

# NOMINATION HEARING

---

---

## HEARING

BEFORE THE

### COMMITTEE ON VETERANS' AFFAIRS

### UNITED STATES SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

---

APRIL 27, 2022

---

Printed for the use of the Committee on Veterans' Affairs



Available via the World Wide Web: <http://www.govinfo.gov>

---

U.S. GOVERNMENT PUBLISHING OFFICE

COMMITTEE ON VETERANS' AFFAIRS

JON TESTER, Montana, *Chairman*

PATTY MURRAY, Washington	JERRY MORAN, Kansas, <i>Ranking Member</i>
BERNARD SANDERS, Vermont	JOHN BOOZMAN, Arkansas
SHERROD BROWN, Ohio	BILL CASSIDY, Louisiana
RICHARD BLUMENTHAL, Connecticut	MIKE ROUNDS, South Dakota
MAZIE K. HIRONO, Hawaii	THOM TILLIS, North Carolina
JOE MANCHIN III, West Virginia	DAN SULLIVAN, Alaska
KYRSTEN SINEMA, Arizona	MARSHA BLACKBURN, Tennessee
MARGARET WOOD HASSAN, New Hampshire	KEVIN CRAMER, North Dakota
	TOMMY TUBERVILLE, Alabama

TONY MCCLAIN, *Staff Director*

JON TOWERS, *Republican Staff Director*

# C O N T E N T S

APRIL 27, 2022

## SENATORS

	Page
Tester, Hon. Jon, Chairman, U.S. Senator from Montana .....	1
Moran, Hon. Jerry, Ranking Member, U.S. Senator from Kansas .....	2
Hirono, Hon. Mazie K., U.S. Senator from Hawaii .....	12
Blackburn, Hon. Marsha, U.S. Senator from Tennessee .....	13
Blumenthal, Hon. Richard, U.S. Senator from Connecticut .....	15
Murray, Hon. Patty, U.S. Senator from Washington .....	17
Brown, Hon. Sherrod, U.S. Senator from Ohio .....	19
Sullivan, Hon. Dan, U.S. Senator from Alaska .....	22

## WITNESSES

Shereef M. Elnahal, MD, Nominee to be Under Secretary for Health, Veterans Health Administration, Department of Veterans Affairs .....	4
Raymond M. Jefferson, Nominee to be Under Secretary for Benefits, Veterans Benefits Administration, Department of Veterans Affairs .....	6

## APPENDIX

### NOMINATION MATERIAL

Shereef M. Elnahal, Nominee	
Prepared statement .....	35
Response to Pre-hearing Questions for the Record submitted by:	
Hon. Jerry Moran .....	38
Hon. Jon Tester .....	50
Response to Questions for the Record submitted by:	
Hon. Sherrod Brown .....	57
Hon. Bill Cassidy .....	59
Hon. Jerry Moran .....	60
Hon. Patty Murray .....	63
Questionnaire for Presidential Nominees .....	64
Raymond M. Jefferson, Nominee	
Prepared statement .....	111
Response to Pre-hearing Questions for the Record submitted by:	
Hon. Jerry Moran .....	118
Hon. Jon Tester .....	126
Questionnaire for Presidential Nominees .....	131



## NOMINATION HEARING

---

WEDNESDAY, APRIL 27, 2022

U.S. SENATE,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC.*

The Committee met, pursuant to notice, at 3:15 p.m., in Room SR-418, Russell Senate Office Building, Hon. Jon Tester, Chairman of the Committee, presiding.

Present: Senators Tester, Murray, Brown, Blumenthal, Hirono, Sinema, Hassan, Moran, Cassidy, Sullivan, and Blackburn.

### OPENING STATEMENT OF CHAIRMAN TESTER

Chairman TESTER. Well, Senator Moran said he is on his way, and so in that vein I call this hearing of the Senate Committee on Veterans' Affairs to order.

