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1967-68 ANNUAL REPORT

April 1, 1967 to March 31, 1968

NEW YORK TUBERCULOSIS
AND HEALTH ASSOCIATION

15 East 26th Street, New York, N. Y. 10010



PRESIDENT'S MESSAGE

We are pleased to report that progress underscored the work of the New York Tuberculosis and Health Association in the fiscal year ending March 31, 1968.

Though founded in 1902, the Association periodically reevaluates its effectiveness. This was done last year. To maintain our momentum in an age of action and change, and to redouble our commitment to the conquest and control of TB and other respiratory diseases such as emphysema and chronic bronchitis, the entire program, administration and fund-raising functions were thoroughly re-assessed.

Our program will now be modified to produce greater impact and efficiency against TB in the community, especially in neighborhoods of high prevalence. Research and professional education will continue to receive extensive support. To help insure the success of the program's new thrust, our board and committee structure will be modified. Thus, with new energy and experience, the Association will press harder against respiratory disease, toward the end that our city will be a healthier place in which to live and work. Additional funds are needed to carry out these actions. Your contribution—to spur the efforts of scientists and many others in the TB-RD field—is essential.

Your continued support can get the job done sooner. This is what the Association wishes for the people of New York City. We think you do, too.



Julia M. Jones, M.D.
President

On September 22, 1967, the Association moved to more efficient quarters at 15 East 26th Street, after a 10-year stay at 260 Park Avenue South. The new facilities are located between Madison and Fifth Avenues.

THE FAMILY OF RESPIRATORY DISEASES

constitutes a major cause of death in the United States today. Of these, infectious tuberculosis is the oldest known and the hardest fought. It has been extremely resistant to man's many attempts to subdue it.

There are two "dramatic," headline-grabbing

respiratory diseases which have cruelly established their claim to wide-spread attention: emphysema (virtually unknown to the public a decade ago) and chronic bronchitis. Other breathing ailments (responsible for millions of lost work days last year) are asthma, hay fever, pneumonia, influenza and the common cold.

Of all American cities, New York has the

TUBERCULOSIS IN NEW YORK CITY 1966 - 1967

A. New Active Cases of Tuberculosis Reported in Each Borough

Boroughs	Number of New Cases		Change 66/67		Case Rate ¹			
	1966	1967	No.	%	1966	1967	Change 66/67	
							No.	%
Manhattan	1395	1333	- 62	- 4.4	80.9	76.2	- 4.7	- 5.8
Bronx	646	541	- 105	- 16.3	44.2	36.8	- 7.4	- 16.7
Brooklyn	1132	1180	+ 48	+ 4.2	42.9	44.5	+ 1.6	+ 3.7
Queens	443	436	- 7	- 1.6	22.7	22.0	- 0.7	- 3.1
Richmond	47	52	+ 5	+ 10.6	18.1	19.3	+ 1.2	+ 6.6
New York City	3663	3542	- 121	- 3.3	45.6	43.6	- 2.0	- 4.4

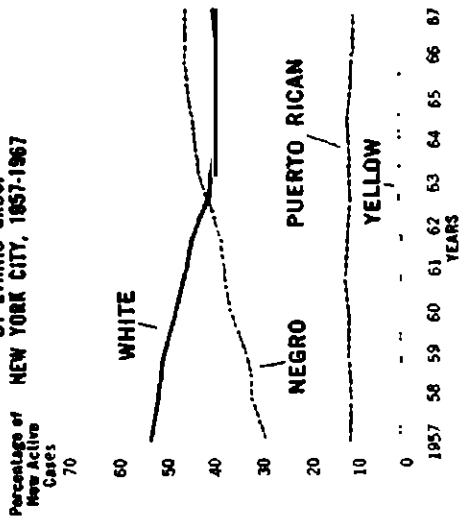
B. Tuberculosis Deaths Recorded in Each Borough

Boroughs	Deaths Within City		Change 66/67		Death Rate ¹			
	1966	1967	No.	%	1966	1967	Change 66/67	
							No.	%
Manhattan	185	177	- 8	- 4.3	10.7	10.1	- 0.6	- 5.6
Bronx	61	70	+ 9	+ 14.8	4.2	4.8	+ 0.6	+ 14.3
Brooklyn	185	186	+ 1	+ 0.5	7.0	7.0	-	-
Queens	67	54	- 13	- 19.4	3.4	2.7	- 0.7	- 20.6
Richmond	7	8	+ 1	+ 14.3	2.7	3.0	+ 0.3	+ 11.1
N.Y.C. Residents ..	505	495	- 10	- 2.0	6.3	6.1	- 0.2	- 3.2
Non-Residents and Residence Unknown	32	30	- 2	- 6.3	-	-	-	-
Total Recorded	537	525	- 12	- 2.2	6.7	6.5	- 0.2	- 3.0

¹Rate per 100,000 population.

TABLE 1—In Manhattan, the borough with the highest new active case rate and death rate, there was a small decline in both categories in 1967. Bronx had a moderate decrease in new cases and a mild increase in death rates. Brooklyn's new case rate increased somewhat while its death rate remained constant. In Queens, the new active case rate was down by a narrow margin while its death rate showed a sizable decrease. There was a slight upward trend in new active TB cases and deaths in Richmond.

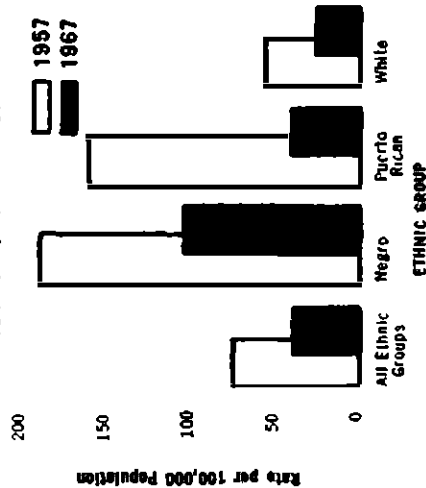
PERCENTAGE OF NEW ACTIVE TUBERCULOSIS CASES BY ETHNIC GROUP NEW YORK CITY, 1957-1967



NOTE Percentages are based on the total number of new active TB cases for which the ethnic group was reported

CHART 1—Whereas the new active tuberculosis case rate declined among all ethnic groups, Negroes accounted for a steadily increasing percentage of all new active cases. In 1963, a higher percentage of cases was found among Negroes than among whites for the first time in New York City's history—and this situation is continuing

