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World Allergy Organization (2010-2011)

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Dear Friends and Colleagues,

Medicine and the specialty of allergy, asthma, and clinical immunology have undergone great changes since the World Allergy Organization (WAO) was formed in 1951. Michael Kaliner, with major contributions from Alain de Weck, both Past-Presidents of WAO, has given you an overview of how the organization has evolved through the years. The personal recollections of past presidents, Congress organizers, and other leaders of WAO can be viewed online at the WAO Journal (www.waojournal.org). WAO is grateful to you for recording and documenting its history.

A seminal change occurred in the organization structure in 1997 when the Board met under the presidency of Gunnar Johansson in Stockholm and outlined a new agenda. Until that time, the primary purpose and goal of WAO was to hold an international allergy, asthma, and clinical immunology congress every three years in different parts of the world. Where WAO is today and what it does in addition to the Congress had its beginnings in that meeting in 1997 and has evolved over the years.

Whether a coincidence or not, it was certainly my good fortune to join the WAO Board in that crucial year, 1997. The purpose of this presidential address is to take stock of our Organization by reflecting on my service on the Board since 1997 and offering some ideas that may enhance WAO’s role in the future.

Growing Older

I dedicate this address to my dear parents, Stephen D. Lockey, M.D. and Anna F. Lockey. My interest in allergy and immunology was stimulated by my father, the late Stephen D. Lockey, who began his practice in 1933. A page of his log book, dated October 27-29, 1933, illustrates a typical day of practice in a small town in Lancaster County, Pennsylvania, U.S.A. Charges for office visits were between 35¢ and $2.50 and total cash receipts per day were between $7.50 and $15.00. There were also many “no charges” for patients who could not afford to pay for care. This was typical for all physicians of the time, that is, to provide free care to patients who could not pay. My goodness, how times have changed!

Log book of Dr. Stephen D. Lockey, 1933
Both my mother and father had a great influence on their three sons and daughter. Two sons became allergists/immunologists, the third an occupational pulmonary physician; and their daughter also worked as a healthcare professional. My father was always interested in allergic diseases having witnessed William, his 3-year-old brother die from anaphylactic shock after an injection of horse-derived antitoxin given for diphtheria.

When I first started in the specialty, many patients with asthma were hospitalized for days, even weeks, and suffered tremendous side effects from systemic glucocorticosteroids. They were commonly readmitted into the hospital for flares of asthma. Likewise, the first bone marrow transplant for primary immunodeficiency had just taken place and IgE had not been discovered. How different it is today. Today, when I present a lecture on asthma to students or residents, I start by saying that asthma is the most treatable of all chronic diseases known to mankind. Patients rarely are hospitalized for asthma, and bone marrow transplants are routine for many primary immunodeficiency diseases.

The Last 14 Years

When the WAO Board met in 1997 in Stockholm, Sweden, for its two-day retreat to plan future activities, the major question steering the discussion was: how should the activities of WAO keep pace with and enhance the advances in the specialty, as well as fulfill its mission and role as a global federation of regional and national member societies? Today, as it celebrates its 60th anniversary, WAO’s international leadership role has become possible because of many revolutionary changes spearheaded by successive WAO Presidents and their Boards. During the 14 years or so that I have served on the WAO Board, WAO has not only changed in its scope, but in its reach.
For example, in the past, individuals served on the WAO Board literally for decades; today, bylaw changes limit the number of years an individual Board member can serve. Representatives from North America, Latin America, Europe, Asia-Pacific, and the Middle East – Africa regions sit on the Board. The Board members and officers today are elected through a democratic process. The president serves for two rather than three years and the World Allergy Congress is held every two versus three years.

The WAO now has a website second to none, representing the specialty on an international basis. For example, the WAO website received the 2011 MarCom Gold Award, a prestigious award given to websites with exceptional design and content. In addition, the WAO holds an International Scientific Conference, the first of which occurred in Dubai, 2010 under the direction of Ruby Pawankar, President-Elect.

The next one will take place in Hyderabad, India, December, 2012.