The purpose of this hearing will be to hear from the President's nominees to serve as Under Secretary for Health, Dr. Shereef Elnahal, and Under Secretary for Benefits, Raymond Jefferson.

Dr. Elnahal, let us start with you. Our job is to decide whether you are up to the task of meeting our nation's veterans' health care needs, and you need to be. It has been six years since the VA has had a confirmed Under Secretary for Health. During that time, the VA has faced one of the toughest challenges in decades, that being the COVID-19 pandemic. Since the start of the pandemic, more than half a million VA-enrolled veterans have contracted COVID, and more than 21,000 veterans have died, including 8,500 veterans receiving care from the VA.

All of this has taken a toll on front-line employees. We need to be taking care of them now more than ever. As Under Secretary for Health, how you care for your staff will mean everything, and hiring and recruiting will be half the battle.

It is also important you are making sure veterans are given appropriate information on how long it will take for them to be seen and the quality of care they receive at the VA and in the community.

If confirmed, I will also need you to take a critical look at the caregiver program. This includes changing the Trump administration's restrictive regulations, halting the discharge of legacy participants, and reevaluating the program's eligibility requirements to ensure they meet the full intent of Congress.

As if all these issues were not enough, the VA is still struggling to get its electronic health record modernization program moving in the right direction, and a strong VHA role is needed to make sure that this program works.

Finally, as you know, the VA recently released its recommendations for changes to facilities and health care services across the country, and this includes every State, including mine. I need to know whether you are the type of leader who will do that, what is right for our veterans, and not seek to apply a cookie-cutter health care model that negatively impacts veterans under the process, particularly those veterans that live in rural areas.

Mr. Jefferson, we need to know whether you are the right person to lead VBA. I am hoping your answers to members' inquiries will help this Committee make that determination.

VBA faces several challenges as we emerge from the pandemic, from a backlog of more than 200,000 disability compensation claims to debates over how to provide benefits for toxic-exposed veterans. Whether it is through a carefully crafted automation system or reform of a troubled medical disability examination program, VBA needs a leader that protects veterans at every step of the process.

I do want to thank you both for your willingness to serve. I look forward to our discussion today.

With that, I will turn it over to Senator Moran.

#### **OPENING STATEMENT OF SENATOR MORAN**

Senator MORAN. Mr. Chairman, I need to be able to trust you that when I am late getting here that you will start.

Chairman TESTER. The problem is, Senator, I am not as verbose as you, so I had to time it right.

Senator MORAN. Mr. Chairman, thank you. Thank you for holding this hearing, and I look forward to hearing from our witnesses today.

You both have been nominated to lead really important aspects of care for our Nation's veterans, two of the most important jobs within the Department of Veterans Affairs. You have significant responsibilities, and nothing about your nominations in my view can be taken lightly. I could outline all the dollars spent, the benefits provided, the amount of the budget, but among many of the appointed positions within our Federal Government, these two are among the most important, and they affect the lives of men and women who served our Nation, who we are responsible for caring for.

And the seriousness of your positions weigh heavily upon me and, I assume, my colleagues here on this Committee. Thank you for your willingness to serve. Achieving the goals that we set out for the Department of Veterans Affairs requires relentless leadership. It requires experience.

Dr. Elnahal, I am interested in hearing more about your experience and how you would lead the VHA to tackle the many challenges that the Chairman just outlined.

The Benefits Administration is equally critical to the well-being of veterans and dependents. Disability payments provide financial security to veterans who are unable to work due to service-connected injuries. Readjustment benefits, like the GI Bill the VA Home Loan Guaranty provided transformational opportunities for veterans to achieve success in their careers and in their communities after they have served. When we tell veterans that they can

use these benefits, we often make some of the—they often make some of the biggest decisions in their lives. They make choices that affect them and their family members.

And, we need to make certain that we are doing it in the right way. Our Under Secretary of Benefits must have expertise and a proven track record to lead a large Federal workforce if you are to be successful in making that delivery the kind of experience that our veterans should encounter.

