

2020 Candidate Biographies & Optional Personal Statements

The ballot for the national Board of Directors election will be open January 22-February 5, 2020. Designated voting representatives for each member organization and member individuals will receive emailed instructions for casting their vote from elections@unos.org no later than Monday, January 13, 2020.

For more information on service on the Board of Directors, visit <https://optn.transplant.hrsa.gov/members/get-involved/>.

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Biographies and Optional Personal Statements

Section I: Officers of the Board

Nominees for Officer positions are selected by the [Board of Directors Nominating Committee](#).

President (vote for one)



David C. Mulligan, M.D., FACS is a professor of surgery at Yale University and chief of Transplantation Surgery and Immunology at Yale New Haven Health System in New Haven, Connecticut. His career in abdominal organ transplantation has spanned over 20 years, including roles at the Mayo Clinic in Arizona and Yale New Haven Health System.

Dr. Mulligan served as the Region 5 Councillor on the Board of Directors. He also participated on its Committee Governance Workgroup. He chaired the OPTN Liver and Intestinal Organ Transplantation Committee, served as the Liver and Intestinal Transplantation representative to the OPTN Policy Oversight Committee, and vice chaired the Membership and Professional Standards Committee (MPSC). His service on the MPSC spanned over 7 years total.

Additionally, he served on the Board of Directors for Donor Network of Arizona, chaired the Training & Workforce Committee of the American Society of Transplantation (AST), and serves as a member of the Medical Advisory Committee for New England Donor Services. He served as a councillor for the American Society of Transplant Surgeons (ASTS) and currently serves as their Chair for the Business Practice Services Committee. He also recently served as Chair of the Advisory Council on Transplantation (ACOT) to the Secretary of Health and Human Services.

Dr. Mulligan received his medical degree from the University of Louisville School of Medicine.

Personal Statement:

As a leader in two different transplant institutions over the past 20 years with extensive experiences in the multiple organizations surrounding the field of transplantation, I have been intimately involved in the many diverse aspects of leading, collaborating and developing the field with a continued focus on what is best for patients across the nation.

The OPTN has always been a fundamental organization in which I have cherished a rich participation and hope to continue my career growing my involvement. The vision and goals of the OPTN resonate within me as a professional and as a physician. I feel responsible to maintain a fair and balanced perspective centered on the needs of our patients who we serve to remain enthusiastically involved in the most critical organization that governs our performance, creates our policies and sets opportunities for our future.

Vice President/President-Elect (vote for one)



Matthew Cooper, M.D., FACS, is a Professor of Surgery at Georgetown University School of Medicine and the Director of Kidney and Pancreas Transplantation at the Medstar Georgetown Transplant Institute.

Upon receipt of a medical degree from the Georgetown University School of Medicine in 1994, Dr. Cooper completed his general surgery training at the Medical College of Wisconsin followed by a fellowship in multi-organ abdominal transplantation in 2002 at the Johns Hopkins Hospital in Baltimore, MD. He joined the transplant faculty at Hopkins upon completion of his training and was appointed Surgical Director of Kidney Transplantation and Clinical Research in 2003. Dr. Cooper joined the University of Maryland in 2005 directing the kidney transplant and clinical research program until 2012 following which he assumed his current role in Washington, DC.

Dr. Cooper trained with the pioneers of the laparoscopic donor nephrectomy procedure and seeks new opportunities for living donation through innovation and removing disincentives for those considering donation while promoting the safety and long-term care of live organ donors. His clinical interests include kidney and pancreas transplantation; particularly the use of marginal organs. He co-chaired an NKF sponsored Task Force to decrease kidney allograft discards which led to several changes in organ allocation and collaborations with CMS to initiate a Learning Collaborative to share best practices and bring more patients an opportunity for kidney transplantation. He has recently co-chaired an OPTN sponsored Systems Performance Improvement Workgroup, a national representative group of surgeons, physicians, OPOs, and community thought leaders to identify and implement interventions to improve donation and transplant delivery systems to increase organs transplanted, eliminate punitive metrics, and decrease disparities and discards.

Dr. Cooper is involved in transplantation activities both locally and on a national/international basis. He has served as the chairman of the OPTN Living Donor Committee and recently acted as the Councillor for OPTN Region 2 providing a second opportunity to serve on its Board of Directors. He has also served on the OPTN KPD subcommittee, the Policy Oversight Committee, and is currently serving a second term on the MPSC. He is a member of the National and DC Board of Directors for the NKF and a member of the NKF's National Transplant Task Force and Public Policy Committee. He is a current councillor for the American Society of Transplant Surgeons and on the Executive Committee for the AST KP Community of Practice. He is a current board member for the National Kidney Registry, the American Foundation for Donation and Transplantation, the International Pancreas and Islet Cell Transplant Association, Donate Life America and the local OPO – Washington Regional Transplant Community. Dr. Cooper has

served as Chair of the American Transplant Congress (ATC) and is a member of the planning committee for upcoming International Congress of the Transplantation Society (TTS) in Seoul.

Personal Statement:

I am grateful for the nomination for President Elect/Vice President and would request your consideration. I have been an active clinical transplant surgeon since completing my fellowship at Johns Hopkins in 2002. I currently serve as the Director of a large volume Kidney and Pancreas Transplant Program and the Physician Director of Quality Assurance and Performance Improvement at Medstar Georgetown University Hospital. My primary research interest is in the field of ischemia/reperfusion in kidney transplantation and interventions for DGF.

I have been involved with the OPTN immediately following the completion of training attending and actively participating in regional meetings. In 2004 I was selected as the Region 2 Representative to the OPTN Living Donor Committee followed by 4 years as its Vice Chair and Chair. During this period, I contributed to the formation of the current Joint Society's Workgroup structure to allow for earlier deliberation among the transplant societies regarding OPTN policies potentially impacting clinical care. I was then invited to participate as a committee member for the inaugural Kidney Paired Donation (KPD) subcommittee followed by my first 2-year period of elected service on the Board as an ad hoc member in 2012. In 2015 I was elected an Associate Regional Councilor providing an opportunity to serve on both the Policy Oversight Committee and the Membership and Professional Affairs Committee followed by 2 years as the Region 2 Councilor and representing the region on the Board. I currently serve on the MPSC following my role as co-chair of a successful Ad hoc Systems Performance Improvement Workgroup that brought together patients, donors and professionals across the entire transplant landscape to build a framework for improved collaboration and cooperation to increase donation and transplantation.

I have served on the ATC planning committee for 6 years including the privilege of acting as Chair in 2018. I hold current leadership activities with IPITA, NKF, NKR, DLA and the AFDT. I am confident I have been either elected or chosen for these leadership positions due to my genuine interest in inclusivity and an ability to organize large diverse groups, appreciate the complex dynamics of interdependent professionals and to listen carefully to both personal requests and the overall climate of the transplant community.

Most recently I organized and chaired a successful Consensus Conference to Decrease Kidney Discards which included representation from HRSA, OPTN, CMS, NIH, private payers, and patients. Both the immediate and ongoing enthusiasm for bringing this long-anticipated event to fruition has been rapidly followed with several ongoing initiatives including projects analyzing the value of kidney allograft biopsies, the OPTN facilitated kidney allocation for high KDPI organs, and substantive dialogue with CMS to promote innovation and reduce risk

aversion. The opportunities and like initiatives across all organs, no longer an ideal, now appear meaningful and real.

I have valued my last decade and a half of experience in service to the OPTN. I would like to introduce the diverse opportunities of the organization to even a broader, more diverse audience. My primary location alone in the District will permit my presence for the issues and collaborations that demand an immediate audience with Congress and regulatory bodies. I truly believe I am well positioned to address the needs of the OPTN, its members and to be its voice when called upon. I will not take my responsibility or this position for granted. As such, I would be honored if you would consider me as your next Vice President/President Elect.



Peter Stock, M.D., Ph.D., received his medical degree from the University of Illinois (1982), completed surgery residency and PhD at the University of Minnesota (1990), and completed fellowship in transplant surgery at the University of California, San Francisco (1992). Following his fellowship, he joined the faculty at UCSF in 1992, and has maintained a busy clinical practice including liver, pancreas, and kidney transplantation. He currently serves as the Surgical Director of the Pancreas/Kidney Transplant Program and Pediatric Kidney Transplant Program. During his more than 25 years of clinical practice, he has been integral in training dozens of transplant fellows, surgical residents, and medical students. He has received continuous NIH funding since 2003, with translational research interest in two distinct areas: 1) The safety and efficacy of solid organ transplantation in people infected with HIV; and 2) Cellular transplantation for the treatment of diabetes mellitus. He has published more than 175 peer-reviewed manuscripts in key transplantation journals and authored chapters in transplant and general surgical textbooks. His broad clinical and academic experience was recognized by his election as President of the American Society of Transplant Surgeons (2014-2015). He is currently a Councilor in the international Transplantation Society (TTS), and also serves as the Chair of the TTS Ethics Committee.

His commitment to the maintenance of a fair allocation process maximizing deceased donor organ utilization is evidenced by the multiple OPTN positions he has held, serving continuously since 1998 on the following: Ethics Committee (1998-2001); Pancreas/Renal Transplantation Committee (1999-2006); Kidney Allocation Review Subcommittee (KARS) (2004-2007); Vice Chairman, Pancreas/Renal Transplantation Committee (2004-2006 - last years of combined committee); Policy Oversight Committee (2005-2006); Chair, newly formed Pancreas Transplantation Committee (2006-2007); Chair, Kidney Transplantation Committee (2007-2009)/Ex Officio (2009-2011); Senior Investigator, OPTN/SRTR representing Liver Committee/Pancreas Committee (2012-present - absence required during tenure on the OPTN Board and tenure as ASTS President); OPTN Hope Act Committee (2014-present); and Board Member at Large

(2016-2018).

Dr. Stock has long served the transplant community and the OPTN specifically. As a result of his leadership positions, he has had significant experience with the ASTS, NIH, FDA, CMS, SRTR, and OPTN. He is a consensus builder and team player - all traits that will serve him well in the critical and important position of Vice President/President-Elect of the Board of Directors.

Personal Statement:

For over two decades, it has been a privilege to work with the OPTN, an organization that has been paramount in maintaining public trust in the development and evolution of a fair and equitable organ allocation system. Throughout this time, I have worked with dozens of incredibly dedicated volunteers from all disciplines involved in transplantation, all committed to “doing the right thing” in terms of fairly allocating and maximally utilizing a scarce and valuable national resource. Maintaining the public trust is of pivotal importance if we want to continue and expand the deceased donor pool. At the same time, we need to be rigorous in protecting and securing the long-term health of the heroes that serve as living donors.

I have maintained a busy clinical practice as an academic transplant surgeon (pancreas, kidney, liver) with NIH funding for translational work in the area of cellular transplantation and transplantation in the HIV infected transplant recipient. I also had the privilege of serving as the President of the American Society of Transplant Surgeons (2014-2015). The wide scope of my clinical and academic experience has greatly facilitated an understanding of the important issues confronting the field of transplantation. As a result of participating in numerous OPTN Committees as well as my clinical and academic career, I have developed familiarity with government organizations (CMS/OPTN/NIH) and an enhanced skill set (i.e., consensus building/teamwork) necessary to move the transplant community forward. For all these reasons, it would be an honor to culminate my career by serving as Vice President/President-Elect of the Board of Directors.

