

The Academy reorganizes on its fiftieth anniversary

"At 12:58 P.M., Sunday, December 4, 1943, at the Waldorf-Astoria Hotel, in New York City, the American Academy of Allergy and Immunology came into being."¹ The American Academy of Allergy and Immunology was formed on that date as a result of the merger of the American Association for the Study of Allergy (established in 1923) and the Association for the Study of Asthma and Allied Conditions (established in 1924).

Immunology included in Academy's name

The American Academy of Allergy was the first national organization consisting of physicians from both the private and academic sectors to add immunology to its organization's name. Thus it became the American Academy of Allergy and Immunology in 1982. Its members recognized that the science of immunology was inextricably linked to allergy, and that the broader appeal reflected in the new name would accommodate members who have interest in other immunologic as well as allergic diseases.

From the total of 272 initial members, as a result of the 1943 merger, the Academy has grown in 1992 to a membership of more than 4600 members including clinicians, academicians, and allied health associates from the United States, Canada, and 57 other countries. Today the organization has 142 councils, committees, and interest sections in which its members participate. The Academy's executive office was established in 1949 in Milwaukee, Wis., where it currently functions with a staff of nine full-time professional and administrative personnel.

The Academy sponsored its first leadership retreat in 1986 and the second in 1990, resulting in recommendations that the structure and the governance of the Academy needed to be studied and changed to accommodate the tremendous growth and diversity of its membership.

Formation of interest sections

The Academy's current reorganization developed in three phases. The first phase, begun in 1990, saw

creation of six interest sections that have permitted a more diverse involvement by members in planning Academy activities and the annual meeting. These six interest sections consist of the Asthma, Rhinitis and Other Respiratory Diseases, Basic and Clinical Immunology, Dermatologic Diseases, Environmental and Occupational Disorders, Food and Drug Reactions and Anaphylaxis, and Mechanisms of Allergy. The names of the interest sections appropriately reflect the areas of expertise of members who specialize in allergy and immunology.

As a related initiative, in 1988 to 1989, under the leadership of then President Phillip L. Lieberman, MD, the Academy approached the leadership of the American College of Allergy and Immunology to determine if amalgamation of the two organizations would be feasible. The College agreed to the formation of a joint negotiation committee to consider amalgamation. The Academy's members of the joint negotiation committee for these talks consisted of Allen P. Kaplan, MD, Chair; John A. Anderson, MD, Jordan N. Fink, MD, Phillip L. Lieberman, MD, Richard F. Lockey, MD, and Albert L. Sheffer, MD. During these talks, a subcommittee on governance was appointed to represent the interests of both organizations; the subcommittee included Phillip Lieberman, MD and Robert J. Becker, MD as cochairs and Emil J. Bardana, MD, Jordan N. Fink, MD, and Faser R. Triplett, MD, as members. This subcommittee had submitted its initial recommendations for an orderly process of transition to culminate in an amalgamation of the two organizations. When talks of the parent committee failed, the recommendations of the subcommittee on governance became the foundation for the Academy's new structure.