Mr. Jefferson, I have reviewed the information you provided this Committee about your experience, and I have looked at the management concerns raised during your time as Assistant Secretary of the Department of Labor's Veterans' Employment and Training Service. I am concerned by the Labor Department's decision to restrict procurement authority for vets and with your ability to accurately characterize key aspects of your 2011 Inspector General investigation, as well as how you chose to characterize those results in your lawsuit related to the 2011 resignation.

Given those circumstances, I admittedly have concerns about your nomination. I realize that is why we have hearings, that is why we have the opportunity to have conversations, and I look forward to hearing what you both have to say today.

And I thank you, Mr. Chairman, and I thank our two witnesses, our two nominees, for their willingness to serve.

Chairman TESTER. Thank you, Senator Moran.

I am now going to introduce the two nominees, and then I will administer the oath individually.

Dr. Shereef Elnahal is a physician who has served as President and Chief Executive Officer of the University Hospital in Newark, New Jersey, since 2019. Prior to this role, Dr. Elnahal served as New Jersey's 21st Health Commissioner. He also served as Assistant Deputy Under Secretary of Health for Quality, Safety, and Value at VA from 2016 through 2018. He is a graduate of Johns Hopkins University, Harvard Business School, and Harvard Medical School.

Next up, Ray Jefferson. Mr. Jefferson is the President of the Jefferson Group, a global leadership development consultancy, as well as Chair and co-founder of the Service Academies Global Summit. He served as a White House fellow and worked as a special assistant to the Secretary of Commerce. In 2009, Ray Jefferson was the Assistant Secretary for Veterans' Employment and Training at the Department of Labor. He is a graduate from the U.S. Military Academy at West Point in 1988 and served as an Army officer with the Infantry, Rangers, and Special Forces.

Dr. Elnahal, will you please stand as I administer the oath? Raise your right hand, please. Do you, Dr. Elnahal, solemnly swear or affirm that the testimony you are about to give before the U.S. Senate Committee on Veterans' Affairs will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. ELNAHAL. I do, Senator.

Chairman TESTER. Let the record reflect that he answered in the affirmative.

Next, Ray Jefferson, please stand and raise your right hand. Do you, Ray Jefferson, solemnly swear or affirm that the testimony you are about to give before the U.S. Senate Committee on Vet-

erans' Affairs will be the truth, the whole truth, and nothing but the truth, so help you God?

Mr. JEFFERSON. Yes, Senator.

Chairman TESTER. Let the record reflect that Ray Jefferson answered in the affirmative.

You each will have seven minutes for your opening statement. Try to make it as quick to that because there will be a lot of questions.

We will start with you, Dr. Elnahal, for your opening statement.

#### **STATEMENT OF SHEREEF M. ELNAHAL**

Dr. ELNAHAL. Good afternoon, Chairman Tester, Ranking Member Moran, and distinguished members of the Senate Veterans' Affairs Committee. It is an honor to appear before you as the President's nominee for Under Secretary for Health.

I would first like to thank you for the productive meetings I have had with many of you. I appreciated learning more about what you see as the most critical issues facing veterans across the Nation. Advancing the quality and safety of health care for veterans is a tremendous responsibility, and I am privileged to be called upon to do so, if confirmed.

I would like to take a moment to introduce my family members who are here and without whom I would not be here before you. First, my wife, Marwa, who is my companion, life partner, and best friend. My three children could not join us today because they probably would have disrupted the proceedings—they are age six, four, and two—but they are the light of my life. I am also joined by my mother, to whom I am eternally grateful for the values and work ethic she instilled in me, as well as my brother, Kareem, sister, Sarah, uncle, Hisham, aunt, Suzie, and my mother-in-law, Soheir, all of whom support me immensely and whom I love very much.

As all of you know, the health challenges that veterans face could not be more pressing. The nation is grappling with a pandemic, and the VA and this Committee are working through hard challenges on access to care, VA infrastructure, and the largest electronic health record implementation in history.