Secretary (vote for one)



Kevin J. O'Connor, MS, PA has worked in the field of organ donation and transplantation for over 35 years. Since 2010 he has served as President and CEO of LifeCenter Northwest (LCNW). Under his leadership, LCNW organ donation has increased from 120 in 2009 to over 300 donors per year (projected for 2019). Prior to joining LCNW, he served in various clinical and leadership positions at New England Organ Bank, rising to Senior VP for Organ Donation Operations.

Currently, he serves on the boards of four organizations, including serving as Vice-Chair for the Organ Donation and Transplantation Alliance. In 2018, he served as Chair of the OPTN Ad Hoc Geography Committee. He is a member of the OPTN Liver and Intestinal Transplant Committee, and has served on the OPTN Board of Directors, as well as the Kidney Committee, the Kidney Allocation Review Subcommittee, the Operations Committee, the Membership and Professional Standards Committee, and several other OPTN committees. He has been active on AOPO Committees as well, including the Legislative & Regulatory Affairs Committee (Chair, 2017), the OPO Metrics Workgroup, two Future Initiatives Workgroups, and in a variety of other roles. He served as a section co-chair for the National Kidney Foundation “Reducing Kidney Discard” Consensus Workgroup in 2017. He served on the Board of Donate Life America from 2008-2010. He served on the Scientific Technical Advisory Committee Member for the Scientific Registry of Transplant Recipients from 2009 to 2011. He served as Co-Director and as a faculty member of the HRSA Organ Donation and Transplantation Breakthrough Collaborative from 2004 through 2008.

He has authored or co-authored over 30 papers and four book chapters, on topics including the organ donation process, donor evaluation, donor management, improving kidney utilization, donation after circulatory death, and infectious disease in organ transplantation. He is a two-time recipient of the AOPO Excellence in Leadership Award, and in 2004 he received the DHHS/HRSA Distinguished Service Award. He is a graduate of the Northeastern University Physician Assistant program, and he earned his MS in Administration at Boston College.

In 2013 he climbed Mt. Rainier, reaching the summit with a team that included a kidney transplant recipient and his transplant surgeon and nephrologist.

Personal Statement:

I am honored to be nominated to serve as Secretary to the Board of Directors. While we have made tremendous progress in increasing organ donation and transplantation over the past few years, the demand for organs continues to far exceed the supply. We can do better.

I believe we have an opportunity for substantial improvement to address this shortfall, especially when we are willing to be courageous leaders and address our challenges together, as a highly interdependent system, which is exactly what patients on the waiting list expect of us, and in fact, deserve.

If elected I will strive to work with the board, and the entire community of practice, to increase organ transplantation by supporting initiatives and policies that will increase organ donation, increase organ utilization, increase efficiency and effectiveness, and increase innovation in every facet of the work we do together. Thank you for this opportunity.



Lisa Stocks, RN, MSN, FNP, has been privileged to serve as the Executive Director of an OPO for more than 15 years, capping a 30-year career dedicated to Organ Transplantation and Procurement.

Currently, she is honored to serve as Chair of the MPSC and has extensive experience working with and serving on Non-Profit Boards and OPTN Committees.

As the elected Associate Regional Councillor running our Regional Meetings, Lisa also has had the great experience of being a member of the Membership and Professional Standards Committee (MPSC) and then OPTN Regional Board member.

Personal Statement:

As a Board member I will speak for what is best for the national system of organ donation and transplantation. It is imperative that our voice as a Board address what is fair and equitable and takes into account the needs of transplant recipients and those people waiting desperately for a transplant throughout the nation.

I will continue to build on the strong foundations set by our community to develop inclusive, balanced, and transparent ways to address the challenges in organ donation and transplantation we face now as well as in the future.

It is vital for members of the transplant community to participate in the OPTN to continuously improve the organ donation and transplant process through thoughtful policy development, process improvement, and public engagement and I will encourage other members of our community to participate in the discussion. I have the clinical and leadership experience to effectively contribute to helping the OPTN achieve its strategic goals.

I bring a depth of professional experience and background in organ donation and transplantation combined with extensive knowledge and experiences gained while working on OPTN Committees including as Chair of MPSC, the OPO Committee, and as Co-Chair of The Systems Improvement Committee.

Lastly, I bring a belief in the importance of working together across divergent perspectives in the service of improving the transplant system.

Vice President of Patient and Donor Affairs (vote for one)



Mindy Dison, RN, BSN, CPTC, is a Transplant Procurement Coordinator for Mayo Clinic Florida. She earned her bachelor's degree in Nursing from the University of Arkansas for Medical Sciences. She started her career as a pediatric trauma nurse and after two successful kidney transplants she transitioned into the world of organ transplant 18 years ago. She previously worked as an organ procurement coordinator for LifeQuest Organ Recovery Services and was then recruited to Mayo Clinic Florida 13 years ago and has served on multiple national boards and committees during her career. She previously served as patient representative on the OPTN Board of Directors, Member at large for the OPTN MPSC Committee, the OPTN Liver Committee and remains active within Region 3 meetings and activities. Other committee activities include past treasurer of the North East Florida International Transplant nurses society and she has spoken at many conferences on a national level.

Personal Statement:

As a transplant recipient and transplant professional, I have a very unique perspective and understanding of organ donation and transplant and the OPTN. I have not only had two successful living related kidney transplants and unfortunately more recently became a deceased donor family member, I also have been working in the field of organ donation and transplant for 18 years. I not only understand professionally the many aspects of organ donation and transplant, but also can relate and help grow the OPTN from a patient and donor family perspective. I look forward to the opportunity to use not only my past professional experience on the Board of Directors and MPSC, but also bring a voice of patient and donor families as the Board of Directors Vice President of Patient and Donor affairs.



Joseph Hillenburg is a Senior Network Engineer for Wi-Tronix, LLC. Residing in Aurora, Illinois, he is the father of a pediatric heart recipient as well as the brother-in-law of a lung recipient and son of a deceased organ/tissue donor. His previous employment includes what is now McKesson's healthcare information technology systems division, as well as private investment management and manufacturing firms.

Hillenburg is currently on the Board of Directors as a patient & donor affairs representative, is on the Executive and Network Operations & Oversight Committee, and is a visiting member to the Pediatric Transplantation Committee. Formerly serving on the Patient Affairs Committee, he chaired the effort to develop a guide for parents of pediatric candidates and recipients, and provided further assistance with patient education materials on transplantliving.org.

Hillenburg is the Strategy Advisor for Transplant Families, and also collaborates with, advises, or volunteers for numerous pediatric or transplantation non-profits, including Donate Life America, Children's Cardiomyopathy Foundation, Make-a-Wish Illinois, ACTION Learning Network, the Illinois Secretary of State's Organ & Tissue Donor Program, the Society for Pediatric Liver Transplantation, and many others. He also serves on his children's school board.

Hillenburg attended Indiana University Bloomington with a major in Political Science.

Personal Statement:

Consensus and collaboration are crucial to furthering our ultimate goal of eliminating the organ transplant waiting list. Within the patient and donor communities, I have worked on numerous inter-organizational projects to increase the impact and awareness of donation and transplantation. As a result, I am well-connected to many organ-specific patient groups for both adults and children. These projects includes working as part of the team that developed National Pediatric Transplant Week, and on advocacy/policy initiatives for the pediatric and wider transplantation community. I would be honored to continue serving our community, and in particular, the transplant public in this role, but I will make my best effort to develop our community even if not elected to this role.

From a professional standpoint, I have worked in Information Technology for 25 years, and was employed performing implementation and testing of mission-critical healthcare IT systems for dozens of hospitals. Most recently, I have been involved in the development of remote sensing, autonomous systems, and fleet/route planning systems for the transportation industry.

Immediate Past President (vote for one)



Maryl R. Johnson, MD, FACC, is a transplant cardiologist and professor of medicine, heart failure and heart transplantation at the University of Wisconsin Hospital and Clinics in Madison, WI.

Dr. Johnson is the current President of the Board of Directors, chaired the OPTN Data Advisory Committee, and has served on her regional heart review board. She was also on the OPTN Committee Governance Workgroup. She previously served as secretary of the OPTN Board of Directors and on its Executive and Nominating Committees. Other committee experience includes chairing the OPTN Thoracic Organ Transplantation Committee and membership on the Policy Oversight Committee. She is past president of the International Society for Heart and Lung Transplantation (ISHLT) and the American Society of Transplantation (AST).

Dr. Johnson earned her medical degree from the University of Iowa College of Medicine in Iowa City, Iowa and her bachelor's degree from Iowa State University in Ames, Iowa.

Personal Statement:

From my earliest involvement in the field of cardiac transplantation, I have understood that transplants are not possible without organ donors, and my passion for transplantation extends to the field of organ donation and optimizing the opportunities for providing the gift of life to as many transplant candidates as possible. As evidenced by my being a previous faculty member of the Organ Donation and Transplantation Collaboratives and Past-President of the American Society of Transplantation, my transplant involvement extends beyond cardiac transplantation, and I believe these previous experiences helped prepare me to be a better leader of the OPTN. I welcome the opportunity to further the field of transplantation and organ donation by serving as the Immediate Past President of the Board of Directors.

Section II: Regional Councillors

The below nominees participated in a competitive election at the regional level for a two year term as Regional Associate Councillor/Councillor-Elect. Regional Associate Councillors then advance to a non-contested ballot for Regional Councillor to the Board.

Regional Councillors (vote for three)



Region 3, Keith Wille, MD, MSPH, is Professor of Medicine and Medical Director of the Lung Transplant and Advanced Lung Diseases Program at the University of Alabama at Birmingham (UAB).

Personal Statement:

I am Keith Wille and truly honored to be considered for the position on the Board of Directors, representing Region 3. I am currently a Professor of Medicine and Medical Director of the Lung Transplant and Advanced Lung Diseases Program at the University of Alabama at Birmingham (UAB). I have worked as a transplant pulmonologist since 2002 and remain active in the daily care and management of cardiothoracic transplant candidates and recipients. I received my medical education at the Louisiana State University School of Medicine in New Orleans and training in Pulmonary, Critical Care, and Lung Transplantation at UAB. I later received a Master of Science in Public Health (MSPH) degree from UAB in Clinical and Translational Science, Epidemiology (2011), studying organ allocation before and after introduction of the lung allocation score.

I have been active with transplant-related scientific and educational activities in professional societies, serving as a member of the Transplant Steering Committee of the American College of Chest Physicians over the last few years. In this capacity, I serve as a co-investigator in a Network-initiated prospective study examining donor lung quality, with UAB as the study's coordinating center. I have been active with the International Society of Heart and Lung Transplantation (ISHLT), including past work with the Quality of Life committee and the Scientific Program Committee. My primary academic interests include lung transplant disparities, clinical outcomes, extracorporeal support, and organ allocation practices. I am presently working with local and national collaborators on transplant-related clinical and translational projects as site principal investigator of the Lung Transplant Outcomes Group, an NIH-funded collaboration examining primary graft dysfunction and other transplant outcomes.

My previous service with the OPTN has included the National Lung Review Board (2011-2014), where I served as Committee Member and later Chair. I was also a member-at-large on the Membership and Professional Standards Committee (2014-2016), and worked actively with the Performance Analysis and Improvement Subcommittee. Through these experiences, I have learned to work effectively with and lead collaborative groups to achieve common goals and finish complex

projects. I serve as the current Region 3 Associate Councilor and am thankful for the chance to work closely with the Board of Directors. In this role, I hope to continue to advocate for our region at the national level in matters pertaining to organ donation, allocation, and transplantation, and actively participate in the development, refinement, and review of policies that oversee the practice of transplantation.

