

## 2025 OPTN Board of Directors Officer Interest Statements

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## President (vote for one)

### ***Ryan Davies, MD***

**Clinical Director of Pediatric Heart Transplantation and Mechanical Circulatory Support, and Interim Chief of Pediatric Solid Organ Transplantation, UT Southwestern Medical Center/Children's Medical Center**

**Officer Interest Statement.** I would be honored to be considered for OPTN president. As a congenital cardiac surgeon and transplant physician, I have devoted my career to improving outcomes and access for children with advanced heart failure. I serve as Director of Pediatric Heart Transplantation and Interim Chief of the Pediatric Solid Organ Transplant Program at UT Southwestern and Children's Health, leading cross-organ efforts to enhance coordination and equity.

My OPTN service includes Chair and Vice Chair of the Thoracic Committee, Region 2 Representative, and membership on the Policy Oversight Committee, Ad Hoc Geography Committee, and Strategic Planning Collaborative. These roles have deepened my understanding of how policy, data, and collaboration must align to serve patients and honor donor gifts.

If elected, I will advocate for equitable access to transplant, improved organ utilization, and transparent governance. I believe the OPTN must continue evolving to meet today's challenges while protecting its core values. I would be privileged to lead this work on behalf of our diverse community.

**Biographical Statement.** Dr. Ryan R. Davies is a Professor and Surgical Director of Pediatric Heart Transplant and Mechanical Circulatory Support at UT Southwestern Medical Center/Children's Medical Center in Dallas, TX, where he also is the interim leader of the Pediatric Solid Organ Transplant Program. Dr. Davies is a graduate of Yale University School of Medicine and has dedicated a significant portion of his career to improving outcomes in organ transplantation.

A leader in the field, Dr. Davies has been actively involved with the OPTN. He previously served as Chair of the OPTN Thoracic Organ Transplantation Committee and as a member of multiple OPTN committees and workgroups. This experience has provided him with a unique perspective on organ allocation policy and the challenges facing patients awaiting transplantation. His research interests include optimizing donor organ utilization, improving access to transplantation for children, and long-term outcomes following transplantation. He has been honored with awards such as the UT Southwestern Leaders in Clinical Excellence Program Development Award for leadership of the heart transplant program and is widely published in the field.

**Personal Statement.** It has been the privilege of my career to care for children facing some of the most complex cardiac conditions—patients for whom heart transplantation is often the only hope. As a congenital cardiac surgeon and transplant physician, I have witnessed both the extraordinary success stories and the heartbreaking realities of a system still marked by inequities in access and underutilization of donor organs. I am committed to helping build a transplant system where every candidate—regardless of age, geography, or background—has a fair opportunity to receive a life-saving organ, and where every viable donation is used to its fullest potential.

I currently serve as Professor of Cardiovascular and Thoracic Surgery at UT Southwestern Medical Center and Director of Pediatric Heart Transplantation and Mechanical Circulatory Support at Children's Health in Dallas. I also serve as the Interim Chief of the Pediatric Solid Organ Transplant Program, working across heart, liver, and kidney transplant teams to improve integration and outcomes. My clinical work focuses on the care of children with advanced heart failure and congenital heart disease, including those supported with mechanical circulatory devices. My academic interests center on outcomes-based research and national data analysis, with over 130 peer-reviewed publications on pediatric and congenital cardiac surgery and transplantation.

I have had the honor of serving in multiple leadership roles within the OPTN. I was Chair of the Thoracic Organ Transplantation Committee from 2018–2020 and Vice Chair prior to that. I also served as Region 2 Representative and as the Thoracic Committee representative to the Policy Oversight Committee. My OPTN experience spans critical national initiatives, including the Ad Hoc Geography Committee, Strategic Planning Collaborative, and Systems Performance Metrics Summit. I have also contributed to the Lung Continuous Distribution Workgroup and participated as an ex-officio member of both the Heart and Lung Committees. Across these roles, my focus has been on developing equitable allocation policies, optimizing donor organ utilization, and improving national transplant performance through thoughtful, data-informed policy.

These experiences have given me a comprehensive understanding of the transplant system's complexity and the importance of broad stakeholder collaboration. If elected to the OPTN Board of Directors, I will bring a perspective grounded in clinical care, data-driven analysis, and a deep belief in the need for continual system improvement.

