

**OPTN/UNOS Ad Hoc International Relations Committee Meeting**  
**Report to the Board of Directors**  
**June 25-26, 2012**  
**Richmond, VA**

**Summary**

**I. Action Item For Board Consideration**

- The Board is asked to approve modifications to Policy 6.0 (Transplantation of Non-Resident Aliens). The proposed changes include: 1) technical edits to Policy 6; 2) removal of the policy that allows the OPTN to audit transplants of organs from deceased donor non-resident aliens if the transplant rate at a given program exceeds 5% annually; 3) new residency definitions to parallel citizenship categories approved by the Board in June 2011 and implemented on March 7, 2012; 4) a policy that allows the OPTN to review listings and transplants of non-US citizens/non-US residents; and, 5) new requirement that the OPTN provide transplant-by-citizenship data to the public. (Item 1, Page 3)

**II. Other Significant Item**

- None

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**OPTN/UNOS Ad Hoc International Relations Committee**  
**Report to the Board of Directors**  
**June 25-26, 2012**  
**Richmond, Virginia**

The following is a summary of the Ad Hoc International Relations Committee's (Committee) discussions that occurred on November 16, 2011, March 21, 2012, and May 1, 2012. On March 21, 2012, the Committee met with the Ethics Committee, with whom it sponsored revisions to Policy 6 (Transplantation of Non-Resident Aliens).

**1. Revisions to Policy 6.0 (Transplantation of Non-Resident Aliens): Proposed Revisions to and Reorganization of Policy 6.0, Which Include Changes to the Non-Resident Alien Transplant Audit Policy and Related Definitions**

On November 16, 2011, the Committee met by telephone and Internet and continued its discussion of the recent revisions to Policy 6.0 (Transplantation of Non-Resident Aliens): *Proposed Revisions to and Reorganization of Policy 6.0, which Include Changes to the Non-Resident Alien Transplant Audit Policy and Related Definitions.*

The Committee and the Ethics Committee sponsored the policy revisions, which were distributed for public comment in September 2011. The public comment period concluded on December 23, 2011. During its November 14, 2011 meeting, the Executive Committee requested a discussion of the proposed revisions to consider again the revisions proposed for the audit trigger policy, which are:

**6.3 Audit and Reporting of Non-US Citizens/Non-US Residents.** As a condition of membership, all member transplant centers agree to allow the Ad Hoc International Relations Committee to review and, at its discretion, audit all member transplant center activities pertaining to transplantation of non-US residents/non-US citizens. At member transplant centers where non-US residents/non-US citizens are listed for transplant, the Ad Hoc International Relations Committee shall review the circumstance and justification for listing any non-US resident/non-US citizen traveling to the United States for transplant.

**6.3.1 Transparency in Reporting Listings and Transplants of Non-US Citizens/Non-US Residents.** The Committee shall prepare and provide public access to an annual report of member transplant center activities related to the transplantation of non-US citizens/non-US residents.

Chairs of the Committee and the Ethics Committee participated in the Executive Committee meeting by phone, and reiterated that the intent of these proposed policies is not to prevent the transplantation of foreign nationals, but rather, to enhance the transparency in the listing and transplantation of such candidates whose sole intent for being in the US is to receive this medical procedure. The Chairs of the Committee and the Ethics Committee emphasized that the proposed review will identify the scope and practice of transplant tourism in the US. Some members of the Executive Committee commented that the existing audit trigger policy (see below) may not be in compliance with the OPTN Final Rule.

**6.3 AUDIT.** As a condition of membership, all member transplant centers agree to allow the Ad Hoc International Relations Committee to review and audit, at its discretion, all center activities pertaining to transplantation of non-resident aliens. The Committee will review the activities of each member transplant center where non-resident alien recipients constitute more than 5% of recipients of any particular type of deceased organ. At centers where non-resident alien transplant recipients constitute more than 5% of recipients of any particular organ type,

circumstances underlying the transplants for non-resident aliens will be reviewed by the Committee. Special consideration will be given to programs served by OPOs with non-resident alien organ donors.

