In 1964, Lyndon Johnson signed the Civil Rights Act, the Tonkin Gulf Resolution allowed the expansion of the Vietnam War, the Beatles made their first appearance on The Ed Sullivan Show, and the first president of the Infectious Diseases Society of America (IDSA), Dr. Maxwell Finland, addressed the 161 members of the Society’s Second Annual Meeting in New York. Just 2 years earlier, Francis Crick, James Watson, and Maurice Wilkins had been awarded the Nobel Prize in Medicine for their discoveries concerning the molecular structure of nucleic acids. A sagging interest in the field of infectious diseases was partly fueled by the naive notion that the development of antibiotics was the solution to the problem of clinical infectious diseases.

IDSA had been chartered in 1963 by a group of ∼150 colleagues who were interested in infectious diseases. These individuals desired a more formalized structure to foster knowledge about infectious diseases and to win greater recognition of the value of infectious diseases research. The results of a poll that was taken among the members heavily supported making an independent organization, rather than a subgroup within the American Society for Microbiology (ASM), as this was expected to better serve the interests of the infectious diseases community [1]. Membership in IDSA was very exclusive. Members were required to show “substantial evidence of achievement and commitment to the field” [1, p. 5], and members were required to attend at least 1 of every 3 meetings or face the risk of expulsion from the Society.

Five years later, in January 1969, after extensive negotiations with the University of Chicago Press, IDSA took over responsibility for the existing Journal of Infectious Diseases, and Dr. Edward Kass became IDSA’s first journal editor. It was a landmark for the young organization.

If we fast-forward to 1974, the first West Coast meeting of IDSA was held, with Dr. George Jackson as president. During the 10 years since the Second Annual Meeting, the Society’s membership had grown to ∼400, and attendance at the 12th Annual Meeting was recorded at 874. Dr. Jackson emphasized, in his presidential address, the role of IDSA in enlarging interest in the field of infectious diseases. He said, “[E]mphasis on activity and quality has given the Society great vitality. Its members have inspired younger physicians and investigators, and this inspiration has in turn swelled the ranks” [2]. Indeed, the ranks were larger and more visible, as the first American Board of Internal Medicine certifying examination in infectious diseases had been administered in 1972.

Perhaps one of the most important decisions made in the Society’s history was the decision, in 1977, to include the community of practitioners in infectious diseases practice, as well as younger investigators, as eligible members. This decision changed the nature of IDSA from that of an honorary society to that of a professional subspecialty society.

Let us fast-forward again, to 1984. Dr. Theodore Eickhoff presided over the annual meeting in Washington, D.C., which was attended by nearly 2000 individuals. The organization had grown to a healthy membership of 1855. Topics included the newly emerging infection Lyme disease, as well as hepatitis delta virus, antimicrobial resistance, antimicrobial stewardship, and HIV, which was then known as HTLV-III—a disease that would ultimately redefine our specialty. Dr. Eickhoff’s address, entitled “The Social Evolution of the Infectious Diseases Society of America,” focused on the lack of reliable data on infectious diseases workforce needs and the specter of prospective payment (and diagnosis-related groups) and its implications for the quality of patient care, including access to specialty consultation. He called on IDSA to continue to encourage scholarship, to assess our training needs, and to develop standards of care for infectious diseases [3].

The 1980s also saw the expansion of activities in the public policy arena with the hiring of Steve Lawton, a Washington attorney, to lobby in support of research and training. A second IDSA journal, Reviews of Infectious Diseases—first published in 1979 and renamed Clinical Infectious Diseases in 1992—prospered during the 1980s. Another important
event happened in 1985 when the Clinical Practice Committee, chaired by Dr. George Thornton, was appointed to speak for the growing number of clinical practitioners in the United States. Recommendations from this committee led the way for the development of new criteria for fellowship that were more feasible for clinical practitioners to achieve.

If we jump ahead another decade to 1994, we are at the 32nd Annual Meeting in Orlando, with Dr. Gerald Mandell as president. A look at the committee meetings, such as those of the AIDS Committee, State and Regional Societies Board, Workforce Committee, Public Policy Committee, Taskforce for Women in Infectious Diseases, and Guidelines Committee, demonstrates the growth in the diversity and professional interests of the members. At the business meeting, Dr. Mandell addressed several important topics, among them the impending split between IDSA and the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICCA), as well as managed care and its effect on both academic and private clinicians.

Fast-forward again to 2004: IDSA has evolved from a small, honorary society of academics into a dynamic, influential professional society representing the richness and diversity of the infectious diseases community (table 1). We now have >7700 members in the United States and abroad, including the 2600 members of the HIV Medicine Association of IDSA. Our annual meeting has become the premier conference in the field, regularly attracting >3000 attendees. We have a full-time, dedicated professional staff of 27 under the superb leadership of Mark Leasure, who became executive director in 1998.