So, too, the World Allergy Organization Journal is a free online journal reaching allergists throughout the world. (www.waojournal.org) With input solicited from all its member societies and ratified by the House of Delegates, the WAO sponsors a variety of different position statements and papers, state-of-the-art treatises on subjects of interest to all physicians throughout the world.

WAO has established programs that are second to none to encourage specialty training in all countries and sponsors scientific meetings and symposia, ranging from the World Allergy Congress to educational programs and learning activities in partnership with member societies. Again, WAO has rightfully gained worldwide stature, not only as representing the specialty, but also as a recognized entity by other worldwide specialty organizations.

What Constitutes the Major Strengths of the WAO?

First, its member societies are its greatest strength. There are now 89 member societies and the numbers are increasing rapidly. When I first joined the Board in 1997, there were 57. They represent 45,000 physicians who are either specialists or are interested in the specialty. Through these member societies, WAO has the capacity to influence the specialty in every corner of the world. In addition, WAO has identified all the active allergy/immunology training programs
in the world – those physicians/scientists who participate in formal teaching programs to advance the specialty.

Member societies are the heart and soul of our Organization. Remember, WAO does not have individual members; each of you is a member of WAO because you are first a member of a national or regional allergy, asthma, or clinical immunology society. The WAO serves the specialty worldwide by serving its member societies through partnering and collaborating with them in various ways.

Starting in 2010, as first proposed by Jan Lötvall, Past-President of the European Academy of Allergy, Asthma, and Clinical Immunology, organizations in North America and Europe are getting together to collaborate with WAO to form a joint communication and outreach program termed the International Collaboration in Asthma and Allergy (iCAALL). Its primary purpose is to increase and better coordinate the communication of information about allergies and asthma on a global level. Eventually, this program should involve the regional representatives from the Asia Pacific and Latin America regions.

Such cooperation among organizations should allow the specialty to develop universal communication tools for specialists, general practitioners and other health care professionals, and ultimately, provide information for the general public, patients, and policy makers throughout the world. This concerted effort should result in increased awareness about allergic diseases and asthma and result in more competent care for patients by heath care professionals and increased allocations of resources for research and patient care, thus benefiting patients and the society as a whole. A formal announcement about this program will take place at the annual meeting of the American Academy of Allergy Asthma & Immunology in Orlando, Florida in March 2012.

Again, international cooperation between WAO and its member societies is absolutely essential for all of us to move forward as a specialty. All of us, as member society representatives, should encourage and endorse such collaboration. It makes sense and is very cost-effective.

Suggestions and Ideas for Consideration

An idea under consideration for some years, and earlier this year approved in concept by the WAO Board, is that the specialty has to find ways to reach out to primary care physicians. We specialists have to interact with internists, pediatricians, and general practitioners on an
ongoing regular basis. Members of the specialty cannot take care of the 15-20% of the population with allergic diseases, asthma, and clinical immunology problems. The primary care physician should act as a referral service to the specialty for the more complicated patients. Interaction must be reciprocal so that everyone has a better understanding and knowledge of the diseases which we treat. This can be accomplished through conference exchange programs, inclusion of primary care physicians in position papers and statements, and assuring that primary care physicians are aware of this specialty and when a specialist should be consulted.

An excellent way to expand this process is for the WAO to sponsor post-graduate conferences for primary care physicians, internists, and pediatricians in densely populated areas of the world, in particular, where the population is underserved by specialists in our field. Such post-graduate sessions would be limited in scope and target physicians who care for patients with allergic diseases.

The specialty of allergy/immunology is a mechanistically-driven specialty unlike other specialties which are organ-based. This is a great advantage in this day and age of research funding throughout the world. Allergic and immunologic mechanisms, which are operative in many diseases outside our specialty, should be looked upon as an opportunity. Our specialty should try to exploit this characteristic. Government and corporate funding for research is increasingly more focused on mechanisms than only on organs.

The specialty and practice of allergy, asthma, and clinical immunology are based on the understanding and treatment of hypersensitivity diseases and immune dysfunction as these relate to allergic and immunodeficiency diseases.