Formation of new councils

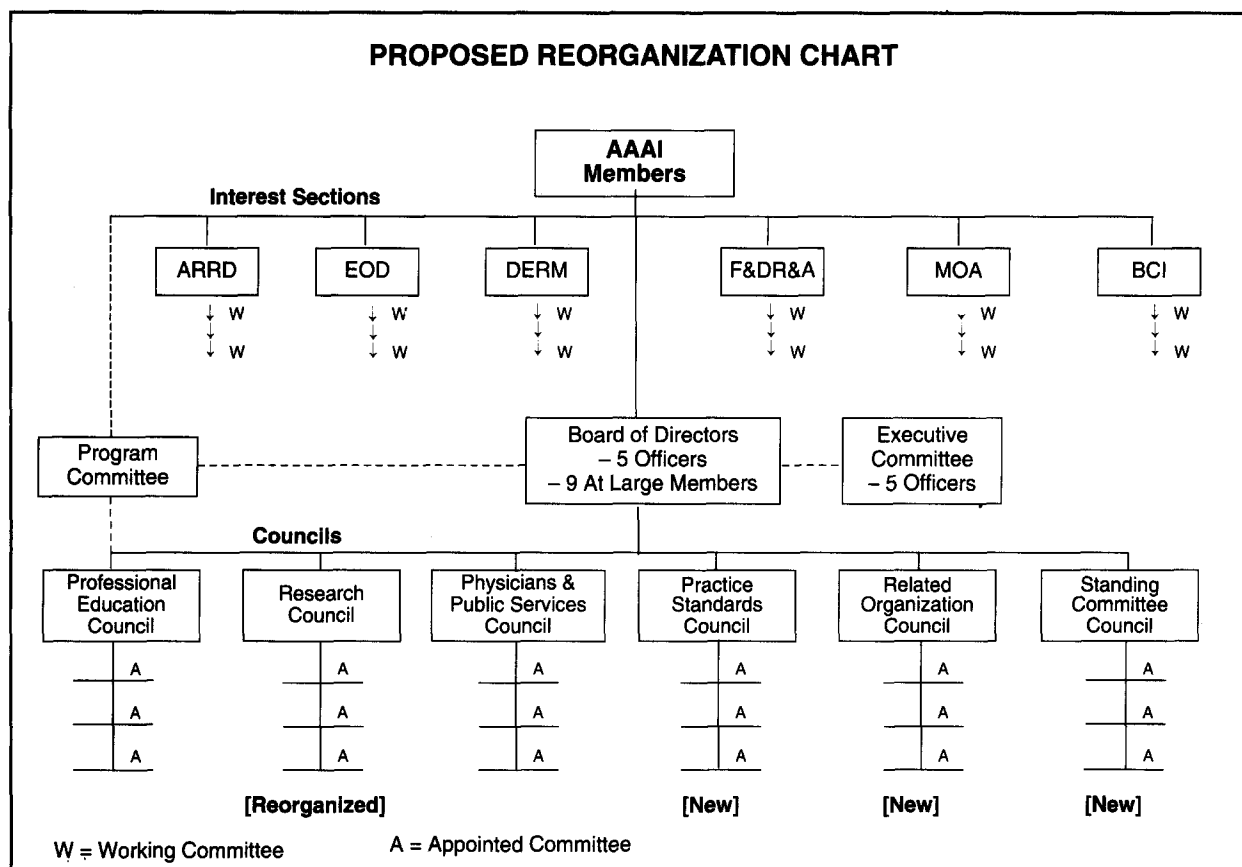
In 1992 the second phase of the reorganization plan was introduced and approved by the Executive Committee.^{2,3} This phase is designed to better define the responsibilities and interactions of the councils and interest sections (Fig. 1). Two kinds of committees are recommended. "Working" committees, under the aegis of the six interest sections, on which any Academy member can elect to serve and "Appointed" committees, which consist of selected members under the aegis of the president and the executive committee.

The governance of the interest sections have been refined, and some councils have been reorganized and

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PROPOSED REORGANIZATION OF INTEREST SECTIONS

ARRD	BASIC & CLIN. IMMUNOLOGY	DERMATOLOGY	ENVIRONMENTAL	FOOD & DRUG & ANAPHYLAXIS	MECHANISMS OF ALLERGY
- Anti-Inflammatory - In vivo testing - Lower airway - Ocular Allergy - Quality For Asthma - Access - Camps - Rehab - Pulmonary Func. - Non-M.D. Education - Rhinitis - Sinusitis	- AIDS - Primary Immuno-deficiency Disease - Immunogenetics - Molecular Biology and Epidemiology	- Immuno-Ophthalmology - Atopic Dermatitis - Contact Dermatitis - Urticaria & Angiodema	- Environmental Control & Air Pollution - Fire Ants - Insects - Occupational Lung Disease	- Adverse Reactions to Foods - Antibiotics - Anaphylaxis - ASA, Sulfite & Food Additive	
NEW* - ABPA - <u>Aerobiology</u> - <u>BAL</u> - Bronchoprovocation - <u>Immunotherapy</u> - <u>In Vitro</u> - Sports Med.	NEW* - <u>Immunotherapy</u> - <u>In Vitro</u> Allergen Standardization		NEW* - <u>Aerobiology</u> - Allergy to Animals	NEW* - Drugs	NEW* - <u>BAL</u>
NOTE: 1) All committees listed below "NEW" are committees currently on Research Council to be moved to Interest Sections. 2) Underlined committees are shared by two Interest Sections. *Previously on Research Council					
Legend: ARRD - Asthma, Rhinitis & Other Respiratory Diseases EOD - Environmental & Occupational Diseases DERM - Dermatologic Diseases F&DR&A - Food & Drug Reactions and Anaphylaxis MOA - Mechanisms of Allergy BCI - Basic and Clinical Immunology					

FIG. 1. Top half of the figure is the proposed reorganizational chart. Working committees of the interest sections are listed on the bottom half of the figure. The Research Council has been reorganized and three new councils formed to include the Practice Standards Council, the Related Organization Council, and the Standing Committee Council.

Alternating process of nomination to the nonofficer board					
	1994	1995	1996	1997	1998
Grand nominating committee	x		x	x	x
Regional, State, Local, allergy societies	x	x		x	x
Training program directors	x	x	x		x
Interest sections		x	x	x	

FIG. 2. Three pairs of names will be nominated for at-large positions from three of the above four groups each year. The following year, two pairs will be nominated by only two of three groups nominating the previous year, and one pair will be nominated by the one group that did not nominate the previous year.

others created. For example, the Research Council is being restructured. The Research Council will promote research and identify sources of funding for research in allergy and immunology and obtain and provide funds, where available, for research by interest section working committees. It will also monitor study sections which review grant applications to governmental and nongovernmental agencies and recommend individuals from the Academy to sit on these study sections. A third responsibility will be to monitor and select recipients of research grants as awarded by and through the Academy.