My priority will be to advocate for policies that increase access to transplantation and ensure that we use every available donor organ wisely and justly. We owe it to our patients—and to the families who give the gift of life—to build a system that is both fair and effective. I would be honored to serve and to help guide the next chapter of the OPTN's essential work.

### ***John C. Magee, MD***

**Attending Surgeon, Division of Transplantation, Jeremiah & Claire Turcotte Professor of Transplantation Surgery, University of Michigan Health Systems**

**Officer Interest Statement.** I am stepping forward as a candidate for president after thoughtful consideration of our past, the present, and the incredible potential ahead. The OPTN is a critical transition point. We need to re-imagine what is possible, leveraging the success of our past while addressing an ever-increasing list of challenges. We need to carry on the daily work of the OPTN while simultaneously developing new systems capable of adapting to disruption. We need to continue to develop a governance structure that can support change and incorporate input from all stakeholders. It is a time to re-evaluate our mission and our values, not because they are wrong, but because this period of reflection offers is a unique opportunity for us all to effectively shape a new future. The only way I know how to do this is by working together while maintaining our principles. The clinical and research components of my career have involved large interdisciplinary teams whose success depends on effectively working together. I have served on multiple boards across the transplant and donation

community. I believe I have the experience to effectively partner with the entire OPTN board to move us forward. Thank you.

**Biographical Statement.** I am a Professor of Transplant Surgery at the University of Michigan, where I have been a faculty member for 27 years. My clinical and research career has focused on improving the care of children and adults needing kidney, pancreas, and liver transplantation. I have held multiple leadership positions within my transplant center, as well as within regional and national organizations focused on organ donation and transplantation.

**Personal Statement.** I am stepping forward as a candidate for the OPTN Board from a position of hope and possibility. Transplantation in the U.S. is at a critical inflection point. We have an incredible record of accomplishment. We also must continue to evolve if we are to solve longstanding issues that have been difficult to address. The challenges are immense and ever changing, but the only path is forward. The current Special Election for the OPTN Board represents the next step in this journey.

The newly seated OPTN Board will help chart our course forward and set the tone in our community. Throughout my career, I have actively engaged in multiple opportunities to work collaboratively with diverse stakeholders to define the current state and establish a path forward to fulfill a shared mission and values. Through these interactions I have had the opportunity to gather perspectives across organ donation and transplantation, as well as understand the critical need for partnership with patients, donor families, payors, and federal agencies.

I believe I will bring an informed, balanced, and collaborative approach to the Board. I am a Professor of Transplant Surgery at the University of Michigan. My clinical and research career has focused on improving the care of children and adults requiring kidney, pancreas, and liver transplantation. I have a robust appreciation of the challenges facing patients, families, faculty and staff within transplant programs. I have served as the Surgical Director of the Pediatric Liver and Kidney Transplant Programs, as well as our Adult Kidney Transplant Program. I previously served as the Director of our Transplant Center as well as Section Head of Transplant Surgery. I also have a solid appreciation of the challenges facing the organ donation community. Throughout my career I have been actively involved in collaborative efforts with our local OPO, including serving on the Governing Board for the last 7 years. I have participated in efforts to increase both living and deceased organ donation. I have provided leadership for three Health Resources and Services Administration, Division of Transplantation (HRSA-DoT) grants, studying innovative approaches to increase donation in the community. I have also collaborated with leaders in OPOs across our country through my engagement in the Organ Donation & Transplantation Alliance for the last 14 years. I am active within the American Society of Transplant Surgeons (ASTS) and have participated in many initiatives over my career. I have served as chair of the Surgery and Liver Transplantation Committee of the American Association for the Study of Liver Diseases (AASLD). I have also partnered with patient advocacy groups for 23 years, including the National Kidney Foundation of Michigan where I have been the Board Chair. I am familiar with data collection and analysis to guide policy development. I served as a Principal with the Scientific Registry of Transplant Recipients (SRTR) from 2003 to 2010. In this role I worked with multiple OPTN committees. I am currently the co-chair of the SRTR Review Committee.

I have had the privilege of Board service in many organizations. I understand the critical need for effective, inclusive governance. I am committed to the principles of representation, collaboration, transparency, and accountability. Thank you.

