunnally's book, *Trust in Black America: Race, Discrimination, and Politics* (2012) clearly articulate the complex history of why African Americans do not trust white Americans and the associated systems of power in America. She explains;

*"Blacks' racial consciousness about their plight as members of a low-status group continually informs their sociopolitical realities and interests, making race a probable factor in reducing or increasing their social and political trusts."* (Nunnally 2012: 11)

And further on she asserts;

*"In sum, I argue that historical and contemporary racial experiences promote(d) distrust among Americans and distrust of their government. So "distrust," not "trust," has been the basis on which race relations have been institutionalized in America. Blacks' historical discrimination experiences, moreover, have become the foci of explanations for their contemporary low-level political and social trusts compared to other racial groups."* (Nunnally 2012: 11)

This analysis can also be extended to medical institutions and Western medicine in general. It is particularly pertinent when it comes to cancer, because some researchers think that repressed emotion after extreme emotional trauma is a key factor in the overall cancer profile (Giese-Davis 2008). And if African American boys and men lack trust in the medical system and practitioners, including mental health professionals, this means that during and after traumatic emotional experiences, including discrimination, violence, and feelings around self-worth and esteem, they have few if any people to talk to (Harris 2006). This bottling up of feelings and emotions can be triggers that, as we have shown in epigenetics, act as 'switches,' to allow toxic and or mutated proteins to enter within cell walls and propagate and possibly produce malignant cells and cancers.

Even though direct cause and affect relationships may not always be apparent, seen from a holistic perspective, lack of trust precipitating social withdrawal and lack of communication leading to walled off emotion somaticizing into malignant tumors is highly plausible.

The mental health picture of African American boys and men is a crisis in the process of becoming a catastrophe. While not directly causing as many deaths as heart disease, cancer and other chronic diseases under girds and serves as a foundation for mental and emotional problems that cause behaviors leading to the more apparent illnesses. Anger, expressed and unexpressed, resentment, frustration, humiliation, fear, doubt, insecurity, and depression all have a negative impact upon the psyche, spirit and bodies of African American boys and men. These emotions and others, when allowed to magnify, fester and wreak havoc on the psychological and physiological systems in numerous destructive ways. Domestic violence, murder, child abuse, and suicide all stem, in part, from thwarted aspirations, particularly of African American boys and men that feel there is no place for them in American society. And according to The Black Mental Health Alliance for Educational and Consultation, Inc.:

- 7% of African American men will develop depression during their lifetime (this is likely to be an underestimate due to lack of screening and treatment services).
- African American men have death rates that are at least twice as high as those for women for suicide, cirrhosis of the liver, and homicide.
- From 1980 to 1995, the suicide rate for African American male youth (ages 15-19) increased by 146%. Among African American males aged 15-19 years, firearms were used in 72% of suicides, while strangulation was used in 20% of suicides.
- For African American men, especially in urban areas, the abuse of alcohol and its consequences appear more grave when compared to statistics for White men, White women or African American women. (The Black Mental Health Alliance for Educational and Consultation, Inc.)

These are shocking statistics and not simply because African American boys and men have genetic predispositions, are weaker or have more fragile emotional systems or are more prone to insanity. The causes are more related to the historical factors surrounding enslavement, the sociological, political, cultural, and economic conditions produced by it, capitalism, and the self-destructive behaviors that arise out of the complex relationships between those factors and living in an automated, post-industrial, increasingly artificially controlled society. Haki R. Madhubuti sums this up quite well in his penetrating analysis written over two decades ago titled *Black Men, Obsolete, Single, Dangerous?: The African American Family in Transition* (1991). In a chapter that describes what is an all too familiar scenario in African American communities nationwide, "Were Corners Made For Black Men To Stand on?," Madhubuti asks,

## 8.1



*“The larger question is what do a people do when the social, political, and economic conditions under which they live are not only designed to limit their intellectual and material development, but are structured ultimately to kill them?”* (Madhubuti 1991, p.3).

And earlier in the text, he writes of the even larger problem,

*“One of the tragedies of Black life in America is that too many Black people never acquire insight into their own existence. They just do not know who they are. And, this confusion about identity and source is at the core of our ignorance.”* (Madhubuti 1991, p.ii).

Without fully understanding who they are and how and why they are here, literally and figuratively, African American boys and men cannot adequately summon the necessary will, discipline and skills needed to survive and thrive into the next century. And this is not totally by accident.

## **Bibliography**

Alexander, Michelle, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, The New Press, New York, 2010.

*American Heart Association Fact Sheet 2012*, Dallas, Texas: American Heart Association, Inc., 2012.

The Black Mental Health Alliance for Educational and Consultation, Inc., “Souls of Black Men: African American Men Discuss Mental Health,” *The Mental Health of African American Men Fact Sheet*, Community Voices Publication, [www.communityvoices.org](http://www.communityvoices.org),

Giese-Davis, Janine, et al, “*Exploring Emotion-Regulation and Autonomic Physiology in Metastatic Breast Cancer Patients: Repression, Suppression, and Restraint of Hostility*,” NCBI, U.S. National Library of Medicine, vol.44, no.1, January 2008, pp. 226-237.

Harris, Gerald A., “Early Childhood Emotional Trauma: An Important Factor in the Aetiology of Cancer and Other Diseases,” *European Journal of Clinical Hypnosis*, vol.7, issue 2, 2006.

hooks, bell. *We Real Cool: Black Men and Masculinity*. New York: Routledge, 2004.

Leary, Joy Degruy. *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Milwaukie, Oregon: Uptone Press, 2005.

Madhubuti, Haki, *Black Men, Obsolete, Single, Dangerous?: The African American Family in Transition*, Third World Press, Chicago, 1991.

Nunnally, Shayla C. *Trust in Black America: Race, Discrimination, and Politics*. New York University Press, New York, 2012.

O'Flaherty, Brandon and Sethi, Rajiv. "Homicide in Black and White" in *Journal of Urban Economics*, vol.68, issue 3, November 2010, pp.213-230.

Panksepp, Jaak and Manfred Clynes, eds. *Emotions and Psychopathology*. New York: [Plenum Press] Springer, 1988.

Provider's Guide to Quality and Culture: African Americans and Cancer,  
<http://erc.msh.org/quality&culture>.

*Statistical Fact Sheet 2012 Update: African Americans & Cardiovascular Diseases* (American Heart Association Statistics Committee and Stroke Statistics Subcommittee, Dallas, Texas).  
[http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm\\_319568.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_319568.pdf)

Tutashinda, K. *Toward A Holistic Worldview: Essays on Control, Technology and Personal/Social Transformation*. Oakland: Institute of Holistic Research and Study, 1985.

Willhelm, Sidney M., *Who Needs the Negro*, Anchor Books, New York, 1970.

Xanthus, Clare. "Feeling the Strain: The Impact of Stress on African American Men" in *Community Voices*, Morehouse School of Medicine, 2009 [Policy Briefs].

### 8.3

*The Journal of Pan African Studies*, vol.5, no.6, September 2012