

Collective Violence
Harmful Behavior
in Groups and Governments

edited by
Craig Summers
and Eric Markusen

ROWMAN & LITTLEFIELD PUBLISHERS, INC.
Lanham • Boulder • New York • Oxford

ROWMAN & LITTLEFIELD PUBLISHERS, INC.

Published in the United States of America
by Rowman & Littlefield Publishers, Inc.
4720 Boston Way, Lanham, Maryland 20706

12 Hid's Copse Road
Cumnor Hill, Oxford OX2 9JJ, England

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British Library Cataloguing in Publication Information Available

Library of Congress Cataloging-in-Publication Data

Collective violence : harmful behavior in groups and governments /
edited by Craig Summers and Eric Markusen.
p. cm.


Includes bibliographical references and index.

ISBN 0-8476-8813-5 (cloth : alk. paper). — ISBN 0-8476-8814-3
(pbk. : alk. paper)

1. Violence. 2. Political violence. 3. Genocide.
4. Aggressiveness (Psychology) I. Summers, Craig, 1961- .
II. Markusen, Eric.
HM281.C553 1999
303.6—dc21

98-29544
CIP

Printed in the United States of America

 The paper used in this publication meets the minimum requirements of American National Standard for Information Sciences—Permanence of Paper for Printed Library Materials, ANSI Z39.48-1984.

Contents

Preface	vii
Acknowledgments	xv
Part I Understanding the Sources of Collective Violence: Empirical and Theoretical Work	
1 A Social-Psychological Analysis of African American and Korean American Relations in Los Angeles <i>Jeannette Diaz-Veizades</i>	3
2 Understanding Genocidal Killing in the Former Yugoslavia: Preliminary Observations <i>Eric Markusen and Damir Mirkovic</i>	35
3 The Psychology of Political Decision Making and Aboriginal Rights in Canada <i>Craig Summers and Kym Dawson</i>	68
4 American Genocide: The Destruction of the Black Underclass <i>Robert Johnson and Paul S. Leighton</i>	95
5 Collective Violence in Prisons: Psychosocial Dimensions and Ritualistic Transformations <i>Lucien X. Lombardo</i>	141
6 Beyond the Conceptualization of Terrorism: A Psychological-Structural Model of the Causes of This Activity <i>Jeffrey Ian Ross</i>	169

Chapter 4

American Genocide: The Destruction of the Black Underclass

Robert Johnson and Paul S. Leighton

“Not since slavery,” notes former U.S. Secretary of Human Services Dr. Louis Sullivan, “has so much calamity and ongoing catastrophe been visited on Black males” (in Majors and Gordon 1994, ix). The calamities and catastrophes to which Dr. Sullivan alludes fall most heavily on poor black males, especially those who inhabit our nation’s ghettos. Mortality data and other social indicators, discussed in this chapter, suggest that Dr. Sullivan’s observation is fundamentally correct. These data suggest, moreover, that his claim can be extended to poor black women as well. We argue that the various calamities and catastrophes to which poor, inner-city African Americans are exposed reflect the operation of genocidal forces in their lives.

The subject of genocide does not lend itself to forthright discussion. One distressing but recurrent problem is denial. Perpetrators of genocide may claim innocence even as bodies pile up around them. Prospective victims, not wanting to acknowledge the annihilation of their personal and collective identity, often participate directly or indirectly in their own demise. Trusting, some follow authorities to the ends of their lives; others, suffused with self-loathing, destroy their own lives or those of their fellows, doing the devil’s work with malevolent abandon. Scholars have been largely out of touch with the realities of genocide. “Our review of the history of genocide and its neglect,” note Chalk and Jonassohn (1990, 7), “has led us to the conclusion that until very recently scholars participated in a process of pervasive and self-imposed denial.”

Countering the forces of denial is a more recent tendency for accusations of genocide to become shorthand expressions of general moral condemnation. In this sense, genocide is not denied but seen everywhere. We read of economic and educational genocide, with bad jobs or poor

schools depicted as lethal enterprises. The French charge the Euro-Disney amusement park with cultural genocide, as if Mickey Mouse could destroy French culture with a swipe of his tail. Such fanciful usages empty the term of moral currency.

The claim that underclass African Americans are victims of genocide has not been assessed in dispassionate terms. White scholars have essentially ignored the issue; others pause only to label such beliefs a species of lunacy. An earlier black scholar named Patterson formally charged the United States with the genocide of blacks before the United Nations during the 1950s, but he has been largely forgotten (see Patterson 1970 and 1971). Later black writers who have tackled the issue at any length have done so with little reference to the body of research on genocide (see Weisbord 1975; Welsing 1974).

There can be no doubt that many African Americans believe that the more marginal members of the black community, if not all black Americans, have been and remain today actual or potential targets of genocide. Some state these beliefs quite bluntly, decrying conspiratorial plans to annihilate the black race. Such claims are typically seen as nothing less than bizarre. In the words of a *Newsweek* writer, "The ideological wagons are drawn into a circle with sensible mainstream American reason inside, threatened but valiant, and the crazy assault of black-American paranoia without" (Cary 1992, 23). Indeed, a recent article in *U.S. News & World Report* was entitled, "The Return of the Paranoid Style in American Politics" (12 March 1990, 30). The aim of the article was revealed in the subtitle, which read in part, "why some blacks . . . fear 'genocide.'"

We find it significant that the term *paranoid* was used literally (without quotations) while the term *genocide* was used figuratively (within quotes). The implication is that one must be crazy—a purveyor of so much "mumbo jumbo," in the words of a noted *Time* writer (White 1990, 20)—to think that some black Americans are victims of genocide. We contend that it is entirely possible that the paranoia alluded to is figurative and the feared genocide literal. Poor, inner-city African Americans are subjected to many disabling conditions, most notably poverty and racism but also the widespread and demoralizing perception that they are victims of a host of conspiracies, from the introduction of drugs and AIDS into their communities to the larger threat of genocide (see, e.g., Fletcher 1996). It is of course true that the fate of underclass black Americans is not that of the death camp and institutionalized slaughter. Nevertheless, our assessment of the evidence leads us to

conclude that their plight goes beyond simple political oppression and crosses the threshold of genocide.

Dimensions of Genocide

We suspect that many people believe that claims of black genocide are, to put it charitably, overstated if not overwrought, much as Mark Twain once claimed rumors of his death were greatly exaggerated. We suspect this because the implicit definition of genocide held by most people is informed by the Nazi Holocaust. In this view, genocide necessarily entails direct and sustained and highly organized violence of a most gruesome and cold-blooded sort. Surely, reasonable people contend, black Americans are not suffering a hidden holocaust in our midst!

But a Nazi-inspired definition of genocide is misleading. The Holocaust represents the extreme or limiting case of genocide, not the paradigm, just as a rape-murder-disembowelment represents the extreme or limiting case of murder, not a typical or representative example of homicide. So what is genocide if not one holocaust or another?

There is, in fact, no single, formal definition of genocide that shares widespread acceptance. The most commonly cited definition, found in the United Nations Genocide Convention, is as much the result of political wrangling in the fledgling United Nations as it is the product of academic or theoretical analysis.¹ In our view, the best definition is one offered by Staub. Drawing on a wide-ranging study of the subject, Staub defines genocide as "an attempt to exterminate a racial, ethnic, religious, cultural, or political group, either directly through murder or indirectly by creating conditions that lead to the group's destruction" (Staub 1989, 8).

To be sure, terms such as *exterminate* harken back to the Holocaust, and bring to mind Nazi death camps replete with ovens and gas chambers as settings of mass execution. But a careful reading of Staub's definition makes clear that: (1) most genocide efforts amount to "attempts" to destroy a group rather than complete success at a group's annihilation—the Nazis, for example, failed to eliminate the Jews or indeed any of the other populations they targeted for extermination; (2) attempts at genocide span direct violence (murder) as well as indirect violence (primarily systematic deprivation); and (3) genocide is expressed in high mortality rates and/or high rates of other disabilities that threaten to destroy the group. Critically, then, the key concept at the core of the notion of genocide is the attempted destruction of a group—an end that can be pursued in various ways.

As Staub explains, "The essence of evil is the destruction of human beings" (1989, 25). Destruction encompasses "not only killing but creation of conditions that materially or psychologically destroy or diminish people's dignity, happiness, and capacity to fulfill basic material needs" (Staub 1989, 25). The notion that genocide need not entail direct physical violence is reinforced by Raphael Lemkin, who coined the term *genocide*—from the Greek work *genos* (race or tribe) and the Latin *cide* (kill)—and helped draft the U.N. Genocide Convention. His 1944 work, while explicitly referring to nations and national groups, is equally applicable to racial and ethnic groups. At the heart of genocide, Lemkin contends, are undertakings that have as their goal the "destruction of the essential foundations of the life" of the group. This destruction can be sought by direct means (where the goal is "immediate destruction") or by indirect means (where the goal is "disintegration"). In either case, the integrity of the group's basic institutions is compromised, producing in varying degrees the "destruction of the personal security, liberty, health, dignity, and even the lives of the individuals belonging to such groups" (in Kuper 1985, 9).

Indirect Genocide

The imposition of destructive life conditions amounts to genocide when those conditions undermine the group's existence and substantially damage the lives of its members. For purposes of clarity, we call this indirect genocide, to distinguish it from direct genocide of the sort typified by the Nazi Holocaust. Indirect genocide proceeds by methods that are slower and less spectacular than death camps, but this insidious approach has advantages over more direct violence. Several instances of man-made famine have resulted in genocide (Jonassohn 1992). These famines are man-made in the sense that they were created or tolerated as a matter of policy. The Irish potato famine is a case in point. Policies set in England resulted in shortages of food in Ireland; starvation, aided by diseases that ran rampant due to malnutrition, terminated Irish lives on a large scale. Throughout, destructive policies were left in place by the British authorities (see Woodham-Smith 1980; Rubenstein 1987, 287).