NEW ACTIVE TUBERCULOSIS CASE RATE BY ETHNIC GROUP NEW YORK CITY, 1957 and 1967



**COST OF TUBERCULOSIS HOSPITAL TREATMENT
AND COMPARISON OF AVERAGE DAILY COST WITH PRIOR YEAR
NEW YORK CITY PATIENTS 1967**

Municipal Hospitals (Inpatient Units)	Bed Capacity	Inpatient Gross Cost	Patient Days	Average Daily Patient Cost
				1966 1967
Bellevue TB Unit	317	\$ 4,441,805	75,832	\$42.23 \$ 58.57
City Hospital at Elmhurst TB Unit	20	284,466	6,747	38.01 42.16
Harlem TB Unit	50	548,231	11,451	52.28 47.88
Kings County TB Unit	617	8,472,238	164,239	40.99 51.58
Metropolitan TB Unit	105	1,662,673	30,073	44.82 55.29
Sea View TB Communicable Unit	34	1,001,287	8,438	94.85 118.66
Triboro Hospital	379	6,196,692	124,610	39.39 49.72
Nathan B. Van Etten Hospital	387	6,972,548	96,584	48.12 72.19
Inpatient TB Units—Total	1,909	\$29,579,940	517,974	\$43.36 \$ 57.11
Voluntary Hospitals *				
Brooklyn Hospital	7	137,794	2,465	55.90
Montefiore Hospital	20	572,307	8,211	69.70
New York Hospital	6	163,603	2,067	79.15
State Hospitals †				
Homer Folks	No specific allotment for N.Y.C. Cases	235,122	10,520	22.35
Ray Brook		543,673	16,455	33.04
TOTAL—ALL INPATIENT COSTS		\$31,232,439		

Municipal Hospitals (Outpatient Units)	Outpatient Total Costs	Total Visits	Average Cost Per Visit
Bellevue TB Unit	\$170,789	25,314	\$ 6.75
Kings County TB Unit	74,721	8,223	9.09
Triboro Hospital	170,882	10,294	16.60
Nathan B. Van Etten Hospital	157,820	7,024	22.47
Outpatient TB Units—Total	\$574,212	50,855	\$11.29

* Cost Per Patient Day as of June 30, 1967

† 1966 Cost Per Patient Day

TABLE II—In 1967, the gross in-patient cost of treating New York City tuberculous patients exceeded \$31,000,000 for the first time in history! An additional sum of approximately \$8,000,000 was spent by the Department of Health and the voluntary Tuberculosis Associations, bringing the total cost of tuberculosis control in New York City to nearly \$40,000,000.

largest number of cases and deaths from tuberculosis every year. In one poverty-plagued district where TB keeps an iron grip on the ill-housed and the ill-fed, the rate of new active cases is nine times that of upstate New York and six times that of the nation. In 1967, a total of 3,542 New Yorkers in all walks of life came down with TB and 525 persons died from the disease. A comparison of new active tuberculosis case rates by city Health Center Districts over a 10-year period is shown on Chart II on Page 4. The cost of the city's TB treatment program in hospitals alone in 1967 exceeded \$31,000,000—a municipal record.

The combined emphysema-chronic bronchitis death rate has doubled nationally every five years since 1950. In the 1955-65 decade, New York City's death rate from emphysema skyrocketed more than 500 per cent. The disease is second only to heart disease as a disabling of working men. According to the United States Public Health Service, if the present rate of increase continues, over 180,000 deaths from emphysema-chronic bronchitis will occur in 1983. These diseases killed approximately 25,000 persons last year.

The National Disease and Therapeutic Index put the number of new emphysema cases under medical care throughout the country at 414,000 in 1966, more than triple the number reported in 1961 (130,000.) According to the same source, new cases of chronic bronchitis (including those with emphysema not classified elsewhere), soared to 553,000 in 1966, nearly double the 294,000 of 1961.

The Association has recognized the killer-potential of emphysema and chronic bronchitis. It continues to authorize funds for research, especially on emphysema, and for professional training of medical specialists. The Association also has an education program to alert the public to the dangers of the two lung-cripplers. To complete the picture, the medical profession is kept abreast of new developments through mailings of

special abstracts of scientific papers and new responsible allies are being sought to help increase the pressure on the diseases. The Association has joined with other TB associations and health departments to plan joint studies of emphysema and chronic bronchitis to determine the feasibility of setting up new community programs.

Two other major health hazards, air pollution

and cigarette smoking, are linked to emphysema and chronic bronchitis. There is considerable medical evidence that they aggravate the condition of persons laboring with chronic obstructive pulmonary disease.

Air pollution never appears as a cause of death on a death certificate, but investigators are pointing an accusatory finger in its direction more often.

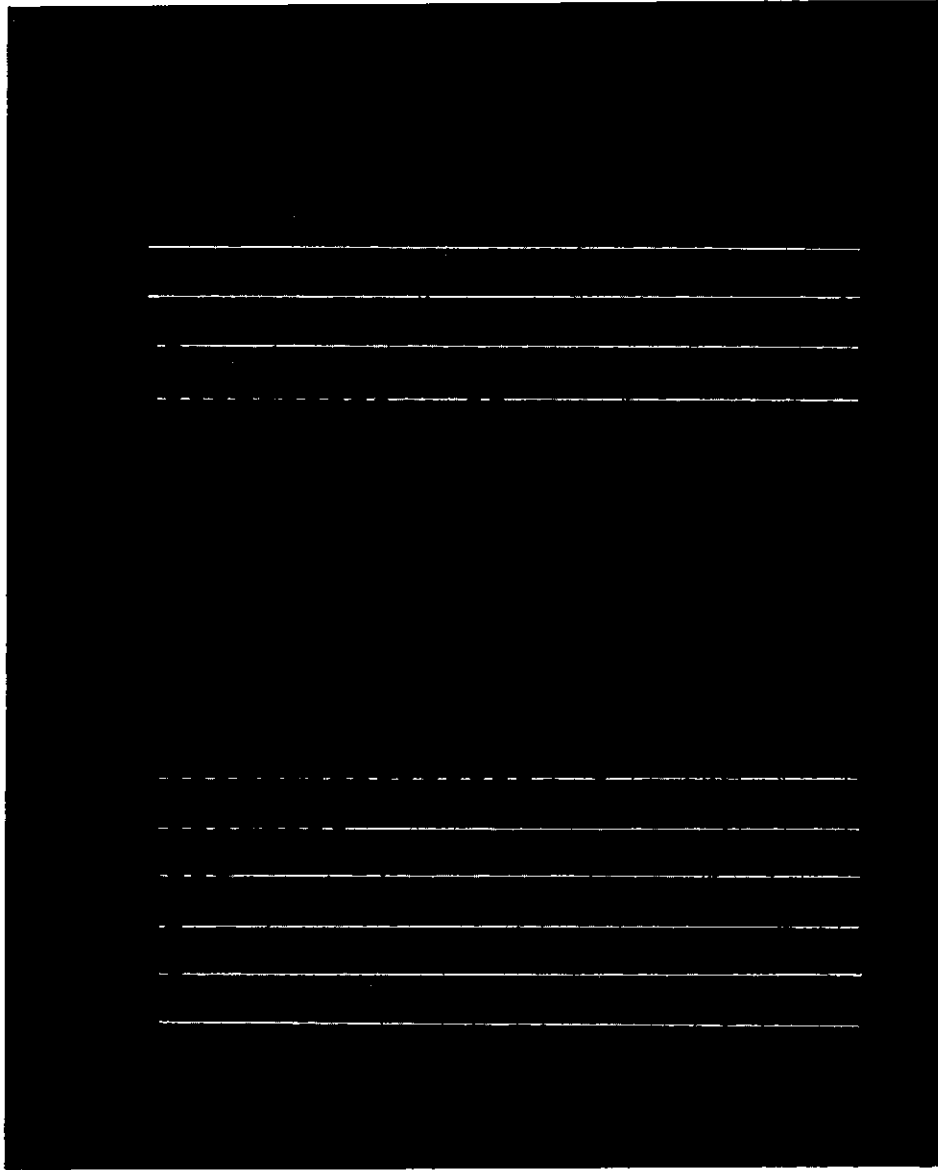


CHART II—Some districts with high TB rates have shown considerable improvement since 1957, such as: Lower East Side, Central Harlem, Lower West Side and East Harlem. In contrast, some other districts with moderate tuberculosis rates 10 years ago indicate little or no progress. Examples are: Bedford, Brownsville, Bushwick and Tremont. During the decade, New York City as a whole registered a decline of 44 per cent in the new active case rate.

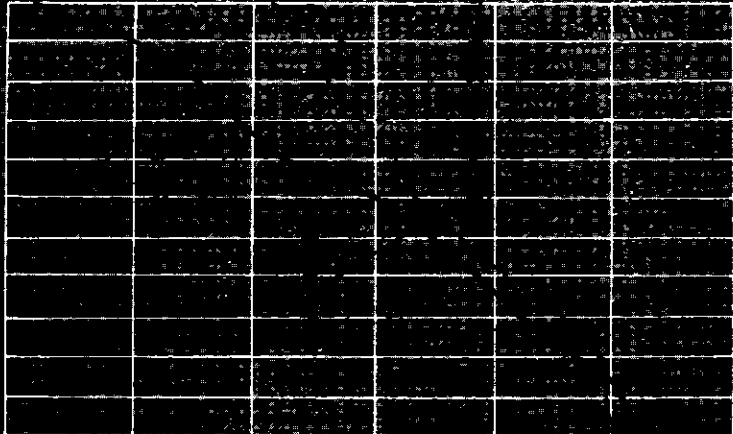


CHART III—The death rate from emphysema has shown a huge, consistent increase in New York City for the past 11 years. The present trend suggests that the increase will continue in the foreseeable future. The death rate from chronic bronchitis, which seemed to level off in 1965, increased by 18 per cent in 1966.

Asthma and hay fever, the allergic respiratory diseases, still plague approximately 15,500,000 sufferers each year.

When men of vision founded this Association in 1902, the paramount public health problem was TB, which snuffed out 8,886 lives

that year. Their cause was bolstered by other TB associations, official health departments, physicians, nurses and other far-seeing groups and individuals. The results of their humane efforts are brightly etched in the remarkable decline of TB cases and death rates and in present general health programs. The city and the voluntary health agencies are mobilizing their resources to check the formidable respiratory threats now in our midst, just as those TB pioneers did against "consumption" in the early 1900's. With every hope for new scientific breakthroughs and support from a more concerned populace, there is small doubt about achieving new triumphs over RD.

This is the great challenge of our time . . . to bring the same skills, teamwork and determination which inspired the TB fight to bear on the entire range of respiratory disease!

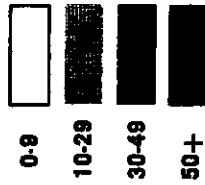
TABLE III—Both emphysema and chronic bronchitis have registered nearly universal increases in the death rate throughout New York City since 1961. Emphysema, unlike tuberculosis, appears to threaten New Yorkers more uniformly, regardless of borough of residence. Deaths from chronic bronchitis are highest in Manhattan and lowest in Richmond.

TUBERCULOSIS NEW ACTIVE CASE RATES 1967 TRI-STATE NEW YORK METROPOLITAN REGION

MAP I.—The core area (darkest shading) of the entire region continues to show the highest new case rate for tuberculosis, particularly in Manhattan and most of its adjacent counties—Bronx, Kings and Hudson. The new case rate tends to decline as it moves away from the heart of the region.

LEGEND

Rate per 100,000 population



(Base map through courtesy of Regional Plan Association)

EMPHYSEMA AND CHRONIC BRONCHITIS Deaths By Borough NEW YORK CITY 1961 AND 1966

	Number of Deaths				Death Rate†			
	1961		1966		1961		1966	
	No.	%	No.	%	No.	%	No.	%
A. Emphysema								
Boroughs	1961	1966	Change	61/66	1961	1966	Change	61/66
Manhattan	44	91	+ 47	+ 106.8	2.6	5.3	+ 2.7	+ 103.8
Bronx	38	59	+ 21	+ 55.3	2.7	4.0	+ 1.3	+ 48.1
Brooklyn	80	147	+ 67	+ 83.8	3.0	5.5	+ 2.5	+ 83.3
Queens	52	113	+ 61	+ 117.3	2.9	5.8	+ 2.9	+ 100.0
Richmond	7	18	+ 11	+ 157.1	3.2	6.9	+ 3.7	+ 115.6
Institutions	#	13	#	#	—	—	—	—
Non-Residents and Residence Unknown	17	24	+ 7	+ 41.2	—	—	—	—
New York City	238	465	+ 227	+ 95.4	3.1	5.8	+ 2.7	+ 87.1
B. Chronic Bronchitis								
Boroughs	1961	1966	Change	61/66	1961	1966	Change	61/66
Manhattan	82	119	+ 37	+ 45.1	4.8	6.9	+ 2.1	+ 43.8
Bronx	32	41	+ 9	+ 28.1	2.2	2.8	+ 0.6	+ 27.3
Brooklyn	49	73	+ 24	+ 49.0	1.9	2.8	+ 0.9	+ 47.4
Queens	32	56	+ 24	+ 75.0	1.8	2.9	+ 1.1	+ 61.1
Richmond	6	1	- 5	- 83.3	2.7	0.4	- 2.3	- 85.2
Institutions	#	11	#	#	—	—	—	—
Non-Residents and Residence Unknown	10	14	+ 4	+ 40.0	—	—	—	—
New York City	211	315	+ 104	+ 49.3	2.6	3.9	+ 1.3	+ 50.0

†Rate per 100,000 population. # Not available. Note: Deaths from acute bronchitis are not included.

TASK FORCE ON TUBERCULOSIS IN NEW YORK CITY

The most significant and promising development of 1967-68 was the formation of a Task Force on Tuberculosis in New York City. It was announced by Mayor John V. Lindsay at a City Hall press conference last December.

In formally commissioning the Task Force, the Mayor expressed the hope that the "eventual findings and recommendations of this study . . . will lead to a strong, citywide TB control program which can set the pace for a new attack on TB in all big cities."

The Association worked closely with city authorities in the creation of the Task Force. It is providing staff and financial support from Christmas Seal funds, in cooperation with the National and Brooklyn Tuberculosis and Respiratory Disease Associations.

This is the first Task Force on Tuberculosis in New York City appointed by any mayor. It is also the first body to conduct a comprehensive study of tuberculosis in the city's history. Its chairman is Dr. John D. Porterfield, Director of the Joint Commission on Accreditation of Hospitals. He held the post of Deputy Surgeon General of the United States Public Health Service and was chairman of a national Task Force on Tuberculosis.

The Task Force study, to be completed at the end of 1968 for presentation to the Health Services Administration of New York City, is expected to suggest improvements in the city agencies' programs which can be implemented promptly. The installation of new programs can be a vital factor in future health planning by the city, which now is reshaping its total health and hospital systems.

Its final report will put the Association's own tuberculosis control activities in new perspective, and pave the way toward more vigorous, progressive programs.

Dr. John D. Porterfield with Mayor John V. Lindsay.

MEMBERS OF THE TASK FORCE

John D. Porterfield, M.D., Chairman
 Director, Joint Commission on
 Accreditation of Hospitals

Winthrop N. Davey, M.D.
 Professor of Internal Medicine
 University of Michigan Medical Center

Miss Margaret G. Arnstein
 Dean, Yale University School of Nursing

Kurt W. Deuschle, M.D.
 Chairman, Department of Community Medicine
 University of Kentucky Medical School

William R. Barclay, M.D.
 Professor of Medicine
 University of Chicago Medical School

Dieter Koch-Weser, M.D.
 Associate Dean
 Harvard Medical School

George W. Comstock, M.D.
 Professor of Epidemiology
 Johns Hopkins University School of
 Hygiene and Public Health

Charles A. LeMaistre
 Vice Chancellor for Health Affairs
 University of Texas

Allan S. Moodie, M.B., D.P.H.
 Administrative Health Officer
 Baltimore City Health Department

Stalking a Killer

BY MIRA TARDUS

Tuberculosis still kills a terror and his mother and his father were doctors. He often drove his father to home calls and

"I've traveled more than I would have in private practice," he said. Originally, he was to work for the Red Cross, but the first assignment was in the Philippines in Manila, then in London, Ky., and Fort Worth, Texas.

War came and changed his career. He was sent to Detroit, where he began working with the health department. From Detroit, he went to Maryland, where he attended the University of Baltimore in 1944. He then worked as a specialist in venereal disease and was sent to Puerto Rico and Ohio as VD control officer.

He joined the Public Health Service and interrupted for seven years when he served in the Health Officer in Ohio. He remained in the service until 1955, when he retired as Deputy Health Officer.

For several years, he has been a consultant for health and medical sciences at the University of Maryland. He has been a member of the National Tuberculosis Association and a member of the United States Public Health Service.

In addition, he is a consultant for the health department of the State of Maryland and the health department of the State of Ohio. He has been a member of the American Tuberculosis Association and the American Public Health Association.

Dr. Koch-Weser was born in Berlin, Germany, and came to the United States in 1934. He received his M.D. from the University of Berlin in 1937. He has been a member of the American Medical Association and the American Tuberculosis Association.

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Ex-Officio Members

I. Jay Brightman, M.D.
 Deputy Commissioner
 New York State Department of Health

Alfonso H. Holguin, M.D.
 Chief, Tuberculosis Program
 National Communicable Disease Center
 Public Health Service

Mitchell I. Ginsberg
 Human Resources Administrator
 The City of New York

Consultants

Sidney Berengarten
 Acting Dean, Faculty of Social Work
 and Professor of Social Work
 Columbia University

Eli Ginzberg, Ph.D.
 Hepburn Professor of Economics and
 Director, Conservation of Human Resources
 Columbia University

Staff Services

Director
 Aaron D. Chaves, M.D.
 Director, Tuberculosis Control Programs
 New York City Departments of
 Health and Hospitals

Coordinator
 Irving Mushlin
 General Director, New York Tuberculosis
 and Health Association

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SERVICES TO PATIENTS

When tuberculosis strikes, as it does thousands of times a year in New York City, socio-economic problems frequently overwhelm the patient and his family. To give hope, interim assistance, sympathetic guidance and to direct him to the proper sources of help are all good medicine. Essentially, it can make the ordeal a livable one and quicken his return to the mainstream of community life.

The Association's public health nurses visit selected tuberculous victims at home at regular intervals, see them in municipal chest clinics, help solve a variety of emergencies not readily met by the city's Department of Social Services or other agencies. They also steer stay-at-home patients to hobbies to nullify the boredom bred of isolation and offer experience-tested counsel. When physical improvement warrants, they assist in referring patients to vocational training or employment opportunities.

1967-68 Highlights Field nurses made 868 home visits. They interviewed 1,036 tuberculous patients in chest clinics and 665 more in hospital wards. They made 2,190 community contacts in trying to solve some of the urgent needs of TB patients. These were some of the emergencies dealt with during the fiscal year: payment of rent and utility bills, purchase of children's clothing and a mattress, payment of fare for a mother en route to a TB hospital, radio repair and moving expenses.

At Christmas time, toys and gifts contributed by organizations and individuals were distributed to children in TB wards at Bellevue and Harlem Hospitals. Last year's Yule donors included the New York Press Photographers Association and the Norman G. Barber Philanthropy Club.

PROFESSIONAL EDUCATION

It takes well-qualified professional people—physicians, nurses, social workers, hospital and clinic workers—to competently treat tuberculous patients over the long haul. These are the skilled people who do the "in-fighting" against TB and RD, and who must be encouraged to enter or to continue their careers in the TB-RD field.

The Association grants fellowships and scholarships to selected graduate physicians, medical students and others whose training will put new TB-RD knowledge and techniques into actual practice. It also focuses attention on new TB-RD developments by distributing large quantities of periodicals and abstracts of scientific articles to key people in the medical, nursing and related professions, and through annual conferences.

1967-68 Highlights The Association awarded a total of \$16,250 in fellowships to: William Hare Fleming, M.D., Resident in Surgery, Columbia-Presbyterian Medical Center; Gerard A. Kaiser, M.D., Senior Surgical Resident, Columbia-Presbyterian Medical Center; Somalinga Ravindranath, M.D., Resident in Pulmonary Diseases, Beth Israel Hospital,



Dr. Bernard Bucove, Health Services Administrator.

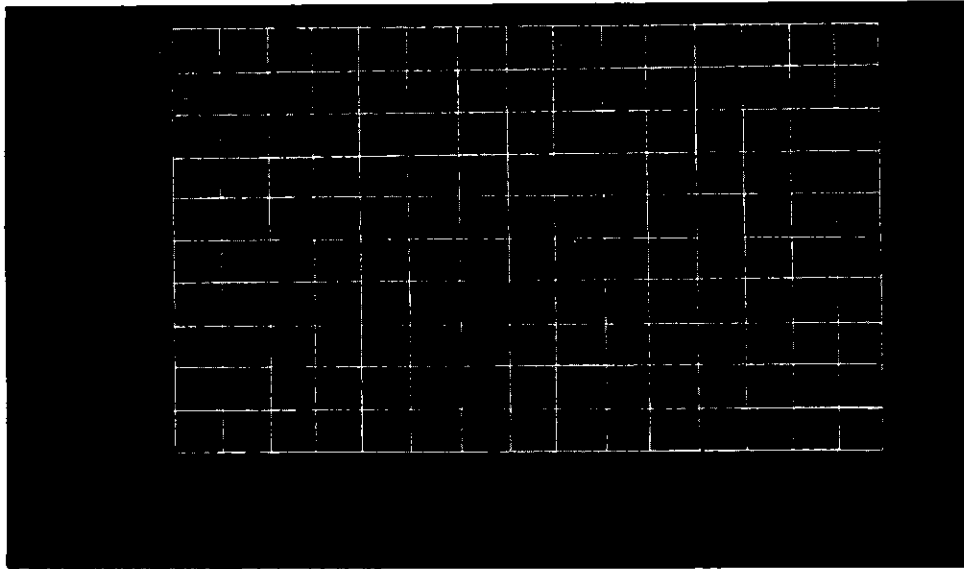
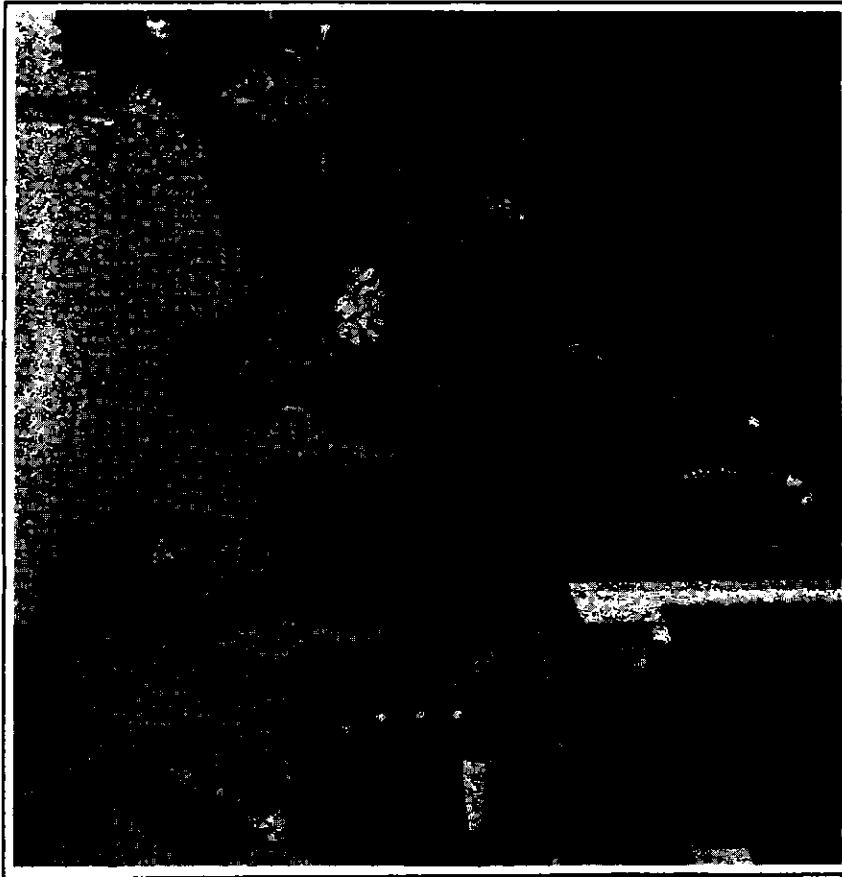


CHART V—The city's obligation for the treatment of tuberculous patients has increased from 9,700 in 1957 to 14,000 in 1967. In this period, the number of TB patients treated in hospitals has shown a consistent decline, but the number of patients under clinic treatment has more than doubled.



New York City's envoys . . .

. . . Puerto Rico's envoys in "Operation Professional Friendship."

Manhattan; and James P. Smith, Jr., M.D., New York Hospital-Cornell Medical Center. Winner of the James Alexander Miller Memorial Senior Teaching Fellowship, Dr. Smith is engaged in an emphysema-bronchitis project and also is training internes and resident physicians in pulmonary diseases. His award is named for a founder of the Association and its first president.

The Annual TB-RD Conference, held last April, had as its principal luncheon speaker Dr. Bernard Bucove, Health Services Administrator of the City of New York. Dr. Bucove described the complexities of public health work and said he felt "optimistic" about the

outcome of the reorganization currently under way in the city's huge departmental framework.

Last March the Association conducted the third annual "Operation Professional Friendship" in cooperation with the Anti-Tuberculosis Association of Puerto Rico. Among the thousands of Spanish-speaking people who shuttle between New York City and Puerto Rico are some TB sufferers who require proper treatment and drug therapy. They also need help in obtaining all the public services available here for TB patients. Many are unable to take advantage of these aids because of language and culture gaps.

To gain improved treatment for these tuberculous patients in both New York and in Puerto Rico through an exchange of cultural and technical knowledge, "Operation Professional Friendship" is conducted.

Six New York nurses and social workers went to Puerto Rico to work for a week alongside their island counterparts in hospitals and clinics. They came back with a better understanding and appreciation of the difficulties faced by the TB patient of Puerto Rico extraction. A Puerto Rican group came here last May to complete the two-way work-training experience. The goodwill project was financed by Christmas Seal funds.

PUBLIC EDUCATION AND INFORMATION

Public awareness of the dangers of tuberculosis and other breathing ailments can be a life-saving factor. Conversely, an indifferent or negligent attitude can be deadly. To warn and educate people about the invisible foes that sap our strength is another full-time Association operation. Every available channel of communication is employed to bring this message into the homes of New York City's millions.

1967-68 Highlights The daily and weekly newspapers gave remarkable cooperation in reporting the work of the Association. 352 items on the schedules of Association-Health Department X-ray buses and the Christmas Seal campaign were published. Fine coverage also was provided by union publications and periodicals related to the arts, banking and sports. Monthly X-ray bus schedules and "Health for All" material were mailed to 130 unions.

Equally impressive was the cooperation extended by the radio-television industry. Thirty-three AM-FM radio stations and nine TV stations beamed the daily locations of the mobile X-ray units and urged audiences to get free chest checkups. From January through October, they aired the Association's health education "spots" on TB, RD, air pollution and cigarette smoking with the aid of special records, films and slides. From mid-November through December, the broadcasters redoubled their support to promote the Christmas Seal appeal. The Association furnished materials to the radio-TV stations in behalf of the TB associations throughout the metropolitan area. Free air time given by the radio-TV industry annually is estimated at many thousands of dollars.

A total of 309,733 booklets, leaflets and pamphlets containing information on TB, RD, air pollution and cigarette smoking was distributed to industrial, trade union and educational outlets and others. The Association issued 12,400 monthly health posters,

10,350 assorted posters for hospitals, schools and other groups, and 53,750 monthly health leaflets.

Health education movies were shown to 178 different audiences in theatres and to various organizations and clubs. Association speakers provided group instruction on TB, RD to 1,050 persons. The Association's Information and Referral Service received 6,347 inquiries during the year.

AIR POLLUTION

An outgrowth of America's mass-production wizardry is the "frankenstein" we call air pollution. Looming large over many cities and towns in the nation, this contamination is created by emissions from automotive exhausts, industrial fuels, domestic fuels and industrial chemical processes. It causes approximately 12 billion dollars in property damage annually.

Each year New York City is blanketed by a fallout of nearly 3,400,000 tons of pollutants—sulfur dioxide, particulates, carbon monoxide, oxides of nitrogen and hydrocarbons (Table IV, on Page 13.) The staining and corrosion they visit upon our buildings is obvious. The damage they do to human lungs, to those with respiratory conditions such as asthma, emphysema, bronchitis and lung cancer, is incalculable.

The Association's war against this blight is embodied in the following credo formulated by the National Tuberculosis and Respiratory Disease Association and its new arm, the National Air Conservation Commission:

- To in n citizens of the hazards of air pollution to health and welfare, particularly the relationship to respiratory disease; to help the citizen and the community to assume greater personal and civic responsibility for the air pollution problem and to take those steps necessary to more effectively contribute to its control; and to develop greater public support for those agencies responsible for the control of air pollution on a local, state or national level.

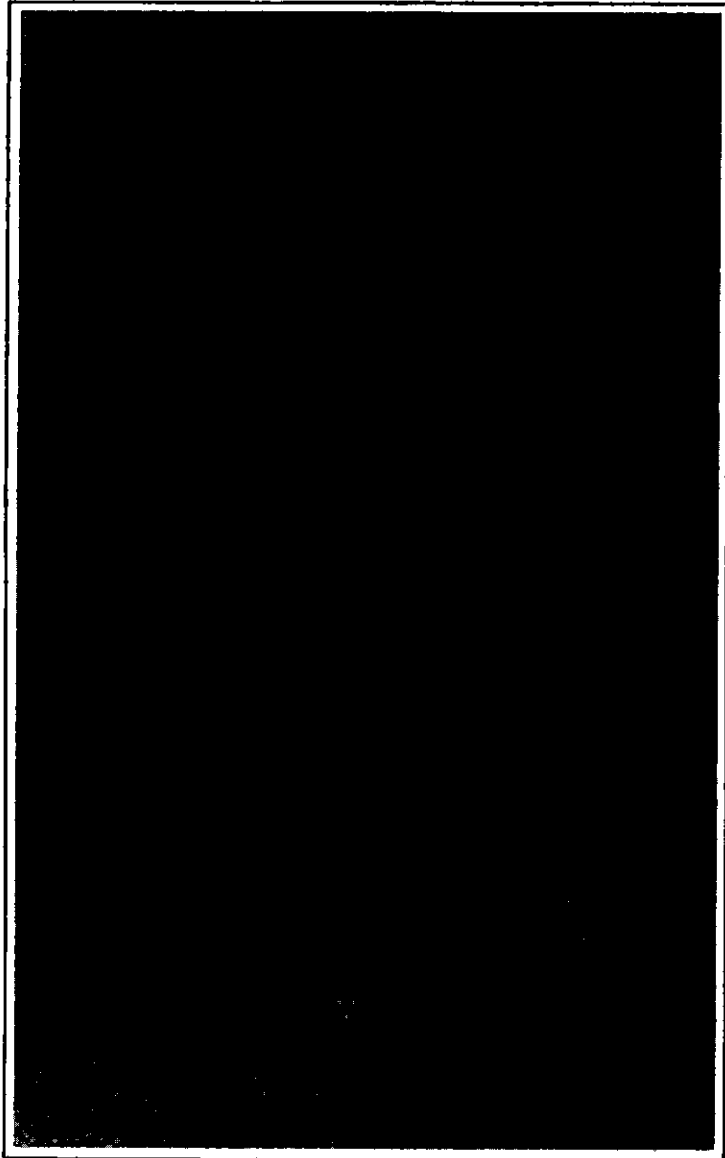
1967-68 Highlights These were the steps taken by the Association to further the objectives of the above credo: Distributed thousands of special air pollution newsletters and other literature to persons and groups active in the cleanair movement; cooperated with the city's Department of Air Pollution Control; presented a major session on TB, RD and air pollution at the annual Institute of the New York City Central Labor Council, AFL-CIO; and cooperated with other agencies to publicize Cleaner Air Week.

CIGARETTE SMOKING

The Association considers cigarette smoking dangerous and is committed to the cause of eliminating it from the American scene.

Nowhere is resistance to changing attitudes more apparent than in the addiction to cigarette smoking. The following is what cigarette smokers face, according to medical evidence: a risk of death by lung cancer 10 times greater than for non-smokers... a two-pack-a-day smoker at age 25 can cough away eight years of his life... a greater risk of dying from pulmonary emphysema or chronic bronchitis... a death rate from coronary heart disease 70 per cent greater than for non-smokers.

1967-68 Highlights In its expanding assault on the cigarette habit, the Association: Issued a wide variety of informative literature warning the public of the harm tobacco does to breathing; joined with the National Tuberculosis and Respiratory Disease Association in supplying television and radio stations with anti-smoking messages; continued active membership in the New York City Interagency Coordinating Council on Smoking and Health, and the New York State Interagency Committee on the Hazards of Smoking.



AIR POLLUTION IN NEW YORK CITY POLLUTANTS AND SOURCES *

Sources	Major Pollutants—Estimated Tons Per Year—1966/1967				
	Sulfur Dioxide	Particulates	Oxides of Nitrogen	Hydrocarbons	Carbon Monoxide
Space Heating	450,500	57,900	115,400	13,500	18,500
Incineration	2,500	32,100	2,500	24,300	46,100
Transportation	20,000	10,200	59,000	249,900	1,690,600
Power Generation	355,200	19,200	108,400	3,000	1,300
Evaporation	—	—	—	134,400	—
TOTALS	828,200	119,400	285,300	425,100	1,756,500

* Based on emissions inventory by the New York City Department of Air Pollution Control as of April, 1968.

TABLE IV—Overall tonnage of emissions does not reflect relative importance of each pollutant in terms of health effects or property damage, nor does it reflect local differences in concentrations. However, transportation is responsible for 95% of the carbon monoxide, and heating accounts for about 50% of particulates and sulfur dioxide emission.

CHRISTMAS SEAL SUPPORT

The annual Christmas Seal campaign is the major source of support for the Association's work—and the funds are stretched to the limit to carry out its programs of research and professional education, case detection, services to patients and public education.

To maintain a holding action against TB, RD, air pollution and cigarette smoking actually is to lose ground, considering the nature and extent of these health hazards. Additional funds will permit the greater effort that must be made. The incentive for this hinges on greater public support of the anti-TB-RD fight.

1967-68 Highlights The TB-RD story was mailed to 667,000 homes in Manhattan, the Bronx and Richmond during the Christmas Seal campaign. The New York Football Giants and the New York Football Jets "carried the ball" for the appeal by displaying Christmas Seal messages on the scoreboards at Yankee and Shea Stadiums. A special Christmas Seal film was seen by tens of thousands of moviegoers throughout the city. The Christmas Seal message also appeared on 500,000 pamphlets mailed by United Medical Service (Blue Shield) to subscribers. Seventy volunteers—and more would have been welcome—extended helping hands. Their freely-given time added up to 8,275 hours. The volunteers came from organizations such as the Metropolitan Life Insurance Company, New York Life Insurance Company, Mobilization for Youth and Women of the Motion Picture Industry. The campaign exceeded Association expectations, registering a 2.5 per cent increase in contributions over the past year.



Christmas Seal campaign comes to City Hall.

LEGACIES AND BEQUESTS

Legacies and bequests are an important source of funds for the crusade against tuberculosis, emphysema, bronchitis and other respiratory diseases. Considerable tax advantage may be realized through a bequest; legal advice is always helpful.

The Association is deeply grateful to its friends who, over the years, have perpetuated their interest in its respiratory disease programs by expressly remembering the Association in their wills. Funds received from such bequests in the 1967-1968 fiscal year are as follows:

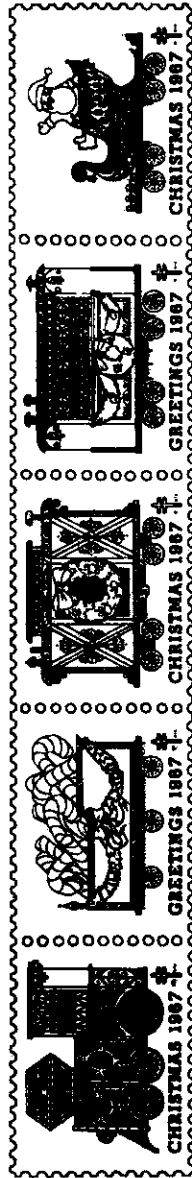
Estate of:

James A. Breslin	\$ 2,798
Victoria Gambarelli	1,703
Lewis Z. Gottheimer	1,556
Hagedorn Fund	500
Jane Haskell	250
Dora Kleinberger	234*
Alice E. McConnochie	1,000
Mary A. McGrath	6
Marie E. Meier	493*
Jeremiah Moynihan	500
Anna Sands Phillips	27,895
Louis Premesler	2,000
Louise Saxe	2,500
Henry Seekamp	7,008
	<hr/>
	\$48,443

*Addition to previous legacy payments.

The Association also received \$36,943 last year from the Estelle A. Manning Trust. The Association has a one-tenth interest in the annual income of this endowment trust fund, which was established in perpetuity by the late Miss Estelle A. Manning. The United States Trust Company of New York is the trustee of the fund.

A fitting way to honor the memory of a loved one or a friend is a Memorial Gift in his/her name to the New York Tuberculosis and Health Association. These gifts, to be used in the fight against respiratory disease, will be acknowledged to the family and the donor.



DELEGATES TO COOPERATING ORGANIZATIONS

Council of Tuberculosis and Health
Associations of New York State

Mrs. Edward N. Costikyan
Mark H. Harrington
Julia M. Jones, M.D.
Paul Lapolla
Irving Mushlin

Northeastern Tuberculosis Conference

Bruce D. Bennett
Mark H. Harrington
Paul Lapolla

**REPRESENTATIVE MEMBER, NATIONAL TUBERCULOSIS
AND RESPIRATORY DISEASE ASSOCIATION
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Julia M. Jones, M.D.

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Bruce D. Bennett.....Assistant General Director
J. Gary Collins.....Public Health Statistician
Miss Angela Messina.....Director, Case Detection
Miss Fanny Behlen.....Director, Services to Patients
Miss Eleanor Curry.....Public Health Nurse
Mrs. Olivia Braxton.....Public Health Nurse
John Downey.....Director, Public Information
Irving Fein.....Public Information Associate
Wendell Rennie.....Director, Campaign
John F. Clifford.....Office Manager

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 Louis B. Palmer
 Joseph L. Stein
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 Russell W. Schaedler, M.D.

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 A. Wells Peck

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 Abraham G. Cohen, M.D.
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 Harry Y. Fong, M.D.
 *The Rev. W. Eugene Houston, D.D.
 Walsh McDermott, M.D.
 Herman Meyers
 Carl Muschenheim, M.D.
 M. Henry Williams, Jr., M.D.

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 *Warren E. Hendrickson
 **Philip H. Michaels
 William Reydel
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 Paul Lapolla, *Vice Chairman*
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 William S. Diefenbach
 Floyd M. Feldmann, M.D.
 August H. Groeschel, M.D.
 Clara Regina Gross, M.D.
 Mark H. Harrington
 Donald F. Menagh
 A. Wells Peck
 Joseph L. Torres

Air Conservation

Gladys L. Hobby, Ph.D., *Chairman*
 Anne F. Casper, M.D.
 Eric J. Cassel, M.D.
 *Arthur C. Emelin
 Mrs. Ottilie Fiealt
 Dominic R. Massaro
 M. Henry Williams, Jr., M.D.

* Resigned

** Deceased

PEAT, MARWICK, MITCHELL & Co.

CERTIFIED PUBLIC ACCOUNTANTS

SEVENTY PINE STREET

NEW YORK, NEW YORK 10005

The Board of Directors
New York Tuberculosis and Health Association, Inc.:

We have examined the balance sheet of the New York Tuberculosis and Health Association, Inc. as of March 31, 1968 and the related summary of financial activity, including the supporting statement of expenditures, for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and summary of financial activity, including the supporting statement of expenditures, present fairly the financial position of the New York Tuberculosis and Health Association, Inc. at March 31, 1968 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles, except with respect to equipment acquisitions as explained in note 2 of the notes to financial statements, applied on a basis consistent with that of the preceding year.

May 10, 1968

Peat, Marwick, Mitchell & Co.

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

Balance Sheet

March 31, 1968

Exhibit A

Assets

Operating fund:
 Cash \$ 26,174
 Investments, at cost (quoted market value \$516,805) 519,999
 Accounts receivable 9,056
 Deposits and other assets 2,679
 Total operating fund 557,908

Reserve fund:
 Investments, at cost (quoted market value \$531,626) 361,181
 \$ 919,089

Liabilities and Fund Balances

Operating fund:
 Accounts payable and accrued expenses 32,159
 Fund balance (note 1) - (Exhibit B) 525,749
 Total operating fund 557,908

Reserve fund:
 Fund balance (Exhibit B) 361,181
 \$ 919,089

See accompanying notes to financial statements.

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

Summary of Financial Activity

March 31, 1968

Exhibit B

	Operating Fund	Reserve Fund
Beginning balance, April 1, 1967	\$ 516,000	388,852
Support from the public:		
Received directly:		
1967 Christmas Seal campaign (note 1)	456,793	-
Bequests	48,417	-
Total received directly	505,210	-
Received indirectly - Greater New York Fund	70,331	-
Total support from the public	575,541	-
Other revenue:		
Chest X-ray fees	90,404	-
Interest and dividends	38,682	-
Income from participation in the Estelle A. Manning Trust	36,943	-
Refunds on prior years' research grants	(7,900)	(7,740)
Loss on disposal of investments	5,664	-
Miscellaneous	715,110	(7,740)
Total support and revenue	1,438,004	(15,480)
Expenditures (Exhibit C):		
Program services	431,802	-
Support of the National Tuberculosis Association	36,800	-
Supporting services	11,300	-
Total expenditures	479,902	-
Excess of expenditures over income	(15,180)	(2,740)
Appropriation by Board	24,931	(24,931)
Ending balance, March 31, 1968	\$ 505,210	361,181

See accompanying notes to financial statements.

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

Exhibit C

Statement of Expenditures

Year ended March 31, 1968

Program services:	
Community services	\$ 163,872
Support of programs for detection and treatment of tuberculosis and other respiratory diseases; cooperation with governmental and other agencies on planning and strengthening official health services for control of tuberculosis, other respiratory diseases and general health.	
Research	110,452
Grants in aid of research projects conducted in approved institutions in order to increase our knowledge of tuberculosis, emphysema, chronic bronchitis and other pulmonary conditions; other research and medical advisory activities.	
Patient services	84,071
Services to patients who are under care for tuberculosis; direct assistance to meet social needs of patients when aid is not available from tax-supported agencies; educational materials for patients; guidance and referral to proper community agencies.	
Professional education	35,051
Fellowships for graduate physicians to provide training in tuberculosis and other chest diseases; scholarships and support of other educational activities for nurses, social workers and other professional groups; publications and distribution of periodicals, pamphlets and exhibits to professional persons.	
Public health education	38,356
Activities to alert the public to methods of protection from tuberculosis and other respiratory diseases; use of television and radio, newspapers, films, printed material and exhibits.	
Total program services	<u>431,802</u>
Support of the National Tuberculosis Association:	
Support of the National programs of research, professional education and other activities to combat tuberculosis and other respiratory diseases.	<u>36,897</u>
Supporting services:	
Fund raising	182,159
Christmas Seal campaign expenses, including informational and educational activities; materials, mail and labor costs.	
Administration and general expenses	95,736
Business administration, accounting, office management and related services; board and committee activities for establishment of general policy.	
Public information	14,778
Activities to inform the public of the Association's actions; annual reports, news releases, other printed material.	
Total supporting services	<u>292,673</u>
Total expenditures	<u>\$ 761,372</u>

See accompanying notes to financial statements.

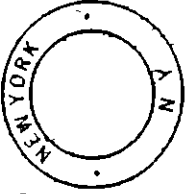
NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

Notes to Financial Statements

- (1) The Christmas Seal Campaign is conducted mainly in the months of November and December and receipts thereof (less portion to support the National Tuberculosis Association) are used to finance operations for the fiscal year beginning on the subsequent April 1.
- (2) It is the practice of the Association to include in expenditures the cost of equipment acquisitions, which are written off as acquired. Accordingly, no provision for depreciation is recorded in the accounts.
- (3) As of March 31, 1968, the Association was committed to make payments totaling \$75,291 in support of research and professional education, payable during the year ending March 31, 1969.
- (4) The Association participates in income from the Estelle A. Manning Trust, the assets of which are held in trust by others. At March 31, 1968, the Association's interest in the Trust has not been reflected on the balance sheet. In prior years, such interest was recorded at market value, which at February 19, 1968 was approximately \$921,000.



NEW YORK TUBERCULOSIS
AND HEALTH ASSOCIATION
15 East 26th Street, New York, N. Y. 10010



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