I am excited for the opportunity to take on these challenges, if confirmed. In short, I would not be sitting before this Committee right now if not for veterans and if not for VA. As a medical student, I served veterans at the West Roxbury VA, which was among my first clinical rotations. I remember meeting a veteran there who had traveled more than an hour with crushing chest pain before arriving in that emergency room. He knew, and I knew, that he was likely having a heart attack, but after he was stable I asked him why he had chosen to come to that hospital over several others that were closer to him. He told me he did not see himself being treated anywhere else and that VA was his hospital with his doctors and his nurses. That moment I will never forget because it encouraged me to always work for organizations that have that effect on people.

Since then, many experiences taught me how our military members lead with grit and resilience, but I was able to see this service firsthand at the outset of the COVID-19 pandemic. In April 2020, as COVID was spreading rapidly in Newark, my hospital was over-



run with patients and staffing shortages. At that time, we knew little about this virus, and it hit our community hard.

A saving grace for us were the women and men in uniform, U.S. Army Reserve clinicians, who came and helped our staff through the worst of that crisis. I also worked alongside National Guard members to build a field hospital for surge capacity in northern New Jersey. And again, this past winter as Omicron was surging, active duty Army clinicians came to us again with the support of the Biden administration. Each time, my staff and I were reminded of what these heroes in uniform do for us every day. They protect us, they keep us safe, and that fact was not abstract for me or my staff. If confirmed, this opportunity would be my own way of paying that service forward to veterans across the Nation.

I have held different vantage points relevant to this opportunity throughout my life as a patient, a physician, and as a health care administrator. I was diagnosed with type 1 diabetes when I was 12 years old, and although I was blessed with many supports, I have had my fair share of hard times as a patient. I know what it means when President Biden says that health care is a basic human right. For me, that belief is personal.

Later in life, when I started as a medical resident, I immediately noticed that despite the best intentions and exceptional skills of my fellow health care professionals, the systems of care around us were letting patients fall through the cracks. That is why I have dedicated my career to improving those systems of care.

This mission led me back to VA, and VA made the health care leader I am today. VA prepared me to serve as New Jersey's Health Commissioner, a responsibility for protecting the health and well-being of nine million people in my State at a scale similar to the number of veterans I would serve if confirmed. As part of that role, I ran the State psychiatric hospital system, where we were able to reduce violent assaults, curb overcrowding, hire hundreds of new clinicians, and invest millions in capital to improve the environment of care, standardize trauma-informed care across the hospital system as well.

I then moved to lead University Hospital in Newark, New Jersey, a level one trauma center and the main source of health care for a vulnerable community. In addition to leading the hospital through the pandemic, before I arrived, the hospital was under the oversight of a State monitor for failures in care quality, patient safety, financial performance, and poor community trust. Together with my workforce, I turned that hospital around by investing in a culture of respect and accountability. The result was an improvement in the hospital's Leapfrog Hospital Safety Grade and a financial turnaround that resulted in more than a \$50 million improvement in operating margin in less than two years.

I know what it is like to lead hospitals in both government and nonprofit sectors, to shoulder all the pressure of executing a sacred health care mission on behalf of vulnerable people. I know the challenge and task of leading large and diverse workforces, and I know that the most essential ingredient to successful leadership is a true belief in, and respect for, the front-line heroes who shoulder that mission at the point of care. And, I know the Secretary shares this vision, front and center.

Veterans deserve an Under Secretary for Health who can execute on the mutual priorities of this Committee and the Administration, but veterans also deserve a VHA leader who has more faith in the health system and its people than anyone else on the planet. I believe VA is a national treasure and that this is true because of its people. I believe VHA can be the best health care system in the nation. And I am more than honored to be sitting here now as a candidate for this role, and I am encouraged that with all of you on this Committee as colleagues and partners we would improve veterans' lives together.