The OPTN Final Rule mandates that OPTN policies be based on medical criteria; therefore, auditing transplant programs for transplantation of non-resident aliens may not be related to organ allocation. The current audit trigger policy, as well as its accompanying definitions of non-resident aliens (see below), pre-date the adoption of the OPTN Final Rule.

**6.1.1 Non-Resident Alien.** A non-resident alien is an individual granted permission by the United States Government to enter the United States on a temporary basis as a non-immigrant alien for purposes which include tourism, business, education, medical care, or temporary employment.

**6.1.2 Domestic, American Candidate or Resident Alien.** A domestic, American candidate or resident alien is an individual who is either an American citizen or is an immigrant alien granted permanent resident status by the United States Government or any individual, regardless of immigrant status, qualified for health care entitlement funds from state or federal government sources.

During the November 2011 Executive Committee meeting, the leadership of the Committee and the Ethics Committee presented additional data collection that could accompany the proposed audit policy:

- Country(ies) of citizenship
- Country of permanent residency
- Dates the recipient spent in the U.S. prior to wait-listing, and/or between wait-listing and transplantation
- If transplant has been performed, date of departure from the US after transplant
- If the recipient was not in the US for the primary purpose of transplant, for what primary original purpose did the recipient travel to the US? (vacation, work, education)
- Are transplantation services available in the candidate's country of permanent residence? Specific services sought?

On November 16, the Committee removed the collection of "country of permanent residency," because in 2010, the OPTN Board of Directors approved the collection of this information. The remaining concepts listed above could constitute the proposed review process; however, there may be other questions that the Committee and Ethics Committee members may choose to add to the list. One member suggested creating an "expanded review." The Committee deferred the decision about how the expanded review or the proposed audit would occur until January 2012 – after the public comment period ended.

The Committee also briefly reviewed the public comments submitted as of November 2011, by the regions, committees, and the public. The comments submitted thus far suggested clearly that the transplant community has disparate concerns about the proposed revisions to the greater than 5% non-resident alien audit trigger policy. The comments include concerns about the review of listings and transplants of non-residents.

The Committee Chair opined that the transplant community's primary concern appears to be the use of the term "audit." The Committee Chair suggested the deletion of the term "audit," because the

Committee will not visit transplant programs to review their listings and transplantations. Term and phrase alternatives for “audit” are “adjudication” and “expanded review.”

The proposed audit policy also includes the term “justification,” which the Committee discussed striking from the language during its deliberations after the public comment period concludes. In November 2011, the Executive Committee expressed concerns that a policy focused in evaluating a subset of the transplant population (e.g., the wealthy foreign nationals) would appear discriminatory.

During its November 16, 2011, meeting, the Committee requested UNOS staff to consider the most efficient way to collect the additional information proposed from transplant programs each time a non-US citizen or non-US resident receives a transplant. UNOS staff will research whether the existing audit questions were distributed for public comment and whether implementing a new set of questions to accompany the proposed review of non-resident listings and transplants, but without distributing the questions for public comment, is a viable option.

The Committee met again on March 21, 2012, but with members of the Ethics Committee. The meeting occurred by telephone and Internet to discuss all comments submitted by the public, OPTN/UNOS Committees, and the OPTN/UNOS Regions about the revisions to Policy 6 (Transplantation of Non-Resident Aliens). The Committee and the Ethics Committee received the opportunity to evaluate these comments (see briefing paper, **Exhibit A**) and during this meeting, discuss select policy revisions proposed by the Committee’s and the Ethics Committee’s leadership to address the comments submitted. The following were the primary issues raised by those who reviewed the policy revisions during the comment cycle (9/16/2012 to 12/23/2012).

