



# **RESOLUTIONS**

**RATIFIED BY THE NATIONAL BOARD  
OF DIRECTORS UNDER ARTICLE IX,  
SECTION 1 OF THE CONSTITUTION  
OF THE NAACP**

**2016**

**WHEREAS**, prostate cancer is a disease that disproportionately affects all men with a family history of this disease (particularly brother and/or father) and as they advance in age; and

**WHEREAS**, African-American males die from prostate cancer at a rate 2.5 times higher than White males; and

**WHEREAS**, prostate cancer is detected in African-American males, on average, at a younger age than White males; and

**WHEREAS**, race, age and family history present a triple risk for older African Americans; and

**WHEREAS**, early detection and treatment of prostate cancer can prevent deaths and metastatic spread of prostate cancer in the body and related pain and suffering; and

**WHEREAS**, early detection and treatment of prostate cancer can save lives; and

**WHEREAS**, the National Medical Association, representing over 50,000 African-American physicians, recommends that males at high risk of lethal prostate cancer to be screened, beginning at the age of 40; and

**THEREFORE, BE IT RESOLVED** that African-American men become better informed about prostate cancer and health care options in screening, diagnosis and treatment; and

**BE IT FURTHER RESOLVED**, that the NAACP reaffirms its previous resolutions on Prostate Cancer from 1997; and

**BE IT FINALLY RESOLVED**, that African-American males are urged to talk to their physicians and seek screening for prostate cancer, beginning at the age of 40.

## **2. *Support State and Local Restrictions on the Sale of Flavored Tobacco Products***

**WHEREAS**, the mission of the National Association for the Advancement of Colored People is to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate hatred and racial discrimination; and

**WHEREAS**, the foundation and enjoyment of all such rights begin with healthy individuals and communities; and

**WHEREAS**, the NAACP and all of its units are committed to the health and well-being of African Americans and are particularly concerned about preventing tobacco use among youth; and

**WHEREAS**, tobacco-related deaths continue to be the number one preventable cause of death, claiming 47,000 African-American lives a year; and

**WHEREAS**, tobacco-related deaths continue to claim more lives than violence, AIDS, car accidents, and (non-tobacco-related) cancer COMBINED; and

**WHEREAS**, when compared to Whites, African-American men continue to have the highest lung cancer mortality rate; and

**WHEREAS**, from 1968 to 1999 the lung cancer death rate for males increased by 15%, whereas for females it increased by 266%. In the 1970s the rising tide of lung cancer in women led to predictions that by the 1980s it would eclipse breast cancer as a leading cause of death. Those predictions unfortunately were realized in 1987, when lung cancer surpassed breast cancer as the leading cause of death in women; and

**WHEREAS**, in 1994, over 4,000 pages of secret documents were revealed in the United States Congress, proving that as early as 1950, the tobacco industry knew that smoking caused cancer and that nicotine was addictive; and

**WHEREAS**, the tobacco industry has a well-documented history of developing and marketing brands targeted to African Americans and their youth; and

**WHEREAS**, the tobacco industry manipulated the manufacturing of cigarettes to ensure the uptake and continued use of tobacco, especially by African-American young people and other vulnerable populations for many years; and

**WHEREAS**, the tobacco industry has perniciously targeted African Americans with mentholated products and as a result nearly 83% of African-American smokers smoke menthol cigarettes, compared with 24% of white smokers; and

**WHEREAS**, in 2006, Philip Morris (Altria), RJ Reynolds Tobacco Co., Brown & Williamson Tobacco Co., British American Tobacco Ltd., Lorillard Tobacco Co., and Counsel for Tobacco Research-U.S.A. were all found guilty of federal racketeering for conspiring to hide the health effects of smoking under the Racketeer Influenced and Corrupt Organizations Act, (RICO); and

**WHEREAS**, 88% of African-American, 51% of Asian-American and Hispanic, and 37% of white high school-aged smokers use menthol cigarettes; and

**WHEREAS**, mentholated and flavored products have been shown to be “starter” products; and

**WHEREAS**, for decades the tobacco industry has been manipulating the dose of menthol in cigarettes to ensure the uptake and continued use of tobacco, especially by young people and other vulnerable populations; and

**WHEREAS**, other tobacco products (including but not limited to smokeless tobacco, little cigars and cigarillos such as Black N' Milds and Swisher Sweets, blunt wrappers, electronic nicotine delivery systems such as e-cigarettes, hookah tobacco, and dissolvable tobacco products) have recently come under the jurisdiction of the U.S. Food and Drug Administration ("FDA"); and

**WHEREAS**, federal courts have upheld the authority of state and local governments to restrict the sale of flavored tobacco products, including menthol cigarettes.

**THEREFORE, BE IT RESOLVED**, that the NAACP supports the U.S. Food and Drug Administration's final rulemaking extending its authority to all tobacco products, including e- cigarettes, cigars, hookah tobacco and pipe tobacco, and other electronic nicotine delivery systems, which helps implement the Family Smoking Prevention and Tobacco Control Act of 2009 and supports efforts by state and local governments in the United States to restrict the sale of flavored tobacco products, including menthol cigarettes.

**BE IT FINALLY RESOLVED** that legal enforcement and implementation measures should only target commercial cigarette and tobacco product manufacturers and distributors and should not target or penalize individual consumers.

### **3. *Critical Shortage of Primary Care Doctors in America***

**WHEREAS**, disease prevention programs for certain communities are not being implemented because health deserts, that is, communities without doctors in pockets of the inner city and rural communities, are increasing and causing huge health disparities once again; and

**WHEREAS**, this shortage of doctors, especially primary care doctors, as well as the lack of diversity in our physician workforce, have been long overlooked because many of the people harmed usually do not have a political voice and the clout to hold elected leaders accountable; and

**WHEREAS**, medical schools remain closed systems and do not generate sufficient numbers of primary care physicians and few minority physicians, thus they are not responding to the needs of society ensuring positive patient outcomes; and