Thank you for considering my nomination, and I would be happy to answer your questions.

[The prepared statement of Dr. Elnahal appears on page 35 of the Appendix.]

Chairman TESTER. Thank you, Dr. Elnahal.  
The floor is yours, Mr. Jefferson.

#### **STATEMENT OF RAYMOND M. JEFFERSON**

Mr. JEFFERSON. Chairman Tester, Ranking Member Moran, distinguished members of the Committee on Veterans' Affairs, thank you for your service to our Nation, your commitment to our nation's veterans, and your consideration of my nomination. I come before you today to ask for the privilege of serving our Nation's veterans a second time and to seek your advice and consent to do so as the Under Secretary for Benefits.

This week, I had the opportunity to meet with several of you or your staffs. I have listened carefully as you shared your priorities and concerns and benefited from your ideas, advice, and insights about how the team at VBA can enhance our service in accomplishing the mission of providing benefits to servicemembers, veterans, and their families, caregivers, and survivors.

I am honored and humbled to be nominated by President Biden and also deeply grateful for the confidence he and Secretary McDonough have in me to help them achieve their vision for VA.

I am joined today by many friends and by my mother, Mrs. Nadia Jefferson of Guilderland, New York. My mother is Egyptian American and a proud immigrant. My father was African American and has since passed away. Both of them were lifelong public servants.

Distinguished members of this Committee, I am passionate about serving veterans with the team at VBA because it was a VBA program that transformed my life. I have had engagement with VA for over 22 years and am a recipient of other VA benefits such as disability compensation and medical care. I graduated from West Point in 1988 with a major in leadership, commissioned in the Infantry, and then held leadership positions in the Presidential Honor Guard, the 75th Ranger Regiment, and 1st Special Forces Group.

On Friday, October 18, 1995, while attempting to protect my teammates from a defective hand grenade that was detonating prematurely during a classified Special Forces training mission, I lost all five fingers on my left, nondominant hand. That moment changed my life forever. My personal journey as a disabled veteran

and an amputee has given me a firsthand understanding and appreciation for the needs that our veterans have and the challenges that many experience as they seek services from VA.

After my accident, I thought my life was over and that there was nothing to live for. I was afraid that things would never, never be the same again. That experience taught me humility, empathy, and the importance of being able to ask for help. I know personally what it is like to have your life changed in an instant and to struggle to put it back together. I know personally what it is like to lose your sense of direction and a sense of purpose, meaning, and significance that comes from being in the military. I know personally how difficult it can be for a veteran to ask for help. And, I know that my journey is one that many other veterans have experienced. I can relate to veterans and servicemembers who are going through unplanned or difficult life transitions because I have gone through them myself.

By participating in VBA's Vocational Rehabilitation and Employment program, I was able to receive the support and financial assistance needed to build a future for myself and to achieve my dreams. I know firsthand the power, potential, and capability that VBA's programs and services have to transform the lives of veterans and transitioning servicemembers and to help us realize our goals and realize our dreams.

In 2009, I had the privilege of being confirmed by this distinguished Committee to serve as the U.S. Assistant Secretary for Veterans' Employment and Training at the Department of Labor. My life's purpose is to help people and organizations to dream big, overcome their challenges, and achieve their potential. This is exactly what VBA's programs and services do for our Nation's veterans.

I want to honor and recognize the 25,000 team members who work at VBA, who rose to the occasion during COVID and who provide services and benefits to millions of veterans, their families, caregivers, survivors, and transitioning servicemembers on a yearly basis. I value and respect what VBA's leadership team and team members do each and every day to serve our Nation's veterans.

I also want to honor and recognize the many national veterans service organizations and military service organizations. Their work is noble, and they provide a necessary and invaluable combination of services to the men and women who have served our Nation. Their counsel has been invaluable to me over the years, and I am grateful for the friendships that we have formed. If confirmed, I would continue to engage with them proactively and regularly to seek their advice on addressing challenges, making improvements, and enhancing veterans' overall experience at VBA.