Our journals also have grown and flourished (table 2). Under the capable leadership of Dr. Sherwood Gorbach, editor of Clinical Infectious Diseases, and Dr. Martin Hirsch, editor of Journal of Infectious Diseases, IDSA's journals are the preeminent peer-reviewed publications in the field and are viewed as essential resources in the professional development of IDSA members. By any measure—whether one looks at manuscript submissions, circulation, or the journals' financial stability—Clinical Infectious Diseases and Journal of Infectious Diseases are successes.

Recognizing that our community is more powerful when we operate with synergy, IDSA has worked hard to strengthen relationships with sister societies and related organizations. In 1998, IDSA began providing professional management support to the Pediatric Infectious Diseases Society (PIDS), and, this year, we entered into a new contract to provide staffing services to the Society for Healthcare Epidemiology of America (SHEA). Both PIDS and SHEA have liaison representatives to IDSA's Board of Directors. Also, this year, we joined forces with the National Foundation for Infectious Diseases (NFID) to develop a new research awards program to support doctoral fellows and young investigators, through a joint committee chaired by Dr. Mary E. Klotman. The goal of our program is to support needed research conducted by promising young researchers who may not otherwise find funding as federal and other institutional research support becomes more difficult to obtain.

In the public policy arena, IDSA has become a successful advocate for science-based policies to improve the plight of patients who suffer from infectious diseases. IDSA has made great strides in winning fair and adequate financial reimbursement by insurers of ID physicians for the important services they perform. We have also raised awareness about the brewing public-health crisis posed by the rise of resistance to antibiotics and the decline in the research and development of new antibiotics.

Our Task Force on Outpatient Parenteral Antimicrobial Therapy, and, in particular, its chairman, Dr. Lawrence P. Martinelli, deserve special recognition for the group's hard work to support appropriate reimbursement for use of infusion drugs and services. Dr. Martinelli and IDSA staff worked with other internal medicine subspecialties and the American Medical Association (AMA) to develop a new coding structure for reimbursement for the use of infusion drugs. This change will have major implications for physicians who choose to provide office-based infusion therapy. The task force also is working to ensure that infectious diseases physicians are heard as Medicare moves to cover home infusion therapy. This effort has the potential to affect many IDSA members.

IDSA's Task Force on Antimicrobial Availability, chaired by Dr. John G. Bartlett, has done incredible work in raising

### Table 1. Growth in Infectious Diseases Society of America membership and attendance at the annual meetings.

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<tbody>
<tr>
<td>Members</td>
<td>~150</td>
<td>~400</td>
<td>~1850</td>
<td>~4500</td>
<td>7743</td>
</tr>
<tr>
<td>Meeting attendees</td>
<td>161</td>
<td>874</td>
<td>1979</td>
<td>2704</td>
<td>4816</td>
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</tbody>
</table>

### Table 2. Growth in the circulation figures for Clinical Infectious Diseases (CID) and Journal of Infectious Diseases (JID).

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<tbody>
<tr>
<td>CID</td>
<td>NA</td>
<td>NA</td>
<td>5814</td>
<td>10,523</td>
<td>11,833</td>
</tr>
<tr>
<td>JID</td>
<td>2400</td>
<td>5079</td>
<td>8562</td>
<td>10,983</td>
<td>11,517</td>
</tr>
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**NOTE.** NA, not applicable.
awareness among the public and among federal policymakers of the serious threat posed by the decline in the research and development of antibiotics. We are seeing an increase in the rate of emergence of resistant strains of bacteria, such as methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci, and fluoroquinolone-resistant *Pseudomonas aeruginosa* (figure 1). At the same time, there has been a decline in the number of Food and Drug Administration approvals of new antibacterial agents (figure 2). The future does not look much better. An analysis by Brad Spellberg and colleagues [4] found that, of >506 drugs in development, only 5 were new antibiotics. There simply are not enough new drugs in research and development to keep pace with the evolution of drug-resistant bacteria. In July, IDSA released a major report, *Bad Bugs, No Drugs: As Antibiotic Discovery Stagnates … A Public Health Crisis Brews* [5], which calls attention to this problem and lays out a plan of proposed policy and administrative actions to address it. In July, Senator Joseph Lieberman and IDSA spokespersons held a press briefing on Capitol Hill on the *Bad Bugs, No Drugs* campaign. We continue to tell elected officials how important this issue is to the infectious diseases community.