- Issue I: Retain Language about Valuable Consideration
- Issue II: Modify the Organ Export Policy
- Issue III: Modify the Residency Definitions
- Issue IV: Modify Language in the Nondiscrimination in Organ Allocation Policy
- Issue V: Modify the Proposed Audit Policy
- Issue VI: Modify Proposed Reporting Policy
- Issue VII: Define Ad Hoc Deceased Donor Organ Import

The Committee and the Ethics Committee discussed further policy modifications to address each issue described above. During this discussion, the Committee and the Ethics Committee agreed to include the following policy text changes in the final version of Policy 6 that they will submit to the OPTN/UNOS Board of Directors to consider in June 2012:

*I. Include language that recovery or transplantation of an organ for valuable consideration is not legal in the US (See [Proposed Policy 1.1](#))*

The revisions to Policy 6, distributed for public comment in September, 2011, deleted language about valuable consideration. This language was part of the “ethical practices” policy. During public comment, concerns were raised that the removal of the policy altogether, especially language about valuable consideration, may not be prudent.

Removing this language may suggest that the OPTN is not concerned about valuable consideration in organ transplantation.

Policy 6.4.4 (Ethical Practices) currently includes the valuable consideration concept. Proposed revisions to Policy 6 struck Policy 6.4.4 in its entirety, because it: 1) is illegal to recover and transplant organs for valuable consideration and a Member's violation in this area would involve other federal agencies, it may not be necessary to continue to include this concept in policy; 2) makes no mention that Members may not import a living donor who has valuable consideration; 3) contradicts Policy 12.6 (Center Acceptance of Living Donor Organs) that requires recovery of living donor organs for transplant in the US to occur only at Member transplant centers; and, 4) includes but does not define the phrases "ethical practices" and "practices which might discredit the transplant community." A definition of "ethical practices" and "practices which discredit the transplant community" would be subjective and arbitrary, leading to inconsistent interpretations of this phrase over time. A few comments from the public, however, suggested retention of the valuable consideration concept in Policy 6.4.4.

Legal prohibition to recover or transplant organs due to valuable consideration, however, is not restricted to the recovery of organs from or transplants of non-resident aliens. The foreign status of an organ procured for transplant is not relevant, because OPTN Members must not procure or transplant and organ for valuable consideration. Therefore, Policy 1.1 (Obligation to the National Organ Transplantation Act) includes only the valuable consideration concept from Policy 6.4.4.

*II. Edit the proposed organ export policy (See Proposed [Policy 3.2.1.4](#))*

The proposed and post-public comment revisions to the export policy continue to allow living donor organs to be exported, however, a recent question posed by a community member has created a project for the Committee and the Living Donor Committee to determine if policy should continue to enable living donor organs to be exported.

*III. Edit the definition of non-US citizen/US resident and non-US citizen/non-US resident (See Proposed [Policies 6.1.1 and 6.1.2](#))*

The Committee and the Ethics Committee edited the definitions of non-US citizen/US resident and non-US citizen/non-US resident for readability.

*IV. Modify Language in the Nondiscrimination in Organ Allocation Policy (See Proposed [Policy 6.2.1](#))*

During the public comment cycle, UNOS staff reviewed this policy and recommended editorial suggestions.

*V. Revise the proposed audit policy (See Proposed [Policies 6.3 and 6.3.1](#))*

Various comments were submitted about the proposed audit policy, which were mostly supportive of the suggested changes. Concerns were expressed that the proposed audit policy was the first step in making it a policy violation to transplant non-residents. There were concerns that the proposed policy lacked an explanation about the audit process, thereby leaving the transplant community wary of the proposed audit. The review itself may be burdensome to the transplant centers. If a review were to occur, perhaps the submission of data should be voluntary. The proposed audit policy may give too much oversight to the Committee. Some suggested retaining the greater than 5% audit trigger policy, because it sets a concrete threshold by which transplant programs can decide when to stop listing or transplanting non-

residents during a given calendar year. Because of this perceived “limit” some suggested that the greater than 5% audit trigger policy may better achieve the goal of reducing transplant tourism in the US than the proposed audit policy, which has no limit to the number of non-residents that may be transplanted. Some responders suggested edits to the proposed audit policy language; others suggested that the proposed policy focus only on data collection.

