

2023 Annual Election Candidate Biographies & Optional Personal Statements

The ballot for the national Board of Directors election will run January 18 – February 1, 2023. Designated voting representatives for each member organization and member individuals will receive instructions for casting their vote electronically.

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President (vote for one)

Dianne LaPointe Rudow, ANP-BC, DNP, FAAN

Dianne LaPointe Rudow ANP-BC, DNP, FAAN is Professor of Population, Health Science and Policy, and Director of the Zweig Family Center for Living Donation at the Recanati/Miller Transplantation Institute at Mount Sinai Hospital. She leads a comprehensive care team for live kidney and liver donors that provides innovative expertise in medical, surgical, and psychological health before and after live organ transplantation.

Dr. LaPointe Rudow received her Bachelors and Masters degrees at Hunter-Bellevue School of Nursing. She was one of the first to graduate with a Doctor of Nursing Practice (Columbia University, 2005).

Dr. LaPointe Rudow began her career as a transplant coordinator at NYU Medical Center in 1992. In 1998 she helped start the liver transplant program at New York Presbyterian Hospital-Columbia University. She joined Mount Sinai Hospital in 2010 as Director of the Living Donor Program. Under her leadership the live donor program has excelled in quality and volume of referrals, and live donor transplants.

Dr. LaPointe Rudow has held many leadership roles in the field. As President of NATCO (2004), she focused on professional development of transplant coordinators and collaborated with other transplant-related societies to promote patient advocacy and public policy. She was a dominant presence on Capitol Hill promoting funding for the Transplant Act 2004.

Dr. LaPointe Rudow served as the first non-physician member on the Board of Directors of the AST (2009-2012) where she made a lasting impact on the diversity of the society's leadership and its position on live donor advocacy. She was instrumental in forming the AST Live Donor Community of Practice (LDCOP), a national platform for developing position statements, educational tools, and patient resources. She led the Best Practices in Live Organ Donation Consensus Conference, jointly sponsored by 11 transplant-related organizations, who's recommendations addressed transplant program efficiency, education, research, and policy, resulting in 8 publications. In recognition of her exemplary work, she received the AST Clinician of Distinction Award in 2013.

Dr. LaPointe Rudow founded, served as first president, and is currently treasurer of NYKidney, a statewide non-profit consortium of transplant programs dedicated to collaboration, data sharing and peer-to-peer assistance.

Dr. LaPointe Rudow has also been deeply involved in the OPTN. Since serving on the Board of Directors (2004), she has served on the Policy Oversight, Living Donor, Membership and Professional Standards, Disease Transmission Advisory, Finance, and Executive Committees. Most recently she was Secretary of the Board of Directors (2018) and chaired the Liver Paired Exchange Pilot Project Education Subcommittee (2021). Throughout, she has been instrumental in bringing groups with differing opinions together to develop educational programs and policies that directly impact the field.

In summary, Dr. LaPointe Rudow has devoted her career towards education and advocacy for improved care of organ donors and transplant recipients. In addition to her committee work and leadership roles, she has published extensively and has participated in many pivotal consensus conferences in the field.

Personal Statement: I have always viewed my career in transplantation as a privilege. Few careers allow one to witness the transformation from illness to health through a gift from another human being. In my clinical role, I have directly participated in the care of patients and the restoration of their health through

the transplant process. As a national leader, I have made numerous contributions to service, practice, education, policy, and research, all focused on transplantation.

Through my leadership positions on the Boards of NATCO, AST and UNOS, tempered by real-world situations leading an active clinical transplant program, I have developed a comprehensive understanding of all aspects of organ donation and transplantation. My values are entirely congruent with the goals of the OPTN: to maximize organ supply, increase access, maintain safety and save lives.

I am very excited to serve as OPTN president. Now more than ever we need a diverse, transparent and collaborative leadership team to work with the community and carve a path forward to improve the system and save more lives. I am committed to utilize my skills to lead the organization in its mission to build a more efficient, equitable allocation system. I believe that I am a consensus builder, who embraces the diversity of the OPTN board and committee structure and sees value in varied viewpoints when trying to implement positive change. I have had a great deal of experience leading groups whose members hold opposing/competing viewpoints and have a successful track record achieving compromise. My ability to listen, reason, and see things from different perspectives while keeping the overall objectives in focus are particular strengths that have helped me bring different stakeholders together to achieve our goals.

If elected, I pledge my commitment towards the mission and values of the OPTN to promote innovative strategies to improve access to life saving organ transplants in an ethical and transparent manner.

Vice President/President Elect (vote for one)

Maryjane Farr, M.D., M.Sc., FAST, FACC

Maryjane Farr, M.D., joined the UT Southwestern Medical Center in September 2021 as Professor of Medicine, and Section Chief of Heart Failure, Mechanical Circulatory Support, and Transplant. She holds the Jackie and Charles Solomon Distinguished Chair in Clinical Excellence. Previously Dr. Farr was the Irene and Sidney B. Silverman Associate Professor of Medicine and Medical Director of the Adult Heart Transplant Program at Columbia University Irving Medical Center.

Dr. Farr is a graduate of Barnard College, Columbia University (BA'89), Columbia College of Physicians & Surgeons, AOA (MD '98), and the Columbia Mailman School of Public Health (MSc Biostatistics'12). Dr. Farr trained in Internal Medicine, Cardiovascular Diseases, and Advanced Heart Failure and Transplant at the New York Presbyterian Hospital and joined the staff in 2005.

Dr. Farr directed the Columbia Adult Heart Transplant Program for many years and, during her 14 years on the team, managed nearly 1000 new heart transplant recipients. Since her move to Texas, the UTSW heart transplant volume has increased by 30% in her first year.

Dr. Farr has authored more than 150 peer-reviewed manuscripts and has participated in guideline development for donor and candidate selection for heart transplantation with the ISHLT and AST. In addition, Dr. Farr has studied and written on the fairness of organ allocation, socioeconomic status and transplant opportunity, sex differences in heart transplantation, pediatric to adult transition after transplant, and primary graft failure. She has participated in scholarly work and education with the ACC, AHA, HFSA, ISHLT, and AST.

Dr. Farr has been an active member and leader at OPTN on the Thoracic Committee, as Heart Subcommittee Chair, on the Membership and Professional Standards Committee, as Region 9 (New York) Associate Councilor, and serves the OPTN Board of Directors (2021-24). In addition, she is the

Chair of the Conflict-of-Interest Committee for the ISHLT, an Associate Editor of Transplantation, and an ad hoc Associate Editor and Columnist at Circulation.

Personal Statement: I am a career academic physician who manages patients with end-stage heart failure. I educate trainees, conduct clinical research, and work with governmental agencies and societies on the identification and implementation of best practices in transplant. My interest in solid organ transplant medicine began with multiple family members who needed renal transplantation for polycystic kidney disease.

For many years I worked in New York City but relocated to Texas for an academic promotion. In just a short period of time, I have gained a broader understanding of transplantation across the United States, with different challenges and opportunities in different geographical and socioeconomic circumstances. Throughout my career, I have been involved in every aspect of transplant care; in the clinic, on the hospital wards, on Donor Net at all hours, talking to OPOs, poking my head into operating rooms, and sitting with families, especially during tough days and nights. I understand transplant at the most granular level; policy, regulations, compliance, how to manage a donor, how to manage a terrified patient, finances, operations, innovation, and what it takes to build a high-functioning team. I am always looking for the corrective action plan, how to do better, how to listen to what patients and families truly need, and how to mentor well. Over the years, I have learned to lead using warmth, humility, humor, and transparency.

My interest in expanding my role within the OPTN organization is to leverage my experience and compartment to achieve the goals of increasing access to transplants and in so doing, markedly decrease waitlist morbidity and mortality. The most pressing issues are transportation and logistics to maximize transplant opportunities and relieve the suffering of candidates who are dying or becoming too sick and losing so many years of good health and life. We need to leverage the data we have already gathered and exercise the policies already written. In one respect, we need to redirect our collective and sometimes contentious energy away from the unsolvable issue of allocation (there is no perfect answer), which changes the order of patients on the waitlist, and provides broader sharing but fundamentally does not change the number of organs available or safely delivered and transplanted. Increasing transplants and relieving the suffering of more patients waiting is our most important task, and the strength of the organization will be judged by this metric more than any other. My extensive experience, which has been overwhelmingly patient-facing, I believe provides the qualifications necessary to take on a significant leadership role in the organization.

Richard Formica, M.D.

Dr. Formica graduated from Boston University in 1989 with a bachelor's degree in chemistry and in 1993 with his doctorate. He trained at the Boston University Internal Medicine Program and was Chief Medical Resident at Boston City Hospital. He then moved to Yale University for his Nephrology Fellowship and joined the faculty of Yale University School of Medicine in 2000. He is a Professor of Medicine and Surgery and serves as the Director of Transplant Medicine and the Medical Director of Adult Kidney Transplantation.

Dr. Formica has academic interests in translational and clinical areas of transplantation and has authored more than 100 scientific articles, editorials, and review articles.

Dr. Formica volunteers for both the AST and OPTN. He is a past president of the AST and has served the OPTN as the Chairman of the Kidney Transplantation Committee, Simultaneous Liver-Kidney allocation working group, and the MPSC subcommittee on Performance Monitoring Enhancement. Currently, he is a member of the OPTN board of directors.

