



AMERICAN LUNG ASSOCIATION 100TH ANNIVERSARY LUNCHEON

Celebrating Our Heritage

VOLUNTEERISM

LOCAL ACHIEVEMENT

NATIONWIDE IMPACT



100th Anniversary Luncheon

May 22, 2004 • Orlando, FL

Bob Kealing, Master of Ceremonies

ORDER OF PROGRAM

Welcome

Bill Voigt, American Lung Association Chairman
John Kirkwood, American Lung Association President & CEO

– Lunch –

Video—*Mission: Possible*

Celebration of Local Achievements

Past Presidents' Challenge

Judge Cordell D. Meeks, Jr., American Lung Association Past Chair

Finale: *One Breath*



Bob Kealing is a three-time Emmy award-winning reporter. He has covered many of the biggest stories of our time including Hurricane Andrew, the election controversy of 2000, and the Atlanta Olympic bombing. He has also reported live from Jamaica, Puerto Rico, Times Square and the White House. He has appeared on Dateline NBC, CNBC, MSNBC, CNN, Court TV, and the Montell Williams Show.

In March, Arbiter Press released his first book, “Kerouac in Florida: Where the Road Ends.” He is co-founder of the Jack Kerouac Writers-in-Residence Project of Orlando. In 2002, he appeared as an expert on the life of Jack Kerouac for C-Span’s American Writers series. Bob is married to wife Karen. They have a three year old son and an 18 month-old daughter.

The American Lung Association thanks Bob for volunteering his time as we celebrate our 100th Anniversary.

Reflections from Past Leaders

As the American Lung Association celebrates its 100th Anniversary, several past volunteer leaders offer their personal stories to highlight the foundation of mission and volunteer commitment as we enter our second Century of service.

Jeanne Malchon (President, 1984-1985)



In the late 1960s, I became involved with the issue of the inhuman housing conditions in St. Petersburg's poorest neighborhoods—home to more than 25 percent of the city's population, who worked serving the city's and tourist white populations in the finest restaurants and hotels. I was a League of Women Voters volunteer, and we undertook a door-to-door survey, with the help of the city's African-American teachers, who found absolute squalor—the most disgusting, unsanitary conditions imaginable. What I saw, what I learned, and how we changed individuals' housing situation—with the help of the American Lung Association—had a greater impact on my life than anything else, steering me into many other public activities. It was the American Lung Association volunteers and staff in St. Petersburg who took the League of Women Voters' raw data, tabulated it, analyzed it, and partnered on our advocacy initiative. Our devastating report to an embarrassed City Council forced them to request federal funding to create the first new public housing in decades. That facility has expanded over the years and now also serves elderly.

The local Lung Association was so cooperative and giving of their volunteers and facilities as we worked on such an impactful event! I couldn't refuse when asked to join the local board, and I followed the volunteer ladder up to becoming national board president. And it was my American Lung Association 'training' that positioned me to lead groundbreaking Florida legislation. Proudly, during my legislative tenure, Florida enacted the nation's first Workers Right To Know law and one of the first state laws to regulate smoking in public places (Florida Clean Indoor Air Act)—thanks to the American Lung Association.

Lois T. Ellison, M.D. (President, 1986-1987)



My introduction to the Lung Association began with a dramatic event 57 years ago. My husband was a Medical College of Georgia thoracic surgery resident at Battey State Tuberculosis Hospital in Rome, Georgia, an institution with approximately 1,500 patients. I was recuperating from pulmonary tuberculosis that had forced me to drop out of medical school just before my senior year. Although no longer hospitalized, I had not been cleared to re-enter medical school. The superintendent of the hospital, Dr. Rufus Payne, invited me to work under his supervision on the admission service. This was truly a wonderful educational and inspirational experience.

Although streptomycin was available in small amounts, not nearly enough was available for the many patients who desperately needed it. No funds were available from the state. Dr. Payne had a plan. He contacted the Georgia Tuberculosis Association and requested a campaign to raise funds to purchase streptomycin. The association enthusiastically consented. The money was needed immediately. To raise the public's awareness of this great need, Dr. Payne asked the *Atlanta Journal* to announce the fund drive. He asked if I would allow my story to be a part of the appeal. Of course, I would do anything to help. And on Mother's Day, May 11, 1947 a large photograph of me at the bedside of an 11 year-old boy holding a Mother's Day card appeared on the front page of the state edition of the paper. The article explained the immediate need for \$75,000 to purchase streptomycin. Money poured in—small and large contributions—often accompanied with letters expressing hopes and prayers for the victims of the "White Plague." Within weeks, a total of \$111,815 was collected, exceeding the goal by 49 percent. As a result, 650 patients received streptomycin. During the ensuing months, patients and staff at Battey Hospital witnessed what could only be called a miracle—made possible by the Georgia Tuberculosis Association and the generosity of the people of Georgia.

I made a solemn vow that I would someday be a part of the Lung Association. My commitment continues.

Carol H. Kawanami, PHN, M.S. (President, 1987-1988)



Congratulations to the American Lung Association as it celebrates its 100th Anniversary! My involvement with the American Lung Association family began over 32 years ago at a local California affiliate—then the Tuberculosis and

Respiratory Disease Association of Orange County. I became involved as a Lung Association volunteer because a board member recruited me. In addition to my background and interest in public health, I had been involved with fund raising for another not-for-profit health agency.

No only is it important for volunteers to recruit other volunteers to the Lung Association team—it is of equal or greater importance to have an organization that nurtures and cultivates active and meaningful participation of its members!

In addition to the honor of serving as President of the American Lung Association of Orange County, American Lung Association of California, and the American Lung Association, I feel a real sense of satisfaction from my involve-

ment over the years and opportunities to generate several new initiatives. Thanks to the continuing support and dedication of many individuals, both volunteers and staff, these initiatives have met the test of time and have become a part of the organization: a program for children with asthma in Orange County begun in 1972, soon after the name change to American Lung Association; sessions for presidents and presidents-Elect at the Constituent and national levels; and the annual American Lung Association/ATS Research Fund Dinner to not only raise money for research but also to develop a stronger relationship between American Lung Association and ATS.