## Vice President (vote for one)

### **George Bayliss, MD**

**Medical Director, Division of Transplantation, Rhode Island Hospital, and Associate Professor of Medicine, Brown University**

**Officer Interest Statement.** I would like to be considered for the position of vice president of the Board. I see the role of the vice president to facilitate the overall work of the board to carry out review of policy, help facilitate evaluation of new issues for the board to consider, and interactions with the new contractors and HRSA on behalf of the overall Board. The role of the vice president is to facilitate communication between the executive committee and the larger Board. The vice president's role is to facilitate flexibility for the Board. I bring the ability to listen and communicate, two key skills for the vice president.

**Biographical Statement.** I graduated from Harvard College and worked for small and large news organizations covering everything from school boards and zoning commissions to central banks and national governments. My final post before medical school was as bureau chief for an international news agency reporting on political and economic change in Eastern Europe after the Berlin Wall fell. I have an interest and experience in trying to understand organizations facing rapid change.

After medical school and internal medicine residency at Brown University, I completed my renal fellowship at Beth Israel Deaconess Medical Center. I returned to Brown as a faculty member and general nephrologist in 2008, moving to transplantation full time in 2014. I care for patients with progressive kidney disease, manage their transition to dialysis and referral for transplantation, evaluate them for listing, and care for them post-transplant.

I have volunteered for the American Society of Nephrology (ASN) as a member of its workforce and leadership committees and for the OPTN as a member of its Ethics Committee and as a volunteer on the Ad Hoc International Relations Committee panel revising recommendations on international living donors in the U.S.

I became medical director of transplantation at Rhode Island Hospital in March 2024. I take organ call and recognize the challenges that changes in donor age, recipient age, and organ allocation pose as I evaluate an out-of-sequence kidney offer from 250 NM away, chose our recipient, discuss with the surgeon and patient whether to accept the offer and respond within 30 minutes at 3 a.m.

**Personal Statement.** Thank you for the opportunity to interview for a seat on the OPTN Board. Demand for organ transplants soars while the supply lags. Criticism of organ procurement allocation has driven HRSA to reform the OPTN and its contractor and is pushing efforts to refer more people for kidney transplants, increase organ procurement, and increase kidney transplants. On the patient side, the transplant community is working to increase equitable access to transplantation, redress past wrongs

that limited access, and remove racial and geographic barriers to transplantation through efforts like continuous distribution of organs.

The OPTN is at the vortex of these changes. Its Board members are responsible for helping balance the interests of the transplant community and its duty to organ recipients, organ donors, and the health care system. My patient experience as a general and transplant nephrologist and my policy experience as an OPTN volunteer qualify me to serve as a Board member.

We need not only to increase the number of organs recovered and transplanted but improve the quality of organs recovered and their longevity once transplanted. This includes supporting research to improve organ preservation techniques, promoting efforts to reduce cold ischemic time by getting organs to programs that can use them rapidly without violating the waiting list, resolving ethical issues about thoracic normothermic regional perfusion, and engaging in shared decision making with patients about using organs from older sicker donors.

### ***Shelley Hall, MD***

**Chief of Transplant Cardiology, Congestive Heart Failure and Mechanical Circulatory Support, Baylor University Medical Center**

**Officer Interest Statement.** My long involvement with the OPTN, from the beginning as a RRB member to chairing the inaugural Heart Committee and two years on the MPSC, combined with expanding and leading a large transplant program have created the tools necessary to facilitate the tasks of this inaugural OPTN Board. Listening and encouraging all voices in the transplant space are crucial for advancing our outstanding allocation system to the next level, and I think I am well positioned to motivate this process, as I do just this in my transplant program.

**Biographical Statement.** I have been an active participant in the OPTN process for over 15 years, starting as a Regional Review Board member, then Region 4 Representative on the Thoracic Committee and ultimately the Heart Committee chair. I am currently on the MPSC and Multi-Organ Transplantation Committee and am the current Region 4 Associate Councillor. I staunchly support continual improvement in the allocation process.