Personal Statement *The practice of transplantation is the only example in medicine that I can think of where there exists a dual fiduciary responsibility to the patient we care for and to society at large. Often the needs of these two constituencies conflict and depending on the context we are in; we must decide which one takes precedence. This is an inherent tension in our profession that requires each one of us to reconcile for ourselves where we reside on this spectrum of responsibility. This is particularly relevant today because the next few years will be a time of significant change in organ allocation and transplantation. The issue of larger geographic sharing, while having been preliminarily addressed, requires further refinement and implementation. Organ rehabilitation in centralized locations will raise questions of how to reconfigure match runs, and the use of deceased donor organs to initiate KPD chains will raise ethical questions of equity and access. Additionally, decisions regarding the appropriate priority assigned to multi-organ candidates versus those waiting for single-organ transplants must be made.*

Because the OPTN is more than a business, it is a patient service organization governed by ethical and legal principles; a person applying for a leadership role should articulate their understanding of these principles and be able to communicate them to the transplant community. To better understand my interpretation and understanding of these principles, I offer you my written thoughts to help you make an informed decision about my application. Specifically, the following selected editorials.

"Uncertainty in organ allocation is a catalyst for positive change."
AJT 2021 <https://doi.org/10.1111/ajt.16511>

"Should the United States employ free market practices to solve the hidden public health crisis of chronic kidney disease."
AJT 2020 <https://doi.org/10.1111/ajt.15718>

"The broader sharing of deceased donor kidneys is an ethical and legal imperative."
JASN 2020 <https://doi.org/10.1681/ASN.2020020121>

"And equal access for all? The future of deceased donor kidney allocation."
AJT 2018 <https://doi.org/10.1111/ajt.14964>

"Simultaneous liver-kidney allocation: Let's not make perfect the enemy of good."
AJT 2016 <https://doi.org/10.1111/ajt.13873>

"Whose kidney is it anyway? The complexities of sharing deceased donor kidneys."
AJT 2014 <https://doi.org/10.1111/ajt.12865>

These papers will provide you with an understanding of my interpretation of the principles governing the issues that challenge the solid organ transplantation system today. It is very reasonable to disagree on how these principles should affect the development of organ allocation policy; however, I believe we all agree that our profession exists to serve patients with organ failure, and this must be our guide. By its very nature, the work of the OPTN cannot make everyone pleased. Nevertheless, it is without exception that the leadership of the OPTN should make sure all points of view are heard and understood. Our discussions must be substantive, fact-based, and challenge preconceived notions, and they must always place the needs of our patients first. Admittedly this is not easy because the topics are difficult and intermittent failure will inevitably occur; however, working to achieve this must be the overriding goal.

Should I be chosen as the next OPTN Vice President, I will focus my efforts on fostering healthy debate that leads to solutions to address the needs of our patients. I will not promise that everyone will agree. However, everyone will have the opportunity to state their position. While the current environment is

challenging and has distracted us from our mission, I feel confident in our future because we are a profession of talented and principled individuals who have a tradition of overcoming challenges to better the lives of people suffering from end-organ failure.

Immediate Past President (vote for one)

Jerry McCauley, M.D. M.P.H.

Jerry McCauley, M.D., M.P.H., FACP is the Chief of Nephrology and Robert Capizzi Professor of Medicine at Thomas Jefferson University Hospital in Philadelphia. He is also Medical Director for Transplantation Services at Thomas Jefferson Health System and Vice Chair for Diversity, Equity and Inclusion in the Department of Medicine.

Dr. McCauley has been involved with the OPTN almost since its inception, including committee assignments, workgroups and subcommittees. He is a past chair of the OPTN minority affairs committee and has served on the executive committee's committee governance working group and board governance subcommittee. He has also been a part of the OPTN policy oversight committee, the simultaneous liver-kidney working group, and the membership and professional standards committee, where he participated in the performance analysis and improvement subcommittee. Dr. McCauley also served on the ad hoc communications committee. He has completed a tour on the OPTN board in June 2020.

He was a trustee-at-large for the National Kidney Foundation of Western Pennsylvania as well as a member of the Quality Insights Renal Network 4 board of directors. He helped start two new multiorgan transplant programs: one of the original four US kidney and liver transplant programs at the Veterans Administration in Pittsburgh, and the Mediterranean Institute for Transplantation and Advanced Specialized Therapies in Palermo (ISMETT), a joint effort by the Italian government and the University of Pittsburgh Medical Center. He was part of the team who developed Tacrolimus from inception and provided nephrology support for the last two xenotransplants in humans (baboon to human liver transplants). He was Medical Director of Kidney, Pancreas and Islet Cell transplantation for approximately two decades at the University of Pittsburgh during its most active period. In addition to his work in the areas of his primary responsibility, he has been deeply involved in the management of liver, heart, lung and composite (hand and arm) transplants while at the University of Pittsburgh.

In addition to his clinical and administrative duties, Dr. McCauley has been active in research throughout his career. He has published more than 120 articles in peer reviewed journals and 37 book chapters. The vast majority have been in the area of transplantation. He also co-edited a book "Contemporary Kidney Transplantation" published in June of 2018 and is completing editing a second book "Approaches to Chronic Kidney Disease". His studies have ranged from whole animal (acid-base and electrolyte) to cell culture, registry studies, randomized control and case series. His current interests are in health policy and health equity.

Dr. McCauley earned his medical and bachelor's degrees at Dartmouth College in Hanover, NH and his master's in public health from the University of Pittsburgh. His MPH (multidisciplinary) emphasized health policy and epidemiology both of which have been very useful in developing policy and advising senior leaders in the Covid pandemic at his institution.

He has been involved in almost every area as a volunteer to the OPTN and has done this during most of the life of the OPTN. He possesses a unique "corporate memory" for the OPTN and has participated and witnessed the evolution of the organization into what it has become. The extensive experience, commitment and expertise has made him an almost ideal candidate to lead the organization as vice president and president. His guiding principles are fairness and service. He has been deeply involved in

making the OPTN an "industry leader" in providing equal access for renal transplant recipients through committee work mentioned above and as an advisor. He is Vice Chairman for Diversity, Equity and Inclusion at Thomas Jefferson University. Service to the patients as individuals, transplantation as a practice and society has been central to his professional and voluntary work. In reference to the OPTN this commitment to service has been demonstrated over many years and in many ways.

Personal Statement: Going forward, the OPTN will need to continue its excellent work in administering a national organ transplant system but new challenges will certainly develop. Recent legal and legislative actions have highlighted the importance of understanding where proactive measures can be taken to avoid outside attempts to set transplant policy. Leadership with a deep understanding of the clinical, research, policy and issues of equity will be vital in guiding OPTN in the future.

Treasurer (vote for one)

Andrea Tietjen, M.B.A., CPA

Ms. Tietjen has been a member of the transplant team at Cooperman (Saint) Barnabas Medical Center since 1999 and is responsible for the integration, supervision and oversight of all data, quality, and financial operations. Direct responsibilities include maintaining and managing all financial data, performance improvement and quality assurance activities; preparing financial and operational reports, filings and budgets for administrative decision making and cost/benefit analyses; facilitating the development, negotiation and implementation of transplant contracts; managing research funding, budgeting and statistical analyses; supervising and coordinating data management, divisional databases and software applications, patient registration, billing, invoicing and insurance/financial coordination for profit maximization and compliance.

In addition to a Bachelor of Arts from Douglass College, a Bachelor of Science from Upsala College, and a Master of Business Administration from Regis University, she earned a Lean Six Sigma Green Belt from Purdue University and has been a licensed Certified Public Accountant in the State of New Jersey since 1996.

Ms. Tietjen has been very active in the national transplant community for many years and has participated in many projects and committees. She is presently Chair of the American Society for Transplantation (AST) Transplant Administration and Quality Management Community of Practice and was appointed to the OPTN Board of Directors in June 2021. She also currently serves on the OPTN Kidney Paired Donation Financial Sub-Committee, the American Foundation for Donation and Transplantation Living Donor Education Planning Committee, the OPTN Fiscal Impact Committee, and is a member of the AST Living Donor COP Finance Workgroup. She has previously served on the OPTN Transplant Administrators Committee and the OPTN Finance Committee.

Ms. Tietjen has also authored numerous articles and publications on transplant operations, finance, and billing, serves as content expert for several speaker bureaus and is a frequent presenter at national conferences and meetings. Among the many awards and honors received by Ms. Tietjen are the National Kidney Registry Terasaki Medical Innovation Award; UNOS Transplant Management Forum Abstract Winner; two-time honor of "Best White Paper"; and "Top NATCO Abstract". Lastly, she has been an adjunct professor at Caldwell University since 2002 where she teaches Accounting, Finance and Healthcare Administration in the School of Business.

Personal Statement: Organ transplantation and donation is a dynamic field with ever-changing rules, regulations, and requirements, all of which need to be addressed in the most compliant and fiscally responsible way. Facilities and organizations need to work collaboratively to find workable solutions to meet the needs of patients while being mindful of growing budget restraints. My 20+ years have been

focused on all financial aspects of donation and transplantation and have provided me with a rich background to help understand and articulate financial challenges faced by the transplant community and identify and suggest solutions.

Every patient interaction, committee meeting and conference I have attended has helped me to learn, grow and better understand the issues and current needs in transplantation and organ donation. I continue to come away from each experience with additional knowledge that has allowed me to collaboratively participate in every aspect of patient care ranging from policymaking to care delivery. My unique experience lends the financial perspective, which along with the clinical, psychosocial, and regulatory perspectives, contributes to the continuous improvement we are all striving to achieve.

I actively supervise a large transplant team as well as counsel patients, and as a result, have hands-on knowledge of current issues and concerns. My experience will allow me to articulate and educate any audience as needed. I believe that my current role and responsibilities, along with my committee involvements, continue to keep me relevant in these communities. My skills can facilitate collaborating with colleagues to identify ideal solutions that strike the balance between money, morality, and medicine.