It is a mechanistic-based rather than organ-based specialty. This specialty characteristic is becoming advantageous in the day and age of immunotherapy for many hypersensitive, inflammatory and immune dysfunctional diseases.

In addition, allergic disease may be drastically contained, even prevented, through well-planned programs at local points-of-care that work to strengthen tolerance through better management and measurable care. The Finnish program is a prime example of such success and its concept should be adopted, adapted and promoted by our member societies and promoted by WAO. Such initiatives will decrease the costs of care as well as increase the quality-of-life of patients who suffer from allergic diseases and asthma.

Prevention of allergic disease will be difficult. However, the Finnish Initiative to increase the quality-of-life and decrease costs for allergic diseases and asthma has been successful. WAO and Member Societies throughout the world should promote similar programs.

Another initiative which WAO should be instrumental in organizing is to provide the means and wherewithal for physicians throughout the world to solicit the help of their patients to advocate for the specialty. Allergic diseases, asthma, and immunodeficiency diseases are not only increasing, they severely impair quality-of-life and they can be life-threatening. Patients with these diseases should
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patients in all countries of the world should be solicited to become advocates for the specialty for services rendered as well as to advocate for training and research in the specialty. WAO is collaborating with other Member Societies to try to initiate such a program. This should be possible in this day and age of the electronic media and the Internet.

Currently, WAO promotes the use of a byline “A World Federation of Allergy, Asthma, and Clinical Immunology Societies” to better explain its scope of interest. All this is connected to better defining the specialty and strengthening its identity among the general public worldwide. While the World Allergy Organization acronym, WAO, is very appealing, the WAO represents patients and physicians with allergic diseases, asthma, and clinical immunology diseases. I favor promoting the commonality of the use of the term “allergy, asthma, and clinical immunology” in all of the titles of organizations of whom WAO represents in the world. Should the acronym “WAO” also be changed or altered to better reflect what the specialty represents?

We would all agree that nothing perhaps helps to strengthen a specialty more than promoting and supporting young scholars through research grants and fellowships. Many societies do this successfully.

Should the acronym WAO be changed to better reflect what the specialty represents, allergy, asthma and clinical immunology? Most member societies use the terminology “asthma, allergy, and clinical immunology” to optimally describe the specialty in their region or country.

WAO, too, has an Education & Research Trust Fund – started some years ago – to provide such support. Probably the most successful organization to have formed a trust fund is the American Academy of Allergy Asthma & Immunology. Each year, this organization funds a variety of different scholarships to promote the training of scientists and teachers for academic careers.

The specialty cannot and will not survive unless specialists are trained to assume worldwide academic roles. WAO currently has a Fund of approximately $200,000, soon to be $300,000, through the generosity of ViroPharma. This Fund, in its infancy, should be supported and expanded so that a Trust Fund, in years hence, will be a formidable resource for the specialty. WAO could also consider sponsoring a Trust Fund dinner or other fundraising events to support this initiative. For the first time, registrants were requested to contribute to the Fund when they registered for the XXII World Allergy Congress (WAC 2011) Cancún.

A well-funded WAO Trust Fund would be a formidable resource for the specialty. Such a Fund would enhance the development of the specialty, in particular, in underserved areas of the world. Should WAO sponsor activities to raise money and designate a portion of profits from various activities for this Fund? Should contributions, no matter how small, be solicited from interested donors?
Every organization needs to prepare for the long-term future even as it is effective in the here and now. And thus, an additional comment is necessary about the everyday activities of WAO. The most important role of the president and board of directors of any organization is to ensure that the organization is fiscally responsible both during times of economic expansion and contraction. The organization should have several years of unrestricted funds in case of catastrophic economic problems. It has been my goal to ensure that the Board recognizes the importance of a balanced budget with appropriate reserves.

Judicious and effective governance is also, of course, crucial to the daily and future success of an organization. But for governance to be effective, it needs to be supported by effective and democratic structures. WAO has become a much more democratically-run organization over the past decade and a half. However, under the current Constitution, which I was instrumental in promoting, only two individuals can run for the presidency. These include the Secretary-General and the Treasurer.