The proposed revisions to Policy 6.3 include the following modifications: 1) remove the term “audit” from the policy’s title; 2) instruct the Committee to review all citizenship data submitted per board-approved modification of data entry introduced March 2012; 3) remove the term “justification” regarding listing or transplantation of a non-resident non-citizen; and, 4) allow the Committee to request that transplant programs voluntarily provide additional data related to their listings or transplants of non-resident aliens. In making these revisions, the Committee and the Ethics Committee avoided any mandatory reporting requirements over and above that which is already in place while retaining the ability to review and analyze data regarding the listing and transplantation of non-citizen non-residents. The Committee will make public an annual report of the listings and transplants of non-residents (with patient de-identified data).

The proposed review of non-resident listings or transplants as a policy path will provide a significant degree of transparency to the American public regarding the number of individuals who travel to the US for transplant. This information may guide future policy considerations. The Committee and the Ethics Committee rejected the suggestion to retain the “greater than 5%” audit policy since this policy is widely misunderstood, does not provide transparency and, in some transplant programs, prevents foreign nationals in need of transplants from being listed.

VI. *Define “ad hoc import” of deceased donors (See Proposed [Policy 6.4.2](#))*

The Committees defined “ad hoc” deceased donor organ import.

The proposed policy modifications presented below include post-public comment changes to policy text, based on the discussion described above. Text with double underlines (example) denotes changes proposed by the Committee and the Ethics Committee after the public comment cycle. The Committee and the Ethics Committee voted in favor of the following resolution for submission to the Board of Directors: 24-supported; 0-opposed; and, 0-abstained.

**\*\*RESOLVED, that Policies 1.0 (Member Rights and Obligations), 3.2.1.4 (Prohibition for Organ Offers to Non-Members), and 6 (Transplantation of Non-Resident Aliens) shall be modified as set forth below, effective September 1, 2012:**

**1.0 Member Rights and Obligations**

The Organ Procurement and Transplantation Network (OPTN) is a private non-profit entity that has an expertise in organ procurement and transplantation. The purposes for which the OPTN is organized are detailed in the OPTN Charter. Membership in the Corporation is voluntary; rights and obligations of Members of the OPTN are set forth in the OPTN Bylaws and in OPTN Policies adopted by the OPTN Board of Directors.

OPTN Policies govern the various areas of OPTN operations. Amendments and additions to OPTN Policies are adopted by the Board of Directors and may be incorporated into the Bylaws. Policy Amendments and additions are binding upon OPTN Members after adoption by the Board of Directors and after notice to Members, whether

or not such amendments and additions are incorporated into the Bylaws. Copies of OPTN Policies are distributed to Members upon request, and policy updates are available subsequent to adoption of policy changes.

By accepting membership in the OPTN, each Member agrees to be bound by all provisions of the OPTN Charter, Bylaws, and Policies, including amendments thereto. A Member who does not comply with such provisions will be afforded the appropriate due process as described in the OPTN Bylaws.

The Membership application and review process is set forth in the OPTN Bylaws. Permanent Standing Committees and Ad Hoc Committees, develop OPTN Policies and propose such Policies, amendments, and additions for consideration and adoption by the Board of Directors. All OPTN Members are invited and encouraged to participate in OPTN activities through OPTN committee service and through consultation with OPTN Committee Members and members of the Board of Directors.

### **1.1 Obligation to the National Organ Transplantation Act**

An OPTN member may not knowingly permit donation, recovery, or transplantation of deceased or living donor organs for valuable consideration.

- 3.2.1.4 Prohibition for Organ Offers to Non-Members.** ~~Members shall not provide organs to non-member transplant centers except to transplant centers in foreign countries as described in Policy 6.4 (Exportation and Importation of Organs – Developmental Status). Members may only share organs with Members or countries. However, Members may only export deceased donor organs outside of the United States after a well documented and verifiable effort, coordinated through the Organ Center, has been made to hospitals in foreign countries after having offered offer these organs to all potential recipients on match runs. Prior to exporting deceased donor organs, Members must submit the organ export verification form to the OPTN Contractor prior to exporting deceased donor organs.~~

### **6.0 Deceased Donor Organ Transplantation of Non-US Residents/Non-US Citizens, and the Importation of Deceased Donor Organs from Foreign Sources**