Region 4, Jeffrey P. Orlowski, MS, CPTC, is the President and Chief Executive



Officer, LifeShare Transplant Donor Services of Oklahoma.

Personal Statement:

I am profoundly honored to be a candidate to represent Region 4 on the Board. Now in my 33rd year in the field of donation and transplantation, I have a passionate commitment to saving lives through the generous gifts our donors and donor families provide.

For over three decades, I have actively engaged in national service on behalf of our community. I have served in a variety of roles including one previous term on the Board, terms as Chair of both the OPO Committee and MPSC, and terms of service on numerous OPTN Committees, Subcommittees, and Task Forces. Years of volunteering with the OPTN have provided the opportunity to develop a comprehensive understanding of the organization and to be thoroughly prepared to serve as Region 4 Councilor.

As the donation and transplant community continues to address the opportunities and challenging issues immediately before us, it is essential that we continue to lead and speak with a strong, clear, and united voice. I would be extremely grateful to have the opportunity to contribute to that effort as Councilor for Region 4.



Region 6, Patrick J. Healy, MD, is the Division Chief of Pediatric Transplantation at Seattle Children's Hospital.

*Personal Statement:
None submitted.*

Section III: Medical/Scientific Organization Representatives

Representatives are nominated by their respective societies as indicated and are elected to the Board via a non-contested ballot position.

Transplant Coordinator Representative - NATCO (vote for one)



Stacey M. Lerret, PhD, RN, CPNP, FAAN, is Associate Professor at Medical College of Wisconsin.

Personal Statement:

It is an honor to be considered as a candidate for the Board of Directors. I am an Associate Professor at Medical College of Wisconsin where I have worked as the Liver Transplant Nurse Practitioner for the last 17 years. I am currently the President of NATCO, The Organization for Transplant Professionals. I would be honored to serve on the board and work collaboratively to advance donation and transplantation.

Organ Procurement Organization Representative - APO (vote for one)



Joseph Ferreira, MBA, CPTC, CPHQ, is the President and CEO of Nevada Donor Network.

Personal Statement:

The donation and transplantation field today is in the midst of great challenge and even greater opportunity. As a candidate for the Board of Directors I intend to bring my 22 years of knowledge and experience in this vital mission we treasure to honor the heroic donors, their courageous families and the brave recipients we serve. By maintaining an open mind with maximum inclusion and diversity of thought during my potential tenure, I look forward to building on the successes of the past by those who came before me while doing my small part to pave the way for the future on behalf of those we fight for. Thank you for your consideration of my candidacy.

Medical/Scientific Organization Representative - AST (vote for one)



Marian Michaels, MD, MPH, is the Professor of Pediatrics, Division of Infectious Diseases at the University of Pittsburgh School of Medicine.

*Personal Statement:
None submitted.*

Medical/Scientific Organization Representative – ASTS (vote for one)



Alan Langnas, DO, is the Professor of Surgery, Chief, Organ Transplant Program at the University of Nebraska Medical Center

*Personal Statement:
None submitted.*

Medical/Scientific Organization Representative - CAP or ASHI (vote for one)



Manish Gandhi, MD (CAP Nominee) is an Associate Professor of Laboratory Medicine and Pathology at the Mayo Medical School, Rochester MN. He is board certified in clinical pathology and transfusion medicine and also ASHI certified Histocompatibility Laboratory Director. He is currently the director of the histocompatibility laboratory and associate director of the component processing and blood product testing laboratory. He was also the director of the blood donor services from 2007 to 2013.

Dr. Gandhi is the Vice Chair of the Histocompatibility and Identity Testing Committee of the College of American Pathologists, Chair of the Advisory Council on Blood Stem Cell Transplantation of the United States Department of Health and Human Services (HHS), Editor in chief of ASHI Quarterly and has been a member of multiple committees of American Society of Histocompatibility and Immunogenetics (ASHI), AABB and International Society of Blood Transfusion.

He has been actively involved with the transplant community. He served two terms as the Region 7 Histocompatibility representative from 2012 to 2016. During this time he chaired the Policy Rewrite/Discrepant HLA Typing Subcommittee. He then served as the

histocompatibility member-at-large on the Membership and Professional Standards Committee (MPSC) from 2015 to 2017.

Dr. Gandhi has mentored multiple residents and fellows in pathology, transfusion medicine, histocompatibility, and transplantation. Dr Gandhi is responsible for the teaching histocompatibility to pathology residents, transfusion medicine fellows, hematology/oncology fellows, bone marrow transplant fellows, nephrology fellows, and abdominal organ transplantation fellows. He has >100 peer-reviewed publications in the field of histocompatibility, transfusion medicine and transplantation. He has been invited faculty both nationally and internationally and lectured on histocompatibility and transfusion medicine.

Personal Statement:

It is truly an honor to be nominated for a position on the Board of Directors. The national transplant system is a unique partnership that links all professionals involved in U.S. organ and tissue donation and transplantation. The board of directors plays an essential role as they establish and maintain transplant policies and bylaws.

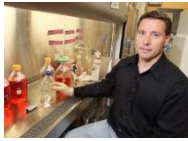
Three Mayo clinic sites in the United States combined are one of the largest transplant services in the United States with a robust successful three-site paired kidney donation program and desensitization programs for highly alloimmunized recipients. As the director of the histocompatibility laboratory it has been an honor and privilege to be an integral part of the team that performs these transplants.

My experience as OPTN histocompatibility representative especially as the chair of the Policy Rewrite/Discrepant HLA typing sub-committee has provided me a greater understanding of how the policies are developed and maintained. My experience on the MPSC committee provided me a detailed understanding of how OPTN routinely reviews member compliance and performance using a group of individuals with diverse experiences and expertise.

As the vice-chair of the College of American Pathologist's Histocompatibility and Identity testing committee, I have significant experience in developing and maintaining policies that are used to accredit histocompatibility laboratories world-wide. As the chair of the Advisory Council on Blood Stem Cell Transplantation of Health Resources & Services Administration, I have significant experience working with various individuals with diverse experience and expertise to develop a consolidated, comprehensive source of expert, unbiased analysis and recommendations to the Secretary on the latest advances in the science of blood stem cell transplantation.

To meet its stated goals, the transplant community requires individuals with diverse backgrounds, training, and experiences to come together and help lead it in the present and into the future. With the recent changes in organ allocation criteria, I believe that we are at a stage to make a significant impact on the future of these policies and provide greater opportunities to the patients that need these organs. That is why, as a laboratory professional trained and experienced in histocompatibility, transfusion medicine and policy making, I bring unique qualities to the table. I plan to use my knowledge in policy making to help bring about

changes that will positively impact the goals of the transplant community. I am excited about the opportunity to serve as a member of the Board of Directors.



William Hildebrand, PhD (ASHI Nominee) is a Professor of Microbiology and Immunology in the School of Medicine at the University of Oklahoma Health Sciences Center and Director of the University of Oklahoma Health Sciences Center High-Resolution HLA Typing Laboratory. He is the scientific founder and Chief Scientist at the Pure MHC and Pure Protein biotech companies. Dr. Hildebrand received his MS and PhD in Microbiology & Immunology from the University of Southern Illinois and completed a post-doctoral fellowship in HLA Immunogenetics at Stanford University. Dr. Hildebrand completed his training in Clinical Histocompatibility Testing in Oklahoma where he founded a high-resolution HLA typing laboratory. He maintains board certification with American Board of Histocompatibility and Immunogenetics.

Dr. Hildebrand participates in teaching Medical Students and Graduate Students at the OUHSC School of Medicine as well as teaching students at the University of Oklahoma undergraduate campus. He founded and directs the graduate course *Immuno-Oncology*. Dr. Hildebrand's research laboratory characterizes HLA molecules and their interaction with alloantibodies, how HLA molecules distinguish cancerous cells to facilitate the immune recognition of tumors, and the role of HLA molecules in autoimmune responses. Dr. Hildebrand is actively involved in ASHI (American Society for Histocompatibility and Immunogenetics) having attended the ASHI annual meeting for more than 25 years, regularly reviewing meeting abstracts, serving as faculty for the ASHI regional workshops, serving on the ASHI Program planning, chairing the ASHI partnering committee, and serving on the ASHI Board of Directors. Dr. Hildebrand is now ASHI President Elect.

Personal Statement:

In order to unite and strengthen the donation and transplant community to save lives, the Board of Directors will be strengthened by volunteers with (A) leadership experience and (B) extensive knowledge of transplantation. In regards to knowledge of transplantation, I began studying the scientific basis of transplant rejection in mice in 1985 as a graduate student. I next joined Dr. Parham's group at Stanford University as a postdoc to study human transplantation. Once I started a lab of my own in 1993, I continued to study transplantation and to teach this subject: I taught for a decade at the Histocompatibility Specialist Course, served on numerous American Society for Histocompatibility and Immunogenetics (ASHI) committees, lectured at ASHI regional workshops, and I teach immunology to Medical Students and Graduate students. My continued efforts in the field of transplantation have led me to become President-Elect for ASHI. ASHI asked me to serve as President because of this transplant experience and because (B) I have developed a number of leadership skills along the way. I direct an HLA lab that completes HLA sequence-based typing for clinical transplantation and for research

studies of cancer and infectious disease; (2) I direct a research laboratory that characterizes the peptide ligands presented by the HLA of cancerous and infected cells; and (3) I started and I am Chief Scientist at the biotech companies Pure Protein, Pure Transplant, and Pure MHC. In summary, my laboratory has continued to advance its knowledge of HLA and transplantation for the past 24 years such that the team in my lab is now contributing to the optimal matching of transplant patients with their recipients and to the design of HLA-mediated cancer vaccines. I believe that I can use my knowledge of transplantation and my leadership experience to help the Board of Directors achieve their mission of uniting and strengthening organ donation and in helping the transplant community to save lives.

Section IV: At Large Representatives

Nominees for At-Large positions are selected by the [Board of Directors Nominating Committee](#).

Patient and Donor Affairs Representative - Living Donor (vote for one)



Cynthia Forland, PhD, 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 has a Ph.D. in political philosophy from the New School for Social Research in New York City.

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 and was on the national bone marrow registry. 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 serving the cause of organ and tissue donation by serving on the Board of Directors. And I think that my personal experience as a living kidney donor and my professional expertise in management and public policy uniquely qualify me for that role.



Pono Shim is the President and CEO of Oahu Economic Development Board. Pono Shim has earned a local and national reputation for being an influential thought leader as well as a respected executive of a multimillion dollar nonprofit organization. Pono has a deep understanding of cultural, economic and historical issues facing Native Hawaiians and other under-served and marginalized communities and his work includes advancing cultural knowledge as a means of solving the problems of today. Pragmatic yet visionary, Mr. Shim brings extensive experience working with policies, programs and institutions and the ability to collaborate and communicate effectively. His expertise in storytelling, building community, and facilitating difficult conversations led him to establish the Higher Skills Academy that shifts traditional thinking and thought processes to help reframe challenges and more effectively address problems. Pono mentors both established and emerging leaders to guide them in finding the greater leader within. He is considered by many to be a master storyteller and is often asked to advise and participate in Local, National, and International Issues.

