

President's Column

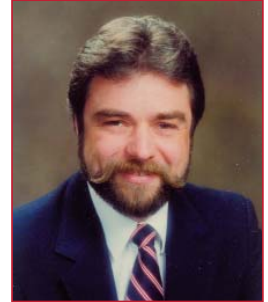
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ASHI's annual changing of the guard has occurred, and a new administration is now in place. During Sandy Rosen-Bronson's administration, significant infrastructure changes were implemented. These were designed to promote the development of future leadership within the organization, to optimize the flow of information and project development between the board and the various committees, and to free the ASHI Executive Committee from routine operational issues. This should free the Executive Committee to address much broader issues of importance to ASHI. The new administration has inherited this challenge. During my Presidential Address at the ASHI meeting in San Antonio, I laid out the philosophy of the new administration for meeting this challenge. I would like to reiterate it here for the benefit of the entire membership.

In my view, there have been three eras of development for ASHI. In its childhood era, it was an organization that collected, analyzed and shared sera that would allow the clinical analysis of HLA allele expression by transplant patients. This period, which was primarily focused on helping the transplant physicians and transplant patients, was best characterized as a time of inquisitive altruism. This was followed by an adolescent era in which ASHI focused heavily on its own development and self-organization. The interest in the patient was not lost, but it was obscured to some degree by major efforts to develop structure and rules. This period for ASHI was best characterized as a time of altruistic self-interest. We are now entering the young adulthood of ASHI, which is characterized by an altruistic citizenship, an interest in taking our place as a recognized, contributing member of the transplant community. This period is marked by an emergence from the self-interests of our adolescence, and the adoption of a clear, outward focus on the interests and needs of the various components of the transplant community.

This transition required an organizational metamorphosis that was initiated and implemented by Dolly Tyan's and Bob Bray's administrations, focused by Adriana Zeevi's administration, and catalyzed by Sandy Rosen-Bronson's administration. The current period requires two major efforts. The first is an operations effort: the maintenance of the organization's many services, including education, accreditation and proficiency testing. The second is an outreach effort: the evolution of new initiatives designed to help the patient, to help the physician, and to help the transplant community. The key theme here is "to help." We are ASHI, and we are here to help! We who are active in the organization must learn to phrase our efforts in this context. Further, we must learn to continuously balance two prime areas of interest: operations and outreach. What more can we do to help ASHI? What more can we do to help the patient and the transplant community?

This shift in perspective leads to a series of questions. Who constitutes our community of interest? The answer is provided by the name of our organization, the American Society for Histocompatibility and Immunogenetics. Histocompatibility clearly refers to the transplant community, and indeed, this is the community that we have focused on for the lifetime of our organization. However, immunogenetics transcends transplantation, and includes the realms of autoimmunity, infectious disease and cancer. This broader biomedical community is the community that would benefit from ASHI's help, and this broader community is the community that we should strive to support.



How do we reach out to the biomedical community?

My suggestion is that we work to develop mutually beneficial partnerships. This is a process that will take years of development. We need partnerships with professional organizations for physicians and researchers (e.g., AST, AAI), partnerships with regulatory agencies (e.g., UNOS, NMDP), partnerships with our corporate colleagues, and partnerships with our international colleagues (e.g., EFI, ASEATTA). To form these partnerships, we need to explore the interface between ASHI and each of these organizations, and to work to uncover mutual goals and interests. This takes persistent communication. Just to bring potential partners to the table requires the perception that ASHI can help them in some way, and this could be problematic. In the past, some members of the transplant community have viewed ASHI as obstructive, unimaginative, and self-serving. We need to shed this image, and replace it with the image of CREATIVE TEAM PLAYERS.

As creative team players, we need to offer thoughtful advice and options, not rules and regulations. We need to develop and deploy new clinical tools in collaboration with physicians. Such tools would help define the changing immunologic condition of patients, or help define risk factors associated with various therapeutic strategies or with new immunologic developments in patients. Our immediate goals should be to address the big, new problems, like characterizing the immunobiology of the post-transplant period, or investigating the pathobiology of alloantibodies and autoantibodies. Finally, we need to broadly advertise the utility of our clinical tools, the range of our services, and the extent of our expertise. In short, we need to let people know that we are ready, willing and able to help them.

Why should ASHI bother to develop this outreach strategy?

Is it so we can play with the big boys? No, although that is one of the inevitable outcomes. Is it a clever self-protective strategy? Maybe, but that's not the reason for this effort. The primary reason is laid out in our mission statement, which reads: "...advancing the science and practice of immunogenetics, and its impact on the quality of human life." To accomplish this difficult task, we in the biomedical community all need to work together.

Who is the face of ASHI?

Who are the shock troops that deal daily with the physicians and patients? Clearly, it is the directors and technologists. By the nature of their jobs, each of these individuals acts as ASHI's liaison with the other members of the biomedical community. It is these individuals who should spread the message as widely as possible: "We're ASHI, and we're here to help." To do this effectively, these individuals need to be well organized, broadly interactive and tightly focused on the objective. They need to become a vocal, aggressive network of ambassadors for ASHI. The individual members of the biomedical community rarely experience the ASHI organization or hear of its mission; they only experience its ambassadors, the directors and technologists. The opinions they develop about ASHI reflect their collective opinion of these individuals. We need to work to make this opinion as positive as possible. How do we do that? We operate as creative team players whenever we can. **We're ASHI, and we're here to help!**

These are the philosophies and the goals that I have committed to for the next year. Clearly, this is a big job, and just as clearly it is a job that I cannot do alone. I need the help of each and every ASHI member, some to work as volunteers within the ASHI organization, all to serve as ASHI ambassadors to the community. This is where the rubber meets the road. ASHI's mission, to better the human condition, can only be accomplished with the help of each and every ASHI member. This requires the acceptance of a new code for ASHI members. To paraphrase John F. Kennedy, "Ask not what ASHI can do for you, ask what you can do for ASHI and the biomedical community."

If you are willing to accept this challenge, I ask that you signify your commitment by forwarding your name, professional position and contact information to the ASHI offices. Your name will be listed on a poster featuring the ASHI logo and the tagline "We're ASHI, and we are here to help!" This poster will travel to the various functions of ASHI, including such events as the Transplant Games. Further, if you send us a self-addressed, stamped envelope, we will provide you with a "We're ASHI, and we're here to help" campaign button to wear in the work place. In the mean time, I would appreciate any help that you could provide to ASHI by: 1) discussing this article with your colleagues; 2) considering volunteer service within the ASHI organization; 3) recruiting one colleague for ASHI membership. We have a noble cause that is well worth working for. Through ASHI, we can all work together and be far more effective.