**Personal Statement.** I am a transplant cardiologist practicing at Baylor University Medical Center my entire career, nearing 28 years. I have been an avid participant in the heart allocation process with the OPTN for over a decade starting on the Regional Review Board, progressing to Region 4 Representative on the Thoracic Committee, chairing the new Heart Committee, and currently Associate Councillor for Region 4 and serving on the MPSC. I have always believed in active participation in the OPTN process as a vocal cheerleader, councillor, or scientific advisor. Our transplant system is the best in the world due to the open collaboration among physicians, OPOs, administrators and patients. I want to continue those efforts as a Board member.

My research interests lie in progressing the transplant process and finding ways to do less to our patients. Our center was an early adopter of a biopsy minimization and promoting noninvasive surveillance. We also push the boundaries in trying to “make every heart work” to allow more patients the chance at a longer better life. These forward-thinking moves will be necessary as our national transplant system evolves, and I know I can be a constructive voice for our patients and our profession.

**Vice President of Patient and Donor Affairs (vote for one)****William (Bill) Ryan, MBA**

**Founder, President, and Chief Executive Officer of Transplant Life Foundation; Family Member of a Deceased Donor**

**Officer Interest Statement.** As a donor father who has lost two children, I have been active in the donation and transplant community since 1986. A parent in the donation process twice in the last 39 years, I have been exposed to many of the processes in the donor experience. As the founder and Chief Executive Officer of the Transplant Life Foundation, I have had the unique opportunity to interact on a daily basis with thousands of donor families, recipients, living donors, care givers and donation and transplant professionals. We publish *TransplantNATION*, a magazine, six issues a year, with articles of heroism, sacrifice, courage and support. My interest in serving is to help focus the board on the needs of patients, donors, and donor families, while at the same time helping improve the processes to ensure that every patient in need is matched with a healthy organ and every donor family has the opportunity to experience the emotional reward of seeing their loved ones provide the gift of life. Finally, as an experienced business executive, I am prepared to utilize a lifetime of management of a variety of operations to contribute to the management of the business side of the donation and transplantation process.

**Biographical Statement.** Bill Ryan is President and Chief Executive Officer of The Transplant Life Foundation and is also board chair of Ryan Marketing Group Technologies, an event project management company with over 30 years of experience on world class events including the NCAA Final Four®, FINA World Swimming Championships, FIBA Men's World Basketball Championships, World Cup Soccer, and the Solheim Cup. Bill leads a team of professionals in producing the Transplant Games of America, the largest gathering of transplant recipients and donor families in the world, and most recently has completed a six-year term on the advisory board for Gift of Life Michigan. Bill is a longstanding member of the Michigan Donor Family Council.

With a career-long professional background in voice, data, and broadcast technical experience, Bill has demonstrated leadership skills in managing complex, and diverse business disciplines including data management, large-scale experiential analysis, and oversight of media and marketing divisions.

As a donor parent, Bill has lost two daughters, which has propelled and maintained his involvement in the field of donation and transplantation. He has served the community for almost 40 years and welcomes the opportunity to serve on the OPTN Board.

**Personal Statement.** As Chief Executive Officer and President of the Transplant Life Foundation, I have had the pleasure of serving the donation and transplantation community for almost 40 years. Over this time, I have had the opportunity to touch the lives of hundreds of patients and their families through our advocacy efforts across the nation. The emotional interaction between living donors, donor families, and recipients demonstrates and proves the amazing success of this miracle of transplantation. At its very core, our mission must be to ensure that the experience for all parties continues to be a life enriching event.



As a parent, I was introduced to transplant in 1986, after losing my daughter, Michelle, in an automobile accident. It was her wish to become an organ donor, and her gifts made life possible for a number of patients. In 1999, our family lost a second daughter, Angie, to a life-long physical disability. These life events have given me the opportunity to transform painful losses into a meaningful mission to promote and encourage organ and tissue donation.

Over the course of my business career as an executive in multiple industries, I have the acumen and skill set to review, reflect, and participate in business decisions that further advance the amazing results to date and, at the same time, build a structure for the future to accommodate the growing need for additional organs.

Leading the Transplant Life Foundation and producing the Transplant Games of America, I have worked alongside thousands of participants across a broad demographic base. Interaction with these patients, caregivers, donors, donor families, and professionals has given me a clear understanding of the needs of this community.