Secretary McDonough has previously shared his priorities with this Committee. I believe in and share his priorities. We know that there are already important opportunities for improvement and important priorities that will require attention. The first of these is addressing the claims backlog, preparing for pending legislation such as the PACT Act, enhancing veteran satisfaction, and improving the overall efficiency, proficiency, and accuracy of claims processing so that it is fast, fair, and accurate. A second priority would be further enhancing the effectiveness and outcomes from VBA's

programs in the areas of transition, education, employment, and economic empowerment. A third priority would be leading and managing VBA in the manner that unleashes the full potential of its team members and that synchronizes people, processes, programs, and technology with performance measurement and performance accountability.

The team members at VBA, many of whom are veterans, are our greatest asset. They deserve the best training, the right tools, and an inspiring work environment that reflects the noble purpose of the work they do.

In closing, I am grateful to this Committee for its long history of unwavering bipartisan commitment to veterans, and I look forward to your questions.

[The prepared statement of Mr. Jefferson appears on page 111 of the Appendix.]

Chairman TESTER. Thank you, Mr. Jefferson.

I will go first. The questions will be five minutes, and we will do as many rounds as we need to do.

Dr. Elnahal, Congress has given the VA an ample budget and hiring authority to bring on qualified staff. It is frustrating that the VA continues to struggle to fill positions, particularly in rural States. Just so you know, there are 56,000 VHA vacancies, including more than 2,000 physicians, 15,000 nurses as of last December.

You have been a hospital administrator before. What are you going to do to help bring on more qualified personnel?

Dr. ELNAHAL. Well, Chairman, thank you for the question. I agree that the sacred health care mission of the VA, but also any health care system, simply cannot be fulfilled without having people to do it, talented health care professionals who put the mission above all else.

And I think in the VA there is a particularly compelling mission that can be circulated more widely in professional society forums and literally every forum where these talented heroes are looking for jobs. VA should be present at every single one of those forums, in every single corner of the country, and one thing I would do if I were confirmed is to investigate how much we are advertising VA as an opportunity for these professionals across the country.

The second thing I would do is make sure that every possible flexibility in making sure that the folks we bring on are compensated fairly is up to par and as competitive as possible with the private sector. And I am grateful to this Committee for passing the RAISE Act that increases the number of tools in the Secretary's tool belt to be able to do so, and I would certainly benefit from that authority.

But, thirdly, I really do think that the health care organizations that will be competitive into the future will not just be able to hire and onboard and recruit folks but actually retain that, and that requires creating a supportive work environment, making sure that you are prioritizing well-being of your employees, and making sure that everything that health care workers deserve is provided to them to complete the mission, including staffing. You can be in a position, from my experience, where you simply do not have enough staffing and you actually overspend your staffing budget because

you have to spend more on overtime, agency staff, et cetera, which actually puts you in the bad part of operations on both sides, financially and in quality and patient safety.

So this is a major priority for me, and if confirmed, I will focus intently on it.

Chairman TESTER. Okay. Mr. Jefferson, VBA is a cumbersome administration to manage, with many arguably nonrelated programs: compensation and pension, Home Loan Guaranty, burial benefits, education, life insurance, and Veteran Readiness and Employment. VBA has about 25,000 employees. How many employees did you manage at VETS?

Mr. JEFFERSON. Yes, Senator. At VETS, we had about 250 team members and about 1,500 State employees who we provided support and collaborated with.

Chairman TESTER. Okay. And so how are you going to handle for managing an organization that you previously handled, which was significant but certainly not as huge as what you are getting into, to manage the 25,000 employees from VA and the many different business lines that they have to offer up?

Mr. JEFFERSON. Senator, thank you for that question. My entire professional background has been preparation for this role. I actually graduated from West Point in 1988 with a major in leadership.