This constitutional provision limits the number of individuals who are eligible for the presidency. I think that a meaningful change in the WAO Constitution will allow more individuals to be considered for election to the presidency. This privilege should be extended to members-at-large and past Board Members who have served at least four years on the WAO Board. Individuals currently on the Board would not be effected by such a change; in other words, they would be “grandfathered in”.

Should all Members-at-Large and Board members who have served in the present or past for 4 years be eligible to become president-elect? Currently, only the Secretary-General and Treasurer are eligible. Under any circumstances, it is unlikely that either the Secretary-General or Treasurer would not be elected to President-Elect. However, such a change would enhance the democratic process of WAO. A grandfather clause for those current occupants of the Board would be in order for such a change.

Other meaningful changes in the Constitution and structure are necessary. With the great expansion of WAO’s reach and influence, the job of being WAO President has become formidable, if not almost impossible. A Board task force is necessary to explore newer concepts for a better division of labor of the board and access to the presidency. I believe in democracy as a fundamental tool for excellence in any organization. I do not believe there can ever be too much democracy.

I also believe that the Board has to be fully informed on a regular monthly basis so that individual Board members are able to bring their expert leadership to effectively address the immense amount of WAO work. In addition, a fully involved and active Board is able to provide a measure of checks-and-balances vis-à-vis the Executive Committee. This is even more important for a global federation: only if the entire Board is fully involved will all the regions be adequately represented.

As Thomas Jefferson, the third president of the United States of America and principal author of its Declaration of Independence, said, “I would rather be exposed to the inconveniences attending too much liberty than to those attending too small a degree of it.”
The Presidency, What It Has Meant to Me

As President, I have always thought that leadership positions are larger than any individual who occupies the positions; they certainly outlast any individual, or at least they should. In other words, I saw being President of WAO as another way of serving the organization, albeit, one with enhanced opportunities and challenges, rewards and responsibilities. Every leadership position that I have had the honor of being appointed or elected to since I joined the WAO Board in 1997 has provided a unique opportunity to serve the Organization.

What does it mean to serve an organization like the WAO? Again, WAO is a federation, not an organization with individual members, and it is global, not just international, but truly worldwide. The commitment to live up to the federating global nature of WAO, to sustain and enhance this nature both instructionally and in WAO’s activities, is a common thread that runs through all the initiatives that I have had the opportunity and fortune to be part of and lead.

Every privilege and good fortune of an individual is made possible because of the help and support of many people. I am no different in this respect. I especially wish to thank the Board members who served during my term:

Ruby Pawankar, President-Elect (Japan)
Lanny Rosenwasser, Secretary-General (USA)
Mario Sanchez-Borges, Treasurer (Venezuela)
G. Walter Canonica, Past-President (Italy)
Michael Kaliner, Historian (USA)

Members-at-Large:

Ignacio Ansotegui (Spain)
Michael Blaiss (USA)
Thomas Casale (USA)
Motohiro Ebisawa (Japan)
Yehia El-Gamal (Egypt)
Sandra González-Díaz (México)
Tari Haahetla (Finland)

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Allen Kaplan (USA)
Carlos Baena-Cagnani (Argentina)
Michael Kaliner (USA)
G. Walter Canonica (Italy)

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Last and most important, I thank my wonderful wife, Carol; my sons, Keith and Brian, and Brian’s wife, Chiara and their family; my siblings, Steve, Jim, and Doris, and their spouses and families. I also thank the late Samuel C. Bukantz and his wife, the late Jewell Bukantz, and the late Robert A. Good.

I am truly honored to have been President of WAO for the last two years.

Now, as Past-President of WAO, I look forward to relaxing a bit more and helping WAO evolve even further as the international leader of our specialty, a specialty devoted to the appropriate care of patients with allergic diseases, asthma, and immunodeficiency diseases.

Good luck to our new President, Ruby Pawankar. WAO is in good hands!

Thank you!

Richard F. Lockey, MD
President, World Allergy Organization