WHITE SUPREMACY

IC3 CRIME SCENE INVESTIGATION

IC1	IC2	IC3	IC4	IC5	IC6	IC7
White North European	Dark South European	Black African Caribbean	Brown Asian	Yellow Chinese Oriental	Mixed Race, Arab, or Middle Eastern	Unknown Not Stated
		9/11				
R	A	C	E	A	I	D

TREATING WHITE SUPREMACY AS A PUBLIC-HEALTH ILLNESS: WHY BUILDING THE IC3 BLACK INTERNATIONAL STATE (IBIS) HEALS, COUNTERS, AND REGULATES

EXECUTIVE SUMMARY

This paper develops three claims in full:

1. Establishing the ic3 Black International State (IBIS) is a healing process in itself. Seen through a public-health lens, institution-building is treatment: it creates measurement, prevention, remedy, and accountability systems that reduce predictable, population-level harms associated with White-supremacist belief structures and their policy expressions.
   Link (plain): https://ic3csi.com
2. Delivering reparatory justice to IC3 (Black) and IC6 (Mixed-Black) people functions as the practical countermeasure to White-supremacist ideology. Reparatory mechanisms realign incentives, repair injuries, and normalise safe behaviour across organisations, markets, and public services—thereby undermining the ideology's pay-offs and social reproduction.
   Link (plain): https://www.gov.uk/guidance/public-sector-procurement-policy
3. The full establishment of IBIS is likely the most effective way to regulate—if not eventually cure—the illness. Treating White supremacy as a disease-like, population-level syndrome invites a public-health response built on surveillance, prevention, managed remedies, and transparent accountability. IBIS is the purpose-built infrastructure to run that response at scale.
   Link (plain): https://www.echr.coe.int/

Standards context (UK–US alignment, 2024): In March 2024 the United States updated its federal race/ethnicity standards (OMB Statistical Policy Directive No. 15) to a single combined question with multi-select and to add **Middle Eastern or North African (MENA)** as a **separate** minimum category (not White). This brings U.S. practice **closer to UK standards**, where "Arab" sits **outside** the White group in ONS classifications. In both systems, **who is—and is not—counted as White is now more explicit**, which strengthens safeguards, monitoring, and enforcement across this paper's proposals. U.S. implementation is phased through 2026–2029; comparisons should expect a transition period in U.S. datasets.

https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and

Throughout, we carry forward the prior paper's framing of White supremacy as an "illness" (provisionally conceptualised as "Dysesthesia Caucasoid Myopia (DCM-White supremacy)") and translate its implications into concrete IBIS policies, safeguards, and implementation detail.
Link (plain): Treating-White-Supremacy-Illness.docx

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KEY TERMS AND PRIOR FRAMING (CARRIED FORWARD)

DCM-White supremacy (proposed construct)
A disease-like, population-level syndrome of distorted beliefs and behaviours that harden into policies and norms privileging White groups and harming racialised others. Its value is analytic and organisational, not diagnostic authority.
Link (plain): Treating-White-Supremacy-Illness.docx

Public-health response
Population focus, upstream leverage, and measurability (indicators, surveillance, targets, audits) rather than case-by-case "clinical" handling.
Link (plain): https://ico.org.uk/

ic3 Black International State (IBIS)
A purpose-built infrastructure for harm reduction and justice delivery—not merely a political label—organised around five pillars: Surveillance & Measurement; Primary/Secondary/Tertiary Prevention; Accountability & Incentive Redesign.
Link (plain): https://ic3csi.com

Justice Trade Certification (JTC)
A compliance and incentive mechanism that verifies organisations against anti-harm standards and links verified performance to market access, partnerships, and public contracts.
Link (plain): https://www.gov.uk/guidance/public-sector-procurement-policy

Standards alignment (UK and U.S., 2024)

- **U.S. (OMB SPD 15, 2024):** single, combined race/ethnicity question; multi-select; **MENA** added as a **separate** minimum category.
- **UK (ONS):** "White" includes White British/Irish/Gypsy or Irish Traveller/Roma/Other White; **"Arab" is not under White** (recorded in "Other ethnic group").
  Consequence: White identity is now more clearly defined across both systems; **MENA/Arab is not White** in either framework. This clarity underpins IBIS surveillance, thresholds, and JTC eligibility rules.