Jeffrey Orlowski, M.S., CPTC

Jeff is President and CEO of LifeShare of Oklahoma, and President of the LifeShare Foundation. Jeff has 35 years of experience in organ and tissue donation. Jeff currently serves as OPTN Region 4 Councilor, as a Councilor for the International Society of Donation and Procurement, and as a member of the OPTN Board, the OPTN Executive Committee, UNOS Corporate Affairs Committee, OPTN Finance Committee, the Donation Board of Trustees for the Musculoskeletal Transplant Foundation, the Association of Organ Procurement Organizations (AOPO) Advocacy Committee and is Chair of the Oklahoma Governor's Advancement of Wellness Advisory Council. He is a Past President of AOPO and of Donate Life America. He has served on numerous other Boards. He has been honored with various awards including 55over55 Inspiring Oklahomans, AATB Jeanne C. Mowe Distinguished Service Award, AOPO/Sallop "Excellence in Leadership" Award, AOPO President's Award, and as the 2020 Top Midsize Business Leader by the Daily Oklahoman Best Places to Work. He has authored or co-authored over fifty peer-reviewed journal articles and has presented in excess of one hundred scientific abstracts and invited lectures around the world.

Personal Statement: Over the years, I have been honored and blessed to have the opportunity to serve our community and the OPTN in a variety of capacities. Each of those opportunities, whether as a Board member, Committee Chair, or as Committee member has not only allowed me to serve but has also provided valuable additional perspective on our community and how I can be a better collaborator and leader.

Simultaneously, I have through this service gained a great appreciation for the many strengths and the fewer but very real weaknesses of our donation and transplantation system. As a result, I am confident that we have both the best system in the world and a great opportunity to build from that strength to help more of the people - donors, donor families, and recipients - whose lives we touch.

The next two years will be vital to the OPTN and to our great purpose and mission. I believe strongly that we will see growth, opportunity and necessity for change, and a list of challenges that we must address to take our country's world leadership in organ donation and transplantation to a new, even higher level. Clearly, Capitol Hill, HHS and HRSA, NASEM, and the public have high expectations for the OPTN and the OPTN contractor. The OPTN and its contractor have the opportunity to build upon over three decades of experience to meet and exceed those high expectations.

As with any business in today's economy, a key component of success the next two years (and beyond) will be managing the financial health of the organization. Identifying efficiencies, strategically planning how and where to apply resources, and navigating potential changes in the OPTN contract will all be focuses for the Board and Leadership.

If selected as the Treasurer, I will bring thirty-five years of donation experience, nearly thirty years of experience in non-profit leadership, and twenty years as a CEO to the role. That experience includes significant financial and strategic leadership including budgeting for multiple organizations, pro forma analysis, return on investment analysis, managing corporate investments and capital expenditures, and acquisition of buildings and property, all in a federally regulated environment that receives both federal and private reimbursement. In addition, I have led the formation of two charitable foundations.

Were I to be selected as Treasurer by the community, I pledge to work closely with staff to assure the best possible financial management of the OPTN. I also pledge to challenge the norm, to seek better paths forward, and with the remainder of the Board to establish accountability for the organization's leadership.

I would be honored to serve as Treasurer and thank you for your consideration.

Minority Transplant Professional Representative (vote for one)

Amishi Desai, D.O.

Amishi Desai is an Associate Professor of Medicine within the Department of Nephrology at Northwestern Medicine. She received her Fellowship training in both Nephrology and Transplant Nephrology at the University of Chicago until 2011.

Dr. Desai began her career as a Transplant Nephrologist for UI Health where she developed her own multi-disciplinary clinic assessing renal disease in liver transplant recipients. Additionally, she was tasked with leading the transplant nephrology fellowship and recruited some of the first fellows into the training program. She proved to be an integral member of the team and stood out as a leader within abdominal transplant.

In 2015, Dr. Desai took on the role of Medical Director of Kidney Transplantation at Loyola University Medical Center. The program flourished under her operational leadership; doubling in volume to 200+ kidney/pancreas transplants per year while maintaining exceptional quality metrics. Over her tenure, Dr. Desai was promoted to Division Chief of Transplant Nephrology, developed a new pancreas transplantation program, oversaw the robotic kidney transplant program and was Medical Director of the Transplant Unit. In June of 2022 she was recruited by Northwestern Medicine for her operational prowess.

Dr. Desai is very passionate about transplantation and actively participates within the nephrology community. She has served on committees within the National Kidney Foundation of Illinois, was a previous board member at large for the OPTN and is a leader for the newly developed Osteopathic Community within the ASN. She is well known for her transplant work within the Chicagoland area. Dr. Desai's research interests include work in access to transplantation for socioeconomic disparate populations, cell-free DNA biomarkers and renal disease in solid organ transplant recipients. She is most proud of her work on the Minority Affairs Committee (MAC) where she led the socioeconomic disparities work group and policy proposal. She continues to advocate for health equity within transplantation.

Personal Statement: *There is no other period in our history where we are not made acutely aware of the inequities that exist within our health care system. COVID-19 hospitalizations and death rates nearly tripled in minority populations, far exceeding those of White Americans. The pandemic brought issues such as socioeconomic status, health literacy and access to care into the lime light.*

Transplantation poses similar issues with access, equity, and disparity. Those of us in the field know all too well that not everyone is eligible for or receives an organ. Patients must first pass an intense period of health screening, social/literacy assessment and prove financial stability. Such rigors within the process yields only 1 in 6 candidates being listed for kidney transplantation despite our knowledge that transplant is lifesaving across all age groups. Furthermore, the ever-growing gaps amongst recipients, transplants performed, and donors recovered persists. So, how do we begin to bridge and improve these inequities in transplant care?

Transplantation, however, is the final step in a patient's longer health journey. In order to understand the breadth of disparity that exists within the pathway, we must step back and take a look at the high-risk populations who ultimately may or may not end up in our institutions seeking transplant access and care. Unfortunately, our present system does not evaluate the pre-listing process but there have been many studies alluding to our inequities in practice. It is therefore very refreshing to see the beginnings of broader movements in equity in renal disease with the executive order on Advancing American Kidney Health and NASEM report which have set a new bar of expectations in kidney care. It is equally fantastic to see our own OPTN leading the path toward broader inclusion.

I have had the honor to serve as a Board Member at Large on the OPTN from 2020-2022 but I am most proud of my work as the Region 7 representative on the Minority Affairs Committee (MAC). I was the group leader for our work on socioeconomic disparities which became one of the first policy proposal changes submitted by the committee. While the proposal was not approved, it directly aligns now with the OPTNs mission.

If elected to be the Minority Transplant representative, I would work toward continuing the conversation on justice and access for all with the hope to yield policy changes. I would use my voice and knowledge to represent not only those of the transplant professional community but of the many candidates, recipients and donors that are the backbone of the transplant process. Their opinions and thoughts are the most valuable to the system; and I would be honored to be a steward for them.

Silas Norman, M.D., M.P.H.

Dr. Norman is a transplant nephrologist at the University of Michigan and currently is the Co-Medical Director of Kidney and Pancreas Transplantation as well as the Director of the Transplant Multi-Specialty Clinics. Dr. Norman received his medical degree from Wayne State University School of Medicine and completed his Internal Medicine residency at Baylor College of Medicine before returning to the University of Michigan for Nephrology and Transplant Nephrology fellowships as well as a master's degree in Public Health. Dr. Norman has been involved in transplant policy since 2004 when he joined the OPTN Minority Affairs Committee, serving as Chair from 2011-2013. Dr. Norman has also served on the Policy Oversight and Kidney Transplantation Committees as well as previously the OPTN Board of Directors as Minority Representative, from 2009-2011.

Dr. Norman is the Immediate Past Chair of the American Society of Transplantation's Inclusion Diversity Equity and Access (to Life) [IDEAL] taskforce as well as being a member of the Minority Organ Tissue Transplant Education Program (MOTTEP) Detroit Foundation Board, Vice-Chair of the American Kidney Fund Board of Trustees as well as serving on the Board of Directors for the National Kidney Foundation of Michigan.

Dr. Norman is an active clinician and researcher. Dr. Norman's research focuses on medical frailty, health disparities, access to transplantation and the care of HIV+ transplant patients.

Personal Statement: I have interest in joining the OPTN Board of Directors as I believe I can bring value to the organization and benefit to the people the OPTN serves. I have been involved in transplantation for over 20 years and with OPTN policy for over a decade. In that time, I have come to appreciate the impact of transplant policy on patients and programs. I believe in the OPTN strategic goals of increasing transplantation, equity, efficiency in transplantation as well as promotion of donor and recipient safety and of course promoting improved outcomes. I believe good transplant policy has made great improvements in each of these areas and I know I can contribute to continuing this great policy work on behalf of patients. I have over 10 years of policy experience, and over 20 years clinical and research experience that I can bring to the Board as we partner to achieve the OPTN strategic goals and continue to improve patient lives.

Regional Councillor (vote for seven)

Region 1: Reginald Gohh, M.D.

Following his undergraduate training at the University of Toronto, Dr. Gohh matriculated at Meharry Medical College, where he graduated with honors in 1990. During that time, he was selected to the AOA honor society. He subsequently performed his internal medicine residency and nephrology training at Rhode Island Hospital (RIH)/Brown University program. He decided to pursue additional training in kidney transplantation at the Deaconess Hospital in Boston, under the direction of Dr. Anthony Monaco. Thereafter, he returned to Rhode Island Hospital in 1996 to help create a new kidney transplant program as its medical director. He has remained in that role since and has cared for over 1500 patients transplant recipients. He has been involved in the training of both medical residents and renal fellows, many of whom have since moved on careers in transplant nephrology. He has been awarded multiple teaching awards for his involvement with the house staff. In addition, he was awarded the Milton Hamolsky Outstanding Physician Award in 2015, an honor bestowed on him by his peers on the medical staff at RIH. His research interests include a variety of clinical aspects of both transplantation and nephrology. These include the effects of different patient populations on the pharmacokinetic and pharmacodynamic effects of different immunosuppressive agents. He has been awarded over 50 research grants and has co-authored over 100 peer-reviewed manuscripts over his career. He has also served as a grant reviewer for the Agency for Healthcare Research and Quality (AHRQ). He is a member of several medical societies and has contributed both locally and on the national level. He previously served on the Kidney Transplantation Committee of the OPTN and is currently a member of the MPSC. He is a long-standing member of the American Society of Transplantation and currently serves as the chairperson of the AST's IDEAL (DEI) committee as well as currently serving on the Governance and Awards Committee.

