<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH RESOLUTION BOOKLET OPENING STATEMENT</td>
<td>3</td>
</tr>
<tr>
<td>NAACP HEALTH POLICY AND GUIDING PRINCIPALS (1992)</td>
<td>4</td>
</tr>
<tr>
<td>ANNUAL BLOOD DRIVE</td>
<td>7</td>
</tr>
<tr>
<td>CANCER</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>8</td>
</tr>
<tr>
<td>ENVIRONMENTAL HEALTH AND JUSTICE</td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>9</td>
</tr>
<tr>
<td>Environmental Health Resolution</td>
<td>13</td>
</tr>
<tr>
<td>Environmental Justice</td>
<td>16</td>
</tr>
<tr>
<td>Environmental Racism in Louisiana</td>
<td>17</td>
</tr>
<tr>
<td>Lead Poison Screening</td>
<td>18</td>
</tr>
<tr>
<td>Mercury Dental Fillings</td>
<td>19</td>
</tr>
<tr>
<td>Prevention of Injury and Violence</td>
<td>21</td>
</tr>
<tr>
<td>HEALTH DISPARITIES</td>
<td></td>
</tr>
<tr>
<td>Equity in Health Care &amp; Safety Reaffirming 2002 Policy</td>
<td>23</td>
</tr>
<tr>
<td>Health Disparities Equity in Health Care &amp; Safety</td>
<td>25</td>
</tr>
<tr>
<td>Expressing Concern for the Disparate Health Care [of] African Americans</td>
<td>28</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>HIV/AID</td>
<td>29</td>
</tr>
<tr>
<td>Needle Exchange Programs</td>
<td>30</td>
</tr>
<tr>
<td>Emergency Resolution on HIV/AIDS</td>
<td>31</td>
</tr>
<tr>
<td>HIV/AIDS Crisis in Africa</td>
<td>33</td>
</tr>
<tr>
<td>Testing of Individuals Released from Prison</td>
<td>34</td>
</tr>
<tr>
<td>World AIDS Day</td>
<td>35</td>
</tr>
<tr>
<td>LUPUS</td>
<td></td>
</tr>
<tr>
<td>Equitable funding and Awareness for Lupus Research</td>
<td>36</td>
</tr>
<tr>
<td>MATERNAL AND CHILD HEALTH</td>
<td></td>
</tr>
<tr>
<td>Care of Women and Children</td>
<td>37</td>
</tr>
<tr>
<td>Infant Safety Seat Initiative</td>
<td>39</td>
</tr>
<tr>
<td>March For Life</td>
<td>40</td>
</tr>
<tr>
<td>Soy Milk Alternative</td>
<td>41</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td></td>
</tr>
<tr>
<td>Expressing the Concern of Mental Health</td>
<td>42</td>
</tr>
</tbody>
</table>
Advance Directive for Mental Health Treatment 43

ORGAN DONOR PROGRAMS

Support for Organ and Tissue Donation 44

RITALIN

Resolution in support of Halting the use of Ritalin 45

SICKLE CELL DISEASE

Restoration of Budget Cuts by NIH for Research and Care for Sickle Disease 46

TOBACCO

Tobacco in the African-American Community 48

TRAINING HEALTH CARE PROFESSIONALS 50

UNIVERSAL ACCESS/INSURANCE/COVERAGE

Health Care 51
Medicare/Medicaid Managed Care 52
Prison Health Care 57
Quality Health Care for All 58
Quality Health Care for All Constitutional Amendment Support 59
Opening Statement for NAACP Health Policy Resolutions Book

The NAACP Health Policy resolutions book is provided to assist NAACP Health committees in their efforts to advocate for quality healthcare for all. Over the years the resolutions book has grown, yet the gap between quality health care that ends health disparities for the minority communities versus the majority community has only continued to widen.

Please review the resolutions that have been approved in the past. The resolutions are now order according to subject matter, with the year the resolution was passed by the NAACP noted in bold at the end of each resolution. This will aid you in knowing current NAACP positions on things like HIV/AIDS and needle exchange, the Pro-choice position and the policy on Universal access for all. This will assist in your advocacy efforts and give you a clear view of where there exists a need for health policy, as you determine the next resolution that needs to be addressed.

NAACP Health Advocacy Division
2004

For more information please contact:

Willarda V. Edwards, MD, MBA            Claudette Campbell
National Health Advocacy Director       Administrative Assistant
(410) 580-5672                           (410) 580-5672
Health@naacpnet.org                     Health@naacpnet.org

NAACP 4805 Mt Hope Drive Baltimore, Maryland 21215
(410) 358-3385 Fax
NAACP HEALTH POLICY

WHEREAS, the health status of African-Americans in general; is worse than that of white Americans; and

WHEREAS, the cause of this disparity is related to race, racism, socio-economic differences and inadequacies in the medical/health system; and

WHEREAS, an inventory of the physical, social, mental and other assets of African-Americans reveals innumerable strengths; and

WHEREAS, the NAACP Board of Directors mandated the convening of a HEALTH SUMMIT wherein a cross section of medical/health experts and NAACP stalwarts would consider the current health status of African-Americans and recommend to the NAACP a set of policies and programs that would improve the health status of African-Americans so that it equals or exceeds that of the nation; and

WHEREAS, said HEALTH SUMMIT participants met on July 9 – 11, 1992, and reached consensus on recommendations in the five following areas:
1. a national medical/health care program,
2. training health care professionals,
3. HIV/AIDS
4. care of women and children, and
5. prevention of injury and violence;

BE IT THEREFORE RESOLVED, that the National Association for the Advancement of Colored People adopts the attached consensus recommendations of the HEALTH SUMMIT participants for implementation.
NATIONAL MEDICAL HEALTH CARE PROGRAM

GUIDING PRINCIPLES

1. Universal coverage of all residents.

2. Affordable health services without financial barriers: since health is a vital national resource, these services should be considered a fundamental societal obligation.

3. Comprehensive benefits: Longitudinal health promotion, disease prevention and diagnostic, therapeutic and restorative services for every condition, without restriction.

4. A program which is accountable to the public monitored by local, state and federal governments for quality, cost and access, one that assures primary care, geographic and cultural distributions of providers offering a proper mix of services in a system producing the fewest duplications. The program should foster consumer and provider accountability with respect to the use and abuse of health care resources.

5. Consumer and provider input to planning and evaluation, especially in promoting family-oriented community-based care.

6. Assurances of high quality and efficiency as well as availability, adaptability and acceptability. Have a reasonable specialty, geographic and cultural distribution of providers offering a proper mix of services in a system producing the fewest duplications with special emphasis on primary prevention.

7. Payment mechanism to insure desired health outcomes:
   A. Clear and efficient mechanisms which provide incentives for appropriate medical care.
   B. Incentives for prevention, primary care, continuity of care and service to the underserved,
   C. Redistributes resources from disease treatment to disease prevention; from hospitals to community-based ambulatory care; and from “high tech” to high touch” modalities of care.

8. Supports provider education and training, and provides incentives for training African-Americans, prevention and primary care specialists, and people committed
to serving underserved populations. In order to achieve an equitable distribution of providers, give people teaching in historically black health professional schools additional incentives, such as loan forgiveness, etc.

9. Encompasses the principle of affirmative action for workers, consumers and trainees; includes the establishment of African-American owned and operated networks that provide health related services.

10. Expands consumer education that focuses on the individual, family and community.

11. Reforms malpractice insurance and tort procedures.

(End of 11 principles)

Other Specific Recommendations

12. The NAACP Supports the establishment by the U.S. Public Health Service of “Centers For Improving The Health of African-Americans.” These centers will address each major cause of excess morbidity and mortality and be designed to incorporate research, training and services for health promotion, disease prevention and disease treatment. The centers would be located in historically black colleges and universities (HBCU’s).

13. The NAACP encourages continuation and expansion of funding for community and migrant health centers, health care for the homeless programs and the National Health Service Corps.

14. The NAACP encourages all citizens to oppose the production and deposition of toxic or radioactive materials in the areas that may endanger health by contamination of air, soil or water. 1992
ANNUAL BLOOD DRIVE
(Huntington, NY Branch)

WHEREAS, the local branch of the NAACP is the backbone of their community, the State Conference and the national organization; and

WHEREAS, people are generally living longer, and the need for blood products are increasing and there is no substitutes for blood; and

WHEREAS, on a national basis the level of donors should be increased to ensure adequate blood supplies, especially in the months of January and July, when blood supplies reach dangerously low levels; and

WHEREAS, many people have to be educated that giving blood is safe; disposable equipment is used, blood is laboratory tested before transfusion and the instances of hepatitis that were prevalent in the 1960’s do not exist today; and

WHEREAS, during the 1998/99 blood donor campaign in the northeast region, 136,616 pints of blood were collected, and the total donated by the African-American, Asian and Hispanic population was 3,610, which is less than three percent (3%) of the total donations for this region; and

WHEREAS, it is vital to concentrate on these populations in order to increase the number of blood donors.

NOW, THEREFORE, BE IT RESOLVED that the local branch collaborate with their local blood service and sponsor an ANNUAL BLOOD DRIVE to encourage African-American and all other ethnic donors to donate every two-to-three months; and

BE IT FURTHER RESOLVED that guidelines be drawn for distribution to the NAACP Branches’ Health Committee for implementation for a successful blood drive at regional, state and national conferences. 1999-2000
CANCER

WHEREAS, Prostate Cancer is a major, men’s health problem with 334,000 expected to be diagnosed in 1997; and

WHEREAS, one out of every four cancers diagnosed each year is Prostate Cancer; and

WHEREAS, 43,000 men are expected to die from Prostate Cancer in 1997; and

WHEREAS, black men are diagnosed at a 60% higher incidence rate with Prostate Cancer white than males; and

WHEREAS, black men are dying from Prostate Cancer at twice the rate of white males; and

WHEREAS, in 1997, 6000 black men are expected to die from Prostate Cancer;

NOW THEREFORE BE IT RESOLVED, that the National Association for the Advancement of Colored People adopt the eradication of Prostate Cancer as a major initiative of its National Health Program and join with the National Prostate Cancer Coalition (NPCC) and its mission: elimination of Prostate Cancer as a disease of serious concern for men and their families.