Thomas J. Godar, M.D. (President, 1988-1989)



In 1963, I was granted a Fellowship in Pulmonary Medicine at Yale University, but it was unfunded. I sought scholarship support from the local Tuberculosis and Respiratory Disease Association but was told there were no funds for professional education. After completing my training, I returned to the association to make a case for a program to support the fellowship training needed for the pulmonary physicians who were in short supply in the state. I was asked to join the board and help develop funding for such training programs, and within two years, local qualified fellowship training programs were receiving 50 percent funding by the state association! This response was so impressive, and the mission of the association so appealed to me that I was hooked.

I was further impressed at the number of ATS members on the board and committees and the close working relationship between the Connecticut Thoracic Society and what would become the Connecticut Lung Association. I was further impressed with Jim Swomley, the executive director, since he displayed a high level of ethics, fiscal responsibility, and good administrative skills. I was also attracted to the early activities of the Air Conservation Committee, even before the Clean Air Act of 1970.

When I joined the American Lung Association Board in 1982, I was exposed to quality volunteers, including many ATS researchers whose work I had used in testifying locally on behalf of clean air. I was hooked by the expanding research into the mechanisms of asthma, COPD and the established but previously poorly understood mechanism of air pollution health effects. The American Lung Association/ATS relationship was ideal for the application of science to public policy.

John D. White, Ph.D. (President, 1991-1992)



My first experience with a Lung Association was in 1958, when I was asked to serve as a representative of my employer, Fort Detrick, on the board of the Frederick County (Maryland) Tuberculosis and Public Health Association.

Within a short period, the importance of the mission be-

came evident, and I was energized to start a career as a volunteer, which lasted until 1996. During this period, I was on the constituent and national boards serving in many capacities and privileged to have been a president of each association. It was an interesting and rewarding experience helping to improve health issues so important for the welfare of our communities.

Lee B. Reichman, M.D., MPH, (President, 1992-1993)



I revere the American Lung Association and its work and have been aware of the organization since the 40's when I first noticed the annual stamps my family received at Christmastime. Upon my retirement as President, I had spent 42% of my lifetime, upwards of 25 years, in service. My mentor, the late Dr. Julia M. Jones, the 1973 Trudeau Medalist, was right in telling me how important the American Lung Association was in doing what it did for all of us. She also described the immense satisfaction I would get from contributing and being a volunteer. I may have been one of the few individuals supported during my professional education by an American Lung Association training fellowship who was privileged to serve as President of the organization and to ultimately receive the Ross Medal.

I'm not sure that many of the annual International Conference attendees recognize the profound impact the association has had on our everyday existence and why we should be proud of its work. In several everyday instances: the Clean Air Act; Smoke Free Skies; the tobacco settlement; formation of the Division of Lung Diseases at NHLBI, and the effective national and now global TB program of the US government. These occurred only because of—and may never have existed without—the American Lung Association.

In other words, the American Lung Association has and continues to make a difference for all of us and has made a major difference for me.

Alfred Munzer, M.D. (President, 1993-1994)



One of my very first patients as an intern was a poor old man who had emphysema and who had developed an acute asthmatic attack. As we tried to administer medications to open his air passages and provide mechanical support for his breathing, his condition continued to deteriorate and he turned more and more blue. He died practically in my arms. It was a frightening experience, but one that motivated me to become a pulmonologist. As I continued my training I came to the realization that a very high percentage of the patients I would be treating had diseases that were either self-inflicted or caused by the environment and were therefore preventable.

I became involved with the American Lung Association because it offered the best hope for prevention. And advocacy was the tool that I felt could be especially powerful in

fighting lung disease. That was why one of the first things I did when I became a volunteer was to form a Public Policy Committee at the American Lung Association of Mid-Maryland.

Joseph H. Bates, M.D., M.S. (President, 1994-1995)



When I was 16, my favorite uncle, who was 26 at the time, developed tuberculosis. I was asked to drive him to the state tuberculosis sanatorium where he was to be confined for a prolonged period for treatment.

My memories of driving him to the sanatorium that day remain vividly imprinted on my mind, and the image of his young wife and three young boys ages four, six and eight, waving goodbye to us as we drove away from his home, is one of my saddest memories. Unfortunately, after several years in the sanatorium, having had extensive surgery and other treatments, my uncle died of tuberculosis. This experience never left my mind, and in medical school I was drawn to learn all I could about tuberculosis. I found it fascinating and intellectually challenging and began to do research in this area; after graduation and completion of residency training, I returned to graduate school to study infectious diseases with an emphasis on tuberculosis. As I was doing research in tuberculosis, it was natural that I would volunteer in the county and state tuberculosis associations. Over time, my volunteer work involved working as an advocate in behalf of the Lung Association trying to improve financing for tuberculosis control programs in the state. At the same time, I was working actively in the Thoracic Society, which served as the medical advisory group for the Tuberculosis Association. These two groups working together made enormously important contributions to bring the tuberculosis epidemic under control in the United States.

As the years passed, the Tuberculosis Association broadened its focus to include other diseases of the lung as well as air quality, and I was pleased with this change and continued to work as a volunteer. The association changed its name to the American Lung Association, and it took on other issues such as tobacco control, environmental air quality, asthma and other lung diseases. It's been a pleasure and extremely satisfying to be a part of such a wonderful movement with such a noble cause.

**Jacqueline D. McLeod, MPH
(President, 1995-1996)**



My personal commitment to the American Lung Association is motivated by my personal experience of losing my Mother to tuberculosis when I was 8—a year before effective treatment was available. It is a loss I live with every day. I was irrevocably changed because I did not have a Mother's nurturing hand that shapes a woman's identity.