I am excited at the potential of helping impact donation and transplantation rates in communities of color and using my decades of business leadership to help drive innovation and technology to improve end results. I look forward to continuing support of the transplant community and being a part of the OPTN team.

### ***John J. Sperzel III, BS***

#### **Previously Chairman and Chief Executive Officer, T2 Biosystems, Inc.; Heart Transplant Recipient**

**Officer Interest Statement.** In 2017, I survived Giant Cell Myocarditis and received a life-saving heart transplant. That experience fuels my deep commitment to improving the organ donation and transplant system. As a transplant recipient and member of the OPTN Patient Affairs Committee, I bring firsthand insight into the patient journey and a strong voice for donor families. Professionally, I have served as Chief Executive Officer, President, or Board Chair across seven healthcare companies, with a focus on transparency, equity, and results. I am seeking to serve as OPTN vice president of patient and donor affairs to ensure that patient and donor perspectives are central to every decision. I will advocate for greater inclusion, accountability, and communication across the system, helping to build trust and improve outcomes for all who depend on transplantation.

**Biographical Statement.** As a candidate for the OPTN Board of Directors, I bring a wealth of board governance and executive leadership experience. Over the course of my career, I have served as Chair of the Board, Board Member, Executive Committee Member, Chief Executive Officer, President, and Vice President across seven healthcare companies, including T2 Biosystems, Inc. (NASDAQ: TTOO), Chembio Diagnostics, Inc. (NASDAQ: CEMI), Accriva Dx, Axis-Shield, Inc. (LSE: ASD), Bayer Diagnostics (BAYN: DE), Werfen, and Boehringer Mannheim/Roche (ROG.SW). I have also served as an independent Board Member for Diadexus, Inc. (NASDAQ: DDXS), Ontera Bio, RVR Diagnostics, OrangeLife Healthcare, the Diagnostics Marketing Association (Board President), the American Diabetes Association of New England, the Association for Diagnostic & Laboratory Medicine, and the Sepsis Alliance Advisory Board.



I hold a Bachelor of Science in Business Management from Plymouth State University, where I also had the honor of leading the football team as quarterback to two New England Conference titles and two Eastern College Athletic Conference (ECAC) championships.

**Personal Statement.** In 2017, I faced a life-altering challenge when I was diagnosed with Giant Cell Myocarditis—one of the rarest and most lethal medical conditions, with approximately 300 known cases and a median survival of 4–5 months post-diagnosis. After being told my chance of survival was less than 5%, I spent two months in a cardiac surgical ICU, underwent multiple surgeries, and was placed on life support. On July 8, 2017, I was blessed to receive a life-saving heart transplant.

My candidacy for the OPTN Board of Directors and my support for the Modernization Initiative are deeply personal. As a heart transplant recipient and a member of the OPTN Patient Affairs Committee, I believe passionately in improving the transparency, accountability, equity, and performance across the organ donation and transplant system.

My vision is for the OPTN to become the most trusted organization in U.S. healthcare. I am committed to ensuring that the OPTN Board of Directors and all committees operate with transparency, integrity, and a patient-first approach—driving progress in critical areas including technology, data transparency and analytics, governance, operations, and quality improvement.

I am a results-driven, collaborative leader with a proven track record in corporate governance and executive leadership. I bring a unique combination of professional expertise and personal insight into the transplant journey. I am eager to contribute to the OPTN’s transformational efforts and help shape a more effective and equitable system for all patients.

## **Treasurer (vote for one)**

***Joshua Gossett, DNP, MBA, RN, FACHE***

**Director of the Pediatric Transplant Center, Lucile Packard Children’s Hospital Stanford**

**Officer Interest Statement.** I have maintained a passion for serving the transplant and organ procurement community and patients for the last 25 years. I have cultivated an educational and professional portfolio which blends business and healthcare that allows me to provide a high level of value to the complex teams that I am a part of and lead. Specifically, my ability to translate language and concepts from medicine, to quality improvement, to business applications has enabled my teams to be efficient, agile, and impactful to the goals that we set. I have held numerous leadership roles over my career including managing a large 42 bed level 1 trauma surgical ICU, coaching individuals and teams in quality improvement coursework and applied projects, serving as chair or co-chair in national committees, administering a top 3 pediatric solid organ transplant center, and lastly, being a father to 5 energetic and wonderful children. I am a fierce advocate for patient access and representation, especially those that are under-represented or disenfranchised. It would be my honor to be voted an officer and help guide the future of our system. Thank you for your consideration.

