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It’s one thing to see statistics. It’s a whole other thing to see the pain and anguish of people who make up those statistics. The work of the foundation has spotlighted the injustices taking place in our most underserved communities, and it’s time to speak up and speak out. It’s time to make a change.

I’ve always been passionate about our work, but over the past few months I have felt an intense need to do something more, something that would fulfill me on a deeper level. Maybe it was a combination of COVID, the civil unrest, and the divisiveness of the election – whatever lead me here, I know now that it’s my duty to speak out against the injustices taking place in our country.

We’re still failing far too many people. I’m talking about the poorest of the poor, the marginalized and forgotten about. Their treatment has become normalized. It’s what we accept as a society because no one is telling us not to. These people don’t have a voice. Their stories are not featured on the evening news. Even when they do find a way to speak up, it makes all of us so uncomfortable that we simply put them on mute. We refuse to listen.

Change won’t be comfortable or easy. Taking a stand does not mean you have to experience these injustices yourself. That way of thinking needs to end now, for all of us. If not us, then who? If not now, then when? Doing the right thing should not be stopped because we’re worried about our place in society, because we’re afraid of being judged, or because we’re scared of the repercussions. It’s our responsibility to do right by others.

Change starts and ends with us, my friends, and the time is now. I hope you’ll join me.

We will remember 2020 for many reasons – for how a pandemic infiltrated our lives, how it took those we loved and left us wondering what the long-term impact will be on our health. This year has tested our resilience and our strength. It has further exposed the extreme vulnerability of those already living with lung disease, especially people in underserved communities.

The work of the CHEST Foundation has never been so vital. The urgency with which the foundation has undertaken its mission has reached new levels as we head into our 25th year. As I read through these pages, I cannot help but be thankful for the foundation’s leadership, donors, and staff.

In 2020, the foundation awarded just over one million dollars in clinical research and community service grants. The applications came from around the world – Uganda, Brazil, Ethiopia, Canada, Italy, and the United Kingdom. In response to the COVID-19 pandemic, the foundation created a community-based grant awarding $60,000 to patient service groups that provide aid to those living with chronic lung disease.

The work of the foundation in 2020 has improved patient access to information and resources that can empower and improve their lives. Whether it is online through the redesigned website or personal connections with the listening tour, the patients’ needs and voices are front and center in everything the foundation is doing.

I hope you are inspired by the life stories and the good work shared on these pages. That you find encouragement and hope and that you are moved to become part of the CHEST Foundation’s story as we look forward to 2021.
The CHEST Foundation is a quarter of a century old. As the patient-focused philanthropic arm of the American College of Chest Physicians, we are on a mission to champion lung health. We are grateful for the foresight of our original founders, Peggy and Bart Chernow, MD, Master FCCP, and Edward C. Rosenow, III, MD, MS, Master FCCP. Drs. Chernow and Rosenow are both past presidents of CHEST, but it was during his tenure in 1996, that Dr. Chernow and his wife, Peggy, began forming the CHEST Foundation we know today. In his own words, Dr. Chernow shares this journey with us:

“In 1935 Murray Kornfeld founded the ACCP. Sixty-one years later, Peggy and I conceived the idea of having a foundation to serve as the philanthropic arm of the ACCP. I brought the idea to the Board of Regents and the CHEST Foundation grew from a concept to a reality. The ACCP leadership helped mature the idea and implement its beginnings by forming a foundation board of directors. I felt strongly that the foundation’s leadership should always include the President of the ACCP, the Past President, and the Executive Vice President/CEO of the college.

Peggy and I have made many initial donations and continue to give regularly. One of the most impressive observations I’ve made about the foundation has been the numerous leaders of the college who have contributed their support in both time and money donated. These leaders have ensured that the foundation will continue to grow and serve the needs of our membership and, importantly, the needs of our patients.”

The CHEST Foundation provides millions of dollars in grants for clinical research studies and community outreach events and collaborates with physicians to create the most comprehensive patient-education tools you can find. The foundation strives to give health-care professionals, patients, and caregivers opportunities to come together, give back, and advocate for change.
Dr. Chernow has received numerous awards and accolades during his long and distinguished academic career. However, he is most proud of being the founder of the CHEST Foundation with the charitable and educational work it supports. “Making an impact isn’t about funding Nobel prize-winning work. It’s about providing education and resources to the people who can’t access or afford such things. It’s about the projects that provide care to the human beings who need it.”
Patient education materials for over 80 disease states available for FREE in print, online, mobile.
LIFETIME OVER $8,000,000 AWARDED

RESEARCH GRANTS

ACCESS

FREE COMMUNITY LUNG TESTING for over 5,000 people across the US and Canada

MORE THAN 2,300 ACTIVE DONORS

DONORS

OVER $4.2M ENDOWED CORPUS

A FOUNDATION
Constance Baker was juggling the dual stresses of mothering a newborn and raising a teenager when she noticed a skin patch on her father looked discolored. His breathing soon became labored, and the skin on his hands turned calloused. Then he passed out. Initially, doctors thought his problems were cardiovascular.