I have worked in all three sectors, and if confirmed, this would be my fourth time serving as an appointee. I had the privilege as the State of Hawaii's Deputy Director for the Department of Business, Economic Development, and Tourism, and brought transformational change and best practices there. We had previously covered my role as Assistant Secretary for Veterans' Employment and Training. I have also served as a White House fellow and special assistant to the U.S. Secretary of Commerce.

I have been able to demonstrate impact, change, accountability, and results in every leadership role that I have had. And presently, I work with CEOs and C-suite leaders all around the world of the largest organizations, from the full arc to strategy implementation to execution to results, in helping them to achieve outcomes with large numbers of people and large budgets.

In closing, even in large organizations, the leadership and management is done by relatively small teams, and one of my strengths is the ability to bring the team together, develop and amplify it, orient it in the direction it needs to go, and achieve results with that team.

Chairman TESTER. Thank you.

Senator Moran.

Senator MORAN [presiding]. Chairman, thank you again.

Dr. Elnahal, let me spend a little time on issues related to the MISSION Act. The MISSION Act required the VA to create access standards to determine eligibility for the veteran community care program, and the VA finalized those access standards in 2019 and set an eligibility threshold at a 20- or 28-day wait time or 30- or 60-minute drive time depending upon the service required. I think those standards are reasonable and believe they provide veterans with a concrete measure they can rely on in terms of accessing that care.

Do you support those current access standards of 20- or 28-day wait times and 30- or 60-minute drive times? And, an explanation of your yes-or-no answer.

Dr. ELNAHAL. Senator, I support the guidelines from the standpoint of how they reflect the veteran's experience. I think whatever method we use to measure access needs to be tangibly connected to what the veteran actually sees. So the drive time that a veteran experiences is obviously an example of that, and the number of days from the date of request for appointments is the actual time that the veteran sees before they get their appointment. So that certainly satisfies the criteria I think is necessary to define access standards, and so I think they are very reasonable.

Senator MORAN. You may have just answered this question because my second commentary on this topic, which I would categorize as a question, but really it is my views and seeing if you share them, wait time calculation. The access standard regulations, I think, are very clear. I do not need to say, "I think." That is a politician talking. They are very clear that timeliness is measured from the date of request.

Yet, recent reports indicate that in many instances the VA uses inconsistent methodology to calculate and publish wait times. These inconsistencies not only obscure how long veterans have to wait, but they can add delay, which is, in my view, unacceptable.

If confirmed, would you commit to calculating and publishing wait times based upon the date of request to ensure veterans have access to timely care and accurate data on wait times?

Dr. ELNAHAL. I would commit to that, Senator, and I think, you know, we all know how complex measuring and reporting access is. There are multiple ways of doing so, but whatever the final set of metrics that we use ends up being has to fit the criteria that I mentioned, in my view, which is reflective of the veteran's experience. And when it comes to the number of days waiting for an appointment, request date is more reflective of the veteran's experience.

Senator MORAN. I appreciate the theme in both of your answers about the veteran's experience, and that has been in my view as I have read what you have responded in numerous circumstances. You are putting the veteran's perspective up front, and that is valuable.

The third in regard to the MISSION Act is best medical interest. There are six ways that you can access community care. You have to meet one of six criteria is a better way of saying that, including one of those is what is in the veteran's best interest. The best interest provision explicitly states that the decision to refer the veteran to community care is between the veteran and the provider, between the veteran and his or her provider, physician, or other provider.

We hear too often—and there will be a theme in my conversation here as we wrap up, that we continue to hear that facility administrators at the local level are overruling the decisions made by the veteran and his or her provider and denying that best medical interest referral.

In your pre-hearing responses, you specifically note that the ultimate determination for these types of referrals should be made by

the veteran with their provider of record. If confirmed, how will you make certain that the letter of the law, and that law is followed, and that those referrals occur based upon those decisions by those two individuals?