Pono was asked to take the leadership of the Oahu Economic Development Board

(OEDB) in 2009 when the Board considered the option of closing the doors of the organization. Ten years later, OEDB remains under Pono's leadership and is recognized as one of the premiere leadership hubs in Hawaii. In 2012, Pono successfully led the efforts of the New Market Tax Credits Application and was awarded a \$40 million allocation for Economic Development in Low Income Communities for Hawaii. In 2016, his team was awarded a second allocation of \$55 million, and in 2018 an additional allocation of \$40 million was awarded, bringing the total awarded amount to \$135 million to date. The allocations have been deployed into several projects throughout the state of Hawaii including: construction of a new campus of the West Hawaii Community Health Center; a clean energy project on Oahu; and an additional health care clinic currently under construction on the Waianae Coast of Oahu. His knowledge and skills have been sought by every sector of Hawaii's economy and he continues to serve on various boards. Pono was appointed to the Organ Procurement Transplant Network Living Donor Committee, the Economic Development Alliance of Hawaii, Hawaii Clean Energy Initiative Advisory Board, Hawaii Green Growth Executive Committee, and was appointed to the Selection Committee for the appointment of the Federal Magistrate Judge in 2015. Pono also continues to serve as a member of the Hawaii Public Housing Authority where he served as Chairman for four years. He is also the Advisor and Coach for the Center for Diverse Leadership in Science at UCLA and a member of the External Advisory Board for the Institute for Sustainability and Resilience at the University of Hawaii at Manoa. In 2018, he was the closing speaker of the Earth Day Summit sponsored by the Elemental Excelsior and Emerson Collective.

As a living organ donor, Pono connects his personal donor stories throughout his work. Pono along with Malcolm Lutu, have publicly shared their story as a donor/recipient and have been highlighted in Hawaii media and featured as part of a 3-part series on the ABC news affiliate in Hawaii. Pono attended Kamehameha Schools on Oahu and the University of Hawaii at Manoa. Kamehameha Schools was founded by the will of Bernice Pauahi Bishop, the great-granddaughter of Kamehameha the Great and serves over 6,900 students of Hawaiian ancestry on O'ahu, Maui and Hawai'i island. Pono and Dawn have been married for 32 years and they have one daughter Chantele.

Personal Statement:

The experience of giving my kidney to my friend was one of the toughest and most rewarding times of my life. The stories and revelations are a gift that keeps giving. In September a friend who was suffering thru Chronic Kidney Failure for years was given a kidney from his best friend as a result of my journey.

As a deeply loved, strong willed, eldest son, and Government Policy Attorney he told his family and friends that he wouldn't accept a kidney from them and wouldn't entertain any discussion on the matter. Growing up he admired my kidney recipient and I like older brothers. When he learned of our transplant surgery he was overjoyed for Malcolm (my recipient) and me but for himself his affairs were in order and his life's journey with kidney failure would be his end. After hearing about his stance from his family I called him and shared that most people have no idea what he was going thru and could never understand. That he wanted to live but couldn't transfer the risk of his life for another. Because of that perspective he could never ask and accept the gift. Since I knew Malcolm held that same feeling I

trained hard to earn his confidence that I could be his donor and I would come thru strong and I shared that it's a huge risk but surely a risk, knowing what I now know; I would take again if I could. I shared that Malcom and I would help him get off the waitlist because we would ask for him and I would work with his donor to aspire to have the same outcome as me. He cried and said "okay." It was 5 long years to have both the donor and recipient qualify to have the surgery and today I know that his donor and I have a unique perspective that few know. The gratitude to do what we did is beyond words. I have had the amazing gift of helping others to navigate the same struggle for the past 6 years.

I have many technical skills to serve on Boards at all levels and do. For example at Hawaii Public Housing Authority we have an annual budget of \$140 mm but can get those technical skills from many and if technical skills are the primary scope for this Board seat I would rather decline. As an organ donor I want to help more people to experience a healthier life and be a part of an organization that does hard work, makes tough decisions, and struggles to fulfill that mandate.

Patient and Donor Affairs Representative - Recipient (vote for one)



Earnest Davis, MHA, FACHE, has diligently served communities throughout the Midwestern United States. Having been educated at the University of Cincinnati (BS) and Xavier University (MHSA) he left Cincinnati to complete a fellowship at Yale Saint Raphael Hospital. Since then Mr. Davis has led healthcare delivery functions at renowned provider organizations in Ohio, Indiana, and Illinois most recently as the Regional Chief Ambulatory Officer for a Chicago healthcare system. As a professor, Earnest's passion for healthcare is applied by shaping future leaders in the fields of health policy, healthcare operations management and professionalism. His spare time is also predominated by a spirit of service having volunteered with many healthcare and higher education causes. He has served on the board of addiction medicine provider Gateway Foundation, advisory boards for health administration graduate programs and completed a three-year term as President of the non-profit organization Chicago Health Executives Forum.

As fate would have it, genetics intervened in Mr. Davis' promising career. In 2016 he was diagnosed with ESRD, an illness that had quietly devastated his maternal lineage for generations. Within days of being diagnosed Earnest went from overseeing a dialysis center to a two-year regimen of dialysis treatments, surgeries and medication that far too many Americans will experience. Even with extensive knowledge of healthcare he struggled to battle the disease within and navigate the complexities of care plans, insurance, and transplant policies. After two years on the transplant list Earnest was gifted a kidney by a close friend and now lives a healthy life with his wife and son. Rather than returning to his previous career and becoming another silent statistic, he decided to become an advocate for chronic kidney disease. Mr. Davis

attends kidney recipient/donor events and has served on the Donor Management Leadership Council of the Organ Donation and Transplantation Alliance. He continues to teach healthcare policy and management while seeking his PhD in Community Psychology (est. 2022). His goal is to marry an in-depth knowledge of healthcare delivery and health policy with the research and community-level action needed to improve prevention, diagnosis, treatment and transplantation statistics for Americans.

Personal Statement:

Service is not something that is politically or professionally advantageous for me but rather an internal compass that confirms my True North in life. This calling has manifested through mentorship of young men and women whom were searching for a model in their own likeness to light a path to the future. It is demonstrated in my board service to health, community improvement, and arts organizations. It is apparent through the early seeds my wife and I plant in our monthly Black history program at the local library. It is my honor to serve whenever and wherever I can make a difference.

A family friend aware of my struggle with End Stage Renal Disease and subsequent living donor transplantation suggested that I consider the board as a likely progression to my history of service. I wasn't fully aware of the national hierarchy of the transplant network, but I was looking for a way to become more involved in solid organ politics after a less than optimal personal transplantation experience. I would like to further understand the disparities in wait lists across regions, the divergent patient experiences depending on transplant center, and how policy can affect survival rates for patients.

During my preliminary interview for the Patient & Donor Affairs position, I asked what the intended function of the role was. I was assured that my experience as a patient was a factor in my selection, but my professional background was also a characteristic deemed critical to success as board member. I have had years of experience collaborating with physicians and clinicians, interacting with service organizations and supporting the diverse professionals that currently constitute the board. I have an advanced knowledge of health policy and the dynamics of system-level change. However, I am a CKD survivor first. It is this duality of lived experience that allows me to bring diversity, informed opinion and critical processing to the team.



Omar Garriott, MBA, is a “Marketer for Good.” He is currently incubating a new business for Salesforce in K-12 education, as Senior Director of marketing strategy; he spent his first two years at Salesforce driving platform adoption among nonprofits. Previously he was Senior Product Marketing Manager at LinkedIn, first managing content, campaigns, and product development for universities; and later leading marketing for LinkedIn for Good, connecting professionals to pro-bono volunteer opportunities and helping nonprofits make savvy use of the site. Prior to LinkedIn, he led iPad marketing to schools for Apple, and ran education product launches for Adobe. He started his career as 3rd-grade teacher in Washington, D.C. through Teach for America; and then spent three years as a fundraiser, marcomms/PR leader, and lobbyist with national college access nonprofit [PeerForward](#).

Omar is a former three-year Board Member of the Crohn's and Colitis Foundation's northern CA chapter (helping grow a fledgling organization into a top-five national site), and of the Craigslist Foundation. He also serves on the Career Advisory Board, which conducts primary research on job trends, as well as an advisor to the Albemarle County Public Schools technology department. He is a frequent speaker on topics ranging from marketing best practices and the modern job search to social entrepreneurship and atypical career paths. His storytelling approach is exemplified in this [2-part Op-Ed](#) in *The New York Times* and in this passion-project [video](#) on education reform. Omar is proudly public school-educated, with a BS in Commerce with distinction (concentrations in Marketing and Management) from the University of Virginia and a full-time MBA from UC Berkeley. He's even prouder to be the dad of a spunky 2nd-grader, and a survivor of cancer and a live donor liver transplant—an experience about which he wrote in [The Washington Post](#) and spoke on the [TedX stage](#).

Personal Statement:

First off, thank you for asking me to apply for this position. I'm honored by, and thrilled at, the prospect of serving this absolutely vital organization in this way.

Not only do I bring an impassioned first-hand experience to the Board as a grateful liver recipient, I offer a functional skill set I think the transplant community could use at this point in its evolution. Namely, to help the organization and the cause raise its own profile—in service of diversification of funding streams, boosting the organ supply side, and ultimately improving both equity in matching and quality in outcomes. As a modern marketing professional, I firmly believe that the transplant community beating its own chest more strongly is for the collective good. A win-win.

In that vein, I've not only written on my own on these topics—I recently wrote an annual appeal letter in support of transplantation (after contacting the organization about a \$5K peer-to-peer fundraiser I earlier ran), and was enthused to have my family featured in a series of videos about our transplantation journey. I gladly did this all in a volunteer capacity. As someone with chronic autoimmune diseases, then hepatocellular carcinoma, the prospect of a transplant loomed for much of my adult

life, and I both admired and was comforted by the vibrancy and rigor of the transplant community and network from a distance before I eventually needed a transplant myself. I was unbelievably pumped to recall how my company, Salesforce, has been supporting and powering the transplant community, and what a short drive the nerve center was when my family relocated to Virginia a year after my transplant at UC San Francisco. Fate has brought me to this place, and to this opportunity to be a vehicle for an organization that saves lives every day; that saved my life (and kept my liver-giver safe too!). I can't think of a better cause on which to spend my time.

So I submit my candidacy in the spirit of not only a deep connection to the cause you're committed to, and not only a tangible professional skill that could be of benefit to the organization; but mostly in the simple spirit of service. And whenever I get involved with an organization of any kind, paid or unpaid, I approach it with this service mentality; I am always a passionate and thoughtful participant. This has been the case with previous and current boards I sit on, and most definitely in every organization in which I've worked. I engage. Life's too short not to! (A lesson I've learned faster and more viscerally than most 39-year-olds.)

I will not sit quietly at a table if I don't believe policies being discussed are in the best interests of patients and their families. But I'm at the same time also a lover of data and a bridge-builder—and I would actively work to develop as informed and broad a perspective as possible. I want to advocate for patients, but I realize that my story is not necessarily nor exhaustively a representative sample. I seek first to understand. This is inclusive of understanding, in a nuanced way, precisely how I can be the best servant to the transplant community, its leadership, and to the Board.

In short, I just want to help. And I think I uniquely can. And the transplant community is not getting rid of me even if I'm not chosen!