Personal Statement: I'm honored to be selected to serve on the Board of Directors of OPTN. I was a member of the Kidney Committee a few years ago during the launching of the new KAS. I consider my involvement with that group to be the most satisfying and exciting experience in my career, as we tracked (with satisfaction) the effects of changes made to kidney allocation in the United States. I have also learned tremendously from being involved with the MPSC from a fiduciary and regulatory standpoint, and much of this knowledge is now being employed at our institution for the betterment of our program. I look forward to contributing further to the best of my ability as a board member.

Region 2: Emily Blumberg, M.D.

Dr. Blumberg has worked in the field of Transplant Infectious Diseases for nearly 30 years and is a Professor of Medicine at the University of Pennsylvania and the Director of Transplant Infectious Diseases at the Hospital of the University of Pennsylvania, a position she has held since 1999. Her prior

work with the OPTN includes serving as Chair of the OPTN Ad Hoc Disease Transmission Advisory Committee and an MPSC committee member twice. She represented the American Society of Transplantation (AST) on the Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability, a committee that she co-chaired, including during the most recent revision of the PHS guidelines. She also served as an AST representative on the OPTN working group to implement the PHS guidelines. She has been consistently involved in issues related to donor assessment for blood borne pathogens (including Hepatitis C), co-chairing a consensus conference on Live Donor testing and chairing a subcommittee on nucleic acid testing of deceased donors. She also served as a member of the Technical Working Group for the Tissue and Organ Donor Epidemiology Study sponsored by HHS. She has been an ad hoc member of DTAC working groups related to COVID positive donor, expansion of donor testing for geographic pathogens, and HIV positive donors. Locally she was a member of the Medical and Policy Advisory Board for Gift of Life from 2015-2020. She was President of the American Society of Transplantation from 2019-2020, during which time she led COVID-19 initiatives that included international webinars and educational materials for providers and patients. She continues to be involved in AST sponsored COVID efforts, which have focused on updating guidelines for management of patients and donors. She is Past Chair of the AST Public Policy Committee. She also served as an Editor of the AST sponsored ID guidelines for the past 3 editions and was the Editor in Chief for the 2013 guidelines. She is a Deputy Editor for the American Journal of Transplantation and a Section Editor for Transplant ID for UpToDate and was as an Associate Editor for Transplant Infectious Diseases. Her research has been focused on donor derived infections and viral infections in transplant recipients and candidates, including HIV, HCV, CMV, and COVID-19.

Personal Statement: These are challenging times for organ donation and the OPTN as there are a number of competing issues that are impacting transplantation and organ allocation, including greater geographic sharing of organs, increased federal attention on OPO metrics, the move to make OPTN captured metrics for transplant centers more reflective of transplant practices, health care disparities, and the ongoing impact of COVID-19. As a community, we have been confronted with increased scrutiny by the federal government and lay communities and I remain cognizant of the impact of competing interests on transplant practices. During my time on MPSC, I have appreciated how responsive OPTN has been to the changing dynamics in our field. Nevertheless, I anticipate that we have even greater challenges to confront in the upcoming months and years. It will be important to make sure that we are able to move forward without losing the impressive accomplishments associated with the increase in organ donation. As the Region 2 Councilor, I am committed to working to bridge the local community and OPTN efforts to continue to enhance transplant access and effectiveness in the U.S. I would like to use my expertise in infectious diseases to continue to work on issues related to donor safety, and policy development to help promote equitable safe, and efficient donation practices.

Region 4: Michael Kwan, M.D.

Dr. Michael Kwan graduated from the Johns Hopkins University with a BA in Behavioral Science and obtained his doctorate at Loyola University's Strich School of Medicine in Chicago, Illinois. He trained in both Internal Medicine and Cardiology at Brooke Army Medical Center in San Antonio, Texas, and subsequently completed a fellowship in cardiac transplantation at the Texas Heart Institute in Houston, Texas. Dr. Kwan returned to San Antonio to join the academic faculty of a combined Army and Air Force cardiology fellowship program, and to serve as the Medical Director of the military's only cardiac transplant program until 2001. He participated in Operation Iraqi Freedom as the Battalion Surgeon for the Army's First Infantry Division, where he was awarded the Bronze Star and Army Commendation Medals for his battlefield service and completed his military career in September of 2004. Dr. Kwan then joined the physician staff at Methodist Hospital, San Antonio, where he currently serves as the Program Director of the Advanced Heart Failure and Cardiac Transplant Program. He had previously served as the Program's Medical Director, the Co-Director of the Pulmonary Hypertension Clinic, and remains active

on the ECMO Committee and PERT teams, in addition to maintaining a very active heart failure, VAD, and cardiac transplant practice. He served as the Vice Chief of Staff, and then as the Chief of Staff of the Methodist Hospital in San Antonio and continues to serve on the Methodist Hospital System's Committee for Professional Excellence. Dr. Kwan remains very active in Graduate Medical Education and is an Associate Professor of Medicine at the University of Texas, San Antonio, and has numerous publications and presentations in the areas of heart failure and cardiac transplantation. On a national level, he has served as a member of the OPTN Heart Committee, the OPTN Membership and Professional Standards Committee, and is currently the Associate Councilor for OPTN Region 4.

Personal Statement: My passion for transplantation has many roots. It was on the battlefields of Iraq that I realized that I wished to do heart failure and transplantation full-time, drawing a parallel between the close relationships I had with my soldiers to the relationships one develops with transplant candidates, recipients, and their whole support structure. Upon my return to the states, I had the experience of growing our transplant program to its current volumes and expanding beyond just heart failure and mechanical circulatory support to ECMO, pulmonary hypertension, and PERT, and fully realized how far a program could expand when based on excellence, relationships, and putting patients first, always.

I have had the distinct honor of serving on the OPTN Heart Committee and was encouraged to see first-hand how clinical input directly affects national policy. I have continued my OPTN involvement, I am currently a member of the Membership and Professional Standards Committee, and the Associate Councilor for OPTN Region 4. These roles allow me to see not only how policy affects practice, but how practice needs to be reflected in policy in order for both to remain relevant and for the field as a whole to advance.

Finally, and most importantly, my wife Bonnie and I went through her dual organ heart-kidney transplant together in 2018. I spent months sleeping in a pull-out recliner at bedside, while working 72 hours straight every week in between in order to allow me the time to be with my wife. I have first-hand knowledge of how the decisions we make, as clinicians and as administrators, directly affect those suffering from end-organ failure, as well as how they affect their families. Together, my wife and I led a non-profit dedicated to promoting health and advocacy for transplant recipients, the Shay's Wellness Center, named after her first heart donor in 1992. We remain very close with her donor family even today, and this helps me keep the perspective of the donor as well as the recipient families in the forefront of my mind.

Transplantation is going through a very pivotal time, and will continue to affect me directly, both personally and professionally. I am lucky to have the ability and the desire to help affect those changes, and a perspective which I believe uniquely positions me to understand the impact of our decisions from multiple perspectives. I am privileged to continue serving the transplant community and would be honored to do so as a member of the Board of Directors.

Region 7: Bhargav Mistry, M.D., FRCSEng, FRCSI, FACS

Dr. Mistry requests to be introduced to OPTN board as the father of a child who received a life saving organ transplantation. Dr. Mistry's daughter at age 11 received a deceased donor liver transplant and is doing extremely well after sixteen years. She is a 4th year medical student.

Dr. Mistry completed his medical school in India in 1984. He completed his postgraduate surgical training in India, the UK and in the USA. He passed his fellowships in Surgery from the Royal College of Surgeons in Ireland (1990) and the Royal College of Surgeons of England (1991). He completed his fellowships in Surgical Critical Care (1995) and Abdominal Transplant Surgery (1998), followed by residency in General Surgery (2000), all from St. Louis University. He is board certified in Critical Care,

Surgery and OPTN certified in Abdominal Transplant Surgery. He has been Director of Transplantation Services at Sanford Health in Fargo, North Dakota since 2000. He ran Fargo (NDSL) transplant program (Kidney and Pancreas) as a solo surgeon for 22 years. He is also an attending physician in General Surgery, Trauma and Critical Care.

Dr. Mistry is a Clinical Associate Professor of Surgery at the University of North Dakota and is closely involved in education of surgical residents, medical students, physician assistants and nursing staff. Dr. Mistry has had several publications and over hundred and fifty clinical presentations.

Dr. Mistry is a Fellow of the American College of Surgeons, American Society of Transplant Surgeons, The Transplantation Society, American Pancreatic Association, Vascular Access Society of America etc. Dr. Mistry has served on numerous committees at his local OPO, LifeSource. He has been a LifeSource Board member since 2000 and has served as a medical director, vice-president, and president. He is currently Chair of the K-P Committee.

Dr. Mistry has served on ASTS Education Committee and currently is a member of the Wellness Committee.

Dr. Mistry was a member of OPTN Ethics Committee. He currently is an Associate Councilor for Region 7 and serves on OPTN MPSC Committee.

Dr. Mistry is an invited member of Donor Alliance.

Dr. Mistry has promoted organ donation and transplantation at local, regional, and national levels.

Personal Statement: I will continue to promote ethical organ donation and transplantation around the world in every possible way as a parent, as a practicing transplant surgeon and as a member of the society.