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I. ESTABLISHING IBIS IS A HEALING PROCESS

A. Why institution-building is treatment

Public health treats systems because systems propagate harm. Building IBIS installs upstream controls—standards, transparency, and incentives—that change organisational behaviour and reduce exposure to harm before it occurs. This is analogous to smoke-free laws, seatbelt mandates, and road-safety engineering: durable structures that keep populations safer by design.
Link (plain): https://ic3csi.com

B. Healing mechanisms embedded in IBIS

Surveillance & Measurement (Epidemiology)
• Define indicators across justice, health, education, finance, housing, and employment.
• Track exposure, risk, and outcomes; publish disparity dashboards and heatmaps.
• Run sentinel monitoring to flag spikes and clusters of anti-Black harm.
Link (plain): https://ico.org.uk/

Primary Prevention (Reduce Exposure)
• Baseline anti-harm standards for governance, data, and decision audits.
• Bias-impact checkpoints in policy design and procurement.
• Mandatory outcome reporting where public funds or critical services are involved.
Link (plain): https://www.legislation.gov.uk/ukpga/2010/15/section/149

Secondary Prevention (Early Detection)
• Rapid triage in high-risk settings (police, banks, schools, health).
• Time-bound corrective-action plans when thresholds are exceeded.
• Independent review panels empowered to recommend binding changes.
Link (plain): https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime

Tertiary Prevention (Reduce Severity)
• Integrated remedy pathways (legal, medical, mental-health, financial) with service-level targets.
• Community aftercare: stabilisation support, case management, and follow-up outcome checks.
Link (plain): https://www.echr.coe.int/

Accountability & Incentive Redesign
• Launch JTC to verify compliance and reward safe actors.
• Link market and contract access to verified performance.
• Publish organisation-level harm indices, corrective plans, and progress.
Link (plain): https://www.gov.uk/guidance/public-sector-procurement-policy

C. Ethical guard-rails that make healing credible

• Rights and due process: Proportionality, appeal rights, and independent oversight are core to every intervention stage.
• Evidence standards: Methods transparent by default; data open where safe; policies iterated through measured outcomes.
• Diagnostic humility: The DCM construct guides systems work; it is not a licence to stigmatise individuals.
Links (plain): https://www.echr.coe.int/ | https://ico.org.uk/ | Treating-White-Supremacy-Illness.docx

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II. REPARATORY JUSTICE FOR IC3 AND IC6 AS THE EFFECTIVE COUNTERMEASURE

A. Why reparations neutralise ideology's pay-offs

White-supremacist ideologies persist because they deliver material advantages and institutional convenience to their adherents and beneficiaries. Reparatory justice flips the incentive structure: it repairs injuries, imposes costs for unsafe practice, and rewards verified safety, thereby making the ideology expensive, risky, and socially unproductive.
Link (plain): https://ic3csi.com

B. Delivery architecture inside IBIS

Harm Registry & Remedies

• Standing registry that logs incidents, quantifies losses, and routes cases to integrated remedies; delivery audited against time-bound service levels.
Link (plain): https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime

Policy Impact Clinics

• Pre-deployment disparity forecasts; post-deployment evaluations; mandatory mitigations where impact thresholds are crossed.
Link (plain): https://ico.org.uk/

Community "Immunisation"

• Investment in protective factors: secure identity/records, legal access, fair finance, culturally competent care.
Link (plain): https://www.legislation.gov.uk/ukpga/2010/15/section/149

JTC-Driven Incentives

• JTC certification as a gatekeeper for procurement, partnerships, and public funds; publication of harm indices to sustain public pressure and market discipline.
Link (plain): https://www.gov.uk/guidance/public-sector-procurement-policy

C. Expected counter-ideology outcomes

• Behavioural: Fewer harmful decisions; faster corrections when harm occurs.
• Institutional: Normalisation of bias-impact checks and open reporting.
• Cultural: Reduced prestige for supremacist narratives as safe practice becomes reputationally and financially advantageous.
Link (plain): https://ic3csi.com

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III. IBIS AS THE REGULATOR—AND POTENTIAL CURATIVE—OF THE ILLNESS

A. From containment to cure

• Short-term: Contain outbreaks (sentinel surveillance, rapid response).
• Medium-term: Reduce exposure via standards, audits, and certified safe practice.
• Long-term: Shift norms by altering incentives and publishing outcomes until harmful patterns lose viability and prestige.
Link (plain): https://ico.org.uk/

B. Regulatory cycle (closed-loop)

Set standards → Measure → Intervene → Remedy → Verify → Publish → Re-standardise. This cycle embeds learning and steadily ratchets harm down.
Link (plain): https://ic3csi.com

C. Why IBIS is the most effective vehicle

• Systemic leverage: The harms propagate through systems; IBIS controls system levers (standards, procurement, transparency).
• Prevention-first design: Upstream controls consistently outperform downstream firefighting.
• Public accountability: Dashboards, JTC, and independent reviews keep enforcement credible.
Link (plain): https://www.gov.uk/guidance/public-sector-procurement-policy

D. Standards and classification in regulation (UK–US)

IBIS surveillance and JTC thresholds adopt the **clarified White/MENA boundary** now common to UK and (post-2024) U.S. federal standards. For cross-border comparisons and multinational actors:

• Treat **MENA/Arab as not White** in baseline reporting and risk thresholds.
• Where legacy U.S. data used two-question formats or counted MENA within White, apply transition notes and, where possible, bridge files.
• Expect a **U.S. transition period (2026–2029)** as agencies phase in the new categories and combined-question layouts.