Thanks for your consideration.

Patient and Donor Affairs Representative – Donor Family (vote for one)



Precious McCowan, MS, was diagnosed with end-stage renal disease (ESRD) while on in-center hemodialysis; she received her first kidney and pancreas transplant in 2010. Unfortunately, both organs only survived seven months. In 2011 she became a family donor. As Precious waited eight years on the waitlist for her second kidney transplant, which she received in April 2019, she devoted herself to advocating for patients with chronic kidney disease and ESRD. Precious started her advocacy journey as a Dialysis Facility Patient Representative, where she worked to advance patient health engagement and renal education for a better experience of care on dialysis and transplant waitlist. Precious is the Chair for Network 14 of Texas ESRD Patient Advisory Council, and a Medical Review Board members were she collaborates with kidney

organizations and healthcare professionals to effectively meet the needs of ESRD patients and kidney transplant recipients in the State of Texas. Precious is part of the ESRD National Patient and Family Engagement Learning and Action Network, where she work with ESRD patients and caregivers around the country to develop dialysis and kidney transplant education materials for a better quality of life. She is also a Patient Representative for the American College of Physicians Care Coordination Patient/Caregiver Committee.

Precious received her Bachelor's of Science in Criminal Justice in 2005 and a Master's of Science in Human Behavior in 2017 while on dialysis. She is currently pursuing her Doctorate and was inspired by ESRD patients she mentors to study the field of Human Behavior. Precious had encountered many health challenges since the age a nine when she was diagnosed with type 1 diabetes and knew the difficulties of managing chronic illnesses; for this reason, she strives diligently to advocate for improved patient and family engagement and health literacy. Precious believes that having the opportunity to receive a transplant is a gift and can be hard to acquire for many patients. In July of 2019, Precious was invited by the Centers for Medicare and Medicaid Services to witness the Executive Order signing in Washington DC, were one of the aims is to increase kidney transplants by modernizing the organ recovery and transplantation systems. Precious is passionate and looks forward to the opportunity to possibly working with the Board of Directors to make transplantation available for more people.

Personal Statement:

I desire to serve on the Board of Directors to help improve the transplant system and help the donation and transplant population save and progress lives. As an end-stage renal disease patient advocate, I encourage kidney transplantation, I acknowledge that transplant is an additional replacement modality, and the outcomes can provide a second chance for better health. I have had the experience of being a transplant recipient and a family donor. I am aware of the emotional process and decisions that are made to receive a transplant. Over the years, I have dedicated my time to help others cope with health challenges and decisions and have sustained a passion for improving and advancing the healthcare community.

I would love to serve on the Board of Directors because I enjoy working with others to enhance policies and systems that will better healthcare outcomes. In every organization I volunteer for, I thrive to carry out the purpose and commit myself its motto. I plan to do the same if selected as a Board of Directors member. I believe diversity in any organization encourages different perspectives, increases creativity and innovation, and I am ready to help make a difference!



Merry Smith, MBA, had her first exposure to transplantation in the late 1980's working as a technician in an outpatient hemodialysis unit. In the summer of 1992 while attending a family reunion in Milwaukee Wisconsin, Merry's husband and 2-year-old son were killed by a drunk driver. Although unfamiliar with the diagnosis of brain death at the time, Merry knew if her young son was not going to live, she wanted him to be able to help others. John Talbot's liver and kidneys were recovered for transplant the following day saving the lives of two children.

Merry decided shortly after the accident she would not become bitter feeling not only had not only had the donation saved the lives of John's recipients, but in a sense John's donation saved her life as well giving her something positive to focus on amid such tragedy. Merry became an active volunteer for Mid-America Transplant sharing her story on a regular basis to a variety of audiences. Merry followed her passion for promoting donation and was fortunate to join the staff of Mid-America Transplant in February of 2000. Over the next sixteen years, Merry dedicated her life to promoting donation and serving as an advocate for donor families. She was invited to participate with Health and Human Services Secretary Tommy Thompson on a committee to review donation curriculum for schools and served on the AOPO Donor Family Council from 2004-2016, chairing the Council from 2009-2010. She helped to create and coordinate Second Chance St. Louis, an altruistic living donor program, as well as serve as the project manager for the Mid-America Transplant Family House for Transplant Recipients.

In 2016 Merry left Mid-America to pursue a new passion of working to improve access to health care for the greater St. Louis Community. Utilizing the process improvement skills, she learned at Mid-America Transplant, she was employed with St. Louis University Physician Group for 2 ½ years focusing on quality, changing reimbursement models and implementing process improvements for the operations of the outpatient psychiatry clinic. She also began teaching undergraduate Healthcare Management Courses at a local university expanding her knowledge and keeping up to date with the quickly changing landscape of healthcare in the twenty first century. In the Fall of 2016, Merry was invited by Diane Brockmeier to serve as a donor family member on the Medical Advisory Board of Mid-America Transplant. In this role, she continues to focus on her passion of advocating for donor families. In October 2018 Merry accepted a position at Washington University Medical School in St. Louis as the Practice Manager for Maternal Fetal Medicine and the Fetal Care Center where she continues to pursue her commitment to promote access to quality, cost effective healthcare.

Personal Statement:

It is my honor to be nominated to serve as the Patient and Donor Affairs representative on the Board of Directors. I am committed to fulfilling the responsibilities of the role of the Patient and Donor Affairs representative as listed

in the Board of Directors Member Position Description. I have a passion for saving lives through organ procurement and transplantation and have personal and professional experience with the facilitation of this life saving gift. Not only does the gift of organ donation save the life of the recipient who receives the gift, but also provides a gift of hope to the donor family. Instead of focusing on the tragic loss of my loved one, donation and transplantation provided the opportunity for hope for the future.

In the Summer of 1992, my life changed forever. The hopes and dreams for a future with my husband of four years and two-year-old son abruptly came to an end. Because of the choice of an individual to drink and drive, my family was ripped apart and I was left at 26 as a young widow and childless mother. Through the heartache and struggles of trying to rebuild my shattered life, I realized the only thing I could control amid the tragedy was to provide hope to a waiting recipient. A recipient who was the son or daughter of a parent who had watched their child suffer from chronic illness, be placed on a transplant waiting list and ultimately wait for the call from the transplant program to inform them an organ had become available as the only hope to save their child. My son's donation gave me hope and a positive focus for my future.

In the years following the accident I made a commitment to advocate for donor families. This commitment led to sixteen years of employment at Mid-America Transplant. I served as a member of the Donor Family Council of the Association of Organ Procurement Organizations and worked with colleagues around the country to create a standard of practice for bereavement care and follow up for donor families. I learned about the facilitation of the donation process and was often asked for my input from the donor family perspective. I learned the discipline of listening when conflicting opinions are expressed and working with a diverse group of individuals to creatively problem solve. I worked closely not only with the organ procurement community but also with the four local transplant centers in St. Louis as a manager of Team Transplant St. Louis, as well as the project manager for the creation of the Mid-America Transplant Family House.

Donation and transplantation will always be one of my life's passions. I have seen the miracle of life given to a recipient and the miracle of hope given to a donor family through the gift of donation. I understand the donation and transplant community and believe my personal and professional experience make me an excellent candidate for the Patient and Donor Affairs representative on the Board of Directors.

At-Large Non-MD – Transplant Administrator (vote for one)



Pam Gillette, MPH, RN, Pam Gillette, MPH, RN, FACHE, has served as Transplant Administrator at Tulane University Hospital, Mayo Clinic Arizona, Medical City Dallas, Oklahoma University Medical Center, Keck Hospital of the University of Southern California and Vidant Medical Center. She is currently the Chief Clinical Officer of Guidry & East, Transplant Consultants. Her intellectual interest and passion for Organ Transplantation led her to volunteer for the Board of Directors for Louisiana Organ Procurement Agency, for the Southwest Transplant Alliance, for the Arizona Coalition for Transplant, and for the Advisory Board of OneLegacy. Ms. Gillette has also served on the following OPTN Committees: Transplant Administrators, Finance Committee, Pancreas Committee, Living Donor Committee and volunteered for 19 OPTN Peer Reviews. During her leadership position at Mayo Clinic, she was an Instructor at the Mayo College of Medicine, Nursing Division.

Ms. Gillette has presented nationally at the American Transplant Congress, HRSA National Learning Congress, NATCO, the Transplant Management Forum, the Transplant Financial Coordinators Workshop and the American Nephrology Nurses Association. She has conducted clinical research in Phase 3 and 4 trials and has published in nursing journals.

Personal Statement:

I have been privileged to be employed in many states during my transplant work journey. These varied experiences have led me to have the highest respect for the work of the OPTN and the dedication of staff and volunteers. Each of my Committee assignments further reinforced this belief. The grand variety of how transplant centers elect to fulfill their compliance responsibilities always amazes me. And I have yet to meet a staffer who did not demonstrate care and creativity in providing guidance, education and support to the Transplant Centers.

My participation in both Ethics Committees and Diversity groups have uniquely prepared me to serve in a cooperative and collegial group such as represented by the Board of Directors. If I am elected, I pledge to uphold the standard of respectful application of the Policies and Bylaws as directed by the Board.



James Pittman, RN, BSN, MSN, is the Assistant Vice President of Transplant Services at HCA Healthcare, a position he helped create to provide better alignment among the 10 HCA Healthcare Transplant Programs. Over the past 4 years, Pittman has developed multiple projects to improve patient outcomes and increase access to transplant. In 2017 under Pittman's leadership, HCA Healthcare initiated a set of best practices to support living kidney donation. Since this time, live kidney donor transplants at HCA Healthcare has increased 61%. Pittman Also implemented a National Access Strategy for Organ Procurement Organizations (OPOs) providing standard remote access to OPOs. In the wake of this strategy, deceased donor recovery increased 15.2% at HCA Healthcare hospitals, performing well above national benchmarks.

Pittman is an experienced transplant administrator and healthcare leader who joined HCA Healthcare in November 2007 as the Transplant Administrator at St. David's North Austin Medical Center (SDNAMC). During his tenure at SDNAMC, Pittman held multiple leadership positions including contributions spanning 6 years related to St. David's Healthcare's successful journey as a Malcom Baldrige recipient in 2014. Recognized for his talent, Pittman entered the distinguished HCA Healthcare Executive Development Program and 2013.

Prior to joining HCA Healthcare, Pittman started his career in healthcare as an ICU nurse at Houston Methodist after graduating from The University of Texas at Austin. It was here that Pittman's interest in transplant began, first as and ICU nurse and later as a member of the transplant team.

Pittman has an extensive experience in transplant quality and served as a quality consultant for HCA transplant programs, he was a founding faculty member of the Transplant Quality Institute, and has served on several quality conference planning committees.

For the past 9 years, Pittman's contributions to the transplant community have been realized through serving out appointments on various OPTN committees. Pittman has served as a regional representative, Vice-Chair and Chair of the Transplant Administrators Committee; an At-Large Member on the OPTN Policy and Oversight Committee; Ad-hoc Member of the OPTN Geography Committee; Is currently the Ex-Officio of the Transplant Administrators Committee and is an advisor on the OPTN Network Operations Oversight Committee.

James received his undergraduate and graduate degrees at the University of Texas at Austin. In 2013, he received the UT School of Nursing Rising Star Alumni Award, one of the highest awards given to recognize school alumni contributions.

