

## Skin Cancer Conspiracy On Cause of Death of Kwame Nkrumah!

A 2015 Founder's Day Extra

Since the death of Dr. Kwame Nkrumah in Romania April 27, 1972, a popular, regurgitated story wants Ghanaians, Africans, and the world to believe that Nkrumah died of skin cancer in Bucharest, Romania.

This has been the wildly reported story!

As far as we are concerned, this is another conspiracy according to our analysis of information and the data.

The skin cancer theory is another conspiracy. That theory attempts to cast doubt about the authenticity of Kwame Nkrumah as an African man born in Ghana, West Africa. As such, this prevailing conspiracy is dangerous for Ghanaians and Africans, and all Peoples of African origin.

The top six cancers in males were the following:

- Kaposi's sarcoma (15.9 percent)
- liver (13.3 percent)
- prostate (10.7 percent)
- esophagus (6.0 percent)
- non-Hodgkin's lymphoma (5.8 percent)
- stomach (4.5 percent).

In fact, the prevailing toli about Nkrumah's death from skin cancer is dangerous for Ghanaians and Africans because the estimates of the incidence of prostate cancer in African men is highest among all major diseases, and second only to liver cancer for estimates of the dead, by rank.

Fundamentally, for an African man who died in 1972, the skin cancer theory does not make much sense. Rather, the other reported cause of

death, prostate cancer, is the more reasonable, sensible, and rational cause of death of Kwame Nkrumah.

According to the American Cancer Society, ACS), skin cancer (melanoma) is more than 20 times more common in whites than even African-Americans more of whom have shared ancestry with whites than Africans directly from the continent of Africa, as Nkrumah was. In fact, overall, the lifetime risk of getting melanoma (skin cancer) is about 2.4% (1 in 40) for whites, 0.1% (1 in 1,000) for African Americans, and 0.5% (1 in 200) for Hispanics.

However, in 2008, the American Cancer Society reported that in absolute terms, there were 39,500 "estimate cases" and 28,000 "estimated deaths" from prostate cancer among all African men. This is contrasted with 213,700 "estimated cases" and 32,600 "estimated deaths" from prostate cancer among all North American men.

**IN OTHER WORDS, ESTIMATED DEATHS FROM CANCER AMONG AFRICAN MEN IS 4.6 TIMES HIGHER (71%) COMPARED TO NORTH AMERICAN MEN (15.3%).**



**Undated Photo:**  
Nkrumah in a motorcade, with a group of Ghanaian men.

Significantly, the American Cancer Society table does not show any numbers for skin cancer among Africans. This indicates that even in 2008, the incidence of skin cancer among Africans (men) was rare compared to other diseases. On the other hand, according to the ACS, "estimated cases" for North American men was 38,000, with no "estimated cases" for death given in the table.

Simply, Nkrumah died in 1972 because his case of prostate cancer was diagnosed late, treatment was late, or treatment was not effective.

As such, the evidence is more on the side of Mr. Sekou Nkrumah and the Nkrumah family. Dr. Kwame Nkrumah died from prostate cancer. That is the useful conclusion and lesson to draw from the passing of Nkrumah.

Prostate cancer as cause of Nkrumah's death provides grounding for current health programs that address a real mens' health issue in Ghana, Africa, and among all men of African origin.

Let's deal with that in earnest and all seriousness in history, and in African reality.

Man, go have your "PSA" taken and read for your prostate cancer check-up, for Nkrumah's sake this Founder's Day, 2015, no party colors relevant!

Sister, tell your man and elder brothers to go have their "PSA" taken and read for their prostate cancer check-ups, for Nkrumah's sake this Founder's Day, 2015, no party colors relevant!

So it goes, Ghana!

#### SOURCE:

1. American Cancer Society. Cancer in Africa. 2011. Get a copy at [www.GhanaHero.Com/FOIB](http://www.GhanaHero.Com/FOIB). (Get at copy under "OTHER RECOMMENDED WEBLINKS/DOCS").
2. NCBI - Disease and Mortality in Sub-Saharan Africa. 2nd edition, Chapter 20 (<http://www.ncbi.nlm.nih.gov/books/NBK2293/>).

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