Indirect genocide such as that which occasioned the Irish potato famine "combines advantages—for the perpetrators—of costing very little while at the same time putting physical distance between them and the victims" (Jonassohn 1992, 23; see also Smith 1987, 35). Physical distance, in turn, can translate into psychological distance, creating a mental or emotional buffer protecting the perpetrators of violence from

full recognition of the consequences of their actions (see Milgram 1974). Cues to human suffering—vacant stares, distended bellies, atrophied limbs—would almost certainly promote empathy for victims and hence distress among the perpetrators, but they are hidden from the victimizer. This buffering or protective effect also reflects a discontinuity between the perpetrator's acts—policy decisions rendered in the comfort of an office—and the victims' agonizing deaths from starvation. One's actions cause suffering vastly out of proportion to one's intent. Denial can come easily in this context. One can readily ignore the suffering of others, especially others whose plight is hidden from view, and remain secure in the belief that one's actions—including one's inaction—can't possibly have had such drastic consequences for others.

For those who do attend to the suffering, the situation can be readily mistaken for something less morally odious than genocide. Life is unfair, we might maintain. Famines happen. Who are we to change the course of human affairs? We hold such views with apparent stoicism, as long as we are not the victims of life's unfairness, and can go about the business of reaping the benefits of our privileged positions (see Reiman 1995). Good camouflage for indirect genocide is provided by prejudice and our desire to believe that bad things do not happen to good people. If a group suffers greatly, so the logic runs, they must in some sense deserve their ugly fate. If the group is a despised racial minority, it is easy to conclude, harkening back to Dr. Sullivan's observation at the outset of this chapter, that they brought down upon themselves the various calamities and catastrophes that mar their bleak lives.

We will return to the topic of belief and ideology when we discuss genocidal intent. The important point here is that if creating or tolerating a famine can be genocidal, there is no reason why the same principle does not apply to creating or tolerating *multiple* destructive life conditions. In the inner cities of the United States, we argue, the interaction of poverty and racism produces social pathologies that undermine the essential foundations of group life in underclass African American communities. These impoverished ghettos are, ultimately, the responsibility of the larger white society. As noted in the National Advisory Commission on Civil Disorders,

What white Americans have never fully understood—but what the Negro can never forget—is that white society is deeply implicated in the ghetto. White institutions created it, white institutions maintain it, and white society condones it. (quoted in Pinkney 1984, 78)

It is fair to say that the larger white society has, in effect, imprisoned poor blacks in these isolated environments, then turned its back on these captives so as not to fully comprehend the suffering and death that are the hallmarks of ghetto life.

The conditions of life in American black ghettos are objectively destructive. Poverty and attendant social ills that plague these communities tear at the fabric of group life, creating a genocidal environment. Genocide may also occur through self-destructive adaptations to the dysfunctional life conditions presented by such pathological environments. The link between policy and outcome remains but is less obvious. In American ghettos, for example, poverty and racism rarely kill directly. Few people drop dead in the streets from hunger or exposure to the elements, and few die from direct violence whose immediate impetus is virulent racism. But the effects of poverty and racism are widespread, and produce a range of physical and psychological stresses. Some reactions to these stresses are expressed in behaviors that destroy life. Thus, destruction need not come only from outside of the group. Members of the victim group may contribute to their own victimization through adaptations to bleak life conditions that include direct violence aimed at others in the group (e.g., homicide), as well indirect violence in the form of self-destructive lifestyles, notably addiction to drugs and alcohol, that foreshorten the lives of group members.

The Role of Self-Destruction

Williams, in his classic *Destruction of Black Civilization*, writes of genocide emanating from within the black community:

They, the so-called criminals and their youthful followers, expect nothing beneficial from the white world, and they see no reason for hope in their own. Hence, like caged animals, they strike at what is nearest them—their own people. They are actually trying to kill a situation they hate, unaware that even in this, they are serving the white man well. For the whites need not go all out for “genocide” schemes, for which they are often charged, when blacks are killing themselves off daily on such a large scale. (1987, 325)

Hacker picks up on this critical theme, characterizing the violent and other destructive behaviors of young black men as “self-inflicted genocide” in the face of a white society marked by a racial caste system that “imposes a stigma on every black child at birth” (1995, 228-29).

In the context of self-inflicted genocide, the victim group appears to be the primary if not exclusive cause of its own problems. Any role played by larger social conditions is readily discounted or even ignored entirely. It is commonly said, for example, that blacks are killing themselves with guns and drugs. Other sources of increased mortality in the black community, such as those related to poor physical health, can be dismissed on the same grounds. The culprit is *their* diet or lifestyle. In our view, these choices reflect adaptations to a broader social context marked by a “socioeconomic predicament which is itself profoundly antisocial” (Rubenstein 1987, 206; see also Braithwaite 1992). Violence and drug abuse are not overrepresented in American ghettos by chance, as though these settings of poverty were merely neutral staging grounds for destructive behavior. Ghettos, instead, are brutal and indeed antisocial environments that, through the pressures they offer, promote a host of destructive adaptations to daily life. Thus, the refrain, “they kill themselves,” must be met with the rejoinder, “but society sets the stage for that violence.” Here, society means white society. As Hacker has succinctly put it, “It is white America that has made being black so disconsolate an estate” (1995, 229).

Genocidal conditions exert a powerful influence on behavior. Victims may collude in their victimization, even in the extreme case of direct genocide represented by the Holocaust. Hannah Arendt is quite blunt in discussing

the submissive meekness with which Jews went to their death—arriving on time at the transportation points, walking on their own feet to the places of execution, digging their own graves, undressing and making neat piles of their clothing, and lying down side by side to be shot. (1964, 11)

The Holocaust literature also raises questions about whether the Jewish Councils, the putative representatives of the doomed communities, were in fact vehicles of genocide because of their ties with the Nazis and their ability to organize the Jewish communities in ways that served the ends of their oppressors.

Even if the worst of Arendt’s accusations are true, they do not change the essential meaning of the Holocaust. In the case of blacks in the United States, the point is illustrated by a discussion posted on one of the many racist Internet sites. In this posting, a “theorist” (writing “in loyal service to the white race”) explored the idea of legalizing crack cocaine and having the government give it out free. Under this plan, blacks could

smoke all they wanted, but only at one place, "because if you didn't keep them there they'd be dying all over and they'd be stinking and you'd have to pay someone to go find them. It would be cheaper if you just kept them there and dug a big ditch out back to bury them." A person identified as "The Aryan Crusader" responded, "it kind of sounds like another holocaust to me . . . i ain't saying it's wrong, I'm just saying that it sounds like another holocaust."²

The self-proclaimed Aryan Crusader is of course right. This plan is "like another Holocaust." The lack of explicit coercion—the lack of a "gun to their head," as many would say—does not change the fundamental nature of these dynamics. When people face genocidal pressures, some degree of maladaptive behavior is normal—or at least to be expected, given the stresses of the situation. A caveat is in order here. To identify genocidal conditions as sources of destructive behavior is not to exonerate the offending individuals for their behavior. As a general rule, victims who victimize others in turn remain culpable for their actions, though that culpability is reduced or mitigated by the considerable pressures that circumscribe their lives. Reiman makes this point quite clearly in the context of poverty and crime. "To point to the unique social pressures that lead the poor to prey on one another is to point to a mitigating, not an excusing, factor. Even the victims of exploitation and oppression have moral obligations not to harm those who do not exploit them or who share their oppression" (Reiman 1995, 9). Indeed, even the victims of virtually unparalleled exploitation and oppression in the Nazi death camps held each other accountable to a moral code that prohibited abusing fellow sufferers (see Cohen 1953; Des Pres 1977).

Several factors, some noted earlier, make it difficult to appreciate the dynamics of indirect genocide as they apply to African Americans. The larger white society is quite removed from the grim life circumstances shared by underclass blacks and hence the typical white American has little real feeling for the forces that shape their lives. In our remote ghettos, death flows not from gas chambers and state-sponsored torture, but from lives of deprivation and desperation that are unfathomable to outsiders. The relative subtlety of this process—combining an isolated location and a subtle and complex causal chain—helps explain why blacks can sincerely assert claims of genocide and whites, just as sincerely, can assert their innocence and moral goodness.

At bottom, many whites suppose that since they do not desire or intend the extermination of African Americans, genocide cannot happen—by definition or in practice. This disclaimer is inadequate because it does

not capture the complexities of intent and belief in the context of indirect genocide.

Intent and Belief

Most readers would agree that conditions for inner-city blacks create extreme misery and foreshortened lives—or at least would find that information believable if it were made available to them—yet they would argue that we as a society do not intend that those conditions exist let alone that they result in extermination. Few Americans explicitly condone racism, though racist views, featuring beliefs about white supremacy, are disturbingly common.³ Even fewer still could be said to desire in any conscious way the extermination of blacks. We would agree, further, that there is little credible evidence to suggest the existence of an overt plot or a conspiracy to destroy African Americans. As Reiman (1995, 149) suggests,

conspiracy theories are not plausible because they do not correspond to the way most people act most of the time. Although there is no paucity of conscious mendacity and manipulation in our politics, most people most of the time seem sincerely to believe that what they are doing is right.

No definition of genocide requires a conspiracy to prove the element of intent (see Chalk and Jonassohn 1990, 8-27). (Conspiracies are discussed most frequently by those who wish to discredit the claim of genocide.) Images of a diabolical plot presided over by a nefarious white power elite are easy to dismiss as paranoid, and those who charge genocide are thus readily portrayed as "wild-eyed conspiracy mongers" (White 1990, 20).⁴ Denial of genocide is made easy by dispatching such straw man arguments.

Some notion of intent is "essential" to establish genocide, note Chalk and Jonassohn, "in order to exclude those cases in which the outcome was neither planned nor predicted" (1990, 26). Excluded cases of mass destruction would include both "natural disasters" and "mass deaths that were the result of some human action that did not have this intent (for example, the spread of diseases as a result of migration)" and could not reasonably be foreseen or prevented (1990, 26; see also Jonassohn 1992, 21).

Genocide thus requires human action that is not accidental. The destruction of groups needs to be, at minimum, predictable, though it could also be the desired result of concerted effort (literally, a conspiracy).