**Biographical Statement.** Dr. Gossett currently serves as the Director of the Pediatric Transplant Center at Lucile Packard Children’s Hospital Stanford. He earned his BS (Biology), MBA, and DNP degrees from the Ohio State University, as well as his BSN from Mt. Carmel College of Nursing. He has earned a black

belt in lean/six sigma, as well as various other professional certifications. He is an ACHE Fellow, a committee chair of the IPTA, and a member of the Society for Pediatric Liver Transplantation, ISHLT, and ASAIQ.

Dr. Gossett has numerous poster and podium publications including speaking at the American Transplant Congress, the UNOS Transplant Management Forum, and AOPO. He also served as a quality improvement consultant with the Advanced Cardiac Therapies Improving Outcomes Network, as well as the Starzl Network for Excellence in Pediatric Transplant. Dr. Gossett has multiple volunteering roles, including serving on the Medical Advisory Committees of both the Transplant Families organization, as well as the Biliary Atresia Research and Education organization.

**Personal Statement.** I entered the transplant field 25 years ago as a college student working in the clinic for the transplant program at the Ohio State University Medical Center. I was hooked. Since then, I have held numerous roles within and supporting adult and pediatric transplantation as a nurse coordinator, nursing/ administrative leader, doctorate-level professor, and quality improvement specialist, to name a few.

I have obtained degrees in biology, business administration, and a doctorate in nursing practice from the Ohio State University, as well as a bachelor's in nursing from Mt. Carmel College of Nursing. I hold a black belt in Lean and Six Sigma and am a Certified Professional in Healthcare Quality from the National Association for Healthcare Quality, a Certified Clinical Transplant Coordinator from the American Board for Transplant Certification, and an ACHE Fellow.

In my career, I have supported the international Advanced Cardiac Therapies Improving Outcomes Network as their quality improvement consultant and developed the foundation in which they do their improvement work to this day. I also helped to redefine the way that transplant programs look at adverse outcomes through structured categorization and databasing. I presented on this topic at the American Transplant Congress in Chicago in 2017, as well as at the Ohio Solid Organ Transplantation Consortium and NATCO's annual meeting, both in 2017. I have also worked on the design improvement of pediatric quality dashboards, which I presented at the UNOS Transplant Management Forum in 2017.

I continue consulting as a quality improvement expert. I was engaged to record a quality improvement web module for the North American Society for Pediatric Gastroenterology, Hepatology & Nutrition in 2019. I am a quality improvement consultant for the Starzl Network for Excellence in Pediatric Transplantation and chair their Improvement Science Committee. My primary project with this network is to reduce waitlist mortality worldwide for children with liver failure. My abstract was recently accepted for this work at the World Transplant Congress 2025.

At Stanford Medicine Children's Health, my role is overseeing one of the top three busiest pediatric transplant centers in the US. I designed, implemented, and developed an in-house transplant organ procurement department that allows us to have full visibility, management, logistics, and communication for the procurement of organs from both our local OPO as well as others that we work with around the country. This program was able to reduce costs in acquisition fees for organs and tremendously improve the communication and transportation of organs for our pediatric recipients.

I am a passionate advocate for children with organ failure and transplantation. My life's mission is to make systemic and policy driven changes that emphasize the importance of this vulnerable and often

under-supported population. I am a Medical Advisory Committee member for both the Transplant Families and BARE organizations. I serve as the co-chair for the Membership and Communications Committee of IPTA. Serving on the OPTN Board of Directors will help propel this goal to the next level.

***Alan Reed, MD, MBA, FACS***

**Professor and Chief of Transplant and HPB Surgery, Iowa Carver College, Director, Iowa Health Care Organ Transplant Center, and Adjunct Professor of Accounting, Henry B. Tippie School of Management, University of Iowa**

**Officer Interest Statement.** I am honored to serve the OPTN representing the surgeon's perspective; 36 years in transplantation have shaped these perspectives.