The work of the American Lung Association was first introduced to me by my grandmother who had my sister and me place Christmas Seals® on her holiday cards. Later I learned more about the American Lung Association while working as a Nurse Epidemiologist at Harlem Hospital in New York City—frequently on the TB ward and other areas where I saw lives changed because of lung disease. My service on the Board of Directors, first in New Jersey and then on the National Board, involved me on a level that gave me an opportunity to become involved in issues and many important events to make a difference in fighting the devastating effects of lung disease. I continue to be passionate about the work of the American Lung Association because lung health continues as an important goal for society.

Thomas F. Gibson (President, 1996-1997)



In 1952 I was in graduate school at the University of North Carolina School of Public Health. I had a young family and was trying to support my family and pay graduate school expenses on the G.I. Bill.

During that year, I met with an NTA staff member who was visiting the graduate school on a recruiting mission. I had also met the Executive Director of the North Carolina Tuberculosis Association. With these two contacts, I was able to get a joint NTA/NCTA scholarship of \$1000. This meant more to me than many times that amount now!

Upon finishing graduate school, I took a position with the Charlotte (N.C.) Mecklenburg County tuberculosis and Health Association as Executive Director. I left the association after three years when I went to Georgia for other employment. However, I soon went on the Georgia Tuberculosis Association Board of Directors and have maintained a close relationship with the association since then through its several name and corporate changes.

The people I have met nationwide during my relationship with the American Lung Association have become lifelong friends!

Donald L. Clark (President, 1997-1998)



I would classify myself as an uncommitted volunteer back in 1977 when I first joined the board of a local Connecticut affiliate. A couple of years later my wife, Nancy, had a serious lung problem, and the volunteers and staff at the Lung Association helped us get through a very difficult time. After that, I thought it was pay-back time, so I volunteered, first locally, and then at a national local.

I was fortunate to have Past President Tom Godar as a role model and mentor. I will never forget Tom's definition of a committed volunteer as "one who sorts through their mail at work and home and always opens the envelopes with the double-barred cross on them first." Dr. Godar, thanks to you,

I have been opening those envelopes first for many years now and hope we will both be opening them first for many years to come.

Linda B. Ford, M.D. (President, 1998-1999)



My involvement in the American Lung Association started after I received a research grant as a fellow and my boss, Dr. Walter O'Donohue, told me that I should get involved with the association. Shortly thereafter, I became an asthma camp doctor and then the camp medical director. I served on the Nebraska board of directors and thereafter as its president. After Dr. O'Donohue retired from the "old" board of directors, he recommended me as his replacement on that "old" board. When we changed to two tiers, I served on the Council before being elected to the board of directors during the time of the discussions about Organizational Effectiveness.

During one of my first assignments on the Development Committee I learned much about the many ways in which the American Lung Association raised funds. When I was chair of this committee, we were able to bring together the different local Lung Associations that were independently doing direct mail to discuss collaboration. This led to CADET and, subsequently, to a separate corporation for direct mail, which was the wish of many local Lung Associations. Open Airways for Schools was launched during the time I was chair of the Program Committee. We made great strides during my years. I was proud to be co-chair with Dr. Gerard Turino in raising the funds for the American Lung Association's asthma basic science centers, the nineteen clinical research centers, and the data coordinating center. Also during my tenure were the Global and Master Tobacco Settlements, the negotiations and ultimate split with the ATS, and the launching of T.A.T.U., N-O-T, A is for Asthma, IAQ Tools for Schools and the production of our award-winning movie, *Smoke and Mirrors: A History of Denial*. One of the last programs for which I was responsible was starting the National Asthma Educators Certification Board and development of the certification examination. This board has certified over 600 asthma educators, so far, at 110 testing sites around the country.

Ernest P. Franck (President, 1999-2000)



In the late 1960s, I had had no contact with or knowledge of ALA (NTRDA at that time), except for Christmas Seals®, until a series of phone conversations with a local businessman occurred. This man was an engineer and was about to retire and relocate from the community. He was an active member of the Rotary Club and felt strongly that Rotary should include an engineer, so he set out to recruit me for that organization. I was inter-

ested, as I believe in giving back through community service and had a positive view of Rotary.

The Rotary meetings were weekly luncheons to which he invited me on four or five occasions but it happened that each invitation fell on a day when I already had a commitment. Since I wasn't joining him for the lunch meetings, he came to believe I was just stringing him along and that my interest was feigned and not real. When he called again, and I again had a luncheon conflict, he mentioned that he was also on the Board of the local TBRD Association and would I have any interest in that organization. He emphasized that they only met four times a year. I didn't have an engagement for that day so I went with him to the meeting, became a Board Member of the Nassau County Tuberculosis and Respiratory Disease Association.

And here I am, approximately 250 Lung Association Board meetings later!

John M. Coruthers, Jr. (President, 2000-2001)



I was invited to join the Board of Directors of the Chicago Lung Association over 35 years ago because of my concern for clean air and environmental issues around the Chicago and Northern Indiana area. The large steel companies had huge plants on the South side of Chicago and along the tollway through Northern Indiana. On most days, the orange smoke coming from the steel furnaces emitted soot, ash and many particles into the air, which covered the entire area.

As a new Board member of the Lung Association, I started to immediately voice my concern with the air quality of our city and ask why our Association had no active program to clean it up. I soon found out that every steel company was well represented on the Lung Association Board by a vice president of their company or higher, and they contributed heavily to the Lung Association. I teamed up with several new physicians who also joined the Association about the same time, and we waged a campaign to fight air pollution. The steel company representatives threatened to cut off their financial support and resign from the Board if we insisted on pressing for clean air legislation. Many of the long-time Board members wanted to avoid any issues they deemed disruptive. We, however, prevailed; the steel company group resigned together.

Over the years we became an activist group rather than a passive one and embarked on many issues such as anti-smoking, lung health and asthma. I became president of the local group and was nominated after a few years to the American Lung Association Council and then Board. I have had the pleasure of working with many dedicated volunteers over the years to continue the fight to improve lung health. I have a seven year-old grandson with asthma. My love for him has kept me involved in our efforts to help find a cure for asthma.