The three new councils will be the Practice Standards Council, the Related Organizations Council, and the Standing Committees Council (Fig. 1). The Practice Standards Council will explore and make recommendations about unproven practice procedures as well as the inappropriate use of established procedures. The Related Organizations Council will act as a liaison between the Academy and other medical organizations and governmental institutions. The Standing Committees Council will consist of both permanent and ad hoc committees that report directly to the president.

This second phase of the reorganization proposes to accomplish the following: First, give better definition of the Academy organization; second, permit more individual participation in Academy functions; and third, give, through new council chairs, direct access by many committees to the Academy's governing body where none have previously existed.

Democratization and new governance

The far-reaching third phase of the Academy's reorganization was announced in the third issue of *News and Notes* in 1992.^{4,5} Its changes will lead to a more democratic organization and provide the mechanism to assure representation of the entire Academy's constituency on the leadership team.

The Reorganization Committee (appointed in 1992) drafting the changes is chaired by Phillip Lieberman, MD and includes John J. Condemi, MD, Allen P. Kaplan, MD, Lawrence M. Lichtenstein, MD, Faser R. Triplett, MD, Stephen I. Wasserman, MD, and me. Since March 1992, the program for reorganization has been presented, discussed, refined and approved (July 1992) by the Executive Committee for presentation to the membership.

The preamble to the proposed reorganization states: "So that the expanding size and diverse interests of the Academy's membership can be effectively represented, a reorganized structure is proposed. It calls for the creation of a 14 member Board of Directors, five of whose members are officers and comprise the Executive Committee, and a new participatory process for nomination and election to the Board of Directors and to officership of the Academy. The results will assure that clinical and scientific interests are more democratically represented in decisions of the Academy."

With the reorganized structure operative, the new five-member Executive Committee will consist of the immediate past-president, president, president-elect, vice president, and secretary-treasurer. The Executive Committee also will be part of a 14-member board of directors and will be empowered to carry out Academy business as long as the action taken is unanimous (Fig. 1). Nonunanimous decisions will be subject to a majority vote by the entire 14-member board of directors. On request of at least three of the 14 members of the board of directors, a special meeting of the board can be called to consider actions taken by the Executive Committee.

The president will be authorized to have weekly conference calls to discuss business and to delegate tasks to members of the Executive Committee. These changes will enable the president to cope with the tremendous number of tasks for which that officer is

Interim board						
	1994	1995	1996	1997	1998	1999
Past past president	+	—	—	—	—	—
Past president	+	+	+	+	+	+
President	+	+	+	+	+	+
President-elect	+	+	+	+	+	+
Secretary-treasurer	+	+	+	+	+	elect
Historian	+	+	+	+	—	—
Vice president	+	+	+	new	new	new

+, "old" Executive committee members; —, eliminated from new board of directors; *elect*, first elected secretary-treasurer from two nominees; *new*, selected by new grand nominating committee.

FIG. 3. The interim board will be made up of members of the "old" Executive Committee and from the new board of directors. The first secretary-treasurer under the new constitution will be elected in 1999.

held responsible. Action taken by the Academy will also no longer necessitate a three- to four-month interval between Executive Committee meetings as is presently sometimes required.

Change in nominating process

The present nominating process for the Executive Committee and officers was first agreed upon at the birth of the Academy 50 years ago. It was designed to serve the needs of a few hundred members and fellows, all of whom knew one another reasonably well. As the Academy has grown and become more heterogenous, the need for greater representation and more visible pathways to leadership positions became necessary. Restructuring of the by-laws will achieve this goal.

The at-large members and the secretary-treasurer of the board of directors will be selected by the entire fellowship by vote. Two at-large nominees will be submitted by a grand nominating committee, two by the regional, state, and local allergy societies, two by the program directors, and two by the interest sections (Fig. 2). The nominees will run against each other. Each year three pairs of names will be nominated from three of these four groups. The following year three pairs will be nominated by only two of the three groups nominating the previous year, and one pair will be nominated by the group that did not nominate the previous year. A similar rotation schedule will take place each subsequent year. Because of overlapping terms of current board members, the new governance structure will not be fully realized until 1999 (Fig. 3). Members will be elected to the new Executive Committee for 3 years and can be reelected for an

additional 3 years. Nominees for the secretary-treasurer must have served for at least 3 years on the board of directors.

Two fellows will be nominated for secretary-treasurer. The elected secretary-treasurer will then be in line to become president-elect and ultimately president. The term of office of the Executive Committee members under the old constitution could last as long as 11 years. Under the new constitution, an Academy fellow could be advanced to the position of president within 6 years of becoming a board member.

The Academy has always been committed to serve its members and have its members serve the Academy. It is totally fitting and appropriate on the Academy's 50th anniversary that it prepares for the 21st century by reorganizing and adopting a new governing structure.

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