Personal Statement:

My desire to serve on the Board is to improve the quality and outcomes of transplant recipients, living donors and donor families. Serving as an OPTN Committee Member I've learned what can be achieved through organized collaboration. As Chair of the Transplant Administrators Committee (TAC), I sought to establish an engaging culture of collaboration and problem solving. Since much of the policy developed by other OPTN committees is ultimately executed by transplanted administrators, I recognized the TAC's opportunity to lead by example. As such, TAC members have sought to be early adopters of new initiatives (COIIN, TransNet, Organ Offer Acceptance Tool, etc...) and worked to improve policy proposals through objective, unbiased feedback (organ allocation model, liver allocation policy, kidney allocation policy). I intend to take this same approach as a Board Member.

Given my current scope, experience and background in quality, I believe serving on the Board would be a good fit. I have experience leading a spectrum of transplant programs: large to small volume; multi-organ to kidney only; major metro to community based hospitals. My current position has provided experience and understanding unique to the role of corporate oversight for 12 OPTN Transplant Programs. Additionally, as I serve as the subject matter expert for transplantation and organ donation at HCA Healthcare, I frequently provide guidance and education on proposed legislation to the American Hospital Association, The Federation of American Hospitals and other lobbying groups.

Serving on Committees provides access to a network of professionals equally focused on improving access to transplant and achieving better outcomes for our patients. As a board member, it would be a privilege to serve with many of the brightest minds in our field to solve the problems of our day and advance this great work forward.

At-Large MD – Surgery (vote for one)



Linda Cendales, MD, the only person in the United States to have completed formal fellowship training in both Hand and Microsurgery and Transplant Surgery, is a Duke Health Scholar and the Director of the Vascularized Composite Allotransplantation at Duke University Medical Center. Vascularized composite allotransplantation (VCA) is the transplantation of multiple tissues such as skin, muscle, bone, nerves, and tendons as a functional unit (e.g. hand). Dr. Cendales helped organize the first VCA team in the U.S. and participated in the country's first two hand transplants. She was subsequently the first surgeon accepted into the Transplant Surgery and Immunobiology Fellowship at the National Institutes of Health (NIH). During her time at the NIH, Dr. Cendales established and published a model of VCA in nonhuman primates and has one of the largest experiences in VCA in non-human primates reported in the scientific literature. She organized the first international symposium on VCA histopathology at the International Banff Conferences on Allograft Pathology leading to the published classification system now used as a standard for clinical reporting of rejection worldwide. Prior to joining Duke, Dr. Cendales established the VCA program at Emory University and led the multi-disciplinary team that performed Georgia's first hand transplant in March 2011. While at Duke, she established the VCA program and led the multi-disciplinary team that performed North Carolina's first unilateral and the first bilateral hand transplants in May 2016 and in November 2018 respectively. Dr. Cendales is the Principal Investigator of clinical and translational studies in VCA funded by the Department of Defense. Dr. Cendales is a Past-President of the International Society of Vascularized Composite Allotransplantation Society (ISVCA), the Chair of the Organ Procurement and Transplantation Network (OPTN) Vascularized Composite Allograft (VCA) Committee, the Co-Chair of the American Transplant Congress, the Chair of the American Society of Transplantation VCA Advisory Council, and an Associate Editor for AJT and for Clinical Transplantation. She has co-authored numerous scientific manuscripts, abstracts, and invited publications. Similarly, Dr. Cendales has made countless presentations at national and international meetings.

Personal Statement:

I am a hand transplant surgeon, with formal training in transplant surgery (NIH), hand surgery (Louisville), and microsurgery (Louisville). I have been in practice in university-based programs my entire career and intimately involved with the evolution and the practice of vascularized composite allotransplantation (VCA). I have a strong interest in serving on the Board of Directors to also facilitate the integration of these new types of transplants within the transplant community. I bring unique skills in practice, training, and leadership within the field of transplantation and VCA in particular.

I participated in the first meeting at the Health Resources and Services Administration (HRSA) in Rockville, MD in 2008, when VCA was in need of public

recognition and definition as a new field. I participated in discussions regarding the definition of this new type of transplant. Was this considered a tissue or an allograft? It made a difference regarding what federal oversight would apply; clearly, the similarities with transplanted organs was far greater than that of applied tissues. Following that meeting, I helped organize and authored position papers by the American Society of Transplant Surgeons on the subject supporting the inclusion of VCA under the definition of organ transplant in the HRSA Final Rule. I have established collaborative relationships with investigators worldwide and led the first international classification scheme for VCA pathology. I served as the ASTS inaugural chair of the VCA committee, I am the principal investigator of the first VCA consortium in the U.S, the chair of the AST Advisory Council, and I am Past- President of the International Society of VCA. Importantly for this position, I have consistently and uninterruptedly served the OPTN as a member of the inaugural VCA Committee, then as vice-chair, and currently as the Chair of that committee. All of these positions have required an ability to manage, organize, gain consensus, and put into action matters routinely faced by the OPTN. If selected, I will continue my contributions to the transplantation community in a positive and productive manner. I will continue to foster collaborations to ensure that we continue saving and improving lives through organ procurement and transplantation.



Manuel Rodriguez-Davalos, MD, is the Medical Director of the Living Donor Liver Transplantation program at Intermountain Healthcare, Surgical Director of Pediatric Liver Transplantation at Primary Children’s Hospital in Salt Lake City, and he is adjunct faculty of the department of Surgery at the University of Utah. A graduate of Universidad Anahuac in Mexico, his career in liver disease began in 1996 as a post-doctoral fellow at national institute of medical sciences and nutrition in Mexico City. His interest in portal hypertension and HPB Surgery initiated from the mentorship of Drs. Orozco and Mercado. In 1998 he moved with his wife Patricia to Rochester to start his training, he graduated from Mayo graduate school of medicine in 2003 when he finished surgical residency in Arizona. His Transplantation Fellowship was completed at the Recanati Miller Transplantation Institute/Mount Sinai in New York. After 15 years working in in adult and pediatric transplantation in the northeast coast of the United States he recently left his position as Director of Pediatric Abdominal Transplantation at Yale, where he was an associate professor of surgery and pediatrics.

His focus is liver disease with interest in segmental grafts and living donor liver transplantation, as well as hepatic malignancies and portal hypertension. Manuel joined the ILTS Pediatric Committee in 2013. Also worked OPTN pediatric and liver committees as regional representative and member at large, currently he works with the national pediatric allocation task force. He is part of the publications committee for the IPTA, associate editor of the journal Transplantation and is a member of the Society of Pediatric Liver Transplantation-SPLiT. He chairs of the medical advisory committee for the American Liver foundation (UT), is in the board of directors of the Ronald McDonald

House of Charities in Salt Lake and is form parts of the advisory board of Donor Connect.

Outside the U.S. he is a member of the national academy of surgery in Mexico, he forms part of the scientific council for NOIS foundation, with the mission to improve quality of life of children with liver disease. He received the medal of leadership in health sciences 2017 at his alma mater in the state of Mexico. He is an active in the pediatric committee and he has been working with Prof. Rela on the Global Registry for Pediatric Liver Transplantation to address the need for transplantation in children around the world.

His current research is focused on the use of technology including advanced quantitative modeling techniques with 3-D imaging and 3-D printing. Together with the team at Intermountain they investigate on the use of split grafts and other extended criteria to decrease the mortality on patients on the liver transplantation waiting list. With the team at Primary Children's Hospital and the investigators from the University of Utah department of pediatrics he is conducting work on pediatric hepatic malignancies, innovative vascular techniques for children with portal hypertension as well as collaborating as part of the NIH funded- Childhood Liver Disease Research and Education Network.

Personal Statement:

I firmly believe in the importance of teamwork in the current transplant environment. I encourage all our colleagues in this amazing field of donation and transplantation to find balance in clinical work, research, advocacy, and education of patients, families and others in our field, especially with the new generation of healthcare professionals. I believe we have a responsibility as a society to improve organ donation and continuously re shape our allocation systems to benefit those in need, especially children. We must put our patients, our donors and their families as first priority.

Currently, there is a need for continuous innovation and collaboration with other fields, we must create bridges among institutions, states and regions to grow and help others. We have to use technology and always remember the ethical principles that guide our society.

Manuel Rodriguez-Davalos is active in liver and kidney transplantation of pediatric and adults involving both living and deceased donors, he performs liver, kidney, pancreas and intestinal procurements. His passion is liver allocation in children using segmental grafts, he believes in the mission and responsibility to represent families of donors, patients and transplantation professionals.

At-Large MD – Surgery (vote for one)



James Eason, MD, FACS, is Professor of Surgery, Endowed Chair of Excellence in Transplant Surgery for University of Tennessee Health Science Center is Program Director at the James D. Eason Transplant Institute at Methodist University Hospital. He received his medical degree from the University Of Tennessee School Of Medicine and completed his residency in surgery at Wilford Hall Medical Center of Lackland Air Force Base in San Antonio, Texas where he later served as Chairman of the Department of Surgical Transplantation and Program Director for Liver, Kidney and Pancreas Transplantation. As Director of Ochsner Clinic Transplant Program and Director of Liver Transplantation at New Orleans Children's Hospital, he was able to restart this program to become one of the largest centers in the United States.

Returning home to Memphis in 2006 from New Orleans, Dr. Eason transformed the Transplant Institute at Methodist University Hospital in partnership with the University of Tennessee Health Science Center to become one of the top Transplant Centers in the country. In July of 2018, he initiated the Transplant Research Institute on the campus of UTHSC performing groundbreaking translational research in genomics, proteomics, tolerance and transplant oncology.

In addition to his clinical appointments, Dr. Eason has served in various roles on multiple national committees, including the Advisory Committee on Organ Transplantation (ACOT), American Society of Transplant Surgeon, Councilor at large, Chair of ASTS Scientific Studies Committee, Chair of Ad Hoc Committee to Decrease Liver Discards and Co-Chair, 1st author of the white paper on Proceedings of Consensus Conference on Simultaneous Liver Kidney Transplantation sponsored by ASTS/AST/OPTN and ASN. He is an invited lecturer nationally and internationally and has received numerous clinical and community awards including Tennessee Medical Association Outstanding Physician Award and One of 'Ten People who Impacted Memphis, TN over the last Decade.

Personal Notes: He is an avid runner, married to Laura Eason and has 2 daughters, Sydney and Claire.

Personal Statement:

Since I became a Transplant Surgeon 25 years ago, I have been troubled by the reality that we do not have enough donor organs to save our patients in need. In order to try to transplant as many patients as possible, I have aggressively pursued each potential donor to provide lifesaving transplants for my patients. I have now been a Program Director for three different institutions in three different regions. I have observed how inconsistencies in policies and institutional behaviors have limited our patients' access to transplantation.

I have served on the OPTN Ethics Committee and on the OPTN Liver and Intestine committee for many years, as well as ad hoc committees addressing organ discards and allocation and distribution policies. I also was a member of ACOT where many of these issues are also addressed. I am an enthusiastic advocate for revising outcomes reporting in order to decrease the number of discards and increase the number of transplants being performed to save more lives. I believe it is our responsibility to increase access to lifesaving organs through optimizing our organ allocation and distribution policies to provide more transplants to as many patients as possible. I would be honored to serve you on the Board of Directors.