Region 8: Andrew Kao, M.D., FACC, FHFSA

Dr Andrew Kao graduated from the University of Chicago School of Medicine and completed his residency at the University of Minnesota, cardiology fellowship at Duke University and heart transplant fellowship at Oregon Health Sciences University (OHSU). He has been practicing as a transplant cardiologist since 1995, at OHSU and University of Pennsylvania before serving as the OPTN primary physician at St Luke's Mid America Heart Institute (MOLH) heart transplant program since 2007. He has been honored to serve as region 8 representative on the Minority Affairs Committee from 2007-2009, at large member of MPSC 2013-2015 and region 8 representative on the Thoracic Committee 2015-2017, during the crucial heart transplant allocation policy revision. He is honored to be serving as Associate Councilor and represent region 8 in MPSC since 10/21. He was invited to participate in multiple Consensus Conferences to discuss controversial topics in heart transplantation and help guide the community adopt evidence-based and expert-recommended approaches to these topics. He has been on the forefront of noninvasive transplant surveillance since 2007 and continue to pursue multi-modality approaches to transplant rejection and vasculopathy surveillance. This has led to an invitation to serve on the National Scientific Advisory Board at CareDx to help advise on the use of promising technologies in allograft surveillance. He has also participated as a journal and abstract reviewer for several cardiology and transplant journals and meetings and has served as a principal investigator for multiple NIH and industry-sponsored studies in the field of advanced heart failure and heart transplantation.

Personal Statement: I have been very interested in the field of heart transplantation since my internship days at the University of Minnesota. When I began my cardiology fellowship, I was able to arrange

training in heart transplantation during 18 months of my 3-year fellowship and then did a dedicated heart transplant fellowship for another year. During my 27+ years of practice as a transplant cardiologist, I have witnessed and been on the forefront of advancements in heart transplant surveillance and treatment. I have also experienced tremendous changes in how organs are allocated. When I first started residency, there were only 2 waitlist statuses, then it became 3 and now 6. It was an honor to participate in the development of the current heart allocation policy and I was able to gain an appreciation of all the data analysis and thought which goes into accomplishing such a huge endeavor. While no allocation policy is perfect, it is important to strive to achieve equity in organ allocation so that as many recipients can be served as possible. It is often a fine balance to increase access to transplant but also improve survival post-transplant. My second term on the MPSC over the past 18 months has given me even more insight and appreciation into the complexity of program performance evaluations. The importance of identifying programs in the "yellow zone" is essential to help guide programs in their process of performance improvement to enhance outcomes.

During my career, I have practiced in 5 of the 11 OPTN regions (region 2 - University of Pennsylvania, region 6 - OHSU, region 7 - University of Minnesota, region 11 - Duke and now region 8). My practice experience has given me a deeper understanding of the unique needs and challenges of each OPTN region. As the community moves towards a continuous distribution of organ allocation across all organ groups, it is important to have a dedicated voice and representation for our region. Our large and rural region has very different needs than a densely populated area such as region 2. I believe my experience in both academic and private practice settings in different OPTN regions will help me be a more effective representative on the OPTN board and represent region 8 well. While the OPTN is a well run and very complex organization, and each organ group has its unique challenges, I am willing to learn as much about each organ group and OPO's needs, so I can be a more effective voice on the board, if I am given the honor of serving as your region 8 representative and Councillor. I have been attending region 8 regional meetings since 2007 and have found our regional members to be very engaged and collaborative. I would be honored to serve as your regional representative on the OPTN board and look forward to working with all the programs to best represent our collective needs at the Board. Thank you for your kind consideration.

Region 10: Kenneth McCurry, M.D.

Dr. McCurry is the Surgical Director of Lung, Heart-Lung and Heart Transplantation at the Cleveland Clinic as well as the Director of Respiratory ECMO and occupies the Jack B. Lally Endowed Chair in Thoracic Surgery. Dr. McCurry graduated from the University of Florida, School of Medicine and subsequently completed residencies in General Surgery and Cardiothoracic Surgery at the University of Michigan, a NIH funded Research Fellowship at Duke University, and a one-year fellowship in thoracic transplantation and mechanical circulatory support at the University of Pittsburgh. Following completion of the thoracic transplantation fellowship, he accepted a faculty position at the University of Pittsburgh where he remained for 11 years. During his tenure at the University of Pittsburgh, he was the Surgical Director of Lung Transplantation for 9 years and Surgical Director of the Heart Transplant Program for 3 years. Since joining the Cleveland Clinic in 2009, he has led and overseen significant growth of the Lung and Heart-Lung Transplantation program and has provided leadership to the Heart Transplantation program for the last several years. He is a member of the Transplant Executive Council at the Cleveland Clinic and Co-Director of the Organ Perfusion Center.

Dr. McCurry has also been heavily engaged in education, research and in serving the transplant community. Over the course of his career, he has received Teacher of the Year Award four times (due to mentorship in transplantation and cardiac surgery). He has an active laboratory focused on diagnostics and therapeutics during ex vivo lung perfusion (EVLV) as well as mechanisms of lung injury following transplantation and has published over 200 peer-reviewed manuscripts (most focused on thoracic

transplantation). He has also served OPTN in various capacities including as a member of the Operations and Safety Committee, Region 2 Thoracic Transplantation Committee Representative, Region 2 Heart Regional Review Board Chair, Thoracic Transplantation Committee At-Large Representative and as a member of the Lung Transplantation Committee as an At-Large Representative. Dr. McCurry currently serves as the Region 10 Associate Councillor/Councillor-Elect and as a member of the Membership and Professional Standards Committee. He has also served on the Medical Advisory Board of Lifebank for over 10 years and has been extensively engaged in efforts to improve thoracic organ utilization for transplantation (locally, regionally and nationally).

Personal Statement: I am passionate about transplantation. With more than 25 years of experience in the field, I have a deep understanding of the issues and challenges in transplantation including organ utilization, patient access, transplant and allocation policy and clinical outcomes. There are many problems facing the transplant community and OPTN at this time including questions surrounding allocation, patient access and oversight of transplant programs, among others. I have the breadth of experience and knowledge as well as the strong desire to contribute positively to these discussions as a member of the OPTN Board of Directors and to help lead change to the benefit of the broader transplant community.

Region 11: Christopher Jones, M.D., FACS

Christopher M. Jones is the Division Director, Division of Hepatobiliary and Transplant Surgery and Professor in the Hiram C. Polk, Jr., MD Department of Surgery at the University of Louisville School of Medicine. After graduating from Brown University in Providence, Rhode Island, Dr. Jones earned his M.D. degree at Georgetown University School of Medicine in Washington, D.C. He served his surgical residency at Vanderbilt University Medical Center where he spent two years in the laboratory doing basic science research under the tutelage of Dr. Ravi Chari. Dr. Jones' passion for transplant surgery flourished when he was accepted to the Ronald Reagan UCLA Medical Center for abdominal organ transplantation. Here he worked with Dr. Ronald W. Busuttil, a pioneer in abdominal organ transplant surgery, learning the specifics of adult and pediatric transplantation. Dr. Jones has been a member of the department of surgery since 2010. He has worked with the transplant team to increase the number of liver transplants performed. Currently he is working with Norton Children's Hospital to develop a comprehensive pediatric liver transplant program. Dr. Jones has performed a myriad of liver transplants and is known for his surgical expertise and clinical acumen. Furthermore, Dr. Jones serves as a reviewer on the editorial boards of many prestigious journals. He has written multiple book chapters, abstracts and peer-reviewed scientific publications. Christopher Jones is a member of many national and international surgical and transplant societies and holds key committee memberships. Dr. Jones has a passion to increase underrepresented minority organ and tissue donation and transplantation. Locally he works with Kentucky Organ Donor Affiliates (KODA) to educate all citizens of the commonwealth on organ transplantation. Nationally he serves on multiple ASTS committees. Dr. Jones has demonstrated and continues to pursue a life-long commitment to the care of desperately ill patients, the training of medical students and residents, and scientific advancement in the field of transplant surgery.

Personal Statement I am honored and excited to be included on the slate for Regional Councillor for Region 11. I have been involved with the OPTN over 10 years of my career in abdominal transplantation and have been privileged to serve on the Board as the Minority Affairs Representative, and a member of the Minority Affairs Committee. In all of these roles, I have come to appreciate the critical position of the OPTN in the field of transplantation, including unique advocacy for patients with end stage organ failure, especially those requiring transplant surgery.

The OPTN Leadership is composed of many members with unique backgrounds that enhance the effectiveness of our network. In addition to my perspectives from previous OPTN involvement, there are

several facets I would highlight. First, I am heavily involved in the field of abdominal transplantation, as both a center and division director of an established transplant program, with a strong history in the field of training, education and innovation. Second, I am trustworthy. An essential quality of an effective Councillor is trustworthiness. It is important to choose the right path and remain committed to pursuing the network's goals and initiatives for the greatest outcomes, despite unforeseen challenges as I have consistently done throughout my career. I have remained devoted to all facets of adult and pediatric transplantation including research and education. For my mentorship I was recognized by my department with the Excellence in Mentorship teaching award in 2017.

I have cultivated effective communication skills cutting across not only different career platforms but also diverse cultural perspectives. I am known to be approachable, unselfish and a consensus builder. I have always encouraged novel ways of thinking about how to achieve goals, which will continue to be of utmost importance as Regional Councillor.

Transplantation is experiencing significant changes; therefore, it is critical for the Regional Councillors to work closely with the OPTN leadership to best lead us along the path of becoming the world-leaders in transplant. My vision for direction involves embracing change and creating an environment for fostering discovery, education, responsible leadership, and the generation of novel ways to strategically solve different challenges-both old and new.

Medical/Scientific Organization Representative: ASHI (vote for one) **Luis Hidalgo, Ph.D., F(ACHI)**

Dr. Hidalgo is the medical director of the HLA laboratory at the University of Wisconsin in Madison where he also serves as an associate professor in the Department of Surgery since January 2019. His interests in science began as a biochemist before turning to transplantation immunology and histocompatibility at the University of Alberta in Edmonton, Alberta, Canada. Luis has been in the field of transplant immunology for over 20 years and in histocompatibility for 14 years.

His research interests span across histocompatibility and transplant immunology. Histocompatibility interests include factors contributing to the immunogenicity of HLA mismatches and the generation of HLA antibodies, and refinement of HLA antibody assessment methods. On transplant immunology his research has sought to understand the processes of graft rejection and define the mechanistic roles of the immune cells involved in T cell- and antibody-mediated rejection. As a result of his studies and collaborations, his work on NK cells has helped identify new immunologic processes in ABMR that have translated into changes in diagnostic criteria. Importantly, his findings are key to our current mechanistic understanding of ABMR common to multiple organ types.

Dr. Hidalgo is involved in multiple endeavors supporting the two societies he belongs to: the American Society for Histocompatibility and Immunogenetics (ASHI) and the American Society of Transplantation (AST). Luis is the president elect for ASHI following more than six years of service in various committees including the Board of Directors, Science and Technology Initiatives Committee, and the Education Committee. Within the AST, Luis serves on the Transplant Diagnostics Community of Practice Executive Committee helping with various initiatives promoting education and international collaborations.

Personal Statement: I am dedicated to the field of transplantation and focus great efforts to ensure the safety and access to transplant for all patients in my day-to-day work. Being accepted into the OPTN Board would be an amazing experience where I can continue my advocacy for transplant patients.

Medical/Scientific Organization Representative: NATCO (vote for one)

Erika Demars, RN, M.S.N., CCTC

Erika Demars has been a registered nurse for over 24 years, with all her experience being focused on cardiac care. She has worked as a cardiac transplant coordinator for the last 14 years at Henry Ford Hospital and has recently taken a position as a Nurse Manager - Cardiothoracic Ambulatory Transplant with Ohio State University Wexner Medical Center. She is excited to take on the new role in Administration and is hoping to be an asset to her team members. Erika is very passionate about process improvements and is continuously looking at ways to make health care more efficient and safer while providing increased satisfaction for patients and employees. She has been involved in a number of initiatives that have bettered patient care, as well as conducting research studies. Recently she completed her Master's Degree in Leadership and Administration and is looking to continue her education by obtaining a Master's in Business Degree. Erika is also the President of NATCO and serves as a faculty member of their CCTC Review Course. She enjoys teaching, educating and speaking both locally and nationally to her colleagues and providing them with resources that they need to be more effective in their current position and enjoys seeing others excel to the best of their potential. She is looking forward to serving on the OPTN Board.

Personal Statement: My expertise and knowledge in the transplant community will allow me to effectively serve as a board member and be able to provide opinions as they relate to the nursing profession. My previous experience involves close interactions with patients, which makes me aware of all the challenges that they may face. With health inclusion and diversity being a constant theme, we need to be cognizant of, my years in the healthcare industry have allowed me to understand and potentially navigate through these issues. With my years of experience and work ethic, I will do all that I can to help make a difference in the Transplant Community.

Medical/Scientific Organization Representative: AOPO (vote for one)

Colleen McCarthy

Colleen joined Versiti in 2010 and has worked in the field of organ and tissue donation since 2003. She has always had a passion for service and was called to organ donation over 20 years ago while working as a critical care nurse at a Level I Trauma Center in Denver, Colorado. Colleen's experience as a nurse taking care of her first organ donor and his family was a deeply impactful moment for Colleen and inspired her to begin her career in organ and tissue donation.

Colleen serves on the Versiti Executive Leadership team to support Versiti's mission across its footprint. As Vice President of Organ and Tissue Donation, Colleen is responsible for the performance of Versiti Wisconsin's tissue bank and organ procurement organization (OPO). Versiti Wisconsin's OPO is responsible for facilitating deceased organ and tissue donation within our service area in eastern Wisconsin by supporting donor families through their grief and loss, coordinating the medical management of organ donors, allocating organs to transplant centers across the country, supporting our referring donor hospitals and medical examiners, and engaging our community to enhance awareness and support for organ and tissue donation.

In addition to her role as Vice President Organ and Tissue Donation, Colleen also served nearly 3 years as Versiti's Chief of Staff. Versiti is the 4th largest independent blood center in the US, with 5 service lines consisting of Blood Services, Diagnostic Labs, Blood Research Institute, Medical Sciences Institute, and Organ and Tissue Donation. Versiti has operations in Wisconsin, Michigan, Indiana, Ohio, and Illinois. In Colleen's Chief of Staff role, she was responsible for leading Versiti's strategic planning processes;

ensuring governance is effective, efficient, and results in rapid, quality decision-making; leading the Project Management Office to ensure clear prioritization and project execution; and directing the Continuous Improvement Office and thus CI culture.

Colleen currently serves on the Board of Directors for the Association of Organ Procurement Organizations (AOPO) and is the AOPO President Elect, 2022-2023.

Colleen received her nursing degree from Viterbo University in LaCrosse, Wisconsin. Colleen serves on various organ and tissue donation committees and advisory boards and is a certified Lean Six Sigma Black Belt. She grew up on a small farm in northern Wisconsin and still has a love of the outdoors. In her free time, Colleen enjoys the mental and physical challenge of ultramarathon trail running. Colleen lives in Wauwatosa, Wisconsin with her husband Randy and their two teenagers.

Personal Statement: I am honored to be considered for a position on the OPTN Board of Directors. I am a passionate advocate for donor families and will work to ensure their voice and experience is represented in policy making. Donation is precious, and we must be strong stewards of these gifts as we consider system changes and improvements. As a representative of AOPO, I will champion perspectives from the organ donation community in collaboration with all stakeholders so that the OPTN can advance the number of lives saved.

At-Large: Patient & Donor Affairs (vote for one)

George Surratt

George Surratt is a husband, father, philanthropist, and someone who views leadership as an opportunity to serve. He completed his BS in Electrical Engineering at Oklahoma State University in Stillwater OK, is a Certified 3M Six Sigma Process Improvement Black Belt, and a former Project Management Professional maintaining membership in the Project Management Institute.

George is currently a Drug and Device Quality Director at 3M's Medical Solutions Division. He includes among his competencies, Manufacturing and Quality Systems Management, Root Cause Analysis, and Team/Organizational Leadership. He is a Customer Focused, Business, Manufacturing, and Quality Professional with a proven track record of impactful engagement, operational excellence, effective project management, and leadership of large and globally diverse teams in demanding and complex enterprises, with expertise in regulated businesses. In addition to his most recent role, George has held various positions of increasing responsibility throughout his career including Control Systems Engineer, Project Engineer and Resident Project Manager, Process Engineer, Production Supervisor, Technical Team Leader, Manufacturing Product Manager, Six Sigma Black Belt, Staff Quality Assurance Manager, TDD Global Product Assurance Manager, Business Lead-Quality and Regulatory IT Systems, Plant Quality Manager, and Platform Quality Manager.

George's strengths are comprised of Includer, Communication, Focus, Input, and Responsibility. His experiences are made up of leadership in the following areas: Quality, Manufacturing Site Quality, Process Controls, Operations Management, Six Sigma, and Product Assurance. His career accomplishments include multiple new product manufacturing commercialization efforts, business leadership on IT system deployments for Quality Management, planning and directing an internal 3M Global Corporate Quality Conference, startup of a new manufacturing area with a quality focus in partnership with another company, transition of an existing pilot manufacturing facility to a commercial drug manufacturer, and being an early wave Six Sigma Black Belt when the program was brought into 3M.

He is also a former board member of a St Paul MN nonprofit (Guild Inc.) and a youth group volunteer through his local church. Since ending his terms on the Guild Inc. Board, he has continued to support the organization.

George has lived in many different parts of the USA and the World by virtue of his coming from a military family, and 3M affording him opportunities to travel and gain valuable life and career experiences. He has lived in multiple states including, New Mexico (birthplace), Texas, Oklahoma, Kansas, Nebraska, Minnesota, and California, as well as Puerto Rico, and the country of Germany. He enjoys cycling, travel, genealogy, and spending time with his wife Lorna, and their adult children Rachel and Shane.

Personal Statement: I believe that the patients' voice is one of the most important in meeting the current and future challenges for transplantation.

As a two-time transplant recipient (liver and kidney), I am passionately drawn to advocate for others with experiences like mine. As I contemplate retirement from 3M and approach the next phase of my professional and personal life, advocacy is at the top of my list. I have served on my division's Social Determinants of Health committee, which has given me a deeper understanding of the work needed to bring equity to all aspects of healthcare leading to measurable and tangible change. In fact, I was recently asked to share my story through M Health Fairview's 'Where Discovery Creates Hope' program. Thanks to digital media, I am able to share my story with many people.

(<https://wherediscoverycreateshope.umn.edu/transplant/>)

(<https://vimeo.com/740458722/38dbecd6ea>)

I believe the challenges that transplant medicine is facing can be overcome. Challenges like decreases in viable organ supply, the worsening effects of Social Determinates of Health, and the need for more research, to name only a few. It is so important to support the research for promising solutions and the prolonging of organ viability for transplant. This will give both patients and the medical establishment more opportunities to do more transplants and transform more lives. I bring a process and data-driven approach to decision making that always considers the intangibles, the perspectives of others, and the core value that all people have unsurpassable worth.

- I have spent over 15 years as a professional in healthcare, from process/product engineering to responsibility for a drug/device platform at 3M.*
- Experience serving on a non-profit board, including board governance responsibilities.*
- Board participant in establishing a sustainable funding/relationship model.*
- Being present, genuine, and persistent are keys to success*

While it may be true that we cannot save everyone, I believe that we can certainly save more.

Kenny Laferriere, B.S.W., CTBS

Kenny is a proud 22-year heart transplant recipient who always believes in the power of the human connection to persevere through any challenge. When Kenny was 8 years old, he was diagnosed with a serious form of liver cancer which required surgery to remove the tumor, radiation and chemotherapy in order to save his life. Unfortunately, one of the medications within the chemotherapy regimen had a known side effect of potential heart damage which resulted in Kenny becoming very ill resulting in a life-threatening situation. The medication had resulted in Kenny's heart muscle tripling in size to accommodate, which eventually weakened him to a point of no return and the need to be listed for a heart transplant at the age of 16. Kenny was in high school at the time and the heart damage was so severe he struggled just to walk around the building in between classes. Despite all these health struggles he leads a full and productive life. His transplant allowed him to finish high school, go on to college and have the successful life he has today.

In 2007, Kenny graduated from Bridgewater State University receiving a bachelor's degree in Social Work, with a minor in Communication Disorders. Shortly after graduation, Kenny was hired for a position at New England Donor Services [NEDS], the OPO in Region 1. It is a great honor for him to be a part of the organization that saved his life and have the opportunity to pay it forward each and every day. Throughout the past 15 years of Kenny's career, he has climbed the ladder at NEDS and experienced many different roles. Starting off in the 24-hour operations center, then transitioning to a role in Quality Systems has given Kenny the ability to incorporate quality tools into decision making. Now for the past 5 years, Kenny has been a Hospital Relations Coordinator serving as the liaison between NEDS and hospital systems throughout New England. This position has been instrumental in providing him a solid foundation and overall view of the donation and transplant system. Kenny embodies the ability to provide perspective from two lenses – a patient advocate and industry expert, which will be a valuable asset to the Board.

In addition to Kenny's duties between work and home, he currently serves on the Patient Affairs Committee and was previously a member of the Pediatric Transplantation Committee. In 2012, Kenny earned the "Certified Tissue Banking Specialist" [CTBS] designation by the American Association of Tissue Banks [AATB] by passing the CTBS exam.

Personal Statement: Being a 22-year heart transplant patient has allowed me to accomplish so many things in my life. The ability to graduate high school, graduate college, get married, start a family and be a productive member of society gives me great pride and appreciation for the gift that life IS. Donation and transplant provide opportunities for so many people that would not be possible without the OPTN. A grieving family has the ability to channel that grief into hope by turning something so tragic into something positive. Obviously, a life is saved through the act of transplantation, but it means so much more than that. That transplant allows patients to re-enter society, return to their family and be able to create new life. My marriage to my wife, Kim would not be possible and my two boys Kameron [age 11] and Kaiden [age 7] would not be alive on this Earth if it wasn't for the power of donation and transplant. I am honored to be a candidate for the Board of Directors and to bring my unique perspective to the table. My longevity as a recipient is a true testament about transplantation which enables patients to fully return to their lives with hardly any limitations. This remains true now as it did when I was initially transplanted as a teenager. Being a pediatric candidate and recipient has made me realize that it is essential the Board be a representation of all stakeholders so sound decisions are made that will benefit the most patients with a lifesaving transplant.

At-Large: Patient & Donor Affairs (vote for one)

Julie Spear, P.E.

Julie Spear is a graduate of the University of California, San Diego. She holds a Bachelor of Science degree in Chemical Engineering and is a licensed Professional Engineer in the State of Colorado. She has worked in the environmental consulting sector for 35 years.

For the last seven years she has successfully owned her own consulting business and is concentrated on the areas of climate change (GHG emissions reduction), Environmental and Social Governance (ESG) and Clean Air Act compliance for commercial, energy, manufacturing, and insurance sector clients. She provides technical and regulatory support services to her clients including assisting clients in providing draft rule public comment feedback, conducting regulatory applicability analyses, representing client in regulatory negotiations, preparing emissions inventories, identifying and implementing emissions reduction strategies, and maintaining on-going compliance with federal and state regulations. She has been responsible for project budgets up to \$20 million.

Four years ago, Julie founded the Evan Spear Foundation, a 501(c)(3) organization established in honor of her son Evan, to provide financial assistance for grief counseling for donor families who would not

otherwise pursue this important resource. The Foundation also provides peer support to donor families. As the CEO she works with the Board of Directors to establish and successfully achieve fundraising goals and continually improve the grief support program.

Passionate about organ donation and transplantation, Julie is an active community advocate and is currently serving on the OPTN Patient Affairs Committee, Region 8 Nominating Committee and is participating on the Ethics Committee NRP Workgroup.

Julie has lived in Boulder, Colorado for 30 years. She has a 24-year old son Colin who lives in Boston, MA. In a semi-retirement status in her professional life, when not volunteering she and her partner Jeff enjoy traveling, hiking, skiing, and attending live music events.

Personal Statement: I am passionate about organ donation and transplantation, not because my livelihood or my professional reputation are dependent on it but because seven years ago, I became a Donor Mom when my son Evan lost his life in a car accident. He was a registered organ donor at the time and gave the gift of life to four people, I honor his decision every day. Six years ago, I became a passionate advocate for organ donation, going out into the community and championing the positive impacts of organ donation. But I felt that wasn't enough. As an advocate, it was also my responsibility to get involved and do what I could to ensure that the best possible outcomes are realized for all who come behind me: potential donor families, donor families, and the recipients of their loved one's gift. Being and staying informed is important as a business owner and for my OPTN volunteer positions. As a non-medical professional and non-patient, I spend time looking up the meaning of words (literally), seeking out various perspectives, asking questions and educating myself as much as possible so that I can provide meaningful, informed feedback. In my business, efficiency, responsiveness, identifying potential failures, and taking meaningful corrective action are crucial to my success. I am always seeking to improve because I know my competitors are doing the same. I bring that perspective with me in all that I do.

In the complex business of organ donation-transplantation with its network of OPOs, donor hospitals and transplant centers, each with its own fiscal, operational, and reputational agendas I think it is often forgotten who the 'customers' are potential donor families, donor families, potential recipients, recipients, and their families. Ultimately, we the customers are the most impacted when failures in the donation-transplantation system occur. Ongoing failures are unacceptable for any business but especially when lives are at stake. Eliminating complacency and refocusing on the customer along with bold initiatives, collaboration, and change, I believe it is possible to achieve bold results such as: eliminating the non-use of organs; eliminating the waitlist; and having all OPOs operating at a Tier 2 or 3 level in a several-year time frame. As a customer, I have been given no reason why these projects can't be accomplished, so I say let's give it a try. I do not fear personal failure, but I do fear aiming too low! The voice of the donor family is an important perspective in the donation and transplantation community and one I am honored to carry. I appreciate the opportunity to bring my voice and perspective to the Board.

Kelly Willenberg, D.B.A., B.S.N., CHRC, CHC, CCRP

Dr. Willenberg has owned Kelly Willenberg and Associates for 14 years. Kelly is considered an expert and KOL in clinical trial billing and reimbursement and has extensive knowledge in clinical trials management and research compliance. With over 38 years of experience, she is an experienced oncology nurse and has presented at HCCA, ONS, ASCO, AHIA, MAGI, Momentum Events, SoCRA, AHIA and other professional organization conferences. Kelly Willenberg & Associates works worldwide in both healthcare and research healthcare compliance. Kelly served as the Editor of the 3rd Edition of the Research Compliance Professional's Handbook for Healthcare Compliance Association (HCCA). She

served as an editor for the 3rd Addition of the ONS Manual for Clinical Trials Nursing. Kelly is certified in Healthcare Research Compliance (CHRC), Healthcare Compliance (CHC), and is Certified as a Clinical Research Professional (CCRP). She is a faculty member of the HCCA Research Compliance Academies and serves on the Board of Directors of Health Care Compliance Association/Society of Corporate Compliance & Ethics. Kelly serves nationally on the OPTN Lung Transplant Committee, and on the Small Business Regulatory Review Committee for the State of South Carolina. She is currently serving as the Legislative Chair for the South Carolina Nurses Association. She also serves on the Palmetto Cycling Coalition Board. She has a podcast series called KellytotheCore and advocates at both the state and legislative level on issues related to nursing, healthcare and distracted driving.

Personal Statement: My husband, Dale, died unexpectedly in 2017 after being hit in a cycling accident. Upon his death, my family and I donated his organs through Sharing Hope of South Carolina. I have had the honor of meeting his lung transplant recipient and know the value of organ donation. I work tirelessly toward getting tougher distracted driving laws in South Carolina as Dale died as a result of texting. The culmination of Dale's passing brought about the Dale A Willenberg Congenital Heart Endowment Fund at Prisma Health. My granddaughter suffers from congenital heart disease and our family realizes that she may someday require a heart transplant. This fund established the inaugural "Heart to Heart" Camp for congenital heart kids across South Carolina in August of 2022. I believe that the mission of the OPTN is vital for the community as a whole and would be honored to serve the organization.

At-Large: Patient & Donor Affairs (vote for one)

Jennifer Lau

Jen Lau is a Human Resource Director for an IT company in Chicago, IL. Duties include policy writing and implementation of those policies, career development, benefits, employment law, and assessment of engineers, security experts, developers, and other IT professionals. Jen is also the Co-Founder and President of BARE Inc., a 501c3 non-profit organization that supports, educates, and assists patients and families who have been diagnosed with Biliary Atresia including transplantation. Currently, Jen is honored to volunteer with the OPTN in their Pediatric Committee. She has been selected in a leadership role with The Starzl Network (a pediatric liver QI based out of University of Pittsburgh Medical Center) to help give caregiver input to clinicians regarding patient center outcomes in research. She sits on the Board at the Siragusa Transplant Center at Ann & Robert H Lurie Children's Hospital of Chicago as the Patient/Family Advocate Community Member. Jen was the Chairperson for the Patient and Family Partners of SPLIT (Society of Pediatric Liver Transplantation). She had key speaking engagements with SPLIT, ITNS, The Starzl Network, and recently at AASLD. Jen helped spearhead an advocacy initiative along with other key stakeholders regarding the acuity circles liver distribution policy and was an initial signer for change.org letter for equality in pediatric liver transplantation. She also worked with Senator Dick Durbin's office and helped advocate for the protections of pre-existing conditions of patients within ACA during the Senate hearings for the Supreme Court justice confirmations. Jen has authored and co-authored in publications and academic papers due to her leadership roles and as a patient advocate.

Personal Statement: I believe that education, awareness, and support can deliver hope and more importantly healing to patients and families who have been touched by transplantation. It was my own personal experience as to why I founded my own organization BARE. My son Nathan was diagnosed with Biliary Atresia at the age of 6 weeks old. His health deteriorated quickly and received his gift of life through a living donor at the age of 9 months old. He recently just celebrated his 10-year transplant anniversary this past October and will be 11 years old in December. Life without Nathan is unimaginable, and I am forever grateful for the selfless act of our living donor for saving his life. With my professional and personal experience, I would bring a great sense of balance to the Board seat that is needing to be filled. My passion for pediatrics, living donation and equality in transplantation in general is a voice that

is much needed in today's climate, and I would serve not only the OPTN with the loyalty and integrity it deserves, but also the transplant community as well.

Stephanie Little, M.S.W., LMSW

Stephanie Little is an Assistant Professor of Social Work at Minot State University. Past social work experience includes advanced generalist practice at Sanford Health Transplant Center, North Dakota State Penitentiary, and United Tribes Technical College. As a board member for the National Association of Social Workers, she contributes to their Advocacy Committee, Education Committee, and annual Conference Committee. She is a consulting editor for both the Health & Social Work and Health & Justice Journals. She is chair of the Marketing Committee with the American Public Health Association. Stephanie volunteers as a mental health practitioner through the Emotional PPE Project to support healthcare workers impacted by the COVID-19 crisis.

Active with the Organ Procurement and Transplantation Network since 2017, she is currently a representative for the Safety and Operations Committee, with previous experience as the Region 7 Representative for the Patient Affairs Committee and various workgroups. Stephanie organizes community outreach education, donor registration events, and bone marrow drives in rural North Dakota to increase diversity on the registry. Issued publications include the American Journal of Transplantation, with project materials through the Organ Procurement and Transplantation Network. After graduating with a Bachelor of Social Work degree from Minot State University in 2014, she completed her Master of Social Work degree in 2015 from Minnesota State University, Mankato. Stephanie is a Licensed Master Social Worker through the North Dakota Board of Social Work Examiners. Stephanie is a graduate student at the University of South Dakota, in a customized PhD in Health Sciences and Master of Public Health degree program. As her dissertation is on social work implications of organ allocation and bioethics, her concentration targets systemic inequities, relative and absolute contraindications, and minority disparities. Through her role in academia, she emphasizes combining social work with community research and policy with vulnerable populations.

Personal Statement: I am grateful for the nomination to join the OPTN Board of Directors and would kindly request your consideration. Though my professional engagement in transplant began in 2017, my personal connection starts over a decade ago. My sister-in-law acquired a virus that led to heart failure when she was five years old, resulting in a heart transplant when she was five years old. Due to the selfless decision made by a family several states away, she was given the gift of life. She did not take this gift lightly, achieving many great things throughout her life to ensure that she would make her donor proud. In being privy to my sister-in-law's experience, I developed a sense of determination to advocate for others to be afforded the same opportunities.

As a witness to what recipients go through daily, it made me in awe of her and the medical marvel of transplant. Some of her struggles included daily management of immunosuppressants, out-of-state routine medical appointments, and subsequent health complications. It was during these times that I learned patient-speak/patient-first language and started teaching the need for it in the medical sphere. My mission subsequently led to dedication in assisting others to also meet the various needs of transplant recipients (whether that be through normalizing emotions associated with transplant or seeking services to help pay for immunosuppressant medications). My sister-in-law passed away from melanoma skin cancer when she was 24 years old. She lived 19 years with her heart transplant. Her donor and their family gave us that extra time to spend with one another, and I am determined to participate in the transplant realm to challenge barriers and obstacles in care. It is also a motivating factor in hosting bone marrow and donor registry events across rural North Dakota, especially on tribal reservations. With my background in social work, tackling health inequities among the American

Indian/Alaska Native population is a top priority of mine. My passion for organ donation is what motivates me daily. The core of my dedication comes from witnessing what transplant can achieve firsthand, from multiple perspectives. The vision and goals of this organization align with my own, and I want to continue to pursue opportunities associated with transplant to tackle relevant issues as an advocate and change agent. I would consider it an honor to serve on the Board of Directors and represent the patient (recipient/donor) perspective.

At-Large: Patient & Donor Affairs (vote for one)

Cynthia Forland, Ph.D.

Dr. Cynthia Forland has spent most of her life in the Pacific Northwest, branching out to Atlanta, Georgia where she earned her bachelor's degree from Emory University, and then New York City where she earned her master's and doctoral degrees in philosophy from the Graduate Faculty of the New School for Social Research. Dr. Forland now runs her own consulting firm, providing policy, research, and management consulting services to public and private entities. Dr. Forland established her own firm after a career of nearly 20 years in the public sector. Her career began with nonpartisan positions supporting both the New Jersey and Washington State Legislatures. In those roles, Dr. Forland provided research, analysis, performance audits, bill and amendment drafting, and legislative committee support on health and human services, children and families, and other social service issues.

Dr. Forland transitioned to the Washington State Employment Security Department which oversees the state's unemployment insurance system and statewide training and re-employment services. Dr. Forland initially led up the agency's central research and policy team. She subsequently took on responsibility for labor market information, research and evaluation, and agency-wide performance measures. In her final year with the department, Dr. Forland also took on the role of Chief Information Officer, in addition to her existing duties. During her tenure, Dr. Forland served on the agency's executive leadership team, requiring both representing her own division of the agency while also being able to make decisions from an agency-wide perspective.

Dr. Forland served a three-year term on the OPTN Living Donor Committee from July 2009 through June 2012. During that time, she also chaired the committee's policy subcommittee.

Personal Statement: One day, I read an article about a woman who made a non-directed kidney donation. It immediately struck me that I would be interested in doing that—after all, I regularly donated blood, was on the national bone marrow registry, and knew that I could live a healthy and full life with one kidney. Knowing the link between volume and quality in healthcare, I immediately called the donor center in Seattle that had performed the most living kidney transplants in the previous year. Within a year, I had donated my kidney to a middle-aged woman, whom I never met. Frankly, I wanted her to focus on her health and recovery not on any obligation she might feel toward me.

Following my kidney donation, I was thrilled to be able to serve on the OPTN Living Donor Committee. I enjoyed bringing my dual perspectives of a living donor and a public policy professional. After my term on the committee ended, I have continued to be passionate about organ donation. While working for the State of Washington, I challenged my staff to raise \$5,000 for the local organ procurement organization. They exceeded that goal by \$6,500, which meant they got to see my head being shaved at an all-staff meeting.

I would be honored to continue furthering the cause of organ and tissue donation by serving on the OPTN Board of Directors. A myriad of critical issues face the donor community, including issues of diversity, equity, and inclusion. I strongly believe that my background as a public policy professional, operating at both the state and national levels, will allow me to uniquely support the OPTN mission as a

member of the board. As a bonus, I have the personal experience of being a living kidney donor myself and understand the impact of donating a kidney on oneself and one's support system.

Laura Butler, M.M.H.C., FNP-BC

Laura Butler MMHC is currently the Associate Vice President of Transplant Services at Montefiore Einstein Medical Center in the Bronx, New York. She received her BSN from Austin Peay University in 1996, MSN from Belmont University in 1999, and her Master's in Healthcare Management from the Owen Graduate School of Management at Vanderbilt University in 2011.

She started her career in transplant at Vanderbilt University Medical Center in 2001 as a nurse practitioner in their Kidney/Pancreas Transplant Program. Over the years, she has taken on a variety of roles to include clinician, quality and regulatory leader, consultant, and transplant administrator. Laura has served as a volunteer for the OPTN Operations and Safety Committee and Transplant Coordinator Committee in the past. She has also served on the Leadership Council for the Alliance for Organ Donation and Transplantation as well as the board of directors for the TN Kidney Foundation. She is currently past Chair for the American Society of Transplant's Transplant Administration and Quality Management Communities of Practice. These volunteer activities have helped to develop professional resources and education, increase living donor awareness and advocacy, and feedback on proposed policies and other national initiatives.

Personal Statement: I feel honored to receive a nomination to serve on the OPTN Board of Directors as an At Large Member and representative family member of a transplant recipient, living liver donor, and transplant professional. These experiences over the past 20+ years have broadened my perspective of the complex challenges that currently exist for professionals and patients alike and fueled my passion for involvement in activities that will help shape the future of the delivery of care in organ donation and transplantation.

My experiences as both a volunteer and transplant professional have given me the opportunity to collaborate with and learn from many phenomenal people and organizations over time. I am very grateful for the opportunities I've had to serve on OPTN committees with other transplant professionals, community members, and individuals impacted by transplant in support of the efforts that advance the OPTN's mission of increasing the number of transplants in a safe and efficient manner. I am very interested in working on the Board of Directors to support policy development and advocacy efforts to improve equity in access to transplant, patient and living donor outcomes, and system transparency.