BE IT FURTHER RESOLVED, that every NAACP unit will urge all its members to sign the petition urging the United States Government to provide sufficient funding and make Prostate Cancer a National Health priority.

BE IT FINALLY RESOLVED, that the NAACP Washington Bureau will make every member of Congress aware of the NAACP’s position on this issue. 1997-1998
ENVIROMENTAL HEALTH

WHEREAS, federal law does not require the government to routinely collect and analyze environmental and health data by ethnicity, race and income or to ensure equitable application, implementation and enforcement of environmental laws; and

WHEREAS, the issue of environmental justice affects the life and death of African-Americans and involves principles of social justice and equal protection under the law; and

WHEREAS, the NAACP Health Policy addresses the major modifiable, determinants of health: environment, behavior and medical care; and

WHEREAS, the NAACP Health Policy references lead poisoning (the silent killer of children), drug use and abuse and the American climate of violence; and

WHEREAS, improving the health status of African-Americans is a high priority for the NAACP;

WHEREAS, the NAACP Health Policy encourages all citizens to oppose the production and deposition of toxic or radioactive materials in areas that may endanger health by contamination of air, soil or water; and

WHEREAS, the NAACP Health Policy is intended to influence health policy makers at each level of government and in the private sector, and

WHEREAS, the NAACP Health Policy serves as a guide for branch and state conference policy and programming; and

WHEREAS, the NAACP Health Policy is receiving serious consideration and support from dozens of national African-American organizations; and

WHEREAS, the NAACP Health Policy is receiving attention and consideration from various governmental officials; and

WHEREAS, the NAACP Board approved the convening of a health conference sequel to the successful, precedent setting, July 1992, Health Summit in Nashville, wherein, most of the current policy was developed and adopted; and

WHEREAS, the NAACP National Health Committee, the Office of Development and The Washington Bureau have secured the resources to convene a working group composed of environmental health experts, environmental justice advocates, environmental racism opponents and NAACP leaders to develop further NAACP policies on environmental justice; and

WHEREAS, environmental hazards in the home, at work and at play pose increasingly significant risks to the health of African-Americans; and

WHEREAS, most of the three (3) million people who live within one (1) of a federally designated Superfund toxic waste disposal site are African-Americans; and
WHEREAS, a majority of all African-Americans live in communities with one or more hazardous waste disposal sites; and

WHEREAS, there is a correlation between the high rates of cancer, respiratory disease and birth defects among African-Americans and the high prevalence of toxic waste facilities and environmental pollutants in African-American communities; and

WHEREAS, lead poisoning (the silent killer of children) continues to disproportionately affect African-Americans; and

WHEREAS, all people have a right to a safe, healthy and productive environment preserved by each level of government; and

WHEREAS, all people have a right to a safe, healthy and productive environment preserved by each level of government; and

WHEREAS, racial disparities in exposure to environmental hazards are not generally considered in environmental decision making; and

WHEREAS, African-American communities are underrepresented in the environmental decision making; and

WHEREAS, a recent report stated that the federal government’s pursuit of polluters and cleanup of hazardous sites favored white communities over African-American communities, in face of laws meant to provide equal protection for all citizens; and

WHEREAS, this disparity in enforcement of toxic waste laws occurs by race alone, without regard to income; and

WHEREAS, the existing legal framework does not provide adequate remedies to address racial disparities in exposure to potentially harmful pollutants, or to collect data necessary to analyze such disparities; and

WHEREAS, data are not routinely collected on the population characteristics of host communities and on the health effects generated by the introduction of pollutants into communities; and

WHEREAS, African-American environmental health and public health researchers, educators, service providers and other environmental professionals constitute less than two percent (2%) of the environmental and public health workforce; and

WHEREAS, there are no African-American operated schools (graduate schools) of environmental and/or public health;

BE IT THEREFORE RESOLVED that the NAACP supports the enactment of specific legislation to reverse the inequities cited above; and
BE IT FURTHER RESOLVED that the NAACP calls on each level of government to:

- Prevent childhood lead poisoning,
- Declare a moratorium on all hazardous waste disposal site permitting procedure involving sites in or near African-American communities until such sites are approved by bonafide representatives of such communities,
- Train and hire culturally competent environmental health and public health workers and support them in programs to research and continually monitor the environmental quality in and around African-American communities in order to improve such environments to equal that of the general norm in the state or region.
- Work with the NAACP and cooperating community based organizations to eradicate the general climate of drug abuse and violence and replace it with a more healthful environment for the pursuit of productive growth and development for African-American children,
- Include the costs of lead poisoning prevention and environmental lead abatement in financing the reformed medical/health care system.
- Involve African-American owned/operated networks/systems of care and advocacy to abate environmental hazards, improve environmental quality and improve the health status of African-American families and communities,
- Establish a technically and culturally competent environmental health board at each level of government in order to ensure the attainment of the goals of this resolution; and
- Supports the enactment of the Environmental Justice Act as one step in achieving the goals of this resolution,
- Supports the generation of race/ethnic based data on the community effects of pollution and, in close concert with Historically Black Colleges and Universities, community based organizations and the Universities, community based organizations and the NAACP, the targeting of 100 “at-risk” communities for special regulation and study,
- Supports efforts to reduce workplace exposure to toxic materials through improvements in the enforcement of workplace safety rules at the local, state and Federal level,
- Encourages all Branches to communicate (to its members and the African-American community) information on residential exposure to lead, pesticides, radon and other environmental hazards,
Encourages all Branches to become involved in the environmental regulatory process at the local and state level by designating its health committee to collect and make available to Branch members (and total community) information on regulatory agencies involved in the community and on the environmental hazards present in the community; and

Supports the convening of a White House Summit on Environmental Justice with participation of the NAACP (and like minded organizations in its planning, implementation and follow up). **August 19, 1993**
ENVIRONMENTAL HEALTH RESOLUTION

WHEREAS, federal law does not require the government to routinely collect and analyze environmental and health data by ethnicity, race and income or to insure equitable and just application implementation and enforcement of environmental laws; and

WHEREAS, the issue of environmental racism adversely affects the life and death of African-Americans; and

WHEREAS, improving the health status of African-Americans is a high priority for the NAACP;

WHEREAS, environmental hazards in the home, at work and at play pose significant risks to the health of African-Americans; and

WHEREAS, a majority of all African-Americans live in communities containing one or more hazardous waste disposal sites; and

WHEREAS, there is a correlation between the high rate of cancer, respiratory disease and birth defects among African-American children and youth; and

WHEREAS, lead poisoning continues to disproportionately affect African-American children and youth; and

WHEREAS, all people have a right to a safe, healthful and productive environment preserved by each level of government; and

WHEREAS, racial disparities in exposure to environmental hazards are not generally considered in environmental decision making; and

WHEREAS, African-American communities are underrepresented in the environmental decision making process; and

WHEREAS, the disparity in enforcement of toxic waste laws occurs by race alone, without regard to income; and

WHEREAS, the existing legal framework does not provide adequate remedies to address racial disparities in exposure to potentially harmful pollutants, or to collect data necessary to analyze such disparities; and

WHEREAS, data are not routinely collected on the population characteristics of host communities and on the health effects generated by the introduction of pollutants into communities; and
WHEREAS, African-American environmental health and public health researchers, educators, service providers and other professionals are significantly underrepresented in the public health and environmental workforces; and

WHEREAS, there are no African-American operated schools (graduate schools) of environmental and/or public health;

BE IT FURTHER RESOLVED THAT, the NAACP supports the enactment of specific legislation to reverse the inequities cited above; and

BE IT FURTHER RESOLVED THAT, the NAACP calls on each level of government to:

- Prevent childhood lead poisoning
- Declare a moratorium on all permutable facilities sited in or near African-American communities until the results of a federal environmental impact statement process is concluded,
- Train and hire a proportionate number of culturally competent environmental and public health workers and support them in programs to research and continually monitor the environmental quality in and around African-American communities,
- Work with the NAACP in cooperation with community based organizations to eradicate the general climate of drug abuse and violence and replace it with a more healthful environment for the pursuit of productive growth and development for African-American children.
- Involve African-American owned/operated network systems of care and advocacy to abate environmental hazards, improve environmental quality and improve the health status of African-American families and communities; and
BE IT FINALLY RESOLVED THAT, the NAACP:

- Supports the enactment of an Environmental Justice Act as one step in achieving the aims of this resolution,

- Support the continued generation of race and ethnic based data on the effects of multi-media pollution,

- Support efforts to reduce workplace exposure to toxic materials through improvements in the enforcement of workplace safety rules at the local, state and Federal level,

- Encourage all Branches to communicate information and data on community exposures to lead, pesticides, radon and other environmental and health hazards,

- Encourages all Branches to become involved in the environmental regulatory process at the local and state level by supporting its health communities to collect and make available information on the environmental hazards present in the community and the responsible regulatory agencies. 1998-1999
ENVIRONMENTAL JUSTICE

WHEREAS, minorities due to economic factors disproportionately live in areas where sources of pollution toxic dumps and other hazards abound; and

WHEREAS, the resources of the Superfund are not being equitably used to identify and ameliorate hazardous conditions in minority and poor areas;

THEREFORE, BE IT RESOLVED, that the NAACP shall call upon elected officials to equitably enforce existing legislation and regulations to carry out the Clean Air and Water Acts, and the identification and cleanup of environmentally hazardous condition; and

BE IT FURTHER RESOLVED, that the NAACP opposes legislation to cut funds for environmental protection and work to assist minority communities to be aware of and obtain all relief available under existing laws. 1996-1997
ENVIRONMENTAL RACISM IN LOUISIANA