Robert Patrick “Pat” Wood, MD, Went to college at Colby College and graduated magna cum laude. Medical school at the University of Rochester School of Medicine and Dentistry and graduated Alpha Omega Alpha. Did a 5-year surgical residency at New York University Medical Center in New York City and served as the executive chief resident during the fifth year of residency. Completed a one-year transplant fellowship at the University of Pittsburgh. Was recruited with Dr. Byers “Bud” Shaw to the University of Nebraska in Omaha, Nebraska to develop a liver and kidney transplant program. After 5 and a half years in Nebraska as an associate professor of surgery, was recruited to the University of Texas in Houston to head the liver transplant program. Promoted to Professor of surgery and established 4 liver transplant programs in Houston, adult programs at Hermann Hospital and St Luke’s Hospital and pediatric programs at Hermann Hospital and Texas Children’s hospital. Left the University of Texas after about 8 years and established a private practice liver transplant program at St. Luke’s Hospital. After over 30 years of performing liver transplants, formed a general surgery practice in Houston.

Served as an associate medical director for NORS, the OPO in Nebraska, for over 5 years and served as a medical director for LifeGift, the OPO in Houston since 1991. Eventually became the associate chief medical officer for LifeGift and 5 years ago became the chief medical officer. Stopped operating when developed back problems and required a major fusion of the spine and transitioned to be the full time chief medical officer for LifeGift about 3 years ago. Presently serves as the chief medical officer and executive vice president at LifeGift.

Career in surgery began in 1984 after completing residency and I have had privileges at well over 25 different hospitals and have been a part of or chief of multiple transplant programs in Pittsburgh, Omaha, and Houston. I have served on numerous hospital committees gaining extensive knowledge of hospital politics and the impact of a transplant program on a hospital. As one of the early leaders in transplantation have

been a part of the development of the transplantation network and have participated on numerous OPTN committees most recently a three-year term on the DTAC committee. Have served as the president of the Texas Transplant Society and recently served as the medical director for AOPO. Memberships in societies related to transplantation include AOPO, American Society of Transplant Surgeon, the Transplantation Society, the Texas Transplant Society. Have published over a hundred articles and have done innumerable presentations at national meetings. With a passion for education I average 3 to 4 presentations per month on donation and transplantation to anyone who will listen including but not limited to grand rounds, physicians and nurses in donor and transplant hospitals, medical and nursing students and the lay public (this week it was a presentation to the chaplains and resident chaplains in training at Memorial Herman Hospital in the Texas Medical Center). With years of experience in both transplantation and as an OPO medical director and as a full-time medical director with the time to participate on the board and with a desire to support the present effort to revise allocation policies seems to be a good candidate to be an at large member of the board.

Personal Statement:

Having begun my career in transplantation in 1984, I have personally witnessed virtually all of the major developments in the field of transplantation and organ donation. The most amazing transition I have witnessed over my long career is the change our expectations for transplant recipients. When I started in 1984 in Pittsburgh, we were happy if anyone survived the operation and perioperative period (due to the complexity of the operation, limited options for preservation of the liver and toxic but largely ineffective immunosuppression). And now we are devastated if anyone dies after their transplant and the risk of death is higher on the waiting list than after the transplant. I have witnessed the original “good old boy” network of organ allocation, to the first regional systems for allocation, and the birth of federal regulations and the OPTN. I have been a part of all of the various allocation schemes over the years, along with the development of the concept of brain death, the improvement of preservation solutions and immunosuppressive medications, the concept of DSA, the development of OPTN regions and the many and varied controversies that have swirled around organ donation and transplantation. I have always been involved in the donation side of the transplant process as demonstrated by my long-term commitment to being an OPO medical director. I am a passionate advocate for the patients on the waiting list, for the donors and their families and for all of the many and varied individuals, doctors, nurses, transplant and procurement coordinators, and administrators of the many and varied entries who make the process work. I believe I am in a unique position as a former transplant surgeon and now a full-time medical director at an OPO, to understand and appreciate the various views and opinions regarding the policies and procedures involved in this highly complex field. The highest compliment I recently received was when our local transplant surgeons was giving me all of the reasons that we should schedule the donor operating room to accommodate their schedule. After listening to his soliloquy, I informed him that I was simply not “buying” his explanation about why we should adjust to his request and he sighed and said I forgot you, based on your years of experience, can tell when you are getting fed a line of “BS”.

I am extremely fortunate to have been able to continue to follow my passion for

transplantation and organ donation after I was forced to give up operating by becoming even more involved in the donation side of things as a full-time medical director for LifeGift. I feel honored to work with these donors and their courageous families and strive at all times to provide the best quality organs for the waiting recipients and to “maximize the gift” from each donor. I am frustrated that too many organs are being discarded and hope to work to help to develop a system of allocation that gets the right organ to the right patient in the right amount of time. I am committed to improving the present allocation systems to maximize the use of all organs and to minimize the discarding of organs while recognizing the need to be sensitive to the various opinions and concerns of the transplant programs. I look forward to the challenges that the board is and will be facing regarding allocation issues and in dealing with other issues like machine preservation and donor research protocols. I admit that I am very concerned about the transplant community’s unwillingness to come together to solve our issues rather than playing them out in the lay press and predict that if we do not come together that the federal government will take it upon themselves to “legislate” allocation and other policies thus taking it out of the hands of the transplant community. We must not let this happen!

At-Large MD – Medicine (vote for one)



Sylvia Rosas, MD, MSCE, is a nephrologist and epidemiologist at the Joslin Diabetes Center in Boston, Ma. She is the Director of the Latino Kidney Clinic and an Associate Professor of Medicine at Harvard Medical School. She graduated from the Universidad del Rosario School of Medicine in Bogotá, Colombia. Dr. Rosas then completed her Internal Medicine training at Michael Reese Hospital/University of Illinois at Chicago. She completed Clinical Nephrology and Epidemiology training at the University of Pennsylvania. Dr. Rosas’s primary research focus is on the epidemiology of metabolic and cardiovascular disease complications in patients with chronic kidney disease and kidney transplantation. She is the clinical center PI in the NIDDK-funded multicenter APOL1 Long-term Kidney Transplantation Outcomes Network (APOLLO) which evaluates the role of the APOL1 gene in kidney transplant outcomes. She is also the PI for the Kidney Precision Medicine Program (KPMP) Chronic Kidney Disease recruitment site at Joslin Diabetes Center. KPMP aims to ethically obtain and evaluate human kidney biopsies in order to create a kidney tissue atlas, define disease subgroups, and identify critical cells, pathways, and targets for novel therapies. She has received numerous awards including the National Kidney Foundation of New England Physician of the Year in 2017. She is a member of the Scientific Advisory Board at the National Kidney Foundation. She has authored over 100 manuscripts. She is a member of the Editorial Board of the Clinical Journal of the American Society of Nephrology and the Advances of Chronic Kidney Disease Journal. Dr. Rosas has been involved with the organization and the network since 2012 when she served as a member of the Minority Affairs Committee (MAC). She also served as a member of the Policy Oversight

Committee while she was MAC vice-chair. She is the immediate past Chair of MAC and still attends the meetings regularly.

Personal Statement:

I am interested in serving as a member of board in order to accomplish the mission and fulfill our responsibility to make transplantation equitable to all waitlisted candidates. My experience and organizational skills will be devoted to the goals in order to increase the number of and access to transplants, improve survival rates after transplantation, and to promote patient safety and efficient management of the system. In the past, I have served as a member of the Minority Affairs Committee and a member of the Policy Oversight Committee. I'm the immediate past-Chair of the Minority Affairs Committee. I am a nephrologist and epidemiologist with a particular interest in health disparities.



Amishi Desai, DO is currently an Associate Professor of Medicine at Loyola University Medical Center (LUMC). She is the Division Chief of Transplant Nephrology and Medical Director of both the Kidney and Pancreas Transplant Programs. In addition, Dr. Desai is the Medical Director of LUMC's Transplant floor that cares for recipients of kidney, pancreas, liver and/or lung transplant recipients as well as living donors.

Dr. Desai received her medical school training at the Chicago College of Osteopathic Medicine and residency training at the McGaw Medical Center of Northwestern University Evanston campus. She received her nephrology and transplant training at the University of Chicago. She remained at University of Chicago as a clinical instructor establishing her own clinical niche in renal management of solid organ transplant recipients. As Assistant Professor at University of Illinois Chicago for approximately 3 years, she served as the Transplant Fellowship Director. In 2015, Dr. Desai took on the role of Medical Director at LUMC where she again has taken on the renal management of all solid organ recipients with her team. In addition, she has rejuvenated the program and along with her surgical colleague making this year a record-breaking one in kidney transplantation for LUMC. She has proven to be a true leader in transplant medicine, actively serving on the Transplant Executive Committee at LUMC and collaborating with her solid organ colleagues in the overall management and care of organ recipients.

In addition to her clinical and administrative leadership roles, Dr. Desai spends a large portion of her time volunteering. She has served as the Chair for the Trainee and Young Faculty Community of Practice as part of the American Society of Transplantation. She presently serves in both the National Kidney Foundation of Illinois (NKFI) and the Organ Procurement and Transplantation Network (OPTN). On the Executive Committee of the NKFI, she actively participates in event and mission planning. She served diligently on the OPTN Minority Affairs Committee (MAC) as the Region 7 representative, completing

her term this past year. She continues to lead policy change for MAC as the project lead for the socio-economic disparities work group based on her idea to overcome the disparities facing underserved kidney transplant candidates. Dr. Desai participates on every conference call and makes time for her volunteer commitments. She attends every regional meeting and actively votes on behalf of her organ transplant center. In addition, Dr. Desai volunteers her time actively educating in the community and at LUMC on renal disease, transplantation and blood pressure monitoring. She routinely educates fellows, house staff and the nursing team on her medical ward in the aforementioned.

Dr. Desai's passion includes renal disease in all solid organ transplantation. Her team is pursuing research and presented on renal disease in heart and lung transplantation specifically looking for patterns and assessment tools to better define renal disease and glomerular filtration rates in this sub-population. In addition, Dr. Desai has actively participated in research and published on immune recall response in renal transplant recipients, access preservation in chronic kidney disease and transplant recipients, education on sun protection for Hispanic transplant recipients and steroid withdrawal in the African American patient population. Her passion for transplant research began while she was in residency training when she analyzed the incidence of fracture rates in solid organ recipients on glucocorticoid-sparing immunosuppressive regimens.

Dr. Desai is now pursuing the role of Member at Large on the Board of Directors. Her years of experience in leadership, administration and on OPTN committees qualifies her for this next step in her career.

Personal Statement:

"I am already tethered to oxygen. I can't bear the thought of being tethered to dialysis as well." This analogy of tethering from a lung transplant candidate resonates with me and describes best the current state of health of many solid organ transplant candidates. Many of my patients are tethered. Tethered to oxygen, inotropes, dialysis, insulin...the list goes on and on. Transplantation breaks these chains and provides a freedom from the constraints of chronic end-stage organ disease. My passion for transplantation stems from this health benefit my patients attain, which provides a chance for patients to feel normal again. It is why I encourage them to celebrate all their milestones from post-operative day 1 to every anniversary. Transplantation is something to celebrate, a true miracle of modern of medicine.