The broader use of the term *intentional* suggests an awareness for which perpetrators are culpable because they fail to act to prevent harms that, though not intended, can be foreseen as the outcome of their actions. Philosopher R. M. Hare elaborates on this aspect of intentionality:

There is a distinction, important for some purposes, between direct and oblique intention. To intend some consequence directly one has to desire it. To intend it obliquely one has only to foresee it. . . . We have the duty to avoid bringing about consequences that we ought not bring about, even if we do not desire those consequences in themselves, provided only that we know they will be consequences. I am to blame if I knowingly bring about someone's death in the course of some plan of mine, even if I do not desire his death in itself—that is, even if I intend the death only obliquely and not directly. As we shall see, this is very relevant to the decisions of legislators (many of whose intentions are oblique), in that they have a duty to consider consequences of their legislation that they can foresee, and not merely those that they desire. (1990, 186)

Genocide is undoubtedly a “consequence we ought not bring about,” to quote Hare, so the desire to destroy a group is less relevant than whether that destruction can be foreseen or predicted. Genocide thus requires only indirect or oblique intent for culpability, though direct intent does create a higher degree of culpability. Those who foresee and fail to act are less culpable than those who plan and carry out a harmful act or plan of action. However, once harmful consequences come to pass, they are matters of fact, not prediction. If known consequences are not acted on, indirect intent is made direct. In the face of evidence of genocide, “to persist” with destructive policies “is to intend the death of a people” (Smith 1987, 23).

Foreseeability of Indirect Genocide in a Presumptively Just World

Chance plays a role in what can properly be foreseen. So does ideology, and specifically the just world ideology, which holds that people get what they deserve—good things happen to good people, bad things to bad people (Ryan 1971). The essence and appeal of the just world ideology is that it offers an image of a rational and responsive world. The downside is that recognition of injustice to others is difficult because injustice threatens one's orderly view of life, which is to say, one's view that one's behavior, good or bad, controls one's fate. According to just world ideology, “people are strongly motivated to maintain the belief that the

world operates according to just principles, ‘for the sake of maintaining their own sanity,’ even if it means that one must reject a suffering victim” (Calhoun and Townsley 1991, 61). When bad things happen to good people, we are tempted to ignore it, minimize it, or change our evaluation of the victim from “good” to “bad” so the suffering seems deserved.

Often, we seem automatically to blame the victims for the harms that befall them. E. Walster, for example, studied attributions of responsibility for a car accident. He found that as the severity of the consequences increased, subjects assigned more blame to the victim. “Without making such attributions, people would have greater fear that such an event might happen to them” (in Calhoun and Townsley 1991, 62). The implication is that we blame the victim not solely out of malice, ignorance, and racism—though each of these ugly sentiments may be implicated—but for our own psychological protection, because it is deeply reassuring to do so. If victims get what they deserve, then so will we.

The disturbing implication of just world ideology is that we deny the status of legitimate victim to those who are suffering by our actions at the same time that we create a debased view of them as deserving their fate. That debased view, moreover, is likely to be internalized by victims. (In the context of black genocide, we see a racist “stereotype within” that tells many poor blacks that they must be bad or else they wouldn't be victims.)⁵ Those who attend to the destruction of a group may see that destruction as the natural or inevitable result of larger forces—the bad group suffering its preordained fate, often seemingly at its own hands. Barta discusses this issue in relation to the widespread view in Australia of the “inevitable” dying out of the aborigines due to their inherent inferiority to whites. He writes: “I do not think it is too simplistic to see in this dominant opinion the most comfortable ideological reflection of a relationship which could not be recognized in good conscience for what it was—a relationship of genocide” (1987, 248).

Barta's observations apply in the American context. One rationale for American slavery was that blacks possessed “racial traits” that made them “uniquely fitted for bondage” (Stampp 1956, 8). Following the end of slavery, whites widely expected the demise of African Americans on the assumption that blacks, being naturally dependent on superior whites, could not survive on their own. “Many believed that blacks would perish in freedom, like fish on the land. The Negro's ‘incompetence,’ after all, had been essential to the understanding—and defense—of slavery itself” (Oshinsky 1996, 19). Slavery, though objectively destructive, was seen by whites as a good and even natural state for blacks; in freedom whites

could “foresee” black destruction because blacks were, in the words of a newspaper editorial written in 1865, “brought unprepared into competition with the superior intelligence, tact, and muscle of free white labor . . . [and hence] they must surely and speedily perish” (Oshinsky 1996, 19).

Sorting through these beliefs about the “natural state” of blacks in slavery and in freedom to make a convincing case about what whites intended and could reasonably foresee is difficult. The problem remains because even today, Hacker reminds us, “there persists the belief that members of the black race represent an inferior strain of the human species” who are readily seen by white Americans “as languishing at a lower evolutionary level than members of the other races” (1995, 27). Certainly such beliefs make it easier to suppose that ghettos are filled with people who belong there because they are not able to rise up out of poverty and compete effectively with whites, however sympathetically some or even many whites may view their presumed inferiors.

Helpfully, Barta has argued that the important considerations are the *consequences* of social relationships between groups, not the intentions behind those relationships. While intentionality is important and a “defining characteristic” of genocide, the political nature of genocide makes it possible to “live out a relationship of genocide” without having what we might consider a specific genocidal intent (Barta 1987, 239). Barta’s argument is that

genocide, strictly, cannot be a crime of unintended consequences; we expect it to be acknowledged in consciousness. In real historical relationships, however, unintended consequences are legion, and it is from the consequences, as well as the often muddled consciousness, that we have to deduce the real nature of the relationship. (1987, 239)

Barta is not suggesting that intentionality be dropped as a requirement, but rather that we infer intentions from actual situations—to avoid problems associated with “muddled consciousness.” One can of course clearly establish intentionality if the government has constructed concentration camps and a well-oiled machinery of death. In general, genocidal *states* support a clearer inference of intentionality than genocidal *societies*. But societies can be genocidal when their governments are not. There are societies “in which the whole bureaucratic apparatus might officially be directed to protect innocent people, but in which a whole race is nevertheless subject to remorseless pressures of destruction inherent in the very nature of society” (Barta 1987, 240).

Those “remorseless pressures,” whatever consciousness of them the dominant group may possess, are the source of genocidal relations.

The colonization of Australia fits this prescription. Aboriginal peoples were progressively displaced and then finally contained and constrained within isolated and impoverished habitats in which they sustained high mortality rates and suffered from a host of social pathologies (Barta 1987). European colonization, including the settlement of America with its concomitant relations of genocide between the colonists and Native Americans, often involved the same dynamics. Native Americans, like Australian aborigines, were pushed off their lands and then effectively imprisoned on reservations; they, too, sustained high mortality rates and were afflicted with a range of social pathologies, many of which persist even today (Debo 1970; Josephy 1982).

Relations of genocide between whites and African slaves—and later, free African Americans, if we are correct in our argument—would seem to be another case in point. Eddie Ellis, a noted social activist, first in prison and now in the ghetto, put the matter concisely: the fate of many American blacks, whatever the official policy of the U.S. government or the intentions or beliefs of white Americans, has been a forced journey “from the plantations to the projects to the prisons” (quoted in Widener 1996, 47). The historical record documents high mortality rates and social problems associated with slavery (see Anderson 1995); our study provides evidence of continuing high rates of mortality and social disability in the modern ghetto, which we see as legacies of racism and poverty with roots in the African American journey that began with the institution of slavery.

Death Rates and Body Counts

We use death rates and other social indicators to attempt to assess whether contemporary white and black Americans are living out a relationship of genocide. This section focuses on death rates and looks at the body count from black genocide; the next section examines the enduring problem of black poverty and associated disabilities. We note at the outset that we are hard-pressed to find *any* measure that shows African Americans in a position of parity, let alone privilege, relative to their white counterparts.⁶ The consistency of these findings offers strong support for the view that the vulnerabilities blacks suffer are not the result of accident or happenstance, but rather are the product of systematic and ultimately genocidal relations with the larger white American society.

Assumptions, Methods, and Data

Genocide is typically measured in the grim statistics of the body count. In the Nazi Holocaust, executions occurred en masse. The dead fell in groups and were tallied in the millions (Morse 1968). One can readily envision a vast field of the Holocaust dead, punctuated with countless mass graves, each filled with the bodies of men, women, and children, even infants. The effect is chilling.

No such body count comes readily to mind when discussing black genocide, yet we can properly describe the plight of black Americans in this way. After all, body counts encompass what amount to premature deaths. In the Nazi Holocaust, millions came to *premature* ends, most from outright murder, but many others from indirect murder due to intolerable life conditions in the ghettos and concentration camps. Some even died at the hands of fellow sufferers, who would, for example, steal food from their starving neighbors or commit antisocial acts that added to the miseries wrought by the German authorities bent on genocide (see Cohen 1953; Des Pres 1977).

The experiences of black Americans with the institution of slavery, seen by some as a Holocaust in its own right, produced a grim harvest of early death totaling, by some accounts, between 50 and 100 million lives lost (see Anderson 1995, 159). Anecdotal accounts and local mortality statistics indicate that black Americans experienced high mortality rates during slavery (see Stamp 1956, 318) and after emancipation, indeed well into the twentieth century (see Oshinsky 1996). National mortality statistics allow us to estimate how many black Americans in *our time* have experienced a reduced life expectancy relative to white Americans and hence came to premature ends.

Data on premature deaths are reported in tables 4.1 and 4.2. These data are the result of analysis of the 1981 and 1991 Mortality Detail data sets, which are produced by the Centers for Disease Control and Prevention. These data sets contain records on all people who died in the United States during that year and form the basis for *Vital Statistics of the United States*, which is published annually by the U.S. Department of Health and Human Services. In analyzing these data, we excluded death records of nonresidents of the United States on the assumption that their mortality is less likely to reflect conditions and circumstances here in the United States. We used the three category race coding available on the tape, then excluded those classified as "other" so we would have a sample of whites and blacks only.

To control for differences between the races and sexes, we performed separate analyses for each race and sex combination, which we also broke down into five-year age categories to control for the different age distributions in the white and black populations. For each group, we produced an observed number of deaths for the 282 causes into which all deaths are classified in the Mortality Detail data set. From the population figures for 1981 and 1991, we computed a death rate that was race, sex, age, and cause specific.

This death rate was used to generate an expected number of deaths in a given group, to which the observed number could be compared. The number of expected white deaths is the black cause-specific death rate multiplied by the white population of that sex and age combination. The number of expected black deaths is the cause-specific white death rate times the black population of that sex and age combination. The difference between the observed and expected is the "excess" (for blacks) and "deficit" (for whites) that are reported in the tables.