Judge Cordell D. Meeks, Jr. (Chair, 2001-2002)

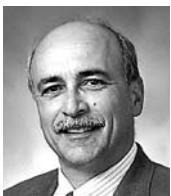


I had never heard of ALA. Those letters could have stood for the American Library Association for all I knew. Nor had I heard of the American Lung Association. I faintly remember hearing something about Christmas Seals®, but I had never contributed a dime. You see, I did not have anyone in my family who suffered from lung disease. None of my friends or acquaintances died from lung disease. I was almost a “non-believer.”

So, why am I here? Why did I start driving 120 miles roundtrip, once a month, without reimbursement to serve on the board of directors of the American Lung Association of Kansas? Simply put, a friend asked me to. A buddy of mine, who had served in my National Guard unit while on active duty during the Vietnam War, was president of the Kansas constituent. He needed a favor; that’s how I got involved. Nothing about compassion for the mission or belief in lofty goals of ridding the world of lung disease. But, that’s only half of my story. Why did I stay? Once I got involved, once I discovered what the American Lung Association was all about; once I met the people who were dedicated to saving the lives of asthmatic children, and older adults suffering from chronic pulmonary disease, I became so inspired that I decided to remain involved. After being appointed chairman of a Board Self Evaluation Committee at the constituent level, I saw the light. That was some 13 years before I accepted the nomination to lead the national board of the American Lung Association as its volunteer president and chairman of the board.

I stayed involved because I believe in the American Lung Association mission. I stayed involved because I now realize how vulnerable African Americans are to lung disease. I stayed involved because I realize that the next victim of lung disease could very well be someone in my family or close circle of friends and acquaintances. I stayed involved because somebody needs to. Now, I am fully committed to being a volunteer for the battle against lung disease for the rest of my life. Now I am a believer. My goal is to get others to join me.

Anthony J. DeLucia, Ph.D. (Chair, 2002-2003)



Growing up as an athlete in the land of smog, back in the 50’s and 60’s in Southern California, I knew things didn’t quite measure up to the quality of life I expected. Eventually, my education led me to study how the protective mechanisms of the lungs are overwhelmed at times with pollution. During my postdoctoral work, I even studied my own lungs as I bicycled while breathing ozone at the University of California at Davis. At that time, my relationship to the American Lung Association was nil. But that was about to change when I received American Lung Association research funding as a

young assistant professor in Tennessee.

Along the way, I became involved in issues requiring me to take on advocacy and education, as well as research. My American Lung Association volunteer life began in 1988 when I was asked to serve primarily on the American Thoracic Society side. From that initial three-year national term of service and my evolving efforts on the local, state, and regional levels, I discovered that the American Lung Association held the linkage to my quest for quality of life. While national Chair, I presumed to focus on indoor air, but a bigger challenge emerged—the linkage of our built, natural, and social environment in the deterioration of healthy lifestyles. It brought me full circle with my research background, the issue of urban sprawl and health.

I see the light finally. The American Lung Association prepared me well to work toward a synergy of health, environmental good, and sustainable economic and community development.

William M. Voigt (Chair, 2003-2004)



My involvement with the American Lung Association began in 1964 when I made a contribution to fight the spread of tuberculosis. Something about the organization inspired me 40 years ago to contribute to an organization that I thought was going to be doing good work. My mother and grandmother both smoked, and lung cancer eventually claimed both of them. I wanted to stop that from happening to others. In the early 1970’s I was asked by a very good friend to be involved with the local American Lung Association chapter, and I agreed. Lung disease would also claim my friend and mentor. A very rich man, his last words to me were, “If only I could breathe.”

Another good friend was the epitome of fitness. He and his wife ran a most successful group of dance studios, mainly for young people. He could not have been in better shape. What a talented individual and a leader in the community! But he smoked, and cancer took him in the very prime of his life. It is through these losses that my involvement with the American Lung Association was inspired, and I am glad to have had the opportunity to provide leadership to the organization. We still have a lot more to do. The fight is not over.

Local Achievements

A L A B A M A

The Camellia State

In 1954, the National Institutes of Health were about to abandon research on how to treat tuberculosis meningitis in children, but the Alabama and Montgomery County, Alabama TB Societies provided funds to keep the national study afloat. As a result of Alabama's leadership, Isoniazid Prophylaxis was born, saving millions of lives. Founded in 1910 as the Jefferson County Anti-Tuberculosis Association.

A L A S K A

The Last Frontier

In the 1950's an Alaskan doctor funded by the National Tuberculosis Association discovered that a drug called Isoniazid (INH) prevented the TB virus from becoming active in patients infected with latent TB. This dramatic scientific discovery brought the end of America's TB epidemic. Founded in 1934 as the Alaska Tuberculosis and Respiratory Disease Association.

A R I Z O N A

The Grand Canyon State

In 2002, the Association put before voters an initiative to increase the tobacco excise tax by 60 cents to a total of \$1.18 per pack, which passed with 67% of the vote—leading Arizona to take another major step in saving lives. This initiative also re-authorized the 1994 tobacco tax, presented by the Association, thereby “voter protecting” state funds for tobacco education and prevention use only. Founded in 1912 as the Arizona Anti-Tuberculosis Association.

A R K A N S A S

The Natural State

At mid-20th century tuberculosis patients were hospitalized for years, causing major economic and social disruption for all concerned. In the early 1960's, in conjunction with the local Tuberculosis Association, Arkansas' state tuberculosis program began treating patients as outpatients, minimizing hospitalizations. This approach was adopted throughout the U.S., revolutionizing TB patient care. Founded in 1908 as the Arkansas Tuberculosis Association.