I am responsible for the strategic plan, operations, and budget of the University of Iowa's (U Iowa's) Organ Transplant Center; I earned an MBA from U Iowa to facilitate this. I served on the Board of Directors and Finance Committee of U Iowa's physician group and led a team to increase revenues/identify efficiencies (right-size) prior to the opening of U Iowa's Children's Hospital. I teach physicians business skills at the ASTS leadership development (Kellogg) and financial bootcamp programs. I am an adjunct professor of accounting at U Iowa's Business School. I have had leadership roles at the OPTN (MPSC vice-chair), ASTS (counselor) and on the Board of Directors at Iowa's organ procurement organization (Executive Committee, Board Vice-Chair, and Investment Advisory Committee).

OPTN Modernization is an opportunity to change the way we do business. Funding this mission is critical to the success of the transplant ecosystem. I trust my knowledge of transplant finances, experiences as a transplant professional, and complementary skills in accounting, finance, and strategy will benefit the OPTN Board and earn me your vote for treasurer.

**Biographical Statement.** Alan Reed, MD, MBA, FACS, is a Professor and Chief of Transplant and HPB Surgery at University of Iowa Carver College of Medicine and Director of the Iowa Health Care Organ Transplant Center. He is also an adjunct professor of accounting at the Henry B. Tippie School of Management at the University of Iowa. He has been an abdominal solid organ transplant surgeon for 35 years. He has experience in strategic planning, financial analysis, strategic cost accounting, and human talent management. He has served the transplant community in leadership roles at the OPTN, the ASTS, and Iowa Donor Network.

Dr. Reed started his academic career at the University of Iowa in 2007 and, prior to that, he held academic positions at the University of Rochester in Rochester, NY (1991–1994), and the University of Florida College of Medicine in Gainesville, FL (1994–2007). He received a BS in biology *summa cum laude* from Hobart College in Geneva, NY, in 1980, an MD from Cornell University Medical College in 1984, and an MBA from the Henry B. Tippie School of Management at the University of Iowa in 2012. He did a residency in general surgery at the New York Hospital-Cornell Medical Center (1984–1989) and a fellowship in multi-organ abdominal transplantation at the University of Wisconsin-Madison (1989–1991).

**Personal Statement.** It is a time of momentous change in the transplant ecosystem and with change comes wonderful opportunity. Daunting? Yes, but also exciting. And if not experienced transplant

professionals at the tip of the spear, then who? If chosen, I would use my experience and skill sets to help the new board navigate the changes in OPTN functions and oversight; align all the current and (soon to be new) stakeholders through appropriate communications, metrics, incentives and improved allocation efficiencies; and ensure all voices, especially those of the patients we serve, have a seat at the table.

## Secretary (vote for one)

### ***Meelie DebRoy, MD***

**Section Chief, Kidney Transplant, Department of Surgery, Westchester Medical Center**

**Officer Interest Statement.** It would be an honor to serve as secretary of the OPTN. This role demands a steadfast commitment to transparency, accountability, and collaboration, all of which are essential to advancing the OPTN's mission of optimizing equitable organ donation and transplantation across the country. In this role, I look forward to the privilege of supporting the governance and operational functions that ensure that we, as the newly elected members of the OPTN Board of Directors, fully represent the patients and other members of the transplant community who have entrusted us with this mission.

**Biographical Statement.** I am honored to submit my candidacy for the OPTN Board of Directors. With a career devoted to advancing equity, ethics and innovation in healthcare, I bring a deep commitment to improving our nation's transplantation system for the benefit of all patients in need.

I completed my surgical residency at Rutgers University in New Jersey and subsequently completed my Transplant Surgery Fellowship at the University of Michigan. Early in my career, I witnessed firsthand the impact that a group of dedicated volunteers could bring about with thoughtful discussion and access to data. Having previously served the OPTN in numerous capacities such as the Minority Affairs Committee (Chair), Simultaneous Liver-Kidney Allocation working group, Pediatrics Committee, I have seen the profound impact that timely and equitable transplantation can have—not only on individual patients, but on entire families and communities.

**Personal Statement.** To be able to witness the miracle of transplantation on an almost daily basis is a true privilege. We have a responsibility to be judicious stewards of a scarce resource while also promoting transparency, reducing disparities in access to transplantation and fostering collaboration among all stakeholders. This is truly a transformational time for the OPTN. If elected, I will prioritize policy initiatives that enhance donor registration, improve organ utilization and ensure that every patient—regardless of race, socioeconomic status, or geography—has a fair chance at life-saving care.