To produce the summary data in tables 4.1 and 4.2, we summed up the 282 causes into fewer subtotals for each race within the sex-and age-specific block. Each subtotal was then summed across the age categories up to the point of average life expectancy, at which point death could no longer be said to be premature. To reflect the notion of premature or untimely death, we calculated a life expectancy for each sex that was the average of the numbers of years lived for blacks and whites. In 1991, African American males had the lowest life expectancy at 64.5 years. The life expectancy for white males was 72.7 years, giving us an average for all men of 68.6 years. White women had the highest life expectancy at 79.4 years and African American women could expect 73.6 years, for an average for all women of 76.5 (Statistical Abstract 1993, table 115, 85). All age categories above the one that contained this average were excluded from consideration. (Note that a weighted mean for each sex rather than an unweighted one would have been more accurate, but given our use of five-year data intervals, our results are not affected by our use of an unweighted mean.)

On an intuitive level, it may seem that because the life expectancy for black men is 64.5, this is the age at which death stops being premature for black men. But the procedure we are following asks what would happen if blacks had the white death rate. If blacks had the (lower) death rate of whites, their life expectancy would increase. Likewise, whites would have a lower life expectancy if they had the higher death rate of blacks. Because of the different age distributions within these groups, we cannot

*Table 4.1
Men: Observed Deaths & Those Expected from the Death Rate of the Other Race, 1991*

CAUSE	Observed Black Deaths	Expected Black Deaths	Obs-Exp (Black Excess)	Observed White Deaths	Expected White Deaths	Obs-Exp (White Defecit)
Cancer	18,175	11,427	6,748	108,859	174,652	65,793
Heart Disease	24,323	13,577	10,746	127,994	228,572	100,578
Homicide	10,430	1,791	8,639	9,253	67,592	58,339
Accident & Suicide	13,945	10,062	3,883	70,435	100,861	30,426
Pregnancy & Birth Related	4,882	2,302	2,580	10,565	22,682	12,117
Disease of Body Systems	11,238	5,692	5,546	50,107	97,653	47,546
Other Diseases	12,071	4,520	7,551	33,662	95,855	62,193
TOTALS	95,064	49,371	45,693	410,875	787,867	376,992

*Table 4.2
Women: Observed Deaths & Those Expected from the Death Rate of the Other Race, 1991*

CAUSE	Observed Black Deaths	Expected Black Deaths	Obs-Exp (Black Excess)	Observed White Deaths	Expected White Deaths	Obs-Exp (White Defecit)
Cancer	21,194	17,432	3,762	159,043	191,285	32,242
Heart Disease	31,387	16,919	14,468	159,944	291,508	131,564
Homicide	2,274	570	1,704	3,063	13,600	10,537
Accident & Suicide	6,207	4,590	1,617	31,793	42,504	10,711
Pregnancy & Birth Related	3,909	1,907	2,002	8,717	17,971	9,254
Disease of Body Systems	12,462	8,537	3,925	78,817	107,658	28,841
Other Diseases	8,866	3,086	5,780	24,934	72,368	47,434
TOTALS	86,299	53,041	33,258	466,311	736,894	270,583
GRAND TOTALS: MEN + WOMEN	181,363	102,412	78,951	877,186	1,524,761	647,575

Note: For both tables 1 and 2, the numbers in the "Obs-Exp" columns have been discounted 5 percent to correct for the census undercount of blacks. The expected numbers have been revised downward to be consistent with this correction.

The categories displayed in the table include the following causes and the International Classification of Disease (ICD-9) coding in parentheses:

Cancer = neoplasms (140-239)

Heart Disease = diseases of the circulatory system (390-459)

Homicide = homicide and legal intervention (supplementary classification of external causes of injury and poisoning [E960-978])

Accidents and Suicide = mental disorders (290-319), symptoms, signs, and ill-defined conditions (780-799), accidents and adverse affects (E800-E949), accidents caused by fire and flames (E890-899), other accidents, including late effects (E900-929), drugs, medicaments, and biological substances causing adverse affects in therapeutic use (E930-949), suicide (E950-E959), injury undetermined whether accidentally or purposely inflicted (E980-E989), injury resulting from operations of war (E990-E999)

Pregnancy and Birth Related = complications of pregnancy, childbirth, and the puerperium (630-638), congenital anomalies (740-759), certain conditions originating in the perinatal period (760-779)

Diseases of Body Systems = disease of the blood and blood forming organs (280-289), diseases of the nervous system and sense organs (320-389), diseases of the respiratory system (460-519), diseases of the digestive system (520-579), diseases of the genitourinary system (580-629), diseases of the skin and subcutaneous tissue (680-709), diseases of the musculoskeletal system and connective tissue (710-779)

Other Diseases = infections and parasitic diseases (001-139), endocrine, nutritional, and metabolic diseases and immunity disorders (240-279)

necessarily assume that whites and blacks would simply switch life expectancy values (though it is clear that black life expectancy would increase while whites would expect to live fewer years). Thus, we decided simply to average the life expectancies of each group, and then terminate the analysis of premature deaths in the age category that contained this average.

One potential flaw in this procedure is that the population figures used in computation are census figures, which likely undercount the black population. All subsequent figures that rely on the black population thus would be biased without a correction. The low population figure means that the black death rate (Observed deaths/Population \times 100,000) would be too high, so the number of expected white deaths (black death rate \times white population) would be too high. Also, the expected black deaths (white death rate \times black population) would be biased on the low side.

Unfortunately, not all ages within both sexes have the same degree of population undercount, and we cannot provide a specific correction factor for each disaggregated age and sex combination within the black population. Instead, we note that the census officials believe that the overall black undercount is 4.8 percent for 1991 and 4.5 percent for 1981 (*Washington Post*, 10 August 1994; Wolter 1991,12).⁷ Rather than leave the data uncorrected, as does the *Vital Statistics of the United States*, we have discounted the final summations by 5 percent and adjusted the expected values to be consistent with the corrected final values. These corrected and discounted values appear in tables 4.1 and 4.2.

Our primary interest is in inner-city underclass blacks, since they are most obviously threatened by depriving social conditions. The data *did not* allow us to select out this group for separate analyses. Death certificates do not include information on socioeconomic class. Death certificates do contain information about metropolitan location, but we have not been able to obtain age-specific population figures for urban or metropolitan areas that correspond with data recorded on death certificates. As a result, our figures encompass privileged as well as underprivileged black Americans. A correction for this issue would no doubt reduce the absolute number of deaths reported in the tables. As it stands now, though, the inclusion of non-inner-city residents obscures the concentration of premature deaths among poor black Americans.

More generally, our results do not control for social class. Some would argue that the vulnerability experienced by blacks is due to poverty rather than race, and that controlling for the disproportionate number of poor among the black population would yield a more accurate result. But

it is *not* accurate in this context to separate class and race. As Currie has observed, "Where both historical and current forces have kept some minorities disproportionately trapped in the lowest reaches of the economy, the distinction between economic and racial inequality itself is in danger of being uselessly abstract" (1985, 149). In effect, race largely explains social class in such instances; the *point* is that blacks are disproportionately poor because they are black in a racist society. When race and class historically go together because of racism, controlling for the effect of class blunts some of the real effects of racism, which limits people's class mobility.

Our investigation asked about the situation in present-day America, which is one marked by disproportionate black poverty that is a legacy of slavery, which was itself a state of poverty imposed on a whole population of people (see Mandell 1978 and 1992). Even if, today, poor black individuals are no more vulnerable to harm than poor white individuals, the larger point is that *blacks as a group* have been and remain more vulnerable to poverty than whites as a group, and this has been the case from slavery onward. Moreover, poverty is more than a lack of money; it is a social condition as well, reflected in the quality as well as the length of one's life. Not only are blacks disproportionately poor, but the poverty to which blacks are exposed is of a more socially concentrated and pernicious nature than that experienced by poor whites; this, in turn, is most recently due to continuing (if illegal) housing segregation in the free market sector and legal but ultimately racist public housing policies that relegate poor blacks to high-rise public housing that is distinctively reminiscent of urban prisons. The result is that poor blacks as a group are much more likely than poor whites as a group to live in impoverished and disorganized ghettos marked by a wide range of social pathologies (see Wilson 1987; Sampson and Wilson 1995).

Results and Discussion

If whites and blacks experienced mortality rates that were roughly equal, the excess deaths from some causes and/or age categories would balance out deficits in others. The summations that re-aggregated our data would thus produce small differences in the "Observed - Expected" category or numbers that should be zero. This is not the pattern we found, as can be seen in tables 4.1 and 4.2. Indeed, the strength and consistency of the results make an interpretation of randomness untenable.

The best interpretation of the magnitude of the "Observed - Expected" category is that it answers the question, How different would we expect

the number of premature deaths to be if each race had the death rate of the other? If blacks had the same death rate as whites in 1991, we would expect some 78,951 *fewer* untimely deaths of blacks that year (45,693 men and 33,258 women). If whites had the death rate of blacks, we would expect 647,575 *more* premature deaths each year (376,992 men and 270,583 women).

Results for 1981 indicated a similar stark pattern of disproportionate black mortality, though the overall numbers of deaths during that year were lower. If blacks in 1981 had the corresponding white death rate, 59,288 *fewer* would die prematurely (25,600 females and 33,688 males). Conversely, 524,935 *more* whites (305,475 men and 219,460 women) would have died prematurely with the black death rate.

Significantly, none of the subtotals for either year of analysis reveal a category in which whites would fare better with the black death rate. The pattern of disadvantage is pervasive enough that one needs to greatly disaggregate the data to find instances, however isolated and small, where blacks have a lower death rate. Out of eighty-four subtotals (twenty-one for each sex for each year), only seven indicated black advantage (four subtotals in 1981 and three in 1991). These examples are both infrequent and small enough that they quickly get negated by the larger pervasive and intense disadvantage revealed by the final summations.

Race is consistently and significantly related to increased risk of premature death. Our results do not indicate the causes of the discrepancy or the relative contribution of various causes, but the consistency and magnitude of the findings strongly suggest that the minimal levels of intentionality discussed above are satisfied. The basic requirement was that the destruction not be accidental. The pervasiveness and intensity of black excess deaths at two points in time separated by ten years is hard to view as an accident.