C A L I F O R N I A

The Golden State

American Lung Associations in California have blazed trails on many lung disease issues. California associations pioneered smoke-free workplaces, including bars and restaurants, and created among the first air pollution and health initiatives, paving the way for cleaner transportation. Founded in 1930 as the California Tuberculosis Association.

COLORADO

The Centennial State

Since 1979, Champ Camp has been the only summer camp for Colorado children with asthma, providing asthma education through traditional camp activities. Thousands have benefited from this experience, and studies prove that after Champ Camp, campers experience fewer asthma episodes and they miss fewer school days. Founded in 1908 as the Colorado State Committee of the International Congress on TB.

CONNECTICUT

The Constitution State

In 2003, Connecticut passed a landmark comprehensive statewide smoking ban, which will have a long-term positive impact on the health and well-being of all Connecticut residents. The ban also makes Connecticut a national leader in providing a smoke-free environment. Founded in 1940 as the Tuberculosis Association of Connecticut.

DELAWARE

The First State

Home of the public health pioneer and crusader who introduced Christmas Seals® to America, Emily Bissell: The association's greatest achievement is protecting every Delawarean from second-hand smoke—as the second state to pass a Clean Indoor Air Act—and paving the way as the first state to repeal preemption. Founded in 1907 as the Delaware Anti-Tuberculosis Society.

DISTRICT OF COLUMBIA

Our Nation's Capital

Through its Legacy Poster, the association created and maximized an impactful image of the hazards of cigarette smoking. The high-profile campaign incorporates prominent African-American entertainers killed by smoking, and its reach continues to extend beyond Washington, DC. Founded in 1902 as the Committee on the Prevention of Consumption of the District of Columbia.

FLORIDA

The Sunshine State

The association's volunteers and staff led statewide efforts resulting in the recent passage of a constitutional amendment prohibiting smoking in almost all workplaces, including restaurants, thereby protecting the health of more than 16 million residents. The amendment passed with the support of more than 70% of Florida voters. Founded in 1916 as the Anti-Tuberculosis Association.

GEORGIA

The Peach State

The Rome, Georgia TB sanatorium was filled to capacity when Streptomycin became available in 1947, but there were no funds to cover the \$75,000 treatment costs for the most needy patients. The Georgia TB Association accepted this life-or-death challenge and quickly raised \$112,000. Thanks to this dedicated volunteer corps, hundreds of patients were given this life-saving medication. Founded in 1913 as the Georgia Tuberculosis Society.

HAWAII

The Aloha State

In 2001, the American Lung Association of Hawaii limited a cultural tradition of New Year's home fireworks and created a "Safe Haven" to protect people with lung disease from particle pollution. Partnering with the Fire Department and Humane Society, the association successfully advocated for the prohibition of aerial fireworks and a permit system for non-aerial fireworks. Founded in 1929 as the Kauai Tuberculosis Association.

IDAHO

The Gem State

The American Lung Association led the passage of a Smoke-Free Workplace Bill into law this year. The association offers a comprehensive youth prevention and cessation program funded by the Master Settlement Agreement. Idaho youth smoking rates have dropped almost 50% since 1995. Founded in 1915 as the Idaho Tuberculosis Association.

ILLINOIS

Land of Lincoln

- *In Metropolitan Chicago:* By 2000, the Lung Association of Metropolitan Chicago used the advocacy skills it honed on tobacco control legislation to advance asthma and lung disease policy initiatives, resulting in laws allowing children to carry inhalers in school, prohibiting insurance companies from denying inhaler prescription refills, and placing a "lung disease research check-off" on state income tax forms. Founded in 1906 as the Chicago Tuberculosis Institute.
- *Throughout Illinois:* The development of the American Lung Association Call Center in 1999 revolutionized delivery of lung health services to the general public. Registered nurses and respiratory therapists answer confidential question and offer lung health information at not cost. Founded in 1905 as the Illinois State Association for the Prevention of Tuberculosis.

INDIANA

The Hoosier State

The American Lung Association of Indiana partners with hospitals in providing lung health education to patients through "Lung Centers," educating in-patients in virtually every community statewide. Lung Centers have wide-reaching impact and proven program success through patient outcomes. Founded in 1914 as the Indiana Tuberculosis Society.

IOWA

The Hawkeye State

With its vast rural landscape, Iowa is at the forefront in producing many of our nation's top agricultural commodities. Focusing on its residents' and communities' issues, the American Lung Association of Iowa has worked tirelessly to increase awareness of agricultural respiratory hazards as the leading chronic health condition affecting farmers. Founded in 1905 as the Iowa Association for the Study and Prevention of Tuberculosis.

K A N S A S

The Sunflower State

Dr. Samuel J. Crumrine, a Kansas doctor, first recognized the connection between sanitation—such as no public spitting—and public health. His campaign against TB included a “Don’t Spit on the Sidewalk” brick laid in a Kansas sidewalk, and eliminated the common drinking cup in Kansas. Founded in 1908, with the help of Dr. Crumrine, as the Kansas Association for the Study and Prevention of Tuberculosis.

K E N T U C K Y

The Bluegrass State

The association has led a public and political sea change in the heart of “tobacco country,” establishing tobacco as a critical public health issue rather than a cultural or economic “sacred cow”. Kentucky stands on the verge of its first tobacco tax increase in 30 years and two historic smoke-free ordinances. Founded in 1909 as the Kentucky Association for the Study and Prevention of TB.

L O U I S I A N A

The Pelican State

The association partners with more than 30 health care agencies to present “Asthma U.,” an educational program for people with asthma and their caregivers. The interactive conference is held in three cities and involves experts focused on improving asthma management. Founded in 1906 as the Louisiana Tuberculosis Association.

M A I N E

Vacationland

The American Lung Association of Maine led statewide efforts that cut Maine youth smoking rates in half. This drop, occurring since 1997, was the direct result of successful campaigns to eliminate smoking in public places, increase tobacco tax, and ensure funding at recommended levels for tobacco prevention and control programs. Founded in 1911 as the Maine Anti-tuberculosis Association.