Since James didn't have a primary doctor, Constance repeatedly took him to the emergency room to receive care. His frequent visits attracted the attention of a medical intern who ordered tests and asked James to see a specialist.

More than half a year later, Constance and James met pulmonologist Dr. Demondes Haynes and learned the cause of James' troubled breathing. James has a rare disease called scleroderma, which hardens patches of skin and created scarring of his lung tissue. He also had pulmonary hypertension. James needed rapid intervention with a complicated regime of medication.

At first, James didn't want to go along with the program, but Dr. Haynes' attentive and gentle nature changed his mind. “Dr. Haynes always made us comfortable, taking the time to listen and show us his concern. He even explained that we wouldn't have to worry about paying for anything, which was a huge relief.”

Before Dr. Haynes, James and Constance had never met a doctor who didn't treat them like a case file. “He actually acknowledged our circumstances, which meant he acknowledged us.”
As a native Mississippian, Dr. Haynes knows the plight of many of his patients. “Not everyone with lung disease can access a pulmonologist, like me, and not everyone can afford appropriate treatment. You have to recognize these disparities in order to build a relationship of trust with your patients.”

James was ready to start treatment with Dr. Haynes’ guidance, but since he couldn’t read, he couldn't understand how to put the medication together. That’s when Constance had to step up. They worked together to change and clean the tubing to the port by his heart and make his medication. “We leaned on each other a lot during that time, and you know what? We made it through.”

Even though James’ disease can be debilitating at times, and his care can seem completely overwhelming, Constance wouldn’t have it any other way. “It’s always been my father and I, just us two. He’s always taken care of me, and now it’s my turn to take care of him.”

The foundation launched the listening tour in part to prepare communities for the rise of patients with chronic lung issues, as some COVID-19 survivors develop lasting lung complications from the virus. Both Americans living with chronic lung disease and those diagnosed with COVID-19 are disproportionately made up of vulnerable populations who often do not have resources to seek medical treatment or cannot afford needed medical devices and medication.

“He [Dr. Haynes] actually acknowledged our circumstances, which meant he acknowledged us.”

Constance Baker and James Lindsey
Unfortunately, Constance and James’ story is not unique. So many patients don’t have access to doctors, specialists, and caregivers, and many aren’t empowered enough to take their medications. These stories don’t get posted on Instagram and they don’t make the evening news. Underprivileged and underserved patients have been left behind—left without a voice.

That’s why the foundation launched its virtual listening tours across America in September. Our tours give patients, caregivers, and physicians the opportunity to raise issues that they believe are impacting health care in their communities.

How can physicians work to understand their patients better? How can patients learn to trust their providers? These are all the questions we aim to answer.

James is doing as well as he is because of his relationship with Dr. Haynes. What can we do with that information? We can listen, we can learn, and we can spread the word.
 Ideology that patients must “pull themselves up by their bootstraps” doesn’t address reality or the roadblocks patients face carrying out health plans

Patients perceive dismissive attitudes and/or mistreatment based on their race, income level, or use of state-funded insurance

Insurance not accepted by desired doctors

Referral needed for a specialist

Doctors/clinics unwilling to treat COVID–19 positive patients

Expense of doctor visits for patients without insurance and those with high deductibles

Cost of medication

Need for patient caregivers or health advocates for those who do not have the ability to advocate for themselves

Patients without primary care doctors being treated for surface-level problems only in clinic/emergency department visits

Technical medical language used by physicians can intimidate patients and make them reluctant to ask questions

Clinicians can be oblivious to obstacles patients face affording medication, returning for follow-up visits, or administering a complicated treatment plan

Misdiagnoses and related unnecessary expenses lead patients to believe providers do not understand the cost burden of medical care
Amy Addrizzo believes that major gifts can make an impact, especially when they’re made in honor of someone special. In Amy’s case, her gift was made to honor her late husband’s legacy, John Addrizzo, MD, who was adamant about funding research and treatment for sarcoidosis.

“My husband started his residency by caring for hundreds of patients that suffered from sarcoidosis. As a young doctor, that must have made quite an impression on him. He’s been passionate about it ever since.”