Moreover, the excess of premature black death is foreseeable for the immediate future. The *Statistical Abstract of the United States* predicts that the relative life expectancies of the four race-sex groups (black men and women; white men and women) will not change substantially for those born through the year 2010; nor does the absolute number of years of projected life expectancy change dramatically for any of these groups (1993, table 115, 85).⁸

An examination of the ratios of observed to expected deaths over the period covered in our tables indicates that the situation for blacks is worsening rather than improving. A ratio of observed to expected deaths that is one or unity indicate the two groups are equal; deviations toward

zero for whites and over one for blacks indicates an overall worsening of inequality. The data, presented in table 4.3, indicate that the overall situation for blacks is worse in 1991 than in 1981. Five of the seven subtotals indicate greater black disadvantage in the later year, with one subtotal remaining unchanged and one improving.

Our analysis indicates a total body count of 78,951 for 1991 and 59,288 for 1981. The average of these two figures, projected over a decade, suggests about 690,000 premature deaths during this decade, a considerable figure given the overall black population of roughly 31 million. Of course, the body count for this decade is but a small cross-section of the total black body count, which starts with slavery during the colonial period and continues past 1991, the point at which our data end. Death rates in times past were quite high, and the deaths so frequently recorded were often the product of brutal, direct, and often overtly race-inspired violence. Things are generally better today, to be sure, but it may be a mistake to conclude that black and white death rates are slowly reaching parity, as one would expect in a truly just world.

Table 4.3 shows the opposite pattern for the 1980s. Social trends, discussed below, offer cause for concern that poor blacks in the future may increasingly become a surplus and hence expendable population, subject to forces that may increase, perhaps substantially, their mortality rates relative to that of white Americans.

Destruction of Group Life

The statistics on reduced life expectancy for black Americans, though sobering, tell only a portion of the story. The graveyard of ruined black lives runs broader and deeper than a count of the prematurely interred. Violence done to body or mind affects the individual by limiting his or her capacity for full human experience, sometimes captured in the notion of personhood. Hence, to the body count produced by shortened life span must be added a tally of various indices of the impairment or destruction of personhood experienced by members of a group. Each such harm, we will argue, is a kind of violence that not only hurts the person but also serves to undermine the essential foundations of group life.

The word *violence* derives from Latin *violare*, to violate. That violation need not be physical, and certainly need not be limited to physical death. A life affected by years of disability, for example, is typically a life of reduced quality. A life violated by pain is not, in most

instances, a full life. Nor is a life circumscribed by the fear of death, in most instances, a full life.

One of the startling findings presented in our tables relates to the amount of excess death from homicide, which in our data includes the subcategory "legal interventions" (such as police shootings and executions). Our analysis suggests that in 1991, 80 percent of the African American deaths in this category are excess deaths. Rather than the 10,430 black men represented in this category, we would expect only 1,791 given the white male death rate. Rather than the 2,274 black women, we would expect only 570. The 1981 data reveal a slightly smaller proportion of excess black deaths, but that nevertheless translated into a lifetime probability of a black man being a murder victim of 1 in 28 (Rosenberg 1988, 149)—a figure high enough to make fear of death by homicide a realistic one for many black men. In contrast, white women face a risk of 1 in 450 (Rosenberg 1988, 149). For them, death by homicide is at best a remote possibility, on the order of a freak accident.

If whites had the black homicide rate, we would expect a body count of almost 80,000 instead of the 12,000 observed in the 1991 statistics. The 9,253 white men killed by homicide would become 67,592, and the 3,063 white women would become 13,600. We cannot help but register the cynical observation that if white lives were threatened by homicide on this scale, massive public health prevention efforts would be put in place to ameliorate this deadly problem. Instead, when black lives are at stake, we rely on punishment practices that we know as a matter of historical experience will not deter violence in any substantial way and that may even promote rather than retard violence (see Johnson 1996).

Some may argue that the figures on excess premature black deaths, even those for homicide, are egregious but do not undermine the essential foundations of life for black Americans. Indeed, the destructive dynamics revealed in mortality statistics may not threaten blacks as a whole—the population for blacks as a group is stable or growing slightly, due in large measure to a high birth rate, and middle-class blacks are not especially vulnerable to homicide. But death on the scale we have documented *does* threaten the integrity of some segments of the black community. This is the case because excess premature deaths, especially due to violence, are not evenly distributed across socioeconomic classes, but instead are heavily concentrated in underclass neighborhoods. Poignant anecdotal evidence suggests that the impact of these excess deaths on this population does indeed destroy the essential foundations of life and the integrity of the group.

Table 4.3
Ratio of Observed to Expected Deaths, by Race and Year

CAUSE	Blacks		Whites	
	1991	1981	1991	1981
Cancer	1.36	1.36	0.73	0.73
Heart Disease	1.83	1.68	0.55	0.60
Homicide	5.38	4.81	0.15	0.17
Accident & Suicide	1.38	1.32	0.71	0.72
Pregnancy & Birth Related	2.09	1.87	0.47	0.53
Diseases of Body Systems	1.67	1.82	0.63	0.56
Other Diseases	2.75	2.39	0.35	0.40
TOTALS	1.77	1.66	0.58	0.60

Southeast Washington, D.C., only a few miles from Congress, is in essential respects a black underclass enclave. Here it is common for grade-school children to spend their time contemplating not ways of living but ways of dying. DeNeen Brown, a *Washington Post* reporter, interviewed some thirty-five ghetto residents, including an eleven-year-old girl named Jessica. Jessica, we learn, "has known since she was in fifth grade what she wanted to wear at her funeral. 'I think my prom dress is going to be the prettiest dress of all,' Jessica said. 'When I die, I want to be dressy for my funeral'" (Brown 1993). Her concerns are common in her neighborhood, where "children as young as 10 have told friends how they want to be buried, what they want to wear and what songs they want played at their funerals" (Brown 1993). These plans can be quite elaborate. "Some young people dictate what they want their mourners to wear and say they want their funeral floral arrangements to spell out the names of their favorite brands of clothing" (Brown 1993). Older children, especially boys, try to glorify their impending deaths. They plan funerals with standing coffins in which their corpses are artfully arranged in a "gangsta lean" for all to see and admire, and hopefully remember (Brown 1993). Songs exploring the theme of violent death are a staple of black rap music.

The reasons for these seemingly macabre preoccupations are painfully obvious to those who share the world of the ghetto, where violent death is fact of daily life. "These kids come home to dope, guns and killing. We're living in a war zone," observed one neighborhood resident, a former police officer (Brown 1993). Indeed, the reactions of these children closely resemble those of children reared in actual war zones, such as those found in Northern Ireland, the Israeli-occupied West Bank, and Beirut. Fittingly, over the last decade, more than half the young people who died in the D.C. crime war zone were victims of homicides (Brown 1993).

The inner city's children of violence, whether in Washington, D.C., or elsewhere in the nation, know from hard firsthand experience how precarious is their existence. "Things just go wrong in this world. . . . If people don't like you or they don't like the way you walk or talk, they are going to try to take care of it" (Brown 1993). Many young people assiduously organize their daily lives to reduce the chance of a violent death. They speak of places like dance clubs as "death traps" that must be avoided at all costs. A life on the dodge from violence takes its toll in psychological stress. Said one young man, "Rich kids don't have to think about this. They keep talking about stress. They haven't seen stress until they live out here" (Brown 1993). When asked by Jack Kemp during the

1996 presidential campaign what he wanted to be, a young boy from a Chicago ghetto answered, with heart-wrenching candor, "If I grow up, Mr. Kemp, I want to be a bus driver" (*Washington Post*, 9 Oct 1996). This answer, shocking to middle-class sensibilities, was optimistic by the reckoning of the ghetto, where many children have given up on life. Their embrace of death is not so much a pathology as an adaptation, and ultimately an acquiescence, to the world as they have come to know it, a world with little respect or concern for their basic humanity.

Poverty, Racism, and Social Deprivation

Human beings are unique as existential creatures in that they possess a sense of self and the capacity for self-determination. In some segments of black culture, this is referred to as soul. In traditional philosophical circles, this is referred to as personhood. All human beings have the potential to develop their personhood and are, moreover, in varying degrees conscious—literally, self-conscious—of their nature as persons.

Violations of soul or personhood are acts of violence. As Brown (1987, 7) has observed,

Whatever "violates" another, in the sense of infringing upon or disregarding or abusing or denying that other, whether physical harm is involved or not, can be understood as an act of violence. The basic overall definition of violence would then become *violation of personhood*. (emphasis in original)

Life for underclass black Americans can be seen as one continuing *state* of violence due to poverty and racism, which make them vulnerable to daily violations of their personhood. This state of violence, in turn, is punctuated by various concrete and discrete *acts* of violence, some self-inflicted, some originating with other fellow blacks or with the authorities. Discrete acts of violence take a tragic toll, including the inculcation of fear and a preoccupation with early death. Yet it may well be true that more pervasive violence is found in conditions of daily life that defile and debase and degrade, "as when there are millions of men out of work and dying and being dehumanized, without visible barricades and within the established order," held in place by pervasive poverty in the black community (Mounier, quoted by Brown 1987, 34).

Dimensions of Poverty

Money is important in securing such basic needs as food and shelter, providing a degree of security in a sometimes unpredictable and harsh

world. In a capitalist society that places an emphasis on material goods, money and wealth foster self-esteem. We hardly need to mention that money means political power and access to those who wield it. In essence, the social viability of a group in America is directly related to its economic viability.

The depth of poverty experienced by black Americans is profound and, for most black Americans, getting worse each year. Over the past two decades, the black-white income gap has widened considerably. In 1992, the median income of blacks was 54 percent of that of whites, down from 61 percent in 1960. The reason: the continuing growth among poor blacks of single-earner, female-based households. Today, two of every three black children are reared in such homes, which are three times more prevalent among blacks than whites (Bureau of the Census 1994).