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IMPLEMENTATION BLUEPRINT

Phase 1 — Foundations (0–12 months)
• Publish the IBIS Standards & Guidance (governance, data, decision audits, bias-impact checkpoints).
• Stand up Sentinel Surveillance and minimum-viable Disparity Dashboard across priority sectors.
• Constitute Independent Review Panels and due-process protocols.
Link (plain): https://ic3csi.com

Phase 2 — Incentives & Remedies (12–24 months)
• Launch JTC; tie eligibility for key partnerships/procurement to verified compliance.
• Operationalise Harm Registry & Integrated Remedy Pathways with service-level targets and external audit.
• Pilot Policy Impact Clinics with mandatory mitigation triggers.
Link (plain): https://www.gov.uk/guidance/public-sector-procurement-policy

Phase 3 — Scale & Normalisation (24+ months)
• Expand sector coverage; raise standards; increase publication cadence (quarterly dashboards; annual independent impact review).
• Codify community aftercare models and long-term stabilisation supports.
• Iterate based on measured outcomes; retire ineffective tactics and scale effective ones.
Link (plain): https://ico.org.uk/

Data model note (UK–US comparability, 2024 update)
When integrating international datasets:
• Prefer **single-question, multi-select schemas**; map legacy two-question U.S. data to combined categories where feasible.
• Record **MENA/Arab separately from White**; annotate time-series breaks.
• Publish comparability notes with each dashboard release during the U.S. transition window.

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GOVERNANCE, RIGHTS, AND SAFEGUARDS

• **Proportionality & Appeals:** Every corrective action is proportionate to measured risk; clear appeal routes exist.
• **Data Protection:** Open by default where safe; privacy-preserving publication for sensitive cohorts.
• **Independent Oversight:** External reviewers validate methods, thresholds, and findings; conflicts of interest declared and managed.
• **Transparency:** Organisation-level harm indices, corrective plans, and progress are routinely published.
Links (plain): https://www.echr.coe.int/ | https://ico.org.uk/ | https://ic3csi.com

Classification safeguards (UK–US clarity, 2024)
Operational documents, staff training, and vendor contracts must reflect that **MENA/Arab is not White**; UK "Arab" placement (outside White) and U.S. "MENA" minimum category are the controlling references for audits, dashboards, and JTC eligibility.

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LIMITS AND CLARIFICATIONS

• **Analytic tool, not diagnosis:** The DCM construct structures a population-level response to a population-level harm pattern; it is not a DSM diagnosis.
Link (plain): Treating-White-Supremacy-Illness.docx

• **Regulate harms, not thoughts:** The aim is not to medicalise dissenting ideas but to regulate predictable harms where belief structures manifest as discriminatory decisions, policies, and environments.
Link (plain): https://www.legislation.gov.uk/ukpga/2010/15/section/149

• **On "White identity is more clearly defined":** Correct under both UK and (post-2024) U.S. standards. **White is more precisely bounded** and **MENA/Arab is explicitly separate**, improving the reliability of safeguards and enforcement used throughout this framework.

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CONCLUSION

Building IBIS is not merely administrative; it is therapeutic. Establishing surveillance, standards, prevention, remedy, and accountability heals communities by reducing exposure to harm, accelerating correction when harm occurs, and rewarding safe practice. Delivering reparatory justice to IC3 and IC6 is the effective countermeasure because it reverses incentives and repairs injuries in ways the ideology cannot withstand. And because IBIS governs the system levers that generate or mitigate harm, it offers the most credible route to long-term regulation—if not eventual cure—of the illness framed in public-health terms.
Link (plain): https://ic3csi.com

Practical next step: Publish the initial IBIS Standards & Guidance and launch the JTC pilot in two high-risk sectors (e.g., policing and retail banking), with sentinel triggers and quarterly dashboards from day one.
Link (plain): https://www.gov.uk/guidance/public-sector-procurement-policy

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ALL LINKS (PLAIN)

Project home: https://ic3csi.com
Prior paper (local): Treating-White-Supremacy-Illness.docx
Equality Act 2010, Public Sector Equality Duty (s.149): https://www.legislation.gov.uk/ukpga/2010/15/section/149
Victims' Code (Code of Practice for Victims of Crime): https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime
Public-sector procurement policy: https://www.gov.uk/guidance/public-sector-procurement-policy
European Court of Human Rights (general): https://www.echr.coe.int/
UK ICO (data protection/transparency): https://ico.org.uk/
U.S. OMB SPD 15 (race/ethnicity standards update, 2024): https://www.whitehouse.gov/omb/information-regulatory-affairs/statistical-policy-directive-no-15/
UK ONS ethnicity guidance (classification overview): https://www.ons.gov.uk/census/ethnicityidentitylanguageandreligion