

Resolution # _____

Title: Statewide Smokefree Workplaces to Protect Tribal Citizens from the Dangers of Secondhand Smoke.

WHEREAS, the _____ (name of tribe), is an Indian tribe as defined in Section 4 of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, 25 U.S.C. 450b; and

WHEREAS, Alaska Native people have the highest rate of tobacco use in the state of Alaska; and

WHEREAS, tobacco use is the leading cause of preventable death and disease and Alaska Native people suffer serious health consequences including heart disease and cancer; and

WHEREAS, secondhand tobacco smoke exposure is another leading cause of preventable death, and causes disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and cancer; and

WHEREAS, it has been determined by the U.S. Surgeon General that there is no safe level of exposure to secondhand smoke, air ventilation systems do not work, and that only completely smokefree environments can protect health; and

WHEREAS, a significant amount of secondhand smoke exposure for Alaska Native adults and children occurs in the workplace and even short exposures may result in serious adverse health effects and even death; and

WHEREAS, smokefree workplace laws protect people from secondhand smoke, reduce tobacco use overall, support healthy lifestyles, model healthy behavior, and support quit attempts; and

WHEREAS, the health of our people is of utmost importance and Alaska Natives have taken a lead in addressing health issues throughout the years; and

WHEREAS, smokefree workplaces will protect the health of our children, grandchildren and all our people.

NOW THEREFORE BE IT RESOLVED, the _____ supports statewide adoption of a smokefree workplace law to protect Alaska Natives from the known dangers of secondhand smoke.

CERTIFICATION

I hereby certify that the above resolution was duly adopted at a regular meeting of the Association on this __ day of ____ 2011 at which a quorum was present, with a vote of __ for, __ against, __ abstentions, __ absent.

(Name), President

Date

ATTEST: _____
(name), Tribal Administrator

Date

DRAFT