WHEREAS, the NAACP has adopted an environmental health policy because of the disproportionate way in which environmental injustices plaque African-American communities; and

WHEREAS, an instance of environmental justice has been cited in Louisiana, where the Shintech Corporation plans to build the world’s second polyvinyl chloride plant; and

WHEREAS, Louisiana is home for an overwhelming number of African-Americans; and

WHEREAS, vinyl chloride-used to make polyvinyl chloride – has been shown to damage kidneys, lungs, hearts and can prevent blood clotting, cause cancer and cause nerve damage; and

WHEREAS, Convent, Louisiana, already known as “cancer alley” because of the disproportionate number of factories and plants located there which cause enormous problems, is where the Shintech Corporation first sought to build; and

WHEREAS, the NAACP’s policy is to “encourage…all citizens to oppose the production and deposition of toxic or radioactive materials in areas that may endanger health by contamination of air, soil or water…” and

WHEREAS, the Tulane University Law Clinic and the Greenpeace organization-among others – that may endanger health by contamination of air, soil or water…” and

WHEREAS, the Tulane University Law Clinic and the Greenpeace organization-among others – have called the Environmental Protection Agency to deny a permit to the Shintech Corporation for construction of its plant and other groups are opposed to the plant such as the National Council of Churches for the aforementioned reasons;

BE IT RESOLVED, that the NAACP also calls on the Environmental Protection Agency to deny a building permit for the Shintech Corporation’s intended Louisiana plant. 1998-1999
LEAD POISON SCREENING

WHEREAS, the United States Centers for Disease Control (CDC) in Atlanta, Georgia has determined that lead is the #1 environmental health threat to children; and

WHEREAS, the American Academy of Pediatrcians has stated that the only safe level of lead in the blood is zero; and

WHEREAS, lead is a poison that can affect every system in the body, causing lowered I.Q. scores, behavioral problems, delayed speech, slower total development, and irreversible nervous system damage; and

WHEREAS, paint in older homes often contains lead which, when chipped, can be ingested by very small children; and

WHEREAS, the CDC says that municipal solid waste incinerators are a major contributor of lead to the environment; and

WHEREAS, such negative facilities, nationally are usually placed in or nearest to minority housing areas; and

WHEREAS, higher blood levels are usually found in African-American children than in children of other races; and

WHEREAS, the National Association of the Advancement of Colored People recognizes the importance of blood lead screening for all children;

BE IT FURTHER RESOLVED, that the 1996 Convention of the NAACP agrees to work with the Center for Disease Control and the American Academy of Pediatrcians in trying to rid our nation of this serious threat to the health, welfare and progress of our children. 1996-1997
WHEREAS, mercury is highly toxic, more toxic even than lead or arsenic. A human being with mercury toxicity can suffer grave health consequences; and

WHEREAS, mercury is such a toxic element that it is being removed from all uses in or affecting the human body, such as vaccines, disinfectants, and thermometers, with the sole exception to date of mercury-based dental fillings; and

WHEREAS, the major ingredient of so-called “silver” fillings is mercury (43 to 54%); and

WHEREAS, many health organizations, such as the American Public Health Association, the California Medical Association and Health Care Without Harm, recommend removing mercury from all health products; and

WHEREAS, children under 18, pregnant women and nursing mothers are at particular risk from mercury exposure; and

(a) according to the Agency for Toxic Substances and Disease Registry of the United States Public Health Service, they are at risk because the mercury goes to the still-developing brain of child, through the placenta of the pregnant women to the fetus and through the breast milk of the nursing woman to the baby;

(b) several authorities, including manufacturers and the Government of Canada, warn that children and pregnant women are at particularized risk for exposure to mercury amalgam; and

(c) human teeth, and for children and pregnant women, society should always err in favor of avoiding such a risk.

WHEREAS, alternatives to mercury-based dental fillings exist, such as resin composite and porcelain; and

WHEREAS, Medicaid and many third-party payment health plans do not allow consumers to choose alternatives to mercury amalgam, so most poor children’s only options are mercury fillings or no fillings at all; and

WHEREAS, low-income people are more likely to have larger numbers of mercury dental fillings; and

WHEREAS, the National Black Caucus of State Legislators has passed a resolution calling for:

(a) full disclosure of the existence and risk of mercury dental fillings;

(b) special protections for children and pregnant women, and
(c) a choice of fillings for low and moderate income Americans.

WHEREAS, a Bill sponsored by Congresswoman Diane Watson (D-Calif.) and Congressman Dan Burton (R. Ind.) would stop mercury dental fillings from being placed in children and pregnant women, provide health warnings for all and phase out mercury in dental fillings within five years.

THEREFORE, BE IT RESOLVED that the National Association for the Advancement of Colored People call for:

1. disclosure to all dental patients (a) that the main material in so-called silver fillings is mercury (not silver), (b) that mercury is toxic, and (c) that such fillings constitute a hazardous waste when removed.

2. a ban on mercury-containing dental fillings being placed in young children, pregnant women, or nursing mothers.

3. all Americans, including families on Medicaid and/or dental insurance plans be given a choice of dental fillings, including the right to choose alternatives to mercury fillings.

4. The United States Congress give immediate consideration to the Watson-Burton Bill to phase out all mercury in dentistry within five years.

5. State Legislatures to give immediate consideration to legislation comparable to the Watson-Burton Bill. 2002
PREVENTION OR INJURY AND VIOLENCE

WHEREAS, injury is the number one cause of death for all Americans between 1 and 44 years of age; and

WHEREAS, African-Americans are more likely to die from violence/injury, whether intentional (homicide) or unintentional (at work, home or play); and

WHEREAS, injury/violence is not just a criminal justice or economic problem but is a public health program that is subject to accurate measurement and determination of cause, as well as to prevention, intervention, detection and management efforts;

BE IT THEREFORE RESOLVED, that the National Association for the Advancement of Colored People calls for:

1. A national effort to increase awareness that Americans live in a violent society and should promote programs that teach a non-violent approach to resolving conflicts at all levels, e.g. spouse abuse, child abuse, citizen and police confrontation, intra-family conflicts, inter-personal conflicts, gang activity, etc.

2. National and local campaigns to educate African-Americans on the two general kinds of injury/violence and their prevention. Such campaigns will delineate:

   I Unintentional Injury

   A. Motor vehicle wrecks can be prevented by using seat belts, avoiding alcohol, providing more driver education and mandating a higher level of auto safety. Using helmets reduces injury from motorcycles and bicycles.

   B. Drowning can be decreased by more water safety education, training children to swim, fencing in pools and watching children who are near water in tubs, sinks, buckets, pools, ponds, etc.

   C. Repairing carpets, windows, stairs, playground equipment and porches can decrease falls.

   D. Burns can be decreased by adjusting water heater thermostats, increasing kitchen safety, wider use of smoke detectors, less smoking in bed and safer handling of flammable liquids.

   E. Accidental shootings, cuttings and stabbings can be decreased by teaching weapon safety and storage and requiring penalties for firearm accidents that injure minors and by using the methods in II-A below.
II Intentional Injury

A. Homicides can be decreased by decreasing alcohol and drug use, teaching non-violent approaches to conflict, decreasing the availability and use of assault weapons and cheap handguns and other interventions.

B. Suicides can be decreased by using most of the methods in II-A, stricter standards for use of prescription drugs, better mental health promotion programs and programs to detect, manage and prevent mental dysfunction.

3. A comprehensive campaign to decrease the use of assault weapons and cheap handguns. Such a campaign should include education, legislation, regulation and the increased use of neighborhood-oriented policing, neighborhood-based policing and neighborhood-based violence prevention programs.

4. Media regulatory agencies (FCC and others) to require that commercial electronic broadcast media air (during prime time) violence prevention message (PSA’s commercials and others).

5. The national Center for Disease Control to establish a commission to inventory the assets and positive attributes of programs and places where young African-Americans do not die from injury/violence, e.g., Christian congregations, U.S. Nation of Islam and others.

6. The federal government (DHHS, HUD, EDUCATION, CIVIL RIGHTS COMMISSION, JUSTICE and others) in partnership with national and community based organizations to establish a violence/injury prevention program in the African-American communities of the nation’s 100 largest cities.

7. The establishment of a violence prevention task force (work group) composed of a broad spectrum of young African-Americans in the nation’s 100 cities having the most injuries to African-Americans. This task force will be used to resolve conflicts and teach the non-violent resolution of conflicts. 1992
Equity in Health Care & Safety
Re-affirming 2002 Policy

WHEREAS, the study made public by the Institute of Medicine on March 21, 2002 is the first comprehensive look at racial disparities in healthcare among people who have insurance; and

WHEREAS, the study found that racial and ethnic minorities receive lower quality healthcare than non-minorities, even when access factors such as patient’s insurance status and income are controlled; and

WHEREAS, the study found that the source of the disparities are rooted in historic and contemporary inequities and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients; and

WHEREAS, the study found that minorities are less likely to be given appropriate medications for heart disease or to undergo bypass surgery, are less likely to receive kidney dialysis or transplants than whites and are also less likely to receive the most sophisticated treatments for HIV infection, which could delay the onset of AIDS; and

WHEREAS, the study found that in major medical centers in New York State, African-Americans were 37% less likely to undergo angioplasty and other heart procedures, including bypass surgery, than whites and in ninety (90%) percent of the cases in which patients did not get the surgery, the doctor had not recommended it; and

WHEREAS, minorities are more likely to receive certain less desirable procedures; for example, African-Americans are 3.6 times as likely as whites to have lower limbs amputated as a result of diabetes; and

WHEREAS, in interviews with doctors, researcher found “classic negative racial stereotypes,” such as assumptions that African-American patients would be less likely to participate in follow-up care.