M A R Y L A N D

The Old Line State

The association’s long-standing Awards & Grants Research program has funded local pulmonary research totaling over \$4 million dollars in 20 years. Long before a national research standard was established, the American Lung Association began allocating 10-15 percent of its annual basis to research. Founded in 1919 as the Maryland Tuberculosis Association, Inc.

M A S S A C H U S E T T S

The Bay State

As part of a broad coalition of health service agencies, the association helped make Massachusetts the state with the highest cigarette tax. The same coalition recently passed a mandated clean indoor air law in the state. Founded in 1914 as the Massachusetts Anti-tuberculosis League.

M I C H I G A N

The Great Lake State

As the founder of the nationally-recognized community-based Detroit Asthma Coalition, the association also boasts a major research breakthrough. In the early 1990s, American Lung Association-funded researcher Michael Iannuzzi, M.D. and his team successfully identified the cystic fibrosis gene. The discovery brought recognition to the American Lung Association, its research program and to the state of Michigan, where Dr. Iannuzzi began his research career. Founded in 1908 as the Michigan Association for the Prevention and Relief of Tuberculosis.

M I N N E S O T A

The Land of 10,000 Lakes

In 1992, the American Lung Association Health House® program, aimed at raising the standard for healthier indoor environments, was launched. Health House is now a national program for homeowners and builders that generates environmental health publicity and income for the association. Founded in 1903 as the Tuberculosis and Health Society of Hennepin County.

M I S S I S S I P P I

The Magnolia State

The American Lung Association of Mississippi is very proud to have contributed over \$2 million for lung disease research in Mississippi and has stood out as a leader in the fight against tuberculosis. Founded in 1914 as the Mississippi Tuberculosis Association.

M I S S O U R I

The Show Me State

The association is about to embark on the St. Louis Regional Clean School Bus Project, funded by a \$1 million grant from Archer Daniels Midland. This project will retrofit several hundred older diesel engine school buses with oxidation catalysts designed to reduce air pollutants by 30-50 percent. Founded in 1907 as the St. Louis Society for the Relief and Prevention of Tuberculosis.

M O N T A N A

Big Sky Country

The association made a name for itself fast—first as the driving force behind The Montana Tuberculosis Hospital at Galen, Montana. In the mid-1930s, the organization pioneered local public health departments and the state's school nursing services, and testified before the U.S. Congress to move health issues from the Office of the Interior to the Department of Education (renamed the Department of Health, Education, and Welfare). Founded in 1916 as the Montana Tuberculosis Society.

N E B R A S K A

The Cornhusker State

The association created the metro Omaha Asthma Alliance, which produced the first-ever asthma data report. The report increased awareness, assisted the community in implementing targeted, effective interventions, and led to the first statewide asthma program. The Alliance has been recognized by CDC and the EPA as a model coalition. Founded in 1907 as the Nebraska Tuberculosis Association.

N E V A D A

The Silver State

The American Lung Association of Nevada offers a comprehensive youth prevention and cessation program funded by the Master Settlement Agreement. Since 1999, youth smoking rates in Nevada have decreased by more than 40%. In addition, an initiative petition has been filed in Nevada to ban smoking in public places. Founded in 1916 as the Nevada Tuberculosis Association.

N E W H A M P S H I R E

The Granite State

The association was instrumental in greatly improving the health and safety of children with asthma throughout New Hampshire. The 2003 “inhaler bill” was borne of a tragic situation when a child at a local camp died of an asthma attack. Students and campers with asthma can now carry their inhalers at all times. Founded in 1916 as the New Hampshire Tuberculosis Association.

N E W J E R S E Y

The Garden State

The association founded the Pediatric/Adult Asthma Coalition of NJ (PACNJ) to implement NHLBI asthma guidelines in partnership with schools, physicians and families. PACNJ was selected by the Institute of Medicine of the National Academies of Science as one of four national asthma programs to be a model for closing the quality chasm in health care. Founded in 1906 as the New Jersey Tuberculosis League.

N E W M E X I C O

The Land of Enchantment

Through tobacco coalitions, the association helped bring about great tobacco control changes that will significantly impact public health. Recent coalition lobbying resulted in a tobacco excise tax increase from \$.21 to \$.91, catapulting New Mexico from 40th to 18th among states in per-pack tax. Founded in 1912 as the New Mexico Public Health Association.

N E W Y O R K

The Empire State

- *In New York City:* The association has pioneered the community-wide fight against lung disease, distinguishing itself by groundbreaking Open Airways For Schools partnerships, strong municipal tobacco control and environmental health legislation, and substantial investments into individual and collaborative research, such as the five-hospital Asthma Clinical Research Center of NYC. Founded in 1919 as the New York Tuberculosis Association
- *New York State:* The birthplace of Dr. Edward Livingston Trudeau’s initiative—what is now American Lung Association, in Saranac Lake—the American Lung Association of New York State boasts one of the strongest smoke-free workplace laws, the first power plant emissions standards and two of the nationwide Lung Association’s network of nineteen Asthma Clinical Research Centers. Founded in 1904 as the National Association for the Study and Prevention of TB.

NORTH CAROLINA

The Tar Heel State

The 2002 “Clean Smokestacks” law requires coal-fired power plants to install scrubbers on their smokestacks and gives North Carolina the strongest ozone standard in the nation, thanks to the American Lung Association of North Carolina and partnering environmental groups, and collaboration with the power companies, legislators, and Governor Mike Easley. Founded in 1906 as the North Carolina Association for the Prevention of Tuberculosis.

NORTH DAKOTA

The Peace Garden State

The association’s turn-of-the-century education programs demonstrating the work of school nurses and school hygiene led directly to the development of a state health department. During the 1920s, a nurse-doctor vehicle—“The Clinic”—traversed the windswept prairie and provided health care through the state. Founded in 1909 as the North Dakota Anti-Tuberculosis Association.