A host of other statistics spell out the contours of black poverty. Some 14.1 percent of whites made over \$75,000 in 1991; in sharp contrast, only 4.5 percent of blacks reached this level of income (Statistical Abstract 1993, table 720, 462). At the other end of the income spectrum, only 2.5 percent of white families made less than \$5,000. Again in sharp contrast, for black families, fully one in ten (11.4 percent) lived at or below this meager sum (Statistical Abstract 1993, table 49, 46; see also Table 713, p. 458 and table 711, 457). Gender and race intersect to yield profound economic disparities. Overall, black women earned a mere 40 percent of that earned by white men in 1986 (Leigh 1992, 1199). Increasingly, these women are called on to head up households on these meager earnings or on welfare, which offers a bare subsistence income level (see Hacker 1995, 92).

The official poverty level in America for 1992 was \$7,143 for a single person and \$14,335 for a family of four. Overall, the poverty rate among blacks was 33 percent, three times that of the white rate of 11.6 percent (Gugliotta 1993). This is comparable to figures for the previous year, when 8.8 percent of white families and 30.4 percent of black families lived below the poverty level (Statistical Abstract 1993, table 743, 472). The same basic pattern prevails when we look at income for individuals (as opposed to households) and whether we look at mean or median income (Statistical Abstract 1993, table 738, 470; and table 749, 475).

Official figures underestimate the full extent of poverty in the black community. The official poverty line, set by Mollie Orshansky of the Social Security Administration, was based on consumption patterns for the mid-1960s. Even when adjusted for inflation, this standard becomes increasingly inadequate because "normative standards change over time,

and norms such as the poverty line must consequently be reassessed periodically" (Ruggles 1990, xv). Most alternative measures of poverty based on 1990s consumption patterns and needs would raise the poverty level. Several standards reviewed by Ruggles yield poverty levels that "to be comparable in terms of their consumption implications to the original Orshansky thresholds, would have to be at least 50 percent higher than the official thresholds" (1990, 167). Given uneven income distributions and the concentration of blacks at the low end of the income scale, any such revision of the poverty line would substantially increase the percentage of blacks relative to whites who would fall below it and be officially classified as poor. Given Ruggles's guidelines, we would expect the black poverty rate to rise considerably above the present 33 percent level, perhaps reaching the shocking figure of 50 percent, one of every two black Americans. To put these figures in a human context, one must appreciate that "in most parts of the United States" the poverty level "spells not simply poverty but a good chance of malnutrition" (Hacker 1995, 105).

Poverty figures, much cited and of considerable import, nevertheless underestimate the extent of income inequality between blacks and whites, and obscure some important economic dynamics. People with incomes do not live just one year, but a lifetime. The picture for lifetime earnings, a measure that adjusts income to reflect life expectancy and days of disability, among other factors, paints an even bleaker picture of black-white income differences. Though such analyses are not straightforward and do not lend themselves to easy summarization, Leigh notes that "measures of income inequality that account for mortality will show greater inequality than either annual income measures or [other] measures when comparing blacks with whites . . . it is likely that morbidity adjustments would further widen the gap between blacks and whites" (1992, 1212).

Lifetime income often amounts to more than a sum of money. Over time, people accrue wealth—savings, stocks, equity in cars, homes, and businesses—that can also provide economic security. In this sense, income differential, even when adjusted for a lifetime, underestimates disparity because it does not take into account other financial resources or the economic power and social prestige that accompany wealth (see Swinton 1993, 137; Shammas 1993, 415). Studies done during the 1970s on racial disparities in wealth indicated that blacks held wealth of between 8 percent and 19 percent of that held by whites (Blau and Graham 1990, 322). Census Bureau data for 1988 indicate blacks had 20.81% the wealth

whites had (Swinton 1993, 139), reflecting the growth of the black middle class. Both Swinton (1993, 138) and Blau and Graham (1990, 323) find that overall black wealth, though growing slightly relative to white wealth, tends to be in the form of cars and houses, not stocks or equity in business—the forms most likely to generate economic power.

Another important social indicator is employment. For 1992, white unemployment stood at 6.5 percent, while blacks experienced a 14.1% rate of joblessness (Statistical Abstract 1993, table 49, 46). The situation worsens when we factor in those who are discouraged or who have given up looking for work.

A 1985 Field Foundation study asserts that one-half of all black men between the ages of sixteen and sixty-five are chronically unemployed. Black youth unemployment has officially hovered around 45 percent or higher for the last decade, and in reality it is much higher. (Lusane 1991:47-48; Statistical Abstract 1993, table 635, 401)

To put this problem in historical perspective, it should be noted that "a greater proportion of black Americans lack regular employment than at any time since the 1930s Depression" (Hacker 1995, 110). Moreover, unemployment rates for blacks "have been growing progressively worse relative to those recorded for whites" (Hacker 1995, 137). When gains occur, they are apt to be evanescent. A recent front-page *Wall Street Journal* headline captured the unstable nature of employment gains, announcing, "In Latest Recession, Only Blacks Suffered Net Employment Loss" (14 September 1993). These setbacks were substantial, "wiping out three years of gains" in employment.

Social Deprivation and Poor Health

Social deprivations that affect health operate across the lifetime, starting at birth with higher rates of infant mortality. Infant mortality is a measure of social deprivation that relates directly—and literally—to essential foundations of life for impoverished segments of the black community. Poverty results in poor maternal health care, which in turn produces low birth-weight babies and poor postpartum care of the young; these deficits result in the deaths of infants and even young children.

Twice as many black babies as white babies die, whether mortality is measured up to the first twenty-eight days of life or over the first year of life (Statistical Abstract 1993, table 121, 89; and Lusane 1991, 11). Further, these statistics, like those reviewed in our tables, obscure the concentration of suffering in the inner cities. Among black children in East

Harlem, for example, the infant mortality rate is 42 per 1,000 or 420 per 100,000, a rate that would be high even in the Third World (see Kozol 1991, 115). This rate is almost *six times* that of the general white population. Blacks in East Harlem—both children and adults—have less chance of surviving than their counterparts in Bangladesh (Kozol 1991, 115; Hacker 1995, 54).

Of those black children who survived to six years of age in 1991, fully half lived below the poverty line, compared with 14.2 percent of white children six years or under (Statistical Abstract 1993, table 737, 470). The fact that one of every two black children spends his or her formative years in poverty has enormous implications for the health and general well-being of the black population, some readily subject to quantification, others not. Black persons can expect to be sick or disabled more days out of their lifetime than whites (Statistical Abstract 1993, table 199, 132; Leigh 1992, 1192). It is much less likely that blacks will have health insurance; as a result, they will be less likely to see doctors regularly, and hence less likely to be informed of steps necessary to prevent illness or to blunt its full impact (Statistical Abstract 1993, table 165, 115). Illnesses will go untreated, and people will live with chronic pain. Even chronic acute pain can become a way of life among the poor, as illustrated in the pathetic case of untreated dental problems among inner-city school children. Such children “live for months with pain that grown-ups would find unendurable”; their suffering includes the death, at an early age, of “energy and aspiration” (Kozol 1991, 20).

Though blacks make up only 12 percent of the population, 31 percent of all deaths from AIDS occur among blacks and 34.9 percent of reported cases of AIDS in 1992 involve blacks (Statistical Abstract 1993, table 131, 96). Rates for the contraction of this fatal disease are even more heavily skewed by race, and portend a bleak future for a growing number of black Americans. The Associated Press reports that “in 1992, minority cases accounted for 52 percent of new cases”; this was “up from 51 percent the year before” (“Blacks Far More Likely than Whites to Have AIDS, Agency Says.” *New York Times*, 9 September 1994). Overall rates of infection by race reflect stark differences. For whites, 30 persons per 100,000 are infected with AIDS. For blacks, the rate is 162 per 100,000, a fivefold increase over the white rate. (Hispanics are also at increased risk, with an infection rate of 90 per 100,000.) Overall infection rates vary by race and gender, with black women infected at a rate of 73 per 100,000—more than fifteen times the rate for white women. Black men

are infected at a rate of 226 per 100,000, roughly five times the white rate (see *Washington Post* 1994).

Black Americans are more likely than whites or any other minority group to live in toxic physical environments. “In 1987 the Commission for Racial Justice of the United Church of Christ reported that three of every five black and Hispanic Americans live in a community with uncontrolled toxic-waste sites” (Austin and Schill 1991, 69).⁹ Although poverty is an important factor, “the racial composition of a community was found to be the single variable best able to explain the existence or non-existence of commercial hazardous waste facilities in a given community area” (Lee 1992, 14; see also Bullard 1990, 6 and 25). Another recent survey indicated that, although attention has been focused on the problem of environmental racism, the concentration of toxic waste in low-income communities is *growing*, especially for low-income black Americans (McFarling 1994). Finally, we should note that hazardous wastes were examined because nationally comprehensive data were easily available. “Many other problems in minority communities, such as air pollution, work place exposure, pesticides, lead poisoning, asbestos, municipal waste and others, are equally or more serious” but not subject to ready assessment (Lee 1992, 16; see also Kozol 1991 and Bullard 1994).

Economic Marginality and Loss of Liberty

The official unemployment rate, troubling as it is, underestimates black joblessness and hence black poverty in part because it is based solely on the noninstitutionalized population, which is to say, people at large in America and not held in confinement. However, an enormously disproportionate number of young black men are held in confinement. Mauer reports that “nearly one in four African American men in the age group 20-29 is under the control of the criminal justice system in prison or jail, on probation or parole” (1992, 22). Only three years after this study, Mauer updated his findings, reporting that the number of young black men under correctional supervision had risen to one in three. The number is expected to rise still further, to one in two, within the next several years. Indeed, in cities such as Baltimore, the number of young black men in the correctional system is already more than one in two (see Mauer 1995). Black men in the United States, in general, are incarcerated on a per capita basis at four times that of black males in South Africa, a nation known for regressive racial policies (Mauer 1992, 26). Perhaps even more compelling is the startling observation that “the number of young African Americans under official control (609,690) is greater than the number of

African American men of *all ages* enrolled in college (436,000)" (Doyle 1992, 75n12; emphasis in original). Though African American women are incarcerated at a much lower rate than that of African American men—about 140 per 100,000 for women as compared to roughly 2,600 per 100,000 for men—their rate of confinement grew at the astronomical rate of 78 percent between 1989 and 1994, the highest rate of growth for any group (see Widener 1996, 47.)