THEREFORE, BE IT RESOLVED THAT, the NAACP support the Institute of Medicine’s recommendation to improve the quality of care for racial and ethnic minorities by promoting the increase of the proportion of under-represented U.S. racial and ethnic minorities among healthcare professionals; and

BE IT FURTHER RESOLVED THAT, the NAACP promote culturally appropriate education programs to improve minority knowledge of how to access care and how to improve the ability to participate in clinical decision-making; and

BE IT FURTHER RESOLVED THAT, the NAACP promote cross-cultural curricula to be integrated into the training of future healthcare provider and practical, care-based, rigorously evaluated training to persist through practitioner continuing education programs; and

24
BE IT FINALLY RESOLVED THAT, the NAACP urge health plans, federal and state payers to collect, report and monitor patient care data as a means to assess progress in eliminating disparities, to evaluate intervention efforts, and to assess potential civil rights violations. 2003
HEALTH DISPARITIES
EQUITY IN HEALTH CARE & SAFETY

WHEREAS, the study made public by the Institute of Medicine on March 21, 2002 is the first comprehensive look at racial disparities in healthcare among people who have insurance; and

WHEREAS, the study found that racial and ethnic minorities receive lower quality healthcare than non-minorities, even when access factors such as patient’s insurance status and income are controlled; and

WHEREAS, the study found that the sources of the disparities are rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients; and

WHEREAS, the study found that minorities are less likely to be given appropriate medications for heart disease, or to undergo bypass surgery, are less likely to receive kidney dialysis or transplants than whites and are also less likely to receive the most sophisticated treatments for infection with H.I.V., which could delay the onset of AIDS; and

WHEREAS, the study found that in major medical centers in New York State, African-Americans were 37 percent less likely to undergo angioplasty and other heart procedures, including bypass surgery, than whites and in 90 percent of the cases in which patients did not get the surgery, the doctor had not recommended it; and

WHEREAS, minorities are more likely to receive certain less desirable procedures; for example, African-Americans are 3.6 times as likely as whites to have lower limbs amputates as a result of diabetes; and

WHEREAS, in interviews with doctors, researcher found “classic negative racial stereotypes,” such as assumptions that African-American patients would be less likely to participate in follow-up care.

THEREFORE, BE IT RESOLVED, that the NAACP reaffirm its 1992 Health Policy on “National Health Care”; and

BE IT FURTHER RESOLVED THAT, the NAACP supports the Institute of Medicine’s recommendation to improve the quality of care for racial and ethnic minorities by promoting the increase of the proportion of underrepresented U.S. racial and ethnic minorities among health professionals; and

BE IT FURTHER RESOLVED THAT, the NAACP promotes culturally appropriate education programs to improve minority knowledge of how to access care and improve the ability to participate in clinical-decision making; and
BE IT FURTHER RESOLVED THAT, the NAACP promotes cross-cultural curricula to be integrated into the training of future healthcare provider and practical, care-based, rigorously evaluated training should persist through practitioner continuing education programs; and

NOW, THEREFORE, BE IT FINALLY RESOLVED THAT, the NAACP urges health plans, federal and state payers to collect, report and monitor patient care data as a means to assess progress in eliminating disparities, to evaluate intervention efforts, and to assess potential civil rights violations.

Reaffirming 1992 Policy on National Health Care

WHEREAS, about 35-40 million Americans have no health insurance and many millions more have only minimal coverage that mandating long-term, intensive medical attention; and

WHEREAS, African-Americans have twice the infant mortality rate of whites and are at a much higher risk of death; and

WHEREAS, African-Americans and other minorities are without health insurance, and a disproportionate number are uninsured; and

WHEREAS, the health care industry employs 98.4 million people and accounts for fourteen (14) percent of the nation’s economic activity; and

WHEREAS, African Americans and other minorities are forced to make life shortening decisions of whether to pay for necessities (i.e. rent, mortgage, taxes, food, etc.) or forego much needed, life saving medications due to the prohibitive cost of prescriptions; and

WHEREAS, health and insurance lobbyists generated $19 million in 1990 contributions to Congressional candidates as compared with $14 million from agricultural interests and $8 million from military contractors; and

WHEREAS, the United States is one major industrialized nation without a national, comprehensive health care program.

THEREFORE, BE IT RESOLVED THAT, the NAACP strongly urges the President and the Congress to enact into law a single-payer, publicly-administered health care program which includes a prescription drug plan for all the Nation’s residents; and

BE IT FURTHER RESOLVED THAT, the NAACP monitors the enactment of said law and diligently strives to ensure that it is implemented in a reasonable and expeditious manner.

BE IT FURTHER RESOLVED THAT, all the benefits of such a comprehensive program be made available without regard to family or personal income, and that provisions be included to encourage larger numbers of medical trainees from poor or low income families, and
NOW, THEREFORE, BE IT FINALLY RESOLVED THAT, the same national plan include funding for research to combat dread scourges such as AIDS and current epidemic of a new and more virulent strain of tuberculosis. \textit{2002}
EXPRESSING CONCERN FOR THE DISPARATE HEALTH CARE TREATMENT AFFORDED TO AFRICAN AMERICANS

WHEREAS, the United States Congress authorized the study of disparities in the health care treatment system; and

WHEREAS, a study was undertaken by the National Institute of Medicines that found that minorities were receiving substandard health care in comparison the comparable white citizens; and

WHEREAS, these disparities existed regardless of income or insurance coverage; and

WHEREAS, the overwhelming evidence suggested by the study demonstrated that African-Americans received substandard health care; and

WHEREAS, this substandard health care has led to higher death rates for African Americans in the categories of HIV/AIDS, cancer and heart disease; and

WHEREAS, the study concluded that bias and stereotyping contributed to racial and ethnic disparities in the health care system; and

WHEREAS, minorities are more likely to receive less desirable surgical procedures, such as amputations at a rate up to 3.6 times greater than their white Medicare peers; and

WHEREAS, patient education and more racial and ethnic minority health care professionals will serve to ameliorate systematic disparities in the health care industry.

THEREFORE, BE IT RESOLVED THAT, all local NAACP units collaborate with local medical care centers and treatment facilities to develop patient education programs and to promote enhanced recruitment and retention of African American health care providers; and

BE IT FINALLY RESOLVED THAT, the NAACP re-affirms its 2002 resolution “Equity in Health Care & Safety” at its 2003 Convention in Miami, Florida. 2003
HIV/AIDS

1. HIV/AIDS is a public health crisis in the African-American community. African-American leaders should take a stand, address the problem as an epidemic and declare its urgency. The President, Congress and states must commit resources to the African-American community to battle this epidemic.

2. Public agencies must fund promising African-American prevention, research and service projects in order to launch a comprehensive fight against the HIV epidemic addressing its physical, mental and social aspects with special emphasis on the needs of women and children.

3. All African-American organizations, including civil rights groups, must join forces to speak out and develop strategies and programs to address HIV/AIDS. Religious institutions must take a vigorous role in preventing the spread of HIV. In order for the “at risk” populations to clearly understand and benefit from HIV prevention messages the advertising and community education messages must be explicit and clear to the intended audience and must be presented repeatedly in various forms and during appropriate times to reach the intended audiences.

4. In order to meet the special threat HIV poses to African-American women and to address the absence of women in research, service and education programs, the federal, state and local governments must “partner” with the NAACP and other national, membership based, connectional, African-American organizations at the national, state and local levels.

5. In partnership with African-American organizations, federal, state and local governments should establish a longitudinal, comprehensive, HIV prevention, detection and treatment program for each person under the jurisdiction of the criminal justice system...from initial arrest to final release, whether institutionalized or not, and including probationers and parolees. 1992
NEEDLE EXCHANGE PROGRAMS

In the prevention of HIV/AIDS and Viral Hepatitis, the NAACP supports the use of Needle Exchange Programs when they are a part of a comprehensive effort to prevent and/or treat drug abuse. 1997-1998
EMERGENCY RESOLUTION ON HIV/AIDS

WHEREAS, HIV/AIDS has become an epidemic among the African-American community, and the NAACP has spoken forcefully on the issue, including the adoption of Resolutions since at least 1987, and

WHEREAS, data from the Centers for Disease Control and Prevention indicate that African-Americans comprise 57 percent of new HIV infections in 25 states, despite accounting for only 13 percent of the total U.S. population, and

WHEREAS, young African-Americans have an even higher rate; those aged 13 to 24 years account for 63 percent of new HIV cases between January 1994 and June 1997, and

WHEREAS, among female AIDS cases, heterosexual sex has surpassed drug infection as the most common route of transmission, and black women make up approximately 60 percent of all new AIDS cases reported among U.S. women, and have an overall case rate sixteen (16) times that of their white counterparts, and

WHEREAS, two-thirds of the new cases of pediatric AIDS striking children under thirteen (13) are black children, and

WHEREAS, the rate of HIV infections has dropped sharply among whites, while black Americans increasingly bear the brunt of the AIDS epidemic due to social, economic and political disparities and to a lack of education about the disease, and

WHEREAS, the population has been left vulnerable as prevention and health care options have been neglected, and

WHEREAS, prevention and treatment efforts face new obstacles as a result of these shifts, and AIDS policy must be altered to address these changes, and

WHEREAS, government funds to help minorities with AIDS prevention and treatment should be increased substantially, and

WHEREAS, African-American communities and civil rights leaders must help increase AIDS awareness.
THEREFORE, BE IT RESOLVED THAT:

- The NAACP calls for eliminating racial disparities in our Nations’ approach to dealing with the AIDS epidemic in order to abolish the disproportionate incidences and deaths in African-American and Latino communities, and

- The government and private sources alleviate the dearth of funding for minority HIV/AIDS programs, and

- The NAACP and branches assist in eliminating stereotypical myths surrounding AIDS; monitor AIDS services for fairness of distribution; and ensure that prevention and quality treatment programs are available to all, and that the testing of new drugs are open to all and fairly utilized by all. 1998-1999
CONCURRED

WHEREAS,, the NAACP, the oldest and largest civil rights organization in the United States, has consistently throughout its ninety (90) years of existence sought to support the hopes and aspirations of the people of Africa; and

WHEREAS,, the continent of Africa is now being ravaged by the overwhelming impact and burden of HIV/AIDS, the region where seventy percent (70%) of the new cases worldwide in 1998 occurred; where eighty-three percent (83%) of all AIDS deaths have occurred; where among children under fifteen (15) years of age Africa’s share of new 1998 infections was nine out of ten; where ninety-five percent (95%) of all AIDS orphans worldwide now reside; where in some countries, thirty percent (30%) of all working adults now have AIDS or carry the virus; and

WHEREAS,, American support for Africa generally and support for combating the growing menace of HIV/AIDS on the continent has been paltry and non-responsive; and

WHEREAS,, the NAACP deems the HIV/AIDS crisis in Africa so disturbing as to declare an emergency.

BE IT RESOLVED, that the NAACP will utilize its network of more than 500,000 members in 2,200 Units across the United States, Japan and Germany to work with organizations providing direct assistance in Africa to support efforts to provide comprehensive services to prevent the spread of HIV and the care and treatment for those persons already infected with the AIDS virus and their children. Also, the NAACP will provide support for the general health infrastructure on the African continent; and

BE IT ALSO RESOLVED, that the NAACP’s Health Committee will establish a working committee to advise the NAACP on the HIV/AIDS crisis in Africa and will include members of the Constituency for Africa, Healthcare International, and the Center for Disease Control; and

BE IT FURTHER RESOLVED, that the NAACP will use its vast network to advocate for the expansion of American technical and monetary support for strategies to combat HIV/AIDS in Africa and will place this problem at the top of the U.S. agenda with Africa; and

FINALLY, BE IT RESOLVED, that the NAACP will work to educate its membership and the American public about Africa and about the HIV/AIDS crisis on the continent by collaborating with organizations such as the Constituency for Africa, the Center for Disease Control and professionals in all fields to hold seminars, workshops, town hall meetings and other educational activities.

1999-2000
TESTING FOR INDIVIDUALS RELEASED FROM PRISON

WHEREAS, the NAACP is the oldest and largest civil rights organization in place, standing on the principals of equal justice, freedom, equality for any and all human beings; and

WHEREAS,, in America the AIDS/HIV/Hepatitis-C epidemic has reached record proportions among the African American community and has changed the social conditions for all Americans. Many individuals who are incarcerated will leave prison without realizing they may have already contracted one or more of these ailments; and

WHEREAS,, African Americans, and other minorities, suffer, disproportionately where large prison populations are found from a lack of testing for AIDS/HIV/Hepatitis-C and other social diseases before leaving prison; and

WHEREAS,, this trend causes devastating effects on minority communities, to include spread of said ailments, loss of life and continuous negative impacts affecting the United States Health Care and Treatment budget; and

WHEREAS,, testing is presently free while incarcerated. The reality is that many prisoners do not take advantage of free testing offered within the Correctional system; and

WHEREAS,, all government agencies (state & federal) have the duty and responsibility to address such concerns and allocate a fair distribution of funds to promote testing for persons leaving prisons in all state and federal penal institutions within the United States.

THEREFORE, BE IT RESOLVED, that the NAACP call for development and implementation of education programs to make the public and prison population aware of the necessity of AIDS/HIV/Hepatitis-C testing of all persons being released from prison; and

BE IT FURTHER RESOLVED, that these programs shall receive funding to significantly reduce and/or eliminate incidences of AIDS/HIV/Hepatitis-C among the prison population; and

BE IT FURTHER RESOLVED, that all state and federal penal institutions within the United States establish inmate advisory committees whose mission is to internally educate and support the aforementioned education and testing programs; and

BE IT FINALLY RESOLVED, that prisoner’s right to privacy regarding test results should be protected and test results not disclosed. 2003
NAACP WORLD AIDS DAY, DECEMBER 1, 2003

WHEREAS, the NAACP has taken a stand against HIV/AIDS and its devastating effects on communities of color, and

WHEREAS, HIV/AIDS is one of several disparities in health care affecting the World in general and the African American community, in particular, and

WHEREAS, the NAACP has several resolutions urging our grassroots members to raise awareness, educate and seek appropriate healthcare in the fight against HIV/AIDS, and

WHEREAS, Stigma and Discrimination is the theme of the 2003 World AIDS Day because in many parts of the world, discrimination prevents people who are known to have HIV from securing a job or caring for their families, and

WHEREAS, discrimination can cause isolation and marginalizes people who have HIV and AIDS, and this can prevent people from being offered or seeking the treatment which could save their lives.

THEREFORE, BE IT RESOLVED, that the NAACP will do the following in our concerted efforts to further raise awareness of HIV/AIDS, educate and fight discrimination:


2. Encourage NAACP Branches to initiate and collaborate with local HIV/AIDS interest organizations to engage in programmatic activities designed to raise awareness and foster HIV/AIDS Advocacy efforts.

3. Use the NAACP website to bring attention to World AIDS Day, and publicize activities planned around the event.

4. Request that NAACP Non Governmental Organizations Representatives to the United Nations inform the U.N. of the Association’s support of World AIDS Day and programmatic initiatives taken with NAACP Branches. 2003
EQUITABLE FUNDING AND AWARENESS FOR LUPUS RESEARCH

WHEREAS, Lupus is a chronic disease where the immune system attacks the body’s own cells affecting any and all systems in the body including muscles, bones, joints, kidneys, heart, brain, liver, gallbladder, pancreas and skin; and

WHEREAS, Lupus has no cure and affects more people than HIV/AIDS, Sickle Cell Anemia, Multiple Sclerosis, Cystic Fibrosis and Cerebral Palsy combined. It is estimated that between 1,400,000 and 2,000,000 people are reported to have Lupus; and

WHEREAS, one out of every two hundred and fifty (250) African-American women have Lupus, and sixty percent (60%) of all Lupus patients are African-American; and

WHEREAS, Lupus occurs in children and adults, either sex, although it occurs more frequently in adult females than males. People of African-American, Native American, Hispanic and Asian origin are thought to develop Lupus more frequently than Caucasians; and

WHEREAS, it has been speculated that research funding for this disease has been limited because its victims are primarily women and people of color; and

WHEREAS, people of color develop Lupus at an earlier age and die more often from this disease.

THEREFORE, BE IT RESOLVED, that the local NAACP branches in collaborate with community lupus foundation chapters to coordinate awareness and fundraising programs for Lupus research and outreach programs; and

BE IT FURTHER RESOLVED, that the NAACP monitor the fair and equitable funds appropriated for the research and treatment of this disease which kills our children of an earlier age. 2001
CARE OF WOMEN AND CHILDREN

WHEREAS, African-American infants die at twice the rate of white infants; and

WHEREAS, modern medical/health care has the ability to prevent most instances of infant death and disability; and

WHEREAS, substantial data cite race, racism, and socio-economic differences (separate and collectively) as the causes of the continuing disparity between the health status of African-American women and children and white women and children; and

WHEREAS, recent reports cite increases in the proportions of women and children in poverty, increases in racial polarization and increases in the disparities between African-American and whites along these and other socio-economic parameters; and

WHEREAS, health is a state of physical, social and mental well being, not just the absence of disease of infirmity;

BE IT THEREFORE RESOLVED, that the NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE calls for:

1. Expanded medical/health coverage to include all families that are below 200% of the federal poverty level.

2. Increased access to care for women and children by promoting the utilization of and expanding services rendered by primary care teams (Coordinated groups of health workers including but not limited to social workers, nurses, nurse practitioners, physician assistants, family physicians and sometimes others. Such teams might be directed by any of its members).

3. Programs that insure that every child receive a high school education and has a viable opportunity for further education and training.

4. Programs that insure that every mother who wishes to work has employment and adequate day care services.

5. Comprehensive programs on education for parenthood and family life. These programs should be located in schools and community-based organizations, should include males throughout, all modalities of family planning, current information on human sexuality and should make people aware of the entire family life cycle, family functions and how to approach them satisfactorily.

6. Explicit programs to promote family health and prevent family dysfunction, especially to prevent teen pregnancy and its consequences, by using school-based and school connected health services, child care services, employment training, back-to-school-stay-in-school activities, and activities that build self-esteem.
7. Better coordination of and full funding for HEADSTART, WIC, (Women Infants and Children’s Nutritional Program), Healthy Start (Infant Mortality reduction), the Prevention Block Grant, the Maternal and Child health Block Grant, the Health Promotion/Disease Prevention Act of 1992, and Obesity Prevention Programs.

8. Increased health promotion and disease prevention funding through Medicaid Medicare and commercial insurance programs during the interim before implementing a comprehensive national health care program.

9. Service delivery based on viewing health as a state of physical, social and mental well-being and not just the absence of disease and infirmity, by reaching individuals, families and communities through intensive outreach and follow-up, use of home visits and school based services, use of culturally competent mental health services, use of free immunizations for all and flexibility to reach all African-Americans.

10. Programs that span the continuum of services from pre-conception through pre-school readiness to school readiness to academic achievement at the high school level and beyond.

11. More drug free homes, more training in the non-violent resolution of conflicts and more training for the prevention and detection of child abuse, spouse abuse and elder abuse.

12. Increased recognition of HIV disease as a women’s health issue. 1992
INFANT SAFETY SEAT INITIATIVE

WHEREAS, the leading cause of deaths for African-American children in the United States between the ages of 0 to 14 is the failure to use restraints such as infant car seats, booster seats and seat belts; and

WHEREAS, a study conducted by the Meharry Medical College, has documented findings which demonstrate the importance of safety belts, infant car seats, booster seats and other safety devices as life-saving tools in motor vehicles; and

WHEREAS, the Meharry Medical College study commissioned by General Motors Corporation, the National Highway Traffic and Safety Administration (NHTSA), the Blue Ribbon Panel to promote African-American Safety Belt Use appointed by Former U.S. Secretary of Transportation Rodney Slater; and the Black Congress on Health Law and Economics, directed by Attorney Derrick A. Humphries, Honorary Chairwoman, Dr. Dorothy I. Height, Honorary Member, Congressman John Conyers; and others have called for immediate strategies, programs, educational tools and model projects to increase the use of infant car seats, booster seats and safety belts among African-Americans to save lives; and

WHEREAS, units of the NAACP were authorized to conduct a model program to distribute infant car seats in conjunction with General Motors Corporation and Safe Kids, Inc., in a highly successful endeavor; and

WHEREAS, there is an urgent need to replicate the NAACP infant car seat distribution nationwide among targeted NAACP Branches and units in order to reduce the 1,400 deaths of children and infants which have been attributed to failure to utilize restraints.

THEREFORE, BE IT RESOLVED, that the NAACP National Convention support the recognition of Increased Use of Automobile Vehicle Safety Devices as a Health and Safety Issue; and

BE IT FINALLY RESOLVED, that the NAACP facilitate the development of program models and resources to promote the implementation of infant car seat distributions and safety belt education nationwide to prevent needless deaths and injuries, by affirming a credible approach with proven successful methodologies that prioritizes the increased use of safety belts, infant car seats and booster seats among African-Americans as a health and safety issue. 2002
MARCH FOR LIFE

WHEREAS, the NAACP has supported equal access to family planning materials and information since 1968\(^1\) and;

WHEREAS, more than eight decades ago, the NAACP’s most distinguished founder, Dr. W.E.B DuBois understood that making birth control available to poor women helped them gain control over their lives. Every woman, he wrote in 1920, must have the right of procreation “at her own discretion”\(^2\), and;

WHEREAS, today, women of color seek abortion at rates higher than their percentage in the population, and overwhelmingly describe themselves as pro-choice in public opinion surveys, and

WHEREAS, on April 25, 2004, thousands of pro-choice supporters will gather in Washington, D.C. for the March Against Fear to demonstrate their support for the right to choice, and

WHEREAS, a woman denied the right to control her own body is denied equal protection of the law, a fight the NAACP has fought for and defended for nearly 100 years, and

WHEREAS, many other organizations of women of color have endorsed the March, therefore be it

THEREFORE, BE IT RESOLVED, that the NAACP adds its endorsement and support for the March Against Fear and urges all who believe in equal rights to attend on April 25, 2004 in Washington, D.C. 2004

\(^1\) National Convention Resolutions, 59\(^{th}\) NAACP Annual Convention, Atlantic City, New Jersey, June 24-29, 1968

\(^2\) Darkwater: Voices within the Veil, by W.E. B. DuBois, Harcourt, Brace & Howe, New York, 1920 02/18/04
ACTION ITEM
IN SUPPORT OF LEGISLATION
ALLOWING FORTIFIED SOY MILK TO BE PROVIDED AS AN
ALTERNATIVE BEVERAGE IN THE USDA CHILD NUTRITION
PROGRAM

February 21, 2004

WHEREAS, studies by the American Academy of Pediatrics have shown that as many as 72% of all African American school-aged children suffer from some form of lactose intolerance; and

WHEREAS, the same studies showed that as many as 56% of Hispanic American school-aged children and 21% of Caucasian American school-aged children also suffer from some form of lactose intolerance; and

WHEREAS, common symptoms of lactose intolerance include nausea, cramps, bloating, gas, and diarrhea; and

WHEREAS, soymilk fortified with calcium, vitamin D, vitamin A and vitamin B12 provides a high-quality protein, well absorbed calcium alternative to milk, and is recognized by many to be an appropriate substitute for children and adults who do not drink cow’s milk; and

WHEREAS, under current law, the United States Department of Agriculture (USDA) Child Nutrition Program, which includes the National School Lunch and National School Breakfast programs, which collectively provide meals and snacks to over 25 million children nationwide each year, requires that fluid cow’s milk be served as part of all reimbursable school meals unless students present a statement from a physician or recognized medical authority stating that they need an alternative beverage.

THEREFORE BE IT RESOLVED, that the NAACP supports legislation that would expand the USDA Child Nutrition Program to include offering fortified soy milk in the National School Breakfast and National School Lunch programs. 2004
Expressing the Concern of Mental Health with Regard to How it affects African-Americans Treatment, Diagnosis, Crisis Intervention and Support of Legislation at all Levels of Government

WHEREAS, the NAACP has determined the seriousness of mental health to be a national problem with regard to African-Americans; and

WHEREAS, researchers find that African-American patients tend to receive poorer mental health care compared to whites. Although blacks seek out care as frequently as whites, the researches explain, “Blacks are much less likely to receive care that conforms with (standard) recommendations;” and

WHEREAS, mental illness is often mis-diagnosed in Blacks; “not only are African-Americans over diagnosed with schizophrenia, their treatment is frequently of briefer duration than whites;” and

WHEREAS, a survey of urban police departments in 1994 (174 respondents) indicated that United States cities with populations of 1,000,000 or more, conducted in 1996 (Borum, et al., 1999) indicated that seven percent of all police contacts, both investigations and complaints, involve persons believed to be mentally ill; and

WHEREAS, the Crisis Intervention Team Model that originated in Memphis, Tennessee in 1988 and which is now being replicated in cities nationwide grew out of the community response to the police killing of an African-American who had a history of mental illness; and

WHEREAS, in the House of Representatives, Mrs. Roukema submitted the Congressional intent to establish a “Mental Health Advisory Committee.”

THEREFORE, BE IT RESOLVED, that the NAACP vigorously support the legislative issue that is being pursued by advocates for the mentally ill throughout our Nation; and

BE IT FURTHER RESOLVED, that the NAACP Washington Bureau add its “priority support” to the Legislative Bill H. RES. 14 in the 107th Congress, that was referred to the Committee on Energy and Commerce. 2001
ADVANCE DIRECTIVE FOR MENTAL HEALTH TREATMENT

WHEREAS, an “Advance Directive for Mental Health Treatment” or “Advance Directive” means a written document, or a document in a form consistent with the provisions of the Federal American with Disabilities Act (ADA), that would protect the mental health consumer’s choice when the mental health consumer is in a crisis mode and cannot articulate clearly or cogently; and

WHEREAS, the Advance Directive can speak clearly for consumers wishes concerning psychotropic medication, electro-convulsive therapy (ECT) and preferences for emergency intervention such as seclusion, physical restraints, restraint by injection of medication, or a combination of seclusion and restraints; and

WHEREAS, the purpose of the “Advance Directive” is to empower the consumer to indicate directives and preferences for treatment, balanced with the duty and desire of the provider to render ethical, effective treatment which is consistent with community standards; and

WHEREAS, the advance directive would allow mental health consumers to communicate to providers past experiences, current needs, emergency intervention (seclusion/restraint) and the knowledge to decrease symptoms as quickly as possible while preventing humiliation, embarrassment and preserving one’s dignity; and

WHEREAS, Kentucky State Legislature passed into law HB99 on “Advanced Directives” for mental health directives in March 2003 into law to become one of at least twenty-one (21) states (Alaska, Arizona, California, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Maine, Maryland, Minnesota, Montana, New York, North Carolina, Oklahoma, Ohio, Oklahoma, Oregon, South Dakota, Tennessee, Utah, Virginia, Wyoming) with statutes creating an Advance Mental Health Directive.

THEREFORE, BE IT RESOLVED, that the NAACP endorse and call upon all units to work with their state legislators to proclaim and preserve the freedom for those with mental health disabilities to communicate their rights with an Advance Mental Health Directive. 2003
SUPPORT FOR ORGAN AND TISSUE DONATION

WHEREAS, as of April 2003 there are over 80,000 people waiting for organ transplants on the national waiting list and someone die every sixteen minutes while waiting for a transplant; and

WHEREAS, tissue donation allows for life enhancing surgeries to repair patient’s bodies who have suffered due to trauma, diseases, burns and sporting injuries; and

WHEREAS, almost half of the national transplants waiting list is minorities and African Americans comprising 35% of the national transplant waiting list for kidneys and the list is rapidly expanding; and

WHEREAS, African Americans are 12% of the United States population with a donation rate of 13%; however, African Americans represent 18% of all organ transplant recipients; and

WHEREAS, African Americans suffer more from high blood pressure, than any other racial or ethnic group, and if high blood pressure is not controlled, can destroy the kidneys; and

WHEREAS, once the kidneys are destroyed, the only options are renal dialysis or an organ transplant.

THEREFORE, BE IT RESOLVED, that the NAACP recommend educational efforts for its members to raise awareness about organ and tissue donation as well as wellness and disease prevention to increase the quality of life, lengthen the life span, decrease the rapidly expanding organ waiting list; and opposes any racial, social, or economic discrimination in the process; and

BE IT FINALLY RESOLVED, that the NAACP urge all of its units to endorse wellness and preventive health and encourage organ and tissue donation through educational interventions with their local organ procurement organization to maximize the number of organ and tissue donors in this country and to promote wellness. 2003
RESOLUTION IN SUPPORT OF HALTING THE USE OF RITALIN

WHEREAS, African-American children are disproportionately recommended for Ritalin and other behavioral modification drugs by unlicensed medical professionals; and

WHEREAS, Ritalin’s known side effects include loss of appetite, weight loss, inability to sleep, heart palpitations, drowsiness, joint pain, nausea, chest pain, abdominal pain and serious systemic illnesses; and

WHEREAS, recent National Institute of Health (NIH) studies indicate that Ritalin usage contributes to the propensity for using serious narcotics such as cocaine, heroin and amphetamine-type drugs.

THEREFORE, BE IT RESOLVED, that the NAACP join with the National Medical Association (NMA) to review existing federal and state regulations relating to the use of Ritalin and other behavioral modification drugs; and

THEREFORE, BE IT FINALLY RESOLVED, that the NAACP call upon the United States Congress, federal, state and local agencies to revise regulations to prevent placing children on Ritalin or similar behavior modification drugs in the absence of professional, medical or psychiatric diagnosis. 2001
Restoration of Budget Cuts by National Institutes of Health for Research and Care for Sickle Disease

WHEREAS,, the sickle cell diseases strike, in the main, persons of African-American heritage; and

WHEREAS,, approximately 38 million persons in the United States carry the trait for sickle cell disease; and

WHEREAS,, the National Institute of Health continues to allocate a disproportionately small percentage of its budget for sickle cell research and care and has gravely reduced 25 percent of its federal funds available for support of research and care provided by the ten Sickle Cell disease Centers located in heavily African-American populated communities for the five-year period 1998 to 2003; and

WHEREAS,, the ten sickle Cell Disease Centers that have been targeted is Boston Medical Center (Boston, Mass.) Einstein College/Montefiore Medical Center (Bronx, N.Y.), Columbia College of Physicians and Surgeon (New York, N.Y.), Duke University Medical Center (Durham, NC), Emory University School of Medicine (Atlanta, GA), Meharry Medical School (Nashville, TN), Children’s Hospital (Philadelphia, PA), University of California/SF General Hospital (San Francisco, CA), University of South Alabama (Mobile, AL), and University of Southern California Medical School (Los Angeles, CA); and

WHEREAS,, the National Institutes of Health (NIH), received a 7.1 percent increase in its 1998 funding, which amounted to $13.6 billion; and

WHEREAS,, the NIH increased overall sickle cell disease research and care funding by only 7 percent in 1998 which amounted to less than $3.5 million; and

WHEREAS,, the sum allocated by NIH for sickle cell research and care is an abysmally small amount of a huge federally-funded NIH budget; and

WHEREAS,, African-Americans constitute approximately eleven to twelve percent of the United States population and are reliable tax payers like the rest of the American population; and

WHEREAS,, the policy to sharply restrict funds for a disease which mainly strikes persons of African-American descent could with reason be construed as a racially-inspired act when the funds to support research on other diseases are vastly larger; and

WHEREAS,, there is no evidence to indicate that the intent of Congress has been to seek to relegate funding for sickle cell research and care to a miniscule proportion of the overall NIH budget.
NOW, THEREFORE BE IT RESOLVED, that the NAACP delegates meeting in its 1998 annual national convention in Atlanta, Georgia, demand the full restoration of funding, for sickle cell research and care allocated to the ten Sickle Cell Centers across the nation by the NIH to the level which was obtained during the previous five-year period, in effect requiring an increase of twenty-five percent; and

BE IT FURTHER RESOLVED, that all Members of both Houses of Congress be prevailed upon both by the Washington Bureau of the NAACP, other staff resources, and each of our branches and chapters to insist upon restoring the cuts to the Sickle Cell Centers by the NIH, as well as increasing the NIH’s overall allocations annually to sickle cell research and care; and

BE IT FURTHER RESOLVED, that branches located in the ten sites where the Comprehensive Sickle Cell Centers are also located be directed to make a special effort to obtain Congressional and other public support for the restoration of the research and care funds for the sickle cell disease; and

Agencies and institutions with assistance by the NAACP Washington Bureau; and

BE IT FURTHER RESOLVED, that the NAACP’s media staff convey to the mass media, and especially to the media directed at African-Americans, the status of funds designated for sickle cell research and care by NIH and that the NAACP demands the restorations of those funds which were cut, as well as a general increase in future budgets of total funds allocated for sickle cell research and care; and

BE IT FINALLY RESOLVED, that the NAACP Board of Directors instruct its Washington Bureau and headquarters staff to press U.S. Congress and the National Institutes of Health to devise, support and implement a nationwide educational and outreach program directed to African-Americans and those other sub-groups afflicted by sickle cell disease in order to reduce the mathematical possibilities of the spread of the disease by urging individuals to seek testing for the trait prior to marriage. 1998-1999
TOBACCO IN THE AFRICAN-AMERICAN COMMUNITY

WHEREAS, smoking rates for African-American youth increased 80% from 1991 – 1997; and

WHEREAS, lung cancer is the leading cause of cancer death in African-Americans; and

WHEREAS, Black men have lung cancer death rates 50% higher than whites; and

WHEREAS, smoking increases infant mortality, low birth weight, heart disease and stroke; and

WHEREAS, the tobacco industry has currently and historically targeted advertising and promotion campaigns in black communities; and

WHEREAS, the Surgeon General’s Tobacco Use Among U.S. Racial/Ethnic minorities report, demonstrates a need for further research to develop prevention and cessation programs that will be most effective in minority communities;

BE IT RESOLVED, that the NAACP supports a tobacco settlement that:

Assures that minorities must receive their fair share of funds, in proportion to their prevalence in the smoking population (whichever is higher). This fair share concept must apply to tobacco funds distributed to all Health and Human Service (HHS) agencies,

contributes to the strengthening of minority institutions of higher learning, national associations, regional state and community-based organizations like the NAACP that foster minority health,

has legislative provisions requiring that these organizations are proportionately involved in counter-advertising, prevention, cessation and research,

includes organizations that are currently involved in public health and tobacco-related programs as well as organizations newly established or with newly established programs to address tobacco related issues; and
BE IT FINALLY RESOLVED, that the NAACP calls on each level of government to:

Include substantial participation of minorities in tobacco related research,

collect baseline for each racial and ethnic group to determine the current level of HHS support for minority programs and to facilitate monitoring and periodic reporting on progress,

to use look-back provisions based on data collected and analyzed by race, ethnicity and gender,

involve minority researchers, organizationally and individually, in proportion to their prevalence in either the smoking or general population, and

provide adequate support for communities impacted by tobacco legislation including farmers, farm workers, tobacco insert employees and for international tobacco control initiatives. 1998-1999
TRAINING HEALTH CARE PROFESSIONALS

1. Establish adequate mentor programs, linking practicing professionals with students from HEADSTART through college with concentrated emphasis on languages, math and science to motivate them to consider and pursue opportunities in the health field.

2. Establish fellowships, grants and scholarships for deserving students to pursue health careers. Broaden the base of opportunity for African-Americans and other minorities to enter the field.

3. Increase loan forgiveness programs to attract specific African-American health workers to enter high priority careers.

4. Make training of African-Americans a national priority by using Health Careers Opportunity Programs, Historically black Colleges and Universities, the National Health Service Corps, U.S. Public Health Service Corps and other programs that support educational costs.

5. Training for health care professionals must include “people skills,” and cultural and community awareness training.


7. Build in comprehensive incentives for institutions at all levels to recruit, admit, and graduate African-Americans.

8. Fund and support Historically Black Colleges and Universities (HBCU’s) that prepare pre-professionals and that train health professionals.

9. Increase the pool of mid-level practitioners, e.g. midwives, physician assistants, nurse practitioners, prenatal nurse specialists.

10. Develop incentives for students to study the course pre-requisite to entering health professions: scholarships, enrichment programs, tutoring, mentoring, field experiences, and Big Brother/Big Sister Programs.

11. Provide resources for school-aged African-American youth to give them year-round comprehensive exposure to and experience in the health professions in order to influence them to choose health careers.

12. Increase the community’s awareness of the existence and importance of the Allied Health professions and increase recruitment into these training programs.

13. Increase the resources for community health centers to improve their ability to train qualified health professionals. 1992
HEALTH CARE

WHEREAS, Medicaid and Medicare patients have not been regularly and routinely provided with an accounting of specific charges claimed by their health care providers; and

WHEREAS, serious abuses have been discovered in the billing practices and policies of some healthcare providers; and

WHEREAS, clients in health maintenance organizations (HMO’s) “managed care” situations have sometimes been double billed by hospitals and other providers, now therefore,

THEREFORE, BE IT RESOLVED, that the President and the Congress be urged to pass legislation that will guarantee “The Patients Right to Know” specific details of federal funds expended for the payment of an individual’s health care expenses. 1997-1998
Background/Brief Review

The NAACP’s National Health Committee concentrated on the subject of Managed Care as the theme for discussion during the 1995 and 1996 Health Summits. The 1995 summit developed policy issues around managed care, and discussions included an in depth analysis of the current health delivery system and the debate surrounding managed care along with other proposed health reform issues at the national, state and local levels. Summit Conferees addressed the health challenges that are faced by the minority communities.

The NAACP’s Health Summit participants concluded that strong advocacy efforts were needed to ensure that the health needs of African-Americans and other minorities are adequately addressed in the current debates surrounding the health care delivery system. In addition, it is imperative that branches of the NAACP receive adequate information and training on the issues regarding the status of minority health, strategies for advocacy efforts and particularly education in the area of managed care in the minority communities, i.e. resources that are needed from this particular health delivery system. The 1996 summit focused on a continuation of managed care, particularly, on Medicaid/Medicare managed care.

The participants of the 1995 and 1996 National NAACP Health Summit recognized several areas of concern that may be assessed as contributors to the poor health status of minorities or contributors to the health status gap between the majority white population and the minority population. The following represents “talking points” for discussion, which were a direct result of information presented.

1. Insurance – approximately 15 percent of Americans lack private insurance coverage and are dependent on public institutions for health service and an additional 23 percent depend upon Medicaid/Medicare and other public programs;

2. Poverty – is a major contributor to poor health status of the minority population;

3. More effective outreach in informing minorities about existing service and how to properly access and use these services are badly needed in order to improve health status;

4. Cultural sensitivity and targeted activities toward the minority communities are needed on a continuous basis. These activities should be sensitive to language barrier problems and cultural identity issues.

5. The lack of culturally sensitive providers and few minorities that are involved in policy and program development at all levels, i.e. local and state levels:
6. The health data for minorities are not adequate to assess health needs and to measure the progress in reducing the health gap between the majority and minority populations and

7. Other barriers such as lack of transportation, limited service hours and lack of primary care providers. All of those later barriers provide problems to all persons attempting to access the health care delivery system. Additional problems noted are the following: Between 1988 and 1993 the percentage of non-elderly with employer-based coverage decreased from 67.0 percent to 61.1 percent, yet during the same period, the percent covered by Medicaid increased from 8.5% to 12.4%; the number of people covered by Medicaid increased from 21 million in 1989 to 32 million in 1994, mostly due to expansion of Medicaid to cover more women and children. However, the number of uninsured still grew while among minorities the number of uninsured citizens disproportionately increased. For example, African-Americans make up 13.7% of the citizens of the country but comprise 18.6% of the uninsured.

For the purpose of this report, the 1996 Health Summit’s action items will constitute its basis.

**Managed Care**

Managed care has generally been defined as a system, which facilitates the patient’s health care. In the past, the managed care system has placed the primary care provider as the “gatekeeper” by which the patient receives referrals to specialists and admission to hospitals and the specialized services. The payment system has often been described as having the structure of the “gatekeeper” receiving a monthly fee to manage the patient care and a fee-for-service basis for any care that is provided. In addition, there has been no financial risk for referrals because specialists are paid in a separate fee-for-service system.

There are a number of identified managed care systems in addition to organizations known as preferred provider organizations. The subject around managed care is centered around cost. The argument for managed care states that this system saves money over traditional fee-for-service systems. Under managed care system there is a fixed capitated payment given to the provider for services. Therefore, the financial incentive in managed care is to reduce unnecessary procedures, limit inpatient hospitalization bed days and keep people healthy.

Critics of managed care plans argue that managed care savings are inflated and that savings actually come from a healthier caseload, one-time savings from reduced inpatient hospitals days and the negotiated discounts from hospitals and doctors.

Most arguable is that cost from the discounts are cost shifted to other insurers. These arguments and others became the central focus piece during deliberations at the health summit.
MEDICARE/MEDICAID

Medicare, a joint federal-state governmental health insurance program, pays for medical services for certain low- and moderate-income people. Persons who qualify for Medicaid are families with dependent children, children under the age of 21 years, adults’ age 65 and older, and blind or disabled persons. The process as it is currently known, has the structure in which the federal government sets the broad guidelines for the program; the states give latitude to establish eligibility criteria to determine the type of services that will be covered for the state’s Medicaid recipients.

Medicare is a federal health insurance program that pays some of the costs of medical care that also includes hospital and doctors’ charges, skilled nursing and home health, hospice and outpatient care. Persons who are age 65 years and older and certain disabled persons are eligible for Medicare.

ACTION ITEMS

1. The NAACP should urge its members to advocate high standards of quality in all public health care programs, including Medicare and Medicaid. Special emphasis is to be placed on advocacy efforts that request mechanisms that ensure that patients are guaranteed access to medically necessary treatments. These necessary treatments should include prescription medicines, patients’ rights regarding grievances and the right to appeal and denial of care and monitoring system to ensure the scientific and clinical integrity of medical decisions by health care delivery systems.

2. The NAACP should advocate that all Managed Care Systems include consumer education/information as part of their plan packages. This education component should include, but not be limited to, workshops which educate the consumer on the various plans available and the advantages and disadvantages of each including information on the ability to change plans.

3. The NAACP should strongly advocate against redlining. All health plan providers should include an adequate population distribution, which includes broad spectrum of persons with different health needs and income characteristics. This is necessary to avoid shifting all persons who may be characterized as “high risk” into one high cost plan.

4. The NAACP should strongly advocate against practices by managed care organizations that may exclude minority health care providers from their plans. This should also include an evaluation process which examines criteria that terminates the service of a health care provider, i.e. physicians, mental health professionals, etc. The NAACP should support the enactment of laws that would mandate the HMO’s undergo peer review by qualified health professionals to evaluate the quality of direct patient care.
5. The NAACP should re-emphasize the earlier health policy resolutions and adapt the managed care health delivery care policy concern in these policies. Particular focus should be placed in the area of violence/injury prevention, as this is an alarming health problem in the African-American and other minority communities. Managed Care plans should include educational components in the area of violence and injury prevention as part of their preventive medicine aspect in offered plans.

6. Local NAACP branches should include health policy issues as part of the local voter registration and education advocacy efforts. A report card regarding health policy issues should be compiled by local branches and compared with the NAACP positions on these issues.

7. The NAACP should advocate for more emphasis to be placed on encouraging African-American and other minorities, to enter the health care professions. This emphasis should include incentives for minorities such as funding for education and job location for training and practice.

8. The NAACP should oppose congressional Medicaid and welfare cuts as this is believed to increase the number of persons who will become uninsured and underinsured. This may result in persons particularly minorities, to less likely seek health care.

9. The NAACP should organize and establish HMO and/or Medicaid managed care-monitoring groups, which will function to educate the public about managed care and consumers’ rights.

10. The NAACP should work with regulators and policy leaders to improve manage care laws to ensure the persons which are characteristically classified as disadvantaged, receive the best health care available.

11. The NAACP should advocate for policy legislation that ensures protection is included that will provide needed support services and care of the disabled and chronically ill.

12. The NAACP should advocate for enhanced government involvement in monitoring quality and access to the health delivery system. This advocacy effort should include adequate data that will allow for monitoring the market health system and enhanced funding to finance care for the uninsured, since cost shifting will be limited in the future.

13. The NAACP should monitor local conversions of not-for-profit health care institutions to for-profit status. The NAACP should work with Attorney Generals to insure that the assets of these institutions continue to be used for charitable purposes.

These actions items were edited by the National NAACP Health Committee, formulated into official health policy resolutions and submitted to the National NAACP Board of Directors for review and adoption.
A final note: The NAACP’s Health Workshop, which was held during the convention, also focused on Managed Care. Much of the information listed above was presented by the workshop presenters as well as the listed action items and this formed the basis for the discussion during the workshop presentation. More NAACP members from various branches across the country were able to benefit from the information on managed care and its effect on the health care of the minority and other disadvantaged populations. **1995-1996**
WHEREAS,, for 94 years the NAACP has been fighting for civil rights; and

WHEREAS,, state and federal correctional institutions in the United States have a constitutional obligation to adhere to the fundamental tenants of human rights with regards to the prison population by providing adequate health care and treatment services; and

WHEREAS,, state and federal correctional institutions in the United States contract with health care providers to provide such said services; and

WHEREAS,, the level of health care and health services provided are many times compromised by budget constraints irrespective of the needs of the prison population; and

WHEREAS,, African Americans and other people of color, while incarcerated, suffer disproportionately from diseases, such as Hepatitis-C, Diabetes and kidney disease; and

WHEREAS,, failure to adequately treat the aforementioned illnesses can result in severe development of these illnesses and potentially lead to death.

NOW, THEREFORE, BE IT RESOLVED, that the NAACP investigate the health care treatment of African Americans and other people of color incarcerated within state and federal correctional institutions; and

BE IT FINALLY RESOLVED, that the NAACP advocate for sufficient and adequate health care services for all persons incarcerated within state and federal correctional institutions. 2003
WHEREAS, Strategic Plan objective 9.2 (a) states that the National Health Division should design a phased-in approach to universal coverage, calling first for full health coverage for children, families with children and eventually universal coverage. The strategy should also focus on the needs of seniors, including the importance of coverage for prescriptions and access to quality home healthcare; and

WHEREAS, reports show that a lack of access to quality health care is a contributing factor to health disparities in the minority community; and

WHEREAS, the NAACP has determined that universal healthcare coverage would benefit all people and communities, especially those with the greatest need and should be provided to all Americans.

THEREFORE, BE IT RESOLVED, that any health care coverage legislation supported by the NAACP should include the following components:

a. choice of physicians;

b. access to efficacious medicines;

c. care available in patient’s neighborhood (Laboratories, Emergency Rooms or Hospital);

d. preventive care covered and encouraged to include: Colonoscopy, Mammography, eye exams, physical exams, Immunizations, smoking cessation, Obesity treatment and Substance Abuse Care;

e. mental and dental healthcare coverage with mental health on parity with medical coverage; and

f. coverage, to include a process for racial and ethnic data collection to better determine the effectiveness of healthcare coverage and progress on ending health disparities. 2003
ACTION ITEM IN SUPPORT OF
A CONSTITUTIONAL AMENDMENT
PROVIDING FOR EQUAL HIGH QUALITY AND AFFORDABLE HEALTH CARE FOR ALL AMERICANS

February 21, 2004

WHEREAS, it is the policy and the belief of the NAACP that all Americans are entitled to and should have access to high quality health care; and

WHEREAS, in the United States today over 42 million Americans, including 10 million children, do not have any health insurance; and

WHEREAS, the uninsured or underinsured are predominantly the poor, racial and ethnic minority Americans and the disabled; and

WHEREAS, despite the fact that the United States spends more money per capita on health care, the World Health Organization has ranked the U.S. 37th in the world in terms of meeting the health care needs of its people; and

WHEREAS, we have 200,000 bankruptcies a year due to unpaid medical bills, and 86,000 deaths a year according to the Institute of Medicine that could have been avoided with proper care; and

WHEREAS, public hospitals and community clinics are closing in our inner cities and rural areas, eroding our health care social safety net for the poor and uninsured; and

WHEREAS, while many of the health care reform proposals currently before Congress provide varying degree of coverage to different percentages of the American population, none of them are based on the premise that every American has the right to high quality, affordable health care; and

WHEREAS, Congressman Jesse Jackson, Jr. has proposed an amendment to the U.S. Constitution that declares that all citizens of the United States shall enjoy the right to health care of equal high quality and assigns Congress the power and the affirmative responsibility to write legislation that will provide every American with equal and high quality health care.

THEREFORE BE IT RESOLVED that the NAACP supports and endorses H.J.Res. 30, legislation proposing an amendment to the Constitution of the United States regarding the right of citizens to health care of equal high quality. 2004