OHIO

The Buckeye State

Given the urgent need for comprehensive, quality asthma education, the American Lung Association of Ohio in the late 1990s accelerated the national asthma educator certification process, collaborating with three other local American Lung Associations. The independent, national certification board formed in 2000 and gave the first national exam in 2002. Founded in 1901 as the Ohio Society for the Prevention of Tuberculosis.

OKLAHOMA

The Sooner State

The 2003 Clean Air Act became law thanks to American Lung Association of Oklahoma volunteer leaders. Oklahomans are now protected from secondhand smoke through the Smoking in Public Places and Workplaces provisions, which eliminate smoking in virtually all public places. Seventy-five percent of Master Settlement Agreement funds are now captured in a perpetual constitutional trust fund, ensuring the expense on tobacco control and healthcare programs only. Founded in 1917 as the Oklahoma Tuberculosis Association.

OREGON

The Beaver State

During the legislative session of 2002, the American Lung Association of Oregon engaged its anti-tobacco partners to undertake a major state initiative to increase the cigarette tax. The efforts paid off, with a 60-cent increase, creating the nation’s 8th-highest tax at \$1.28. Founded in 1922 as the Oregon Tuberculosis Association.

P E N N S Y L V A N I A

The Keystone State

Home of the first voluntary society in America to fight tuberculosis: The Pennsylvania Society for the Prevention of Tuberculosis was founded in 1892 by Dr. Lawrence F. Flick of Philadelphia. Upon Dr. Flick's suggestion, a meeting was held to discuss the formation of a single organization to address the country-wide problem of TB. Out of this meeting came the National Association for the Study and Prevention of Tuberculosis, which today is so proudly known as the American Lung Association.

P U E R T O R I C O

The Island of the Coqui

The association has pioneered tobacco control and environmental health initiatives, having been the first organization to establish educational campaigns against cigarette smoking and initiate tobacco legislation, and has assumed leadership in clean air and asthma education and treatment. Founded in 1931 as the Asociación General Antituberculosa de Puerto Rico Lung.

R H O D E I S L A N D

The Ocean State

In 1972, the American Lung Association of Rhode Island filed a successful suit against the US EPA to remedy major deficiencies in its air quality implementation plan for Rhode Island. Ultimately, the US First Circuit Court ruling led to the Rhode Island inspection-maintenance program for vehicles; this initial decision set the stage for lawsuits in 17 states and had nationwide impact. Founded in 1907 as the Rhode Island Anti Tuberculosis Association.

S O U T H C A R O L I N A

The Palmetto State

The American Lung Association of South Carolina's innovative Enablers and Incentives program has provided public health nurses with petty cash funds to encourage patients with TB to take their medications. Incentives such as a hot meal or a book, and enablers such as a car battery or bus fare have greatly bolstered the modern fight against tuberculosis throughout the state. Founded in 1917 as the South Carolina Tuberculosis Association.

S O U T H D A K O T A

The Mount Rushmore State

In 1963 South Dakota passed model legislation transferring responsibility for tuberculosis control to the State Department of Health and closing the TB Sanatorium. This dramatic shift in addressing TB, a major public health threat, was made possible through the cooperative efforts of government organizations and the American Lung Association of South Dakota. Founded in 1913 as the Red Cross Seal Commission of South Dakota.

T E N N E S S E E

The Volunteer State

In addition to investing in more than \$1.2 million in research in the past decade, the ALA of Tennessee has provided many important contributions to our citizens. Among the greatest is simply being THE source for lung health information—responding to over 10,000 inquiries and providing over 80,000 lung health education brochures to Tennesseans annually. Founded in 1910 as the Tennessee Tuberculosis League.

T E X A S

The Lone Star State

Since 1994 the Association has managed two bi-national programs in partnership with the Texas Department of Health. With ongoing funding of nearly \$2 million, teams of public health nurses working across an international border have successfully utilized methods of Directly Observed Therapy. These programs are highly effective in reducing and controlling the problem of multi-drug resistant tuberculosis along the Texas-Mexico Border. Founded in 1908 as the Texas Anti-Tuberculosis Association.

U T A H

The Beehive State

Boasting the lowest tobacco use rates in the U.S., Utah claims a 200 percent increase in donations since 1993, leading to increased services in asthma and tobacco control for children, adults, and health professionals. The association also published the international standard Clinical Pulmonary Function Testing Manual. Founded in 1916 as the Utah Public Health Association.

V E R M O N T

The Green Mountain State

The Asthma Clinical Research Center at the University of Vermont has become a critical part of the 19-center national network, providing outstanding leadership in study design, writing, and recruitment. The state became the first to raise its goal of \$1 million to fully fund the first 5 years of the Center's operation, supported in part, by Lung Associations throughout New England. Founded in 1916 as the Vermont Association for the Prevention of Tuberculosis.

V I R G I N I A

The Old Dominion State

Now housed in a Breathe Easy® office featuring state-of-the-art indoor air quality features, the association's longest-term achievement is the reduction of annual TB deaths from 5,000 annually in Virginia in 1909 to 14 in 2003. Recently, the state passed the Virginia Clean Indoor Air Act and created the Virginia Tobacco Settlement. Founded in 1909 as the Virginia Anti-Tuberculosis Association.

WASHINGTON

The Evergreen State

The association led tobacco control advocates and other health care organizations to draft and pass a 2001 initiative to increase Washington's cigarette tax by \$0.60 per pack, to \$1.425 (highest in the nation at the time), and to increase the annual appropriation for the statewide tobacco prevention and control plan to \$26.25 million. Founded in 1906 as the Washington Tuberculosis Association.

WEST VIRGINIA

The Mountain State

The association works collaboratively with a variety of partners to advance our mission. Collaborations include researchers, the public school system at the state and local level, the state health department and other organizations who develop and implement programs, and advance the association's public policy agenda. Founded in 1907 as the West Virginia Anti-Tuberculosis League.