Officials and the general public seem indifferent to this epidemic of confinement affecting African Americans, as though it were inevitable or, following the just world theory, deserved. Again, one can not help but believe that the response would be different if these statistics applied to whites. In the words of Ron Kuby, a lawyer and social activist, "There would be outrage. Hundreds of billions of dollars would be spent to cure this problem; no expense would be spared" (quoted in Widener 1996, 46). Instead, we learn that blacks are fully seven times more like to be confined than whites and take that simply to be an interesting statistic. From the point of view of the black community, in contrast, these statistics reflect an attitude on the part of the justice system and the larger society that is best captured in the title of Jerome Miller's new book, *Search and Destroy* (1996). The search is largely limited to the ghetto, particularly with respect to our current and massive war on drugs, and the destruction that occurs in the wake of these justice policies unfolds almost exclusively in these impoverished communities.

Bleak as they are, statistics on incarceration are only the tip of the social control iceberg. Prisoners are of course unemployed by virtue of their confinement. (They may hold jobs in prison, but they are not paid much and are not counted among the ranks of employed Americans.) On release, their records will follow them, making them harder to employ and in many cases rendering them unemployable. Young men with nothing more than an arrest record—no conviction, no confinement—may increasingly find themselves in the same predicament. Jobs, housing, insurance—the essentials of a secure life—may be placed beyond their reach. Increasingly, we define the deserving and undeserving in terms of their contacts with the criminal justice system, which are dutifully recorded and easily available to others by way of computer-assisted record checks. In this context, "it is not fanciful to worry about the emergence of a sophisticated computer quarantine that has profound implications for social structure" because it isolates and further marginalizes the poor, especially the black poor (Gordon 1990, 89; and see Gandy 1993).

Economic marginality on the order experienced by poor blacks impedes the formation, not to say the maintenance, of stable families. Families are the heart of any social community in the free world; families presuppose the availability of "marriageable"—that is, free and employed—men, a number that "gets smaller each year" in the poor black community due to incarceration, alcohol and drug addiction, and premature death (Hacker 1995, 80-81). The rapidly growing incarceration rate for African American females, noted above, further threatens the black family.

No statistic, however compelling, conveys the *feelings* of marginality experienced by the many other young black men—and, increasingly, women—who see around them a world marked by an open-door prison policy and a closed-door employment policy. They see themselves and others around them stopped and frisked by the police, sometimes on a daily basis, and conclude that they, like their brothers under arrest or in confinement, are "vulnerable to the whims of anyone holding a criminal justice commission" (Doyle 1992, 75,n12 and Harvard Law Review 1988)—indeed, vulnerable to abuse by anyone holding any kind of position of authority.

It would be easy to blame blacks for their high rates of contact with the criminal justice system and the resulting problems these contacts produce. They are, after all, frisked because they appear to police to be behaving suspiciously, and they are arrested and locked up for criminal behavior, not simply for being black. Yet many of the contacts between inner-city blacks and the criminal justice system occur on slum streets, where police have easy access to ghetto residents, and involve actual or suspected drug-related behavior. Note that the rapid growth of our prisons over the last decade or so has been fueled by the incarceration of persons—disproportionately young black men and women—convicted of drug-related offenses. It is society's choice to wage an aggressive drug war that targets those who inhabit inner-city streets in contrast to, say, suburban homes or Wall Street offices, two settings with deceptively widespread patterns of drug use (see Reiman 1995).

Penalties in existing laws, especially federal laws, are such that the drugs of choice in inner cities come in for harsher penalties than the drugs of choice in the surrounding—largely white—suburbs.¹⁰ The point is that patterns of police deployment and our ever-growing "prison populations are very much a function of policy choices" (Mauer 1992, 27; and see Christie 1993). Different policies would target different groups and result in different rates of police contact and, ultimately, confinement of different

groups of offenders. A focus on white-collar crime, for example, would produce a very different prison population. Even a difference in drug enforcement practices as seemingly minor as focusing on powder cocaine (sniffed in offices and at parties of the professional classes) rather than rock cocaine (that is, crack, smoked on street corners or in abandoned houses), would produce different patterns of enforcement, which in turn would yield different patterns of confinement—in this instance, relatively fewer black offenders and more white offenders than is the case today.

Alienation and the Loss of Personal Security

General suspicions of government programs affecting the health and well-being of blacks run as deep today as in the past, reflecting a continuing alienation from the larger white society. The most recent example is provided by allegations that the CIA was responsible for “the flood of cocaine into black neighborhoods of Los Angeles that ignited the 1980s crack epidemic” (Fletcher 1996, A1). These and other suspicions of government abuse are born of hard experience and are shared by many black Americans, not only the poor. In the words of Yvonne Scruggs, executive director of the Black Leadership Forum, “Over generations there has been a repeated demonstration that there is a basis in the black community for a feeling of attack, a feeling of harassment” (Fletcher 1996, A1 and A18).

One reason for the deep insecurity many blacks feel is the now widely known and profoundly scandalous Tuskegee syphilis experiment. This study ran from the early 1930s until the early 1970s, with the full support of the government and the medical establishment. In the study, rural black men afflicted with syphilis were allowed to die long and painful deaths so that the disease process could be studied as it ran its deadly course. Their cooperation in the study was obtained with deception, and they were lied to time and again by white medical researchers about the nature of the study and the nature of the medical interventions, some quite painful and none therapeutic, to which they were exposed. Even after a cure for syphilis was discovered, subjects were denied treatment so that the study would not be jeopardized. For the purposes of the study, the final intervention was the autopsy. Subjects who completed the study—by dying—were promised a burial allotment. For many of these poor rural black men, the guarantee of a decent burial was a considerable incentive (see Jones 1992 and 1993).

One sad legacy of the Tuskegee experiment is a reluctance among poor blacks to trust doctors, most of whom are white, and hence a

reluctance to secure medical care, when it is available. This distrust can reach extremes. It is today a common view in the poor black community that the AIDS epidemic, which affects blacks disproportionately, is the product of a white medical establishment bent on exterminating blacks. For them, a medical establishment that can conduct a Tuskegee experiment, with its Nazi overtones, is one that can engage in more systematic genocidal activities. To the extent that the essential foundations of group life presuppose a trusting relationship with medical institutions, not to mention government generally, that foundation is in jeopardy in the poor black community.

Past and present injustices take a heavy psychic toll in the black community. Such injustices convey to black Americans a picture of themselves as profoundly marginal and expendable, leaving them with a sense of alienation perhaps best captured in Derrick Bell’s “Chronicle of the Space Traders” (1990). In this story, blacks as a group are sacrificed to aliens for gold to retire the national debt, a chemical to clean up pollution, and a limitless source of clean energy. Following a national referendum and a Supreme Court decision, blacks are lined up and turned over to the aliens. The moral of this story is that we have made no racial progress; whites would sacrifice blacks for their own gain today just as they did 400 years ago with the institution of slavery.

At the Sufferance of Whites

The Space Trader saga, however strained and extreme it may appear to whites, rings true to many blacks. Among blacks, the chronicle “captures an uneasy intuition” that black Americans “live at the sufferance of whites—that as soon as our [black] welfare conflicts with something they [whites] consider essential, all our gains, all our progress, will turn out to be illusory” (Delgado and Stefancic 1991, 321).

From the vantage of underclass blacks, the much-touted racial progress that is believed to have occurred in America since the civil rights movement is a myth. Things are worse, much worse, for many of today’s ghetto dwellers than was the case when Martin Luther King announced his dream of a color-blind America. Kozol’s work in ghetto schools offers compelling testimony on this observation:

All that stuff about “the dream” means nothing to the kids I know in East St Louis. So far as they’re concerned, he died in vain. He was famous and he lived and gave his speeches and he died and now he’s

gone. But we're still here. Don't tell students in this school about "the dream." Go and look into a toilet here if you would like to know what life is like for students in this city. (1991, 36)

Just as the reservation, a kind of rural ghetto, has become the locus for an expendable population of Native Americans, so has the urban ghetto become a kind of island of abandoned black people. In the case of blacks, at least, these isolated urban islands are surrounded by a sea of white racism.

When slum school children see their lives as a toilet, scoff at the idea of liberating dreams, and suffer daily a kind of incarceration in the ghetto where the invisible walls of racism hold them in their place, who can doubt the depth and authenticity of their fears of genocide? At the very least, it would seem that they sense that white and black Americans share "a relationship of genocide" even if formal government policy opposes genocidal practices.

And who can safely say what governments will do in years to come? Taking the voice of a black person, Hacker poses probing questions about the threat of genocide in the lives of African Americans, given the trends we have analyzed in this chapter:

Can this nation have an unstated strategy for annihilation of your people? How else, you ask yourself, can one explain the incidence of death and debilitation from drugs and disease, the incarceration of a whole generation of your men, the consignment of millions of women and children to half-lives of poverty and dependency? Each of these conditions has its causes. Yet the fact that they so centrally impinge on a single race makes one wonder why the larger society has allowed them to happen. (1995, 54)

Elaborate conspiracy theories need not ring true to African Americans, Hacker stresses, but a legitimate and lingering mistrust prevails and shapes perceptions of an uncertain and presumptively hostile future. As a result, "blacks do not consider it paranoid to wonder whether they might someday find themselves behind barbed-wire enclosures, as happened to Americans of Japanese descent during the Second World War. The white race, after all, has had a long history of dealing harshly with human beings it has considered its inferiors" (Hacker 1995, 202-3).

How can such fears exist, we ask, when we are sensitive, we care? We would know, surely, if genocide were unfolding around us, under our very noses. We would never let such a thing occur! The charge of

genocide would seem to be an indictment of us as moral people who are aware of their surroundings and sensitive to the suffering of others. We might answer: "I am not that type of person, so genocide cannot be happening." But history speaks—no, shouts—to all who will listen that things are not that simple in the matter of genocide. Even with the Nazi Holocaust, as noted earlier, the progression to genocide was a gradual one; the process was easy to miss; the opportunities for denial were legion. Indeed, for some, denial of the Holocaust continues. And there is an even deeper lesson here, namely, that denial is self-defeating. We must remember that "even more sorrowful misfortunes may await us if we permit ourselves the foolish luxury of pretending our problems are self-correcting" (Rubenstein 1987, 207).¹¹

Our first job is to recognize the dimensions and dynamics of the problem; our second is to fashion steps to prevent the occurrence of disaster. We have established that a plausible case can be made for black genocide in America today. Statistics on the destruction of black bodies and souls reinforce our claims, establishing, at a minimum, the presence of genocidal dynamics and the potential for full-blown genocidal forces to operate in our society. We are on notice; the next move is ours. If we fail to see and to act, we compound the tragedy we have reviewed in this essay.