No discussion of public policy with regard to infectious diseases is complete without a mention of the fine work of the HIV Medicine Association (HIVMA), led by Dr. Paul Volberding. It is remarkable to reflect on the fact that HIVMA was formed in 2001, and, in a short period of time, it has become an influential voice with a track record of success in the HIV/AIDS policy arena.

On the domestic front, HIVMA worked this year with several other AIDS organizations to sponsor the first advocacy event for HIV care providers, a “White Coat Day” on Capitol Hill. The event brought care providers working on the front lines of HIV care to Washington, D.C., to speak with lawmakers about supporting adequate funding for programs for the care, treatment, and prevention of HIV infection, as well as the research on HIV/AIDS, and about ensuring that federal policies are based on science, rather than on ideology.

One of HIVMA’s top priorities is to secure access to life-saving drugs for people infected with HIV in the United States and the developing world. In the United States, HIVMA is focusing its attention on ensuring that the new Medicare drug benefit includes appropriate coverage of HIV drug therapies and that there is a speedy process in place to add new HIV drugs to formularies, given how quickly the standard of care changes in the treatment of HIV/AIDS and given the fact that many patients have already exhausted the current options for drug therapies. In the international arena, HIVMA led the charge to influence the Bush administration’s policy on the President’s Emergency Plan for AIDS Relief (PEPFAR) and to implement a rapid-review process that will allow the use of low-cost, generic AIDS drugs in countries that receive PEPFAR funds.

As part of its commitment to improving HIV care throughout the world, HIVMA continues to recruit volunteer physicians to serve in Uganda to train local doctors in state-of-the-art HIV care. The volunteers are part of the AIDS Training Program, which is HIVMA and IDSA’s contribution to the Academic Alliance for AIDS Care and Prevention in Africa. So far, the AIDS Training Program has trained >200 physicians and other health...
professionals from 16 African countries who work in many types of clinical settings. The newly built Infectious Diseases Institute in Kampala, Uganda, opened its doors in October and is the first state-of-the-art HIV/AIDS clinic, laboratory, and medical training center in East Africa. The dedicated volunteers of the AIDS Training Program are making a difference and are returning to the United States greatly enriched by the experience.

IDSA also continues to expand its areas of focus, on the basis of input from our members and an assessment of where our efforts can carry the most weight. Our new National and Global Public Health Committee, chaired by Dr. Dale Gerding, is working to make sure IDSA educates our policy makers about issues related to infectious diseases. Through this committee, IDSA is connecting with the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Department of Homeland Security, the Institute of Medicine, and other public health organizations. With the help of Dr. Marguerite Neill, the chair of IDSA’s Bioterrorism Workgroup, the committee is seeking new opportunities to develop online resources relating to emerging infections and bioterrorism.

One of the committee’s areas of focus is pandemic influenza. A new task force, the Pandemic Influenza Task Force, chaired by Dr. Andrew T. Pavia, is spearheading IDSA’s efforts to work with the US government and international agencies on the preparedness and response to pandemic influenza, including issues related to prevention, research, and product development and shortages and stockpiling of vaccines and antiviral drugs. The task force developed the Society’s comments on the draft of the US pandemic influenza plan.

IDSA’s new Research Committee, chaired by Dr. Anne Gershon, is working to favorably influence the efforts of the National Institutes of Health (NIH) and to make sure our members’ interests are clearly represented. The committee is preparing a membership survey to help us create a research agenda and will then work to advocate for the agenda’s adoption at NIH.

The Clinical Affairs Committee, chaired by Dr. Marvin Tenenbaum, also is preparing a survey to help us gain a clearer picture of the type of work IDSA members do, whether it is in pediatric practice, clinical practice, infusion services, or another type of work, so that we can more effectively represent members’ interests. The committee also plays a role in helping IDSA respond to the plethora of proposed federal regulations and guidelines that can affect clinical practice.

The Quality Measures Task Force, chaired by Dr. Alan Tice, is examining trends in the linking of financial incentives to quality measures in the practice of infectious diseases medicine, particularly with respect to nosocomial infection rates. As employers and other health care payer organizations are developing quality measures that are linked to payment for infectious diseases services, we want to make sure that IDSA members are well informed about the issues and that IDSA is involved in the process.

This task force is just one example of IDSA acting in response to feedback we have received from our State and Regional Societies Board. Led by Dr. Patricia M. Murray, this board plays a valuable role in bringing local infectious diseases issues to the attention of IDSA’s leadership and staff. It also prompted the development of guidelines for infectious disease physicians who are called upon to testify as expert witnesses in judicial proceedings. We can expect to hear more about this issue in the future. Finally, the State and Regional Societies Board also has helped IDSA in its advocacy work by taking IDSA’s messages to Capitol Hill.