WISCONSIN

The Badger State

Past tobacco control victories in clean indoor air policy, adult cessation, and youth prevention and cessation have reduced smoking and significantly impacted premature death and disability in Wisconsin. Recent successes mobilizing volunteers and partners have marked the American Lung Association's re-emergence as a strong leader in tobacco control throughout Wisconsin. Founded in 1908 as the Wisconsin Anti-Tuberculosis Society.

WYOMING

The Cowboy State

The earliest corps of volunteers who eventually became the state's Lung Association invested funds from record Christmas Seals® sales in 1916 and 1917 in the work of public health nurses. This led to the formation of the Wyoming Public Health Association in 1916 and the state's only TB efforts, as TB work had been shunned by the state board of health. Founded in 1947 as the Wyoming Tuberculosis and Health Association.

A Century of Achievement

A few people had a dream in 1904 that the passion of the lay volunteer could be joined with the knowledge of the scientist and the physician to defeat a dread disease, tuberculosis, through education, research and advocacy. These dreamers gave birth to the entire modern public health movement.

Over the years, the focus of the organization changed, but the basic premise has not: that disease, ignorance, prejudice and fear could be defeated through research, education and advocacy. The formula that has not only stood the test of time in the fight against lung disease, but has also been applied to the fight against heart disease, birth defects, diabetes and, most recently, in the fight against AIDS.

The American Lung Association was born in the grips of a terror known as the white plague—tuberculosis—for which there was no effective therapy and which claimed 84,000 lives in 1907. We begin our second century with a rate of tuberculous infection that is one-tenth of what it was then, and with the ready availability of effective antituberculous chemotherapy. And we enter our second century on the verge of developing a vaccine against tuberculosis.

We began with 20 million deaths around the globe due an influenza pandemic. We step into our second century with 70 million Americans immunized against influenza and therefore protected from its still often fatal complication, pneumonia....We began with an infant mortality thirteen times what it is now and barely able to recognize the Infant Respiratory Distress Syndrome. We enter our second century with not only the treatment, but with tools to prevent the Infant Respiratory Distress Syndrome....We began in a world that had not reconciled the benefits of the industrial revolution with the risks it imposed on workers or the risks its smokestacks posed for the air we all breathe. We enter our second century with effective worker protection laws on the books and with an enduring national commitment to clean air.

In all of these successes the various incarnations of the American Lung Association played a crucial role. We fought for the establishment of local health departments that were pivotal in the fight against tuberculosis. We conducted public health campaigns that taught people how to minimize the transmission of tuberculosis. We fostered the research that brought us the treatment of the Infant Respiratory Distress Syndrome. We badgered our government to increase funding for biomedical research, to enact worker protection laws and to pass a Clean Air Act.

In all of these campaigns there has been one constant, one focus, one anchor: defending the lung, which is more than just another organ. It may not be the seat of the human soul, but it does mirror the human conscience. Our organization was founded with a backdrop of urban crowding and poverty translating into tuberculosis. We enter our second the century with cockroach-infested tenements contributing to a rise in the prevalence of asthma. We began with working conditions in coal mines spelling black lung. We enter our second the century with 2.7 million Americans, African-Americans and Hispanics mostly, working in cleaning and building service jobs, with virtually no protection from exposure to an array of noxious

chemicals. We began with fear of those infected with tuberculosis. We now live with prejudice against those infected with HIV. We began with an environment blackened by smokestacks, and we now contend with an environment contaminated by the automobile. We began just a few years after the invention of the cigarette rolling machine and with lung cancer just a rare medical curiosity. We enter our second century with a criminal enterprise called the tobacco industry whose greed, deception and irresponsibility kill as many Americans every year as have been lost in all the wars fought this century.

I do not know what surprises the next century has in store for us. But, because the lung mirrors human frailty, the American Lung Association must continue as it always has, to reflect and to appeal to the human conscience. To look at the next century and to try and discern changes in the face of lung disease, means to look at changes in our population, changes in our environment, changes in the delivery of health care, changes in our knowledge of lung function in health and disease, changes in our body politic and changes in the human character... Some may think we need a miracle.

Miracles do happen. But miracles must be made to happen. Miracles happen whenever we escape our lowly biologic origins and aim to make the world a little better. Miracles happen when scientists unravel the mystery of the human genome and bring us closer to a cure for asthma or cystic fibrosis. Miracles happen when 730 Big Ride bikers pedal 3250 miles to fight lung disease. Miracles happen when 340,000 children listen to the message of Teens Against Tobacco Use. Miracles happen when the American Lung Association refuses to sit at the table to negotiate with the barons of big tobacco and calls them what they are: liars, murderers, criminals. Miracles begin to happen when 14,000 physicians and scientists come together to share the latest scientific advances about the lung and lung disease. Miracles begin to happen when 18,631 schools and 197,248 kids are enrolled in Open Airways and learn to control their asthma. Miracles happen when 350,000 volunteers around the country link hands to fight lung disease.

Miracles happen when people rise above narrow self interest; when people rise above claims of power and territory; when people come together to fight a common foe, lung disease; when people come together to fight for a common good, lung health. The American Lung Association is a fabric of many threads—volunteers, staff, physicians, scientists, parent, patients. Miracles can be made to happen when each thread knows it has a role to play, when all the threads are woven tightly together into the rich tapestry that makes up the nationwide American Lung Association.

Excerpted from "The Fight Against Lung Disease: The First One Hundred Years"
by Alfred Munzer, M.D., ALA Past President (1993-1994)
Presented February 2000

For 100 years, the American Lung Association has been the lead organization working to prevent lung disease and promote lung health. Lung disease death rates continue to increase while other leading causes of death have declined.

The American Lung Association funds vital research on the causes of and treatments for lung disease. With the generous support of the public, the American Lung Association is “Improving life, one breath at a time.”

For more information about the American Lung Association or to support the work it does, call **1-800-LUNG-USA (1-800-586-4872)** or log on to **www.lungusa.org**.