Society must act for moral and practical reasons. As a moral matter, society is deeply implicated in this tragedy and is obligated to ameliorate the situation. As a practical matter, the larger society has the capacity to implement reforms that address the many problems reviewed in this essay. Ghetto blacks can certainly contribute to the reform process—they are not helpless pawns—but as a practical reality there is a limit to self-help strategies because those called on to help themselves are a surplus and hence vulnerable population. As such, they are both relatively helpless and relatively powerless.

Marginal groups require special care and protection from the larger society because they are prime targets for genocide. There is, in effect, "no viable role" for the marginal group "in the society in which it is domiciled" (Rubenstein 1987, 1). Put another way, marginal groups are by definition expendable. Willhelm raised the disturbing question in his 1970 book, *Who Needs the Negro?* That question assumes a new salience and urgency in our increasingly technological society where intellectual and well-paying work figures as a privilege of the educated and raw labor is of sharply decreasing value (Rifkin 1995; Aronowitz and DiFazio 1994; Wilson 1996). Impersonal processes such as automation make the

unskilled, uneducated poor expendable; these processes also set in motion social forces that might plausibly lead to the demise of these expendable people:

as long as impersonal, value-free, cost-benefit calculations form the basis of large-scale decision-making by anonymous state functionaries, there may come a time when the functionaries may conclude that the "benefits" of a program of mass population elimination outweigh the "costs." Such reflections may appear extreme at first glance. Let us, however, remember that more than 100,000,000 people have perished through human violence in this century. The apocalypse is not a future event conjured up by paranoids and religious fanatics. It has already happened to millions. (Rubenstein 1987: 32)

The vulnerability poor blacks feel, expressed so compellingly in the Space Trader scenario, must be taken seriously. The relevant question for them has been posed by Rubenstein: "At the very least, one must ask whether the bonds of community between Americans would be sufficiently strong to protect the poor in a crisis" (1987, 213). When this question is amended to focus on the black poor, the answer is, quite bluntly, a resounding no.

Endnotes

1. Article II of the United Nations Genocide Convention reads: "In the present Convention, genocide means any of the following acts committed in the intent to destroy, in whole or in part, a national, ethnical [sic], racial or religious group, as such: (a) killing members of the group; (b) causing serious bodily or mental harm to members of the group; (c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; (d) imposing measures intended to prevent births within the group; (e) forcibly transferring children of the group to another group."

2. Because of the offensive nature of such material, it is often moved from one host computer (called a server) to another. Any address or citation thus may not be valid by the time this chapter is published. Those interested in finding this particular material can search for the Carolinian Lords of the Caucasus, on whose site this discussion was found.

3. A national opinion poll conducted from February to April in 1990 produced the following sober results: "In the poll 62 percent of whites said they believe blacks are more likely than whites to be lazy, 51 percent believe that blacks are not patriotic, 52 percent said they believe blacks are less intelligent

than whites, and 78 percent said they believe blacks would rather live off welfare" (Lusane 1991, 15). These results may, if anything, underestimate racist sentiments. For one thing, the survey measured attitudes toward blacks as an undifferentiated group. Almost certainly, attitudes toward ghetto blacks would be more negative than attitudes toward blacks as a whole. Moreover, most people do not want to be seen as racist. They want to be seen as nice, upstanding folk. This bias, called a social desirability bias, means that respondents try to project a more positive image of themselves and others in surveys relating to race (Essed 1990, 26). These and other findings led Essed to conclude that "though the sharp edges may have been filed down, the core of supposed superiority has been maintained by whites over the centuries" (1990, 18; see also Essed 1991).

4. White discusses the conspiracy views of people such as filmmaker Spike Lee, but does not discuss the views of black scholars, most of whom (excepting Kunjufu 1985) do not posit a conspiracy. Lusane, for example, suggests that "the structures and institutional mechanisms of capitalism, and the systematic levers of racism accompanying it, are in themselves explanation enough" (1991, 14). This explanation of racism and capitalism is given full-length treatment in Marable's *How Capitalism Underdeveloped Black America* (1983), which can in no way be construed as conspiracy based. Weisbord (1975) notes that some blacks do feel that birth control is part of a genocidal conspiracy, but that is not his position. Even Patterson, who charged the United States with the genocide of blacks before the United Nations in 1951, does not argue that it is a conspiracy (1970 and 1971).

5. Children in the ghetto routinely assume that life for them is hard because they are bad people. To be sure, these children are encouraged to display Black Pride, to celebrate Black History Month, and to believe that Black is Beautiful. But for many, this is empty ritual. In their daily lives, many and perhaps most of these ghetto children work on the explicit assumption that black is bad. The mere appearance of black children in stories is interpreted by some ghetto children to spell trouble and despair (Elrich 1994). Following a story in which a young black boy who had tried to steal a woman's purse is redeemed by her forgiveness and love, a black "A" student in a class filled with poor minority children raised his hand and said, "You knew something bad was going to happen when it started. As soon as you see a black boy you know he's gonna do something bad." The teacher, a white male, was taken aback. He asked, "Just because he's black, he's bad?" The student replied, unfazed: "Everybody knows that black people are bad. That's the way we are." Elrich polled his class and discovered a "near consensus" among these children that blacks are stupid, lazy, violent, shiftless and irresponsible, and born to be bad. Whites, the children claimed, are the opposite. Elrich concluded that these children's hopes and dreams are killed off by a "stereotype within" that is a strong and pervasive legacy of racism and poverty.

6. In the vast majority of cases, our data indicate that the suffering of blacks is grossly disproportionate to their percentage in the population.

Nevertheless, the majority of people who experience life-threatening conditions such as cancer, AIDS, and poverty are white. Thus, some may argue that these statistics and the suffering they represent, though regrettable, are not evidence of genocide. But the key element of genocide is that it threatens the physical survival or integrity of a group. Blacks are a relatively small minority, comprising 12 percent of our population. The life-shortening conditions they experience amount to a threat of great magnitude, a threat that would be hard to imagine in the case of white Americans.

7. Further research on the census undercount produced estimates indicating a slightly higher percentage of missed blacks. West and Fein says that for 1980 the "Post-Enumeration Program suggests net undercounts of 5.7 percent for blacks" (1990, 129). Bragdon says the 1980 census missed 1.4 percent of the overall population, but 5.9 percent of blacks (1990, 254). Wolter, the vice president of A. C Nielsen Co., writes in *Science* that the 1980 undercount for blacks is 4.5 percent —6.7 percent for males and 2.4% for females. The 1990 black undercount is 5.7 percent (8 percent for males and 3.6 percent for females), but these are preliminary figures that he notes are subject to "a number of modifications, expected to be relatively minor" (1991, 12). These figures suggest we should have employed a correction factor of 6 percent or 7 percent to keep our assumptions conservative, but the change from 5 percent would not substantially affect the magnitude of the findings.

8. The lack of change in life expectancy means we are not predicting the survival rates to change either. We are thus predicting that the future will be much like 1989, when "the percent surviving from birth to age 65 years for white females was 86.3 percent; white males, 75.9 percent; black females, 75.3 percent; and black males 57.8 percent" (Department of Health and Human Services, National Center for Health Statistics, Division of Vital Statistics, 1989, Mortality Part a, sec. 6, 3).

9. "The study further shows that three of the five largest commercial hazardous waste landfills in the United States, accounting for approximately 40 percent of the total landfill capacity, are located in overwhelmingly African or Hispanic American communities" (Lee 1992, 15). This study is called "Toxic Wastes and Race in the United States: A National Report on the Racial and Socio-Economic Characteristics of Communities Surrounding Hazardous Waste Sites." Lee, the director of research for the commission, explains the Commission and the background of the report in the work cited earlier in this note.

10. At the present time, crack cocaine, for which more blacks than whites are arrested, carries a five-year mandatory sentence for possession of five grams (twenty-eight grams equals one ounce). Yet, under federal sentencing guidelines, a defendant would have to possess 500 grams (about a pound) of powdered cocaine to be eligible for the same mandatory minimum. The U.S. Sentencing Commission recently suggested balancing the penalties, but the move was ultimately voted down by Congress, keeping in place policies that disproportionately punish blacks (*Criminal Justice Newsletter* 1995, 4).

11. Roszak notes that "in Austria kids can now purchase neo-Naziware video games called Aryan Test and KZ Manager which allow players to run death camps and gas inferior races" (1994, xxvi). The footnote to this sentence is to a 10 May 1991 *Washington Post* report that also said there were over 100 varieties of holocaust games.

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Chapter 5

Collective Violence in Prisons: Psychosocial Dimensions and Ritualistic Transformations

Lucien X. Lombardo

Prisons and Collective Violence: Reasons to be Concerned

In the past thirty years the number of prisons in the United States has grown from approximately 400 in 1965 (Task Force Report 1967) to over 1,300 in 1996 (American Correctional Association 1996). The number of prisoners has increased over 500 percent, from about 200,000 in 1976 to over 1,000,000 in 1996. By all accounts, prisons have become increasingly populated by racial and ethnic minorities, individuals involved in the violent drug trade, and persons serving longer and longer sentences (Irwin and Austin 1994). The penetration of gangs into prison has increased the level of violence between inmate groups, and changed the nature of prisons noncollective violence from an expression of individual coping to group exploitation (Crouch and Marquart 1989; Lombardo 1989). Courts continue to be involved in the management of individual prisons and entire state prison systems (Strum 1993), while at the same time legislatures and courts attempt to limit the ability of prisoners to bring their problems to the attention of the courts (see U.S. Department of Commerce PLRA 1996). Prison administrators and state legislatures promote and attempt to mirror public opinion with attempts to make prison conditions harsher. As a result, prison management problems have become more and more complex. It seems that we are waiting for the inevitable to happen: that is, explosions of prison collective violence on a scale much greater than ever before. Thus, it is vitally important that we struggle to understand this form of collective violence in ways that will help us turn the inevitable into the less likely.