The Standards and Guidelines Committee, chaired by Dr. Naomi O’Grady, is working to set the standards for our field through the development of practice guidelines. During the past year, the committee has worked to make IDSA’s most popular guidelines available in a format that can be downloaded to handheld devices—bringing expert clinical guidance to point-of-care settings.

The work of HIVMA’s and IDSA’s various task forces and committees illustrates the Society’s growing clout and influence. Government agencies and other organizations regularly seek our input as the voice of the infectious diseases community. This year, IDSA secured a seat in the

| Table 3. Groups that have requested input from the Infectious Diseases Society of America. |
|---------------------------------|---------------------------------|
| Academic Alliance for AIDS Care and Prevention in Africa | American Association of Blood Banks |
| American Association of Blood Banks | American College of Physicians (ACP) Committee of Subspecialty Societies |
| ACP Subspecialty Advisory Group on Socioeconomic Affairs | Advisory Committee on Immunization Practices |
| American Heart Association | American Medical Association (AMA) Relative Value Scale Update Committee |
| AMA Current Procedural Terminology Advisory Panel | Centers for Disease Control and Prevention Meningococcal Disease Education Campaign |
| Healthy People 2010 Initiative | Immunization Action Coalition |
| Joint Commission on Accreditation of Healthcare Organizations Expert Panel on Infection Control | NCCLS Subcommittee on Susceptibility Testing |
| Research America’s Campaign for Public Health | NCCLS Subcommittee on Susceptibility Testing |
AMA House of Delegates and was invited to become a member of the Institute of Medicine’s Forum on Microbial Threats. As table 3 demonstrates, there are many venues in which IDSA members are working on the Society’s behalf to ensure that the voice of the infectious diseases community resonates at a national level.

In response to suggestions from some IDSA members, the Society is working with the ASM to organize a joint meeting with ICAAC in 2008. This will be a fully integrated meeting, with all sessions combined and developed collaboratively with a merged program committee. The IDSA and ASM leadership view the 2008 joint meeting as an experiment. Should the meeting be successful, we will consider scheduling a joint meeting every few years. Although we are eager to try this new approach with ICAAC, our organization remains committed to continuing efforts to improve the quality and relevance of our own annual meeting. The 2004 Annual Meeting Program Committee, chaired by Dr. Christopher L. Karp, worked diligently to develop a rich and varied program featuring cutting-edge science, renowned and engaging speakers, and networking opportunities. The fact that the annual meeting set records in 2004 for abstract submissions and attendance is a testament to the program committee’s efforts to make the meeting the premier annual conference in the field. Whether it is our own annual meeting, a merged meeting with ICAAC, or another forum, IDSA continues to seek collaborations that further the cause of science and address the educational needs of IDSA members.

IDSA has a rich history and a commitment to the future—specifically, the new generation of young infectious-dis-
eses fellows for whom the 1964 meeting may seem like ancient history. The Research Committee is preparing a research and training compendium for IDSA’s Web site (http://www.idsociety.org/) to assist researchers at every career level in finding funding opportunities. IDSA’s summer scholarships for medical students offer promising candidates the opportunity to complete mentorships with IDSA members in pursuit of research activities covering all facets of infectious diseases. IDSA offers a number of grants to recognize the research of young investigators and help to defray their expenses for attending the annual meeting: the IDSA Travel Grants; the Kass Awards, which recognize medical students and house officers who have demonstrated excellence in research in the infectious diseases field and in allied fields; and the Program Choice Awards, which acknowledge the most outstanding abstracts, as identified by the Annual Meeting Program Committee.

To meet younger members’ educational needs, the Infectious Diseases Training Program Directors Committee, led by Dr. Stephen B. Calderwood, organizes the Fellows’ Day Program each year at the annual meeting, and the Clinical Affairs Committee, led by Dr. Tom Slama, organizes the annual Fellows’ Meeting. These meetings are designed to give tomorrow’s infectious disease specialists the foundation of knowledge they need to be successful, whether their careers are based in an academic institution or in a community hospital. IDSA’s recently revamped online Career Center offers comprehensive employment listings for infectious diseases and HIV-care professionals nationwide. Finally, the Society continues to offer a free year of IDSA membership to fellows in their first year of training.

Clearly, IDSA has come a long way since 1964, not only in terms of the size of our organization and the scope of its activities, but also in our ability to reflect the richness and diversity of the infectious diseases community. IDSA’s members represent the full spectrum of the field—academicians and practicing clinicians, public health officials, researchers, pediatricians and internists, clinical microbiologists, infectious-diseases pharmacists, and all of the health care professionals from various backgrounds who have devoted their careers to the treatment and research of HIV/AIDS. It has been an honor and a privilege to serve as your president, and I thank you for your support and assistance during the past year.

Acknowledgments

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References