**6.1 Definitions.** The following definitions apply to this policy:

- 6.1.1 Non-US Citizen/US Resident** – ~~A person who is not a non-citizen of the United States, who is present in the United States, and for whom the United States is the primary place of residence.~~
- 6.1.2 Non-US Citizen/Non-US Resident** – ~~A person who is not a non-citizen of the United States and for whom the United States is not the primary place of residence.~~

**6.2 Guidelines.** Any member transplant center that places a non-US citizen/non-US resident on its waiting list shall adhere to the following guidelines:

- 6.2.1 Nondiscrimination in Organ Allocation.** ~~Selection from the waiting list of non-US citizen/non-US resident candidates for transplantation shall be based on the same allocation policies (Section 3.0) mandated by the Board~~

~~of Directors for selection of candidates who are citizens or residents.~~ Deceased donor organ allocation to candidates for transplantation shall not differ on the basis of a candidate's citizenship or residency status in the US. Such selection Allocation shall not be influenced by favoritism or discrimination based on political influence, national origin, race, sex, religion, or financial status.

**6.2.2 Referrals.** Members shall not enter into formal contractual arrangements with foreign agencies or governments for the transplantation of non-US residents/non-US citizens in the United States. Members may negotiate the terms and conditions under which any individual candidate would be treated with the understanding that each candidate must be referred on a case-by-case and physician-to-physician basis.

**6.3 ~~Audit~~ Review and Reporting of Non-US Citizen/Non-US Resident Listings and Transplants.** As a condition of membership, all member transplant centers agree to allow the Ad Hoc International Relations Committee to review and, at its discretion, audit all member transplant center activities pertaining to transplantation of non-US residents/non-US citizens. At member transplant centers where non-US residents/non-US citizens are listed for transplant, the Ad Hoc International Relations Committee shall review the circumstance and justification for listing any non-US resident/non-US citizen traveling to the United States for transplant. The Ad Hoc International Relations Committee will review all citizenship data submitted to the OPTN Contractor. The Ad Hoc International Relations Committee may request that Member transplant centers voluntarily provide additional information about listings or transplants of non-US citizens/non-US residents.

**6.3.1 Transparency in Reporting Listings and Transplants of Non-US Citizens/Non-US Residents.** The Ad Hoc International Relations Committee shall prepare and provide public access to an annual report of member Member transplant center activities related to the listings and transplantation of non-US citizens/non-US residents.

**6.4 Importation of Deceased Donor Organs from Foreign Sources.** Members may import deceased donor organs from foreign sources, and in doing so, must adhere to the related policies below.

**6.4.1 Formal Deceased Donor Organ Import Agreement.** Upon approval by the Board of Directors, a Member may enter into formal, deceased donor organ import agreement with a foreign entity. Each formal agreement cannot exceed two years in duration. A Member that wishes to enter into a formal, deceased donor organ import agreement with a foreign entity must submit a proposal to the Ad Hoc International Relations Committee for review. The proposed deceased donor organ import agreement must:

- 1) Describe the basis for the agreement.
- 2) Describe the expected benefits to the foreign and domestic participants.
- 3) Include credentials of the foreign entity.
- 4) State the number and type of deceased donor organs anticipated for

- import.
- 5) Outline a plan for reporting the results of the agreement.
  - 6) Include a requirement for the donor organization to submit documentation certifying the ~~informed consent~~ authorization of the donor or his or her legal representative.
  - 7) Include a requirement for the donor organization to submit documentation certifying that the donor has met the met brain death or donation after ~~cardiac~~ circulatory death (DCD) protocols that are in compliance with recognized US standards for domestic organ procurement.
  - 8) Include a requirement for the donor organization to submit documentation of the donor's ABO.

The Ad Hoc International Relations Committee will review each formal agreement every two years.

Each organ imported through a formal agreement must adhere to the requirements listed in 6.4.1.1.

**6.4.1.1 Requirements for Importing Deceased Donor Organs through a Formal Agreement.** The Member importing any deceased donor organ from a foreign entity must:

- Report the event within 72 hours to the Organ Center.
- Allocate the organ using the Match System, ~~and~~ in accordance with the allocation policy for that organ.
- Provide the minimum required information about the foreign deceased donor organ, as specified in Policies 2 (Minimum Procurement Standards for an Organ Procurement Organization (OPO)), 3.5.9 (Minimum Information/ Tissue for Kidney Offer), 3.6.9 (Minimum Information for Liver Offers), 3.7.12 (Minimum Information for Thoracic Organ Offers, and 3.8.2 (Required Information).
- Comply with the ABO verification requirements in Policies 2 and 3.2.4 (Match System Access).
- Evaluate the organ for transmissible diseases as specified in Policy 4 (Identification of Transmissible Diseases in Organ Recipients).
- Verify that the foreign entity is authorized as a transplant center or organ procurement program by an appropriate agency of its national government.
- Obtain official documentation from the exporting party that it is a medical center authorized to export organs for transplantation.

**6.4.2 ~~Ad Hoc~~ Deceased Donor Organs Imported from outside of the United States.** A Member may import a deceased donor organ recovered outside of the United States without a formal agreement (6.4.1). An ~~ad hoc~~ imported deceased donor organ must meet all the requirements in 6.4.1.1. ~~Except, the~~ The Member must notify the Organ Center immediately so that

the OPTN ~~contractor~~ Contractor can allocate the organ using the Match System, and in accordance with the allocation policy for that organ.

~~If the~~ The Member importing the organ ~~is an OPO, in addition to the requirements listed above, the OPO~~ must provide the following to the OPTN Contractor:

- Documentation certifying that the donor has met brain death or donation after ~~cardiac~~ circulatory death (DCD) protocols that are in compliance with recognized standards for domestic organ procurement;
- Documentation from the donor organization certifying the ~~informed consent~~ authorization of the donor or his or her legal representative; and,
- Documentation from the donor organization verifying the donor's ABO.

The Ad Hoc International Relations Committee will review the circumstances of each deceased donor organ imported without a formal agreement. ~~each Ad Hoc deceased donor import~~

On May 1, 2012, the Committee met again by telephone and Internet to initiate discussion on the types of questions that it would ask of transplant programs that list or transplant non-US citizens/non-US residents. The questions discussed relate to the proposed policy below, which the Board of Directors will consider at its June, 2012 meeting.

**6.3 Review and Reporting of Non-US Citizens/Non-US Resident Listings and Transplants.** The Ad Hoc International Relations Committee will review all citizenship data submitted to the OPTN Contractor. The Ad Hoc International Relations Committee may request that Member transplant centers voluntarily provide additional information about listings or transplants of non-US citizens/non-US residents.

If the Board of Directors approves Policy 6.3 during the June, 2012 meeting, then the Committee may elect to ask the following types of questions to: 1) understand the scope of travel for transplant in the US; 2) make transparent the number of non-US citizens that travel to the US for transplant; and, 3) understand the data collected for possibly developing policies in the future:

- In which country or countries is the candidate or recipient a citizen?
- Did the candidate or recipient seek organ transplant service for her or his organ failure in her or his home country or countries of citizenship?
- Did the candidate or recipient seek organ transplant service for her or his organ failure in her or his home country or countries of citizenship?
- What were the dates when the candidate or recipient stayed in the US between listing and receiving an organ transplant?
- On what date did the candidate or recipient leave the US after receiving the organ transplant?
- Why was the candidate or recipient in the US – business, tourism, obtaining higher education, or another reason? (This question only applies to those who did not “travel for transplant.”)
- Why did the candidate or recipient travel to the US to receive an organ transplant?
- How will, or did, the candidate or recipient finance the transplant?
- How did the candidate or recipient receive funds for the listing or transplant – personal, government agency, or a non-governmental agency?

The Committee emphasized the importance in asking consistent and non-judgmental questions to transplant programs that list or transplant non-US citizens/non-US residents. The need to establish trends in travel for transplant is paramount. The Committee acknowledged concerns from members, as well as from a Health Resources and Services Administration (HRSA) representative, about the accuracy of self-reported patient data that transplant programs would provide *voluntarily* to the Committee. The OPTN has a responsibility to publish accurate data. The Committee discussed whether or should the Committee validate the accuracy of such self-reported data. The Committee opined that to not publish the data may deny to the American public anecdotal evidence of travel for transplant occurring in the US, however sparingly the Committee receives these data. Alternatively, the Committee did not believe that publishing these self-reported data would be any different than other data self-reported to the OPTN.

The Committee discussed at some length the proposed voluntary submission of answers by transplant programs to the questions listed above. The salient concern about the voluntary provision of information is that it eliminates the enforceability of the proposed Policy 6.3. On March 21, 2012, the Committee and the Ethics Committee approved the insertion of “voluntary” in Policy 6.3 as a compromise to the public’s feedback on the Committee’s ability to ask an undefined set of questions of the transplant community. If in the future, the Committee fails to receive responses from the majority of transplant programs it queries, then it will consider striking “voluntary” from policy. Finally, without the term “voluntary,” the Committee’s final set of questions to accompany Policy 6.3 would require public comment and OPTN/UNOS Board of Directors’ approval. In keeping with the compromise spirit of the March 21, 2012, meeting, and not undergo another public comment cycle in September 2012, the Committee decided to:

- Prepare a list of the types of questions that the Committee may ask so that the Committee’s and Ethics Committee’s leadership have them at the June 2012 Board of Directors’ meeting;
- Prepare the final list of questions in the next two weeks;
- Review citizenship data for trends at future meetings; and,
- Determine the process for conducting the reviews if the Board of Directors approves the proposed Policy 6.3.

For now, the questions listed on the previous page will not be part of UNet<sup>SM</sup>; rather, the Committee will distribute these questions in a manual format.

<b>Ad Hoc International Relations Committee</b>	<b>November 16, 2011 Teleconference and Live Meeting</b>	
<b>Name</b>	<b>Position</b>	<b>Attendance</b>
Gabriel Danovitch, MD	Chair	By phone
Marian O'Rourke, RN, CCTC	Vice-Chair	
Gloria Garcia Bohrer	At Large Member	By phone
Mark Barr, MD	At Large Member	
Linda Bowes, RN	At Large Member	By phone
B. Ann Butts, MHSA	At Large Member	By phone
Angela Carlton, RN	At Large Member	By phone
Bill Fiser, MD	At Large Member	By phone
Kay Kendall, MSW, LISW	At Large Member	By phone
Bob Kormos, MD	At Large Member	By phone
Rich Luskin, MPA	At Large Member	By phone
Dennis Martin, RN	At Large Member	
M. Jill McMaster, MA, CAPT-USNR	Liaison to the Board of Directors	By phone
Lisa McMurdo, RN, MPH	At Large Member	By phone
Jorge Reyes, MD	At Large Member	By phone
Paul Volek, MPH	At Large Member	By phone
Jim Bowman, MD	Ex Officio – HRSA	
Bob Walsh	Ex Officio – HRSA	
Bernie Kozlovsky	Ex Officio – HRSA	By phone
Alexandra Glazier (Guest)	Chair, Ethics Committee	By phone
Bert Kasiske, MD	SRTR	By phone
Tabitha Leighton	SRTR	By phone
Vipra Ghimire, MPH, CHES	UNOS Staff – Liaison	By phone
Maureen McBride	UNOS Staff	By phone
Elizabeth Miller	UNOS Staff	By phone
Brian Shepard	UNOS Staff	By phone
Sarah Taranto	UNOS Staff	By phone

<b>Ethics Committee</b>	<b>March 21, 2012 Teleconference and Live Meeting</b>	
<b>Name</b>	<b>Position</b>	<b>Attendance</b>
Alexandra Glazier, JD, MPH	Chairwoman	By phone
Peter Reese, MD	Vice-Chairman and Region 2 Representative	By phone
Deborah Adey, MD	At Large Member	By phone
Jack Berry	At Large Member	By phone
Scott Biggins	Region 8 Representative	
Dan Bruggemeyer, MS	Region 5 Representative	By phone
Antonio DiCarlo, MD	Region 9 Representative	By phone
Lisa Florence, MD	Region 6 Representative	By phone
Mark Fox, MD, PhD, MPH	Region 4 Representative	By phone
Kay Kendall, MSW, LISW	At Large Member	By phone
Keren Ladin, MSc	At Large Member	By phone
Liz Lehr, BSN, MHA	At Large Member	By phone
Bhargav Mistry, MD	Region 7 Representative	
Amy Pope-Harman, MD	Region 10 Representative	By phone
Manuel Rodriguez-Davalos, MD	Region 1 Representative	
Robert Sade, MD	Region 11 Representative	
Michael Shapiro, MD	At Large Member	By phone
Isabel Stenzel-Byrnes, MSW, MPH	At Large Member	By phone
Robert Veatch, MD	At Large Member	By phone
Carlos Zayas, MD	Region 3 Representative	By phone
Teresa Beigay	Ex-Officio (HRSA)	
Bernie Kozlovsky, MD	Ex-Officio (HRSA)	By phone
Christopher McLaughlin	Ex Officio (HRSA)	
Maryam Valapour, MD	SRTR	By phone

<b>Ad Hoc International Relations Committee</b>	<b>March 21, 2012 Teleconference and Live Meeting</b>	
<b>Name</b>	<b>Position</b>	<b>Attendance</b>
Gabriel Danovitch, MD	Chair	By phone
Marian O'Rourke, RN, CCTC	Vice-Chair	By phone
Gloria Garcia Bohrer	At Large Member	By phone
Mark Barr, MD	At Large Member	By phone
Linda Bowes, RN	At Large Member	
B. Ann Butts, MHSA	At Large Member	
Angela Carlton, RN	At Large Member	
Bill Fiser, MD	At Large Member	By phone
Kay Kendall, MSW, LISW	At Large Member	By phone
Bob Kormos, MD	At Large Member	
Rich Luskin, MPA	At Large Member	
Dennis Martin, RN	At Large Member	
M. Jill McMaster, MA, CAPT-USNR	Liaison to the Board of Directors	By phone
Lisa McMurdo, RN, MPH	At Large Member	By phone
Jorge Reyes, MD	At Large Member	By phone
Paul Volek, MPH	At Large Member	
Jim Bowman, MD	Ex Officio – HRSA	
Bob Walsh	Ex Officio – HRSA	By phone
Bert Kasiske, MD	SRTR	By phone
Tabitha Leighton	SRTR	By phone
Vipra Ghimire	UNOS Staff – Liaison	By phone
Elizabeth Miller	UNOS Staff	By phone
Elizabeth Sleeman	UNOS Staff	By phone
Sarah Taranto	UNOS Staff	By phone

<b>Ad Hoc International Relations Committee</b>	<b>May 1, 2012 Teleconference and Live Meeting</b>	
<b>Name</b>	<b>Position</b>	<b>Attendance</b>
Gabriel Danovitch, MD	Chair	
Marian O'Rourke, RN, CCTC	Vice-Chair	By phone
Gloria Garcia Bohrer	At Large Member	
Mark Barr, MD	At Large Member	
Linda Bowes, RN	At Large Member	By phone
B. Ann Butts, MHSA	At Large Member	By phone
Angela Carlton, RN	At Large Member	By phone
Bill Fiser, MD	At Large Member	By phone
Kay Kendall, MSW, LISW	At Large Member	By phone
Bob Kormos, MD	At Large Member	By phone
Rich Luskin, MPA	At Large Member	By phone
Dennis Martin, RN	At Large Member	
M. Jill McMaster, MA, CAPT-USNR	Liaison to the Board of Directors	By phone
Lisa McMurdo, RN, MPH	At Large Member	By phone
Jorge Reyes, MD	At Large Member	
Paul Volek, MPH	At Large Member	By phone
Jim Bowman, MD	Ex Officio – HRSA	By phone
Bob Walsh	Ex Officio – HRSA	By phone
Bernie Kozlovsky, MD	Ex Officio – HRSA	By phone
Bert Kasiske, MD	SRTR	By phone
Tabitha Leighton	SRTR	By phone
Vipra Ghimire	UNOS Staff – Liaison	By phone
Elizabeth Miller	UNOS Staff	By phone
Elizabeth Sleeman	UNOS Staff	By phone
Sarah Taranto	UNOS Staff	By phone