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Premature Deaths of Young Black Males in the United States

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Abstract

In the United States, generations of young Black males, ages 15 to 24 years, are prematurely dying from homicide and suicide. Between 1950 and 2010, the average death rate for young Black males due to homicide was 81.7 per 100,000 and suicide was 11.8 per 100,000. Ages 15 to 24 years are the intersecting developmental stages of adolescence and young adulthood when premature death should not be expected. The trauma and ceased procreation prospects stemming from Black males' premature deaths represent a public health crisis in America. Heightened public health approaches are needed to bring attention to a young racial-gender group that is dying five to six decades prior to their life expectancy. The mass suicide-homicide killings, premature deaths, and death disparities among young Black males, ages 15 to 24, in the United States is not a paranoid propaganda. It is undeniably a disturbing public health crisis that requires an urgent rational response to reverse and ultimately eradicate the premature death of young Black males.

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A call for epidemiology and thanatology to address the dying, death, and grief pipeline among Blacks in the United States

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ABSTRACT

Dying, death, and grief are significant events that impact individuals, families, and communities. In the United States, Blacks historically have higher morbidity and mortality rates than other racial-ethnic groups. While death is a normal and natural phase of the life-course process, high incidence of infant mortality, premature death, and preventable deaths are not. The disproportionate burden of dying, death, and grief among Blacks have detrimental consequences which demand interdisciplinary interventions from public health and death study researchers. This manuscript explores dying, death and grief from three distinct fields of study: (1) epidemiology of death, (2) social epidemiology of death, and (3) thanatology.

The scientific departmentalization of dying, death and grief

Too often, researchers, clinicians and practitioners study dying, death, and grief within their isolated professional fields. The departmentalization of dying, death and grief exploration limits the cross-pollination of knowledge that can be gained from the lifespan experience no human is exempted from encountering (Walter & McCloyd, 2009). The silo research and dissected application approach to dying, death, and grief contradict the sequencing pathology of dying, death, and grief. Dying precedes death (Aiken, 2001; Umphress, 2017). The dying status occurs when an individual's declining health or sudden precipitating deadly event or injury leads to the reduction or cessation of vital functioning (Glaser & Strauss, 2017; Riley, 1983). Death is an irreversible process of cessation in the final stage of life (Davis, 1997; Frerichs, 1975).

Death is prior to grief. Grief is the emotions of intense sorrow stemming from a loss (Brinkmann & Kofod, 2018). The structural reactions to death (e.g., emotional, cognitive, physiological, behavioral, spiritual, social, and familial) are what constitutes grief (Amig, 2004; Shapiro, 1994). In order to conduct a macro-level assessment of dying, death, and grief among Blacks, and its implications to researchers, clinicians and practitioners, three fields of study are

explored: epidemiology of death (e.g., occurrence of death), social epidemiology of death (e.g., social distribution and social determinants of death) and thanatology (e.g., effects of death and dying).

While thanatology has been a notable interdisciplinary population-based science of death in the Western society since the 1950s, many persons are unfamiliar with the term, science, or discipline (Bean, 1964; Fonseca & Testoni, 2012; Kübler-Ross, 1969). Originating from the term Thanatos, meaning Greek God of death, thanatology studies the social and emotional reactions to dying, death, death denial, death acceptance, mourning, burial preferences, funeral services and the clinical and post-loss needs of those affected or traumatized by their loss (Bellin, 1982; Bluestein, 1973; Wolfe & Jordan, 2000; Worden, 2018).

Epidemiology is a subsection of public health that examines the distribution and determinants of disease in populations (World Health Organization, 2019a). The epidemiology of death is the analysis of the incidences and types of death within a defined population (Kuller, Cooper, & Perpet, 1972). Whereas, social epidemiology of death is a population-based assessment of the social structural factors (i.e., race, age, social-economic status, policy, etc.) that influence the distribution and determinants of disease and death (Berkman & Kawachi, 2000; Krieger & Davey Smith,

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A Pragmatic Epidemiological Approach to Confronting the Genocidal Death Effect of Homicide and Suicide among Young Black Males in the United States

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ABSTRACT

Genocide is a dehumanizing crime that threatens the welfare of any civilized society. Yet, before the annihilation of any targeted human group, the collective outcomes of the genocidal process (e.g., systemic discrimination) and genocidal death effect (e.g., years of mass deaths and death disparities) have often gone undetected, underemphasized, or ignored by public health and human rights advocates. From 1950–2010, the mass homicide-suicide killings engendering the premature deaths of Black males, ages 15–24 years, corroborate that aspects of the genocidal process and genocidal death effect are happening in America. The mass killings of young Black males from these preventable homicide and suicide deaths are ethically alarming, and the determinants of death impacting their premature deaths command immediate primordial prevention and reinforced prevention efforts. An epidemiological genocidc prevention matrix is explored as an innovative approach to address, prevent, and research premature deaths resulting from homicide and suicide, and genocidal death effect of young Black males. Undergirded by the Theory of Epidemiologic Transition, this article also examines the mass killings of young Black males through the genocidal and pragmatic lens. Death disparities, determinants of death, and genocidal death effect definitions are operationalized, and the Genocidal Death Effect Conceptual Framework is debriefed in this article.

Genocidal exploration: homicide-suicide-related mass killings of young Black males

Mass killings of young Black males in the United States due to homicide and suicide

According to some researchers, a mass killing is the considerable number of killings (e.g., 50,000 or more) of a specific racial or ethnic human group occurring within 1–5 years (Wayman & Tago, 2010). Other scholars define mass killing as the murders of 1,000 or less of civilians from a specific marginalized human group for nonmilitary circumstances (Early Warning Project, 2019; Staub, 1999). While scholars differ in their definitions of quantity of mass killings, they affirm that the mass killings of a human group is inhumane, and they must be prevented (Anderson, 2004; Butcher, Anderson, & Brainer, 2017; Wein-Wendt, 2008). Globally, there are more mass killings due to gun-related homicide and suicides than war (Christensen, 2018). Paradoxically, deaths due to genocide, the mass killings an ethnic and racial human group, have also globally killed more people than war (Christensen, 2018; Sjoberg, Gill, Williams, & Kahn, 1995). Some research studies characterize decades of mass homicide and suicide killings of young Black males in the United States (US), as avoidable, genocidal, and an epidemic (Dare et al., 2019; Davis,

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The Intersectionality of Intimate Partner Violence in the Black Community

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Breaking Free from the Web of Violence: Asset-Based Approaches for Boys & Men of Color

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