However, something as unique as transplantation requires regulatory oversight. It can easily fall into a slippery slope of unregulated medicine. As a Transplant Nephrologist, I am governed by oversight beyond my institution. Oversight is necessary to assure equity and equality in transplantation. I have spent my career actively volunteering my time in renal disease management and transplantation. Presently, I serve on the Executive Committee for the Illinois branch of the National Kidney Foundation and I am coming off my time as the Region 7 Representative on the Minority Affairs Committee (MAC) for the Organ Procurement and Transplantation Network (OPTN). I pursued a position

on MAC given my firm belief that transplantation should be an equitable option for all patients. I lead our MAC project on socio-economic status and the effects it has on access to transplantation and transplantation rates in order to advocate for equity and fairness in organ allocation. To better understand the decision-making processes behind the regulations that provide oversight to my transplant practice and patient's access, I am running to become a Member at Large on the Board of Directors. I hope to foster positive change with this knowledge to improve upon equity and equality in transplantation.

To the Board, I would bring my own experience as a leader in transplantation. I am presently the Division Director of Transplant Nephrology and Medical Director of both the Kidney and Pancreas Transplant programs at Loyola University Medical Center (LUMC). In addition, I am the Medical Director of my institutions transplant floor and serve on our Transplant Executive Committee. Every role comes with its challenges and levels of regulation. Each opportunity has helped me to be a better leader and administrator to create an extremely successful transplant program for LUMC.

The aforementioned opportunities for leadership and administration in both my institution and community have provided me with the foundation to be an active and engaged participant on the Board of Directors. I am honored to be nominated for this position in transplantation and I am hopeful to serve diligently for my transplant community and patient populations. I thank you sincerely for your time and consideration of me for this opportunity.

At-Large MD – Medicine (vote for one)



Monica Grafals, MD, MPH is an Academic Transplant Nephrologist. Originally from Puerto Rico, Dr. Grafals completed Medical School at the University of Puerto Rico. From there, she went to complete an Internal Medicine Residency at the University of South Florida. Subsequently, she did her Nephrology Fellowship at Drexel University and a Transplant Nephrology Fellowship at Northwestern University, where she received her OPTN certification for Kidney and Pancreas Transplantation.

Dr. Grafals went on to work at Brigham and Women's Hospital for her first faculty appointment. There she completed her Masters in Public Health at Harvard T.H.Chan School of Public Health with a focus in Operations Management. Currently, she is completing her Health Care Administration MBA at the University of Colorado Business School.

Dr. Grafals is double board-certified in Internal Medicine and Nephrology and is now full-time faculty at the University of Colorado Hospital. She has served as a Member of the Pancreas Transplant Committee. Presently she serves as the Medical Director

of the Live Donor Program. Under her leadership, the University of Colorado Hospital has increased its volume from 144 kidney transplants in 2016 to 256 in 2018.

Personal Statement:

I am passionate about medicine, and even more so, organ transplantation. After all, few specialties get to deliver good news to patients in dire need as often as transplantation does. "A transplant can help", "A match has been found", "The transplant was a success!" Aiming to bring relief to as many patients as possible, I have become a passionate advocate for them and do everything in my power to find an organ and get them transplanted.

There are few better ways to help as many transplant candidates as possible as actually increasing the number of transplanted patients. By thoroughly listening to my staff and patients, I was able to design process improvement meetings to optimize the way that we were evaluating living donors and kidney transplant recipients. Under my leadership, the CU Kidney Transplantation Program has safely doubled its numbers in three years.

I want to be part of the Board to represent the transplant community. I want to contribute to the growth and optimization of organ allocation processes.

"The truth of the matter is that one always knows what the right thing to do is. The hard part is doing it."

-Norman Schwarzkopf



Celeste Williams, MD, FACC, MS is an experienced transplant cardiologist at Henry Ford Hospital in Detroit, Michigan. She has an appointment at Wayne State University School of Medicine as an Associate Professor of Medicine. She is driven by improving access to care and the quality of care to all patients. She is known for educating, collaborating and developing strategic alliances to improve patient care outcomes. As the medical director of cardiac transplant, Dr. Williams has been afforded the opportunity to develop, implement and provide on-going assessment of the heart transplant clinical practice guidelines with the emphasis of meeting the needs of the population being served. In addition to being medical director of cardiac transplant, Dr. Williams is the Director of Quality of the Heart and Vascular Institute at Henry Ford. In that role, her goal is to reduce clinical variation, share best-practices system-wide and reduce waste within the Cardiology service line.

Celeste completed her undergraduate work at the University of Iowa where she received a BA in Chemistry. She then went to Chicago and completed medical school at the Chicago Medical School; Internal Medicine Residency at Loyola University in

Maywood, Illinois. She had a passion for healing hearts; she completed her Cardiology Fellowship at Henry Ford Hospital in Detroit where she won the Frances Fernandez outstanding fellow award. She continued at the Cleveland Clinic completing her training in advanced HF/cardiac transplantation in 2005.

Dr. Williams has a passion for quality and ensuring all providers have the appropriate tools to provide excellent care and all patients have access to quality care. The committees she is involved in are aligned with her goals. She is currently serving on the American College of Cardiology Curriculum Design committee whose purpose is to identify the educational gaps of the college and then develop teaching strategies and delivery methods to address the gaps. Also, she has also served on OPTN (Region 10 rep) minority affairs committee as well the operation and safety committee. Celeste's board experience includes memberships on the Michigan Eye-Bank Board of Directors and the Henry Ford Medical Group's Board of Governors. Dr. Williams has many awards; including in 2017 she was recognized by the Michigan Chronicle as a "Woman of Excellence".

Dr. Williams is an educator, clinician, and administrator who is committed to quality. Thank you for considering her candidacy to the Board of Directors.

Personal Statement:

Thank you for considering my candidacy to the Board of Directors. As the Medical Director of the Cardiac Transplant program at Henry Ford Hospital, I have worked as a clinician, researcher, administrator and educator developing an infrastructure that provides a platform for collaboration, on-going education and quality improvement for our transplant patients. I am driven by improving access to care and the quality of care to all transplant patients keeping in mind we must look at the specific needs of the population we are serving. I believe my personal goals are aligned with the OPTN's strategic goals. I believe all should have access to transplant and that the policies developed should reflect this important consideration.

I have served on various boards/committees both nationally and locally with the focus of improving quality either with education/competencies, policy development and implementation and/or collaboration. My board and committee work have given me the opportunity to see implementation of best-practices which results in improvement in processes/outcomes on a larger scale. I am passionate about quality. I am committed to improving the care of transplant recipients not only for patients to have better clinical outcomes but also to have a better quality of life. I would be honored to serve on the Board of Directors- to be a dutiful board member and to share my perspective and experiences. Thank you for your consideration.

At-Large MD – Medicine (vote for one)



Leway Chen, MD, MPH, FACC, FACP, is is Professor of Medicine at the University of Rochester. He began the Advanced Heart Failure Program at the University of Rochester Medical Center in 2000 and he has been the Medical Director of the program since the inception. His clinical duties include management of heart failure, transplant, and mechanical assist device patients. Dr. Chen has a Master’s of Public Health degree from the University of Washington and a BA and MD from the University of Missouri at Kansas City. He is a Fellow of the American College of Physicians, a Fellow of the American College of Cardiology, a Fellow of the American Heart Association, a Fellow of the Heart Failure Society of America, and a member of the International Society for Heart & Lung Transplantation and a member of the American Society of Transplantation.

Dr. Chen came to the University of Rochester in 1999, after completing his cardiology fellowship and Masters in Public Health at the University of Washington and a Health Services Research & Development fellowship at the VA Puget Sound Health Care Center (Seattle VAMC). He completed his internal medicine residency at Beth Israel Hospital in Boston, Massachusetts, in 1994, and then spent one year doing cardiovascular research at the Framingham Heart Study.

Dr. Chen is a past Upstate Governor of the New York Chapter of the American College of Cardiology. He has served as the OPTN Thoracic Committee Region 9 representative. He has been on the Region 9 Thoracic Review Board since his transplant program inception. He is a founding member of the New York Cardiothoracic Transplant Consortium. He has served on the advisory board for the Finger Lakes Donor Recovery Network (organ procurement organization) since 2007.

Personal Statement:

I have been a part of the transplant community for 20 years. Along with my Surgical Director partner, we started the advanced heart failure, heart transplantation, and mechanical circulatory support program at the University of Rochester Medical Center in 2000. When we did our first heart transplant in February 2001, there were only three other individuals that had ever been a part of a heart transplant program: the surgeon, our transplant nurse practitioner, and a cardiac anesthesiologist. That first night, our surgeon slept on an ICU bed next door to the patient. I slept down the hall on an air mattress on my office floor.

Nearly 19 years later, I am still amazed at the gift of life that transplantation can offer. I have remained very involved locally in our transplant community, with our local OPO, the Solid Organ Transplant Program, transplant administration, and transplant quality council. I have been our Region 9 representative to the OPTN

Thoracic Committee, as well as served on the Region 9 Heart Review Board. I am a founding member of the New York State Cardiothoracic Consortium—made up of currently 7 heart transplant and 3 lung transplant programs in New York State.

I have a very strong desire to continue to work for the transplant community. I would like to represent the heart transplant community at the national level. I would advocate for smaller transplant programs (such as ours), but recognizing the ever increasing geographically diverse and expanding scope of our connections. I look forward to the opportunity to serve on the Board of Directors.



Gregory Ewald, MD, FACC, received a B.S., Biology from the University of Illinois at Urbana-Champaign and his M.D. degree from Northwestern University in Chicago IL. His internal medicine internship, residency and cardiology fellowship were completed at Barnes Hospital / Washington University School of Medicine. He is board certified by the ABIM in Cardiovascular Diseases and Advanced Heart Failure and Transplant Cardiology.

He is currently a Professor of Medicine at Washington University School of Medicine and Interim Chief of the Cardiovascular Division. He has served as the medical director of the Advanced Heart Failure, Mechanical Circulatory Support, and Heart Transplant Programs at Barnes-Jewish Hospital since 2004. He also serves as Cardiac Medical Director at Mid-America Transplant in St. Louis, Missouri and developed out of hospital cardiovascular diagnostics and donor management protocols at the donor management and recovery center in St. Louis.

In addition to patient care responsibilities, Dr. Ewald is a successful investigator in multi-center clinical trials of medical and device therapies for patients with heart failure and heart transplantation. He is currently funded to develop novel imaging modalities to diagnose left ventricular assist device thrombosis and to understand and predict recovery of donor heart function following brain death.

Personal Statement:

I am excited about the possibility of serving on the Board of Directors. I have served as a Regional Review Board member and most recently as the Region 8 representative to the Thoracic Organ Committee. During my tenure on the Thoracic Committee, we have managed the implementation of new policies related to recipient waitlist stratification and broader distribution of donor hearts. I look forward to continued involvement in refinement of these policies in heart transplantation and similar policy development across the spectrum of solid organ transplantation.

My career at Washington University and Barnes-Jewish Hospital has been dedicated to heart transplantation as a therapy for advanced heart failure. I have also been fortunate to work closely with our local organ procurement organization. This has led to the development of an out-of-hospital donor management and procurement facility that has served as a model to other regional centers. My research interests include cardiac donor management and the ability to predict recovery of function in donor hearts with early brain death related graft dysfunction.

The current challenges regarding the broader distribution of donor organs will require careful consideration in the coming years. I hope to contribute my longstanding experience as a transplant physician, organ procurement organization director, and committee member to the important work of the board of directors.