Dr. ELNAHAL. Senator, I will just say that I firmly believe that the determining party on best medical interest should be the provider caring for that veteran. They know the veteran best. They know what the next best step in care is for that veteran, and that should be a determination based on clinical need. And certainly, managerial and administrative imperatives or agendas should not get in the way of that sacred relationship and should not get in the way of that determination.

And in order to do that, first is—the first task I would have, if confirmed, is to make that clear to the organization and make also clear that that conversation, that sacred relationship, between the provider and the veteran is enhanced when both the veteran and the provider have the full slate of options in front of them, both internal to VA, inclusive of in-person and telehealth, but also in the community, with associated access metrics for each of those options. That is what I would strive to do as Under Secretary for Health, if confirmed.

Senator MORAN. Doctor, thank you. Let me tie those three questions together. In some many instances, when I or my colleagues—let me just speak for myself in case this is not their experience. When the Department assures me that this is the policy and this is what is to occur across the country, time and time again, the reports from home is that they do not know that policy, they have not been told that. And so it is easy for me to get assurance from somebody in your position that this is what we are going to do or this is what the policy is.

And I just would highlight for you, in your position, if confirmed, you also have a significant responsibility and need to make certain that what you determine the policy is, is what is known as the policy in hospitals and clinics across the country.

Dr. ELNAHAL. Senator, I agree that that is a very important factor to focus on. You can make all the policies you want as an administrator. If they are not known and understood to the field, in particular, medical center directors, VISN directors, and the entire teams of employees caring for veterans, then the policy is not meaningful. And so I would commit to having as many internal controls as possible but, more importantly, conveying the purpose of the policies in a transparent way to the VA workforce, to make sure that the policies are known, they are understood, and the purpose for them is appreciated.

Senator MORAN. It apparently is easier to convince me that the policies—to assure me that the policies are being carried out and this is the policy, much more difficult to actually have them implemented in that way.

Dr. ELNAHAL. I agree, Senator.

Senator MORAN. Thank you.

Senator Hirono.

**SENATOR MAZIE HIRONO**

Senator HIRONO. Thank you. I ask the following two initial questions of all nominees before any of the committees on which I sit, so I will ask you these questions, and we can start with Dr. Elnahal answering and then Mr. Jefferson.

Since you became a legal adult, have you ever made unwanted requests for sexual favors or committed any verbal or physical harassment or assault of a sexual nature?

Dr. ELNAHAL. No, Senator.

Mr. JEFFERSON. No, Senator.

Senator HIRONO. Have you ever faced discipline or entered into a settlement related to this kind of conduct?

Dr. ELNAHAL. No, Senator.

Mr. JEFFERSON. No, Senator.

Senator HIRONO. Dr. Elnahal, you led a fairly large hospital during a global health event, and now you are going to be responsible for the largest health care system in our country. So what lessons from your time at University Hospital during the COVID-19 pandemic would you bring to this role with VA?

Dr. ELNAHAL. I think the most important lesson, Senator, is that as a leader I quickly had to not only understand, but act upon, the principle that my purpose for being there during the crisis was to support the front-line who were seeing our patients during the worst of the crisis. That was my entire agenda throughout the pandemic. It led me to the right decisions, including hazard pay for my workforce when I did not know when I would be able to—if I would be able to afford it and we were not sure whether the provider relief funds were going to come from Congress. Thank you for that and your service in the Senate. And—but it was the right decision because folks were going through economic hardship at the same time that they were risking their lives seeing patients every day.

And so that is just one example of the principle that I would use in any crisis, whether it is the pandemic or a different hardship that our employees face.

Senator HIRONO. That is good because in all the time that I have sat on this Committee the VA has been, in my view, in perpetual crisis, whether you know, it is the backlog of cases or the various, how shall I say, bad things that have been happening to the 56,000 or so vacancies. So it has been in a perpetual crisis.

One area of ongoing concern, though, is suicides among veterans, and there are indications that API veterans have a higher suicide rate than others. And I note that you co-founded the VHA Innovation Ecosystem to foster the spread of innovation and best practