

- Educating consumers and health care professionals on how to evaluate Internet health information,
 - Using criteria to develop their own Internet health site, or
 - Promoting the use of educational tools to help assess quality;
2. Supports continued FTC monitoring and enforcement of fraudulent health claims and deceptive health marketing on the Internet;
 3. Endorses the development, publication, and dissemination of criteria for evaluating Internet health information that address such items as those defined by the Health Summit Working Group:
 - Credibility: includes the source, currency, relevance/utility, editorial review process for the information, and financial disclosure,
 - Content: must be accurate and complete, and appropriate disclaimer provided,
 - Disclosure: includes informing the user of the purpose of the site, as well as any profiling or collection of information associated with using the site,
 - Links: evaluated according to selection, architecture, content, and back linkages,
 - Design: encompasses accessibility, logical organization (navigability), and internal search capability,
 - Interactivity: includes feedback mechanisms and means for exchange of information among users,
 - Caveats: clarification of whether the site's primary function is to market products and services or to serve as a primary information content provider.

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6. Res 7320: Increased Efforts in Health Education.
7. PP 7742: Toward a Policy on Health Education Public Health.
8. APHA Resolution 8524: Support for Accurate Public Information on Abortion.
9. APHA Resolution 8813: Nutrition Fraud and AIDs.

10. APHA Resolution 5202: Use of Television in Health Education.

11. APHA Resolution 7622: Television and Health.

200032: Discontinuation of the Use of the Island-Municipality of Vieques, P.R., for the US Navy's Training Exercises

The American Public Health Association,

Recognizing the broad consensus among the people of Puerto Rico regarding the immediate cessation of the US Navy's military exercises in the Island-Municipality of Vieques, P. R., and the imminent risks faced by the population in view of the US Navy's resumption of exercises and the recent arrests of nearly three hundred civil disobedients considered as interfering with the military maneuvers;^{1,2} and

Understanding that although the US Navy has been in Puerto Rico during the last sixty years, the extent of the damage caused by the Navy's maneuvers had not been assessed until the Governor of Puerto Rico commissioned a task force, which rendered a report in June 1999; and

Acknowledging that the findings of said Commission were not widely disclosed until June-July 1999;^{3,4} and

Acknowledging that the US Navy permanently occupies two-thirds of the island's nearly nine thousand acres and that 180 days per year, they engage in military exercises that involve shelling the island with live ammunition, including depleted uranium ammunition without the authorization of the Nuclear Regulatory Commission.⁵ launched from the air by the U. S. Air Force attack planes as well as from naval vessels at sea to areas eight miles from where the 10,000 inhabitants of Vieques work and live; and

Realizing that the US Navy assumed responsibility for the most recent accident that resulted in the death of a civilian employee, who was killed by a 500 pound Mark 82 missile; and

Acknowledging that officials from Puerto Rico's Department of Education testified to the Governor's Commission of Vieques that "...bombing practices make school buildings tremble, affecting the teaching activities and damaging the physical structures",³ and

Knowing that the Environmental Protection Agency stated on August 27, 1999, that the US Navy has violated the norms established for the disposal of contaminated discharges and has, according to EPA officials, demonstrated an incapacity to comply with the agency's regulations;⁶ and

Understanding that samples obtained by a group of marine biologists from the coral reefs in Vieques located in close proximity to unexploded leaking bombs reveal highly diseased and discolored coral specimens, and magnetometer studies performed by the same group reveal unequivocally that craters on the seaward side of Isla Alcatraz, which are pock-marking coral reefs and sea grass beds in the region, were not originated by hurricanes but by detonation of ammunition;⁷ and

Recognizing that Puerto Rico's Health Department's Cancer Registry, published in Nov-

ember 1999,⁸ and showing cancer trends for Vieques and the main Island of Puerto Rico for 1960-1994, demonstrate that, prior to 1979, Vieques exhibited cancer rates lower than those of the main Island, whereas the cancer rates for Vieques subsequently increased, generating standardized incidence ratios for the periods 1985-1989 and 1990-1994 that exceed the alert levels adopted by the surveillance system as defined by the Agency for Toxic Substances and Disease Registry of the US Department of Health and Human Services, prompting the Puerto Rican Legislature⁹ to mandate an epidemiological study of the cancer rates in Vieques; and

Realizing that the current conditions to which the people of Vieques are exposed constitute serious threats to the environment and to their health; and

Recognizing the right of the people of Puerto Rico to take the necessary actions to assure their well-being; therefore

1. Calls upon the President of the United States to order the permanent cessation of military exercises in the Island-Municipality of Vieques, Puerto Rico, and transfer of the present occupied land to the people of Vieques; and

2. Calls upon the President to order the U S Department of Defense to immediately establish a clean-up program that will facilitate the prompt restitution of the Island's environment and that will include the necessary steps that must be taken to mitigate the threats to the health of the people of Vieques for which the US Navy is responsible.

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Interim Policy Statements

The following "interim policy statements" were also adopted by the Governing Council on Wednesday, November 15, 2000 during the 128th annual meeting of the American Public Health Association in Boston, MA. Introduced as "Late-Breakers," these policy statements have not been subjected to the APHA policy development process, which is designed to be open to full participation of the membership and to ensure careful review by appropriate APHA units, including reference committees, the Joint Policy Committee, APHA sections, special primary interest groups, affiliates, and others, and at public hearings during the annual meeting prior to final voting by the Governing Council. These interim policy statements are subject to that process during the ensuing year, before they can become official policy of APHA. Public Policy Statements are used as the basis of APHA's stand on legislative, legal, and regulatory issues and may stimulate scientific inquiry. They are a record of the nature, character, and values of the American Public Health Association and its membership.

00-LB-1: Research and Intervention on Racism as a Fundamental Cause of Ethnic Disparities in Health

The American Public Health Association

Understanding that in the United States, ethnic disparities in health have persisted during the 20th century and even increased for certain health outcomes, despite major advances in public health, biotechnology, and economic prosperity and wealth;¹⁻⁴ and

Understanding that "race"-associated differences in health outcomes are routinely documented in this country, but the basis of those differences remains poorly explained; and

Understanding that "race" is not a biological construct that reflects innate differences,⁵⁻¹¹ but a social construct that precisely captures the social classification of people in a "race"-conscious society and therefore measures the impacts of racism;⁷ and

Acknowledging that ethnic health disparities may arise on three levels: 1) Differences in social, political, economic, or environmental exposures which result in differences in disease incidence; 2) differences in access to health care including preventive and curative services; and 3) differences in the quality of care received within the health care delivery system;¹²⁻³⁷ and

Acknowledging the importance of identifying the underlying causes of ethnic health disparities so that these disparities can be most effectively addressed; and

Realizing that disparities in health for ethnic minority populations are rooted in the sociopolitical and economic history of the American society;^{12,13} and

Understanding that many people in the United States believe that racism is no longer a problem, while others deal with its manifestations daily;^{12,13,38-40} and

Realizing that the perception of the occurrence and extent of ethnic disparities in health and health care differs between white and ethnic minority populations in the United States;⁴¹ and

Recognizing that the science on racism as a risk factor for adverse health outcomes in non-white populations in the United States is scant;^{6-8,12,13,42-45} and

Recalling that in 1965, the American Public Health Association passed a resolution of "The Health Minorities and the Relationship of Discrimination Thereto."⁴⁶ Further recalling that in 1974, the American Public Health Association passed a resolution on "Racism in the Health Care Delivery System" which states, "Minority health, as affected by institutional racism, can only improve when efforts from the entire complex of human and public services are purposeful applied to accomplish that specific goal;"⁴⁷ and

Recognizing that the American Public Health Association has also previously condemned the expression of racism in other countries;^{48,49} and

Cognizant that Mayor Bob Knight of Wichita, Kansas has called for a National Campaign Against Racism as President of the National League of Cities that challenges and assists city and town governments in becoming Cities Striving to Promote Racial Justice;⁵⁰ and

Celebrating the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010 and recognizing this as an opportunity to investigate and address the underlying causes of these disparities;⁵¹ and

Recognizing that the American Public Health Association has recently joined with the Department of Health and Human Services in a national Campaign to Eliminate Racial and Ethnic Health Disparities;^{51,52} and

Cognizant that the recent Congressional passage of the Minority Health and Health Disparities Research and Education Act of 2000, which established a National Center on Minority Health and Health Disparities at the National Institutes of Health, provides an opportunity for coordinated research on the impacts of racism on health;⁵³ and

Also cognizant that comments are currently being solicited on the October 6, 2000 draft of the National Institute of Health's Strategic Plan to Reduce and Ultimately Eliminate Health Disparities;⁵⁴ therefore

1. Reaffirms previous American Public Health Association policies that have condemned racism and its impacts on health and health care;
2. Commends the National League of Cities on their Undoing Racism agenda and their efforts to launch a National Campaign Against Racism;
3. Calls on the President and the Congress of the United States to endorse a National Campaign Against Racism;
4. Calls on the Congress of the United States to convene the Congressional Black Caucus Foundation and the National Medical Association, along with Institute of Medicine to prepare a report that summarizes our current knowledge on the impacts of racism on health and identifies points of intervention;

5. Calls on the Department of Health and Human Services to explicitly address racism as a part of its national Initiative to eliminate Racial and Ethnic Disparities in Health by the Year 2010;
6. Calls on the Centers for Disease Control and Prevention and the National Institutes of Health to place a high priority on research on the impacts of racism on the health and well-being of the nation;
7. Calls on the President and the Congress of the United States to appropriate funds for investigating the impacts of racism on the health and well being of the nation;
8. Calls on the President and the Congress of the United States to appropriate additional funds for developing evidence-based programs to eliminate ethnic health disparities; and
9. Calls on the President, the Congress, and the Judicial Branch of the United States to recognize and promote legal redress for discrimination in health and health care.

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