Serving on the OPTN Board is both a profound responsibility and an extraordinary opportunity to contribute to meaningful, lasting improvements in the health of patients in need. We have an obligation to restore public trust in the processes and policies that govern transplantation in our country. I am eager to bring my experience, perspective, and dedication to support the mission of this transformed OPTN and to help guide our national system with compassion, accountability and integrity.

The patients at the center of our efforts deserve no less.

***Justin Wilkerson, MBA*****Deputy Director of Human Services, Illinois Army National Guard; Liver Transplant Recipient**

**Officer Interest Statement.** I am willing to serve in any capacity during this first year of the new Board. I am retiring from the military at the end of 2025 and will step aside from my current duties in September. In this first year, I would have the time available to support the OPTN Board that I have not had in the past. I am willing to serve as secretary of the Board.

**Biographical Statement.** Justin Wilkerson is a Lieutenant Colonel in the Illinois Army National Guard where he has served in command and staff roles over 24 years to include leading during deployments, training exercises, and civil activations. He resides in Peoria, IL, with his wife and living liver donor, Mary, and their three boys. He is an active member of many advocacy organizations including Scouts of America, the Veterans of Foreign War, the American Legion, Military Officers Association of America, and the Military Police Regimental Association. Justin has received many service awards including from the State of Louisiana for Hurricane Katrina, for service as the commander during the Chicago civil unrest in 2020, and for lifetime achievement as a Military Police officer.

Justin had a passion to understand why some patients died on the waitlist. This curiosity led him to a regional representative position on the OPTN Patient Affairs Committee in 2021, where he was able to use his experience managing organizations, developing policy, and communicating strategy to help the OPTN and the Patient Affairs Committee. Justin developed a deep understanding of the U.S. transplantation system and will continue serving the patient community using that knowledge along with his skills and experience to improve outcomes.

**Personal Statement.** My request is that you vote for those who will represent the long-term interests of patients best—those who possess the will, the energy, the intellect, and the finesse to effectively implement the Modernization initiatives.

My service on the Patient Affairs Committee has been influenced by two factors: my personal transplant experience and my military service. I see an appointment on the Board as the philosophical equivalent to a military command assignment: if done well, it should be both a privilege and a burden—the privilege is the trust given to lead and be an advocate for our most precious resource, the men and women in service (our patients); the burden is the commitment of time needed effectively execute a command combined with the stress of weighing options to make difficult decisions (implementing Modernization and developing policy). Should you select me, I will approach the Board duties with that position in mind.

My transplant journey began in 2012, when I was diagnosed with primary sclerosing cholangitis. On August 17, 2021, my hero, my wife Mary, donated her liver to me. While we recovered in the hospital, I decided to make it my mission to give back to the transplant community. I understood that my access to medical resources and support networks, both at home and at work, was atypical. I wanted to help those less fortunate gain access to the resources that I had, and I wanted to promote organ donation—both living and deceased.

Having been on the Patient Affairs Committee for over three years, I have watched the OPTN go through fundamental change and am excited at the opportunity that Modernization brings. I have been a strong

contributor on the Patient Affairs Committee. I have been a voice for the patient community and have been noted for my policy analysis, my written communication, and for my collaboration with Patient Affairs Committee members, patients, OPOs, and transplant centers. I am fascinated by all of their experiences and perspectives and seek to hear their concerns and to synthesize all of this information into my approach on the Patient Affairs Committee. If selected, I will do the same on the Board.

As an officer in the military, I have served in senior positions of leadership for the past eight years to include on-the-ground command during the civil unrest in Chicago in 2020. I have served in organizations where I spearheaded organizational change, organizational culture, strategic development, and executive communications. I have extensive policy development and process improvement experience. Should you select me for a Board position, I will bring all of my skills and experiences to bear in driving improvements for transplant patients. I will be personally accountable to represent all patients, donors, and their families in the work we do. Before the Board, my message will be focused and strong in representing the best interests of transplant patients across our nation. We need a Board that can execute the steps necessary to carry the OPTN through its most fundamental change since its formation in 1984.