If you’ve never heard of sarcoidosis, you’re not alone. Even in the age of information, the disease is not well-known unless someone you know has it. That’s why Amy chose to have her major gifts to go toward grant funding. “I’m hoping that the doctors who receive these grants get the resources they need to bring more awareness to the disease. That’s how we’re going to make the biggest impact across the board.”
Even though Dr. Addrizzo passed in 2013, his passion for the fight against sarcoidosis lives on through her continuing philanthropic work and their daughter, Doreen Addrizzo-Harris, MD, FCCP. Dr. Addrizzo-Harris served as President of the CHEST Foundation from 2018-2019 and Co-Chair of the Foundation Awards Committee from 2015-2020. “It started with my husband and trickled down to me and my daughter. Now I’m hoping my grandchildren will be involved one day, too. That’s the power of giving.”

“It makes me feel good to give something in my husband’s name, to do something that he would have done himself; and I know that he’s smiling down about it somewhere.”

Although her husband never asked her to continue his work, Amy knows in her heart that it’s the right thing to do. “It makes me feel good to give something in my husband’s name, to do something that he would have done himself, and I know that he’s smiling down about it somewhere.”
“This partnership between the CHEST Foundation and ATS has been incredibly fruitful. Through our collaboration on a novel research grant studying the unique challenges underrepresented groups encounter in the face of COVID-19 – we were able to greatly expand our pool of applicants helping identify the best environment for the research project to flourish.”

$105,000 COMBINED

Partnership with ATS to provide a Research Grant in COVID-19 and a Research Grant in COVID-19 and Diversity
RESEARCH AREAS
Respiratory Health
Alpha-1 Antitrypsin Deficiency
Medical Education
Women’s Lung Health
COPD
Critical Care
Lung Cancer
Venous Thromboembolism
Nontuberculous Mycobacteria Diseases
Cystic Fibrosis
Sarcoidosis
Severe Asthma
Pulmonary Fibrosis
Sleep Medicine
Diversity
COVID-19
COVID-19 and Diversity

NEW GRANTS
CHEST Foundation and ATS Research Grant in Diversity
CHEST Foundation Research Grant in COVID-19
CHEST Foundation and ATS Research Grant in COVID-19 and Diversity
CHEST Foundation and APCCMP Research Grant in Medical Education
CHEST Foundation Research Grant in Critical Care
CHEST Foundation Research Grant in Ultrasonography and COVID-19

John R. Addrizzo, MD, FCCP and Doreen J. Addrizzo-Harris, MD, FCCP

COMMUNITY SERVICE GRANTS
+25 MICROGRANTS

A LEGACY
She has been the patient, the caregiver, and the bereaved – experiences that have undoubtedly shaped Dot Delarosa’s spirit of selflessness and hope.

As a young minister, Dot always worked to improve the lives of those around her, often making home visits to deliver food and other resources to those in her community. When asked what motivated her, she simply says, “Giving is part of my nature. There was just no other life for me.”

Unexpectedly at age 29, doctors found a polyp on Dot’s vocal cord, and within 10 years, she was diagnosed with idiopathic pulmonary fibrosis. “Never in a million years did I think I would be given a death sentence. In my mind, I didn’t want to die because I didn’t want to leave my mom.”

Anyone who knows Dot will tell you that sentiment made perfect sense. Nora, Dot’s mother, was not only her biggest fan but her best friend. With an IPF diagnosis wreaking havoc on her daughter’s body, Nora would have to take on another role – caregiver.

As her window of time was closing, Dot received the news that she would be getting a lung transplant – a life-saving measure. The recovery process was grueling, but Nora stayed by her daughter’s side. “You never know how much you are loved until you are in desperate need,” Dot recalls.

Once recovered, and with a new lease on life, Dot started right back where she left off, helping others. Then COVID-19 hit. “Right away, I noticed that people were having a hard time finding essential supplies like hand sanitizers, disinfectant wipes, gloves, masks, and toilet paper. I knew I needed to help.”
Dot and her mother reached out to the CHEST Foundation and pitched their idea for “Gift Baskets of Love.” When their community service grant was awarded, which gave them additional funds to include gas and gift cards, they took things one step further. Dot suggested that hand-delivering each basket might help people feel less alone, so the mother-daughter team set out on a 200-mile road trip across San Antonio.

“Seeing how grateful the recipients were meant so much to us. Some shared how it would help them pay for medications. Others said that it would help them with food and gas to go to doctor visits,” said Dot.

Sadly, Dot and her mother weren’t able to complete their trip. Nora passed away this summer from COVID, and shortly after that, Dot was also hospitalized with the virus. “We knew we were both at risk, but we had to follow what was in our hearts,” her words portraying the epitome of selflessness.

Even amid her profound grief, Dot hasn’t lost her hopeful spirit. “Momma and I created a lifetime of beautiful memories together on that trip, memories that I can carry with me forever. What an amazing gift that is.”

“I am so grateful to the CHEST Foundation for empowering us to do this work. For patients stuck in isolation, it isn’t about receiving a basket of supplies. It’s about seeing someone take the time for you. That’s everything.”
COVID-19 REACTION MICROGRANTS

MORE THAN 20 EDUCATIONAL MATERIALS including instructional videos, PSAs, and infographics to protect vulnerable communities

OVER $1M

Project provided PPE AND BASIC ESSENTIAL NEEDS to patients living with chronic illnesses in underserved communities

Dot and Nora Delarosa
14,000 PPE DISTRIBUTED

RAISED FOR COVID-19 RELIEF EFFORTS

$120K AWARDED TO DIRECTLY SUPPORT VULNERABLE COMMUNITIES

The CHEST FOUNDATION in partnership with the FELDMAN FAMILY FOUNDATION provided GRANTS to support OVER 550,000 AMERICANS: PATIENTS, CAREGIVERS, FAMILIES, PHYSICIANS

California
Texas
Louisiana
Illinois
Georgia
Florida
Virginia
Maryland
New Jersey
New York

COMMUNITIES
CHEST FOUNDATION
VISION FOR 2021
AND BEYOND

IAN NATHANSON, MD, FCCP
PRESIDENT, CHEST FOUNDATION

Ian T. Nathanson, MD, FCCP and Diane Nathanson
In the year of COVID-19, we saw unprecedented changes in our environment and social interactions. Almost nothing was as it should be—sports championships in a “bubble,” social distancing, limited travel, economic hardships, and, of course, the devastating effects on the health of people all over the world. CHEST did not shy away from the challenges of COVID-19. Instead, we accelerated our focus on education, patient care, research, and advocacy to assist clinicians caring for affected patients. The CHEST Foundation, the philanthropic arm of CHEST, contributed to this effort by funding research and community service grants and distributing over 14,000 pieces of PPE to health workers and the public.

Amid social protests, CHEST issued statements supporting inclusion and diversity and called for improving health-care disparities. To better understand how these important issues interact, the CHEST Foundation began conducting listening tours across the country to learn what is important to patients and what barriers they face. These lessons will influence how the foundation implements its current programs and designs future programs. Over the next few months, the CHEST Foundation will set in motion a course of action to support valuable programs in these areas. We will focus on three main themes.

First, we will utilize the strength of CHEST by inviting fellows to participate in CHEST Foundation activities and serve on our committees. By creating an atmosphere of inclusion and collegiality, we believe that fellows will better understand the CHEST Foundation’s goals and commit themselves to strengthening the foundation for years to come.

Second, we want to establish relationships with organizations outside of CHEST. Although our partnerships with health-care industry organizations are strong, we have few robust alliances in the non-endemic space. Corporations espouse wellness, and we have experts all over the world who can address the needs and concerns of these companies. Preliminary exploration tells us that non-endemic corporations have an interest in what we can offer.

Third, we want to grow the corpus of the CHEST Foundation. Dreams without funding become only aspirations, but dreams with funding become reality. Without a solid corpus, we operate on a short-term plan. CHEST has some of the most influential leaders in the fields of pulmonary, critical care, and sleep medicine. Together, we can develop programs that can significantly impact the lives of the people we serve.

The CHEST Foundation looks forward to building on past successes and tackling new challenges. On behalf of CHEST’s Board of Trustees and the gifted staff, I invite you to join us to reach these goals.

Ian T. Nathanson, MD, FCCP and Diane Nathanson
CHEST FOUNDATION
FOUNDER’S SOCIETY

We thank our members of the Founder’s Society, which recognizes passionate healthcare professionals and their families for their cumulative lifetime giving since the CHEST Foundation was founded in 1996. THANK YOU for your ongoing support and leadership level of giving.

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Jill Popovich

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Integrating knowledge and expertise, our comprehensive approach to lung health care encompasses prevention, diagnosis, and treatment. We strive to provide the highest quality care to our patients and their families, ensuring a positive impact on their lives.

LUNG HEALTH
Champion’s Circle is the CHEST Foundation’s annual giving club that recognizes our most committed donors in a calendar year, January 1 - December 31, 2020. The donor list below is recognized from January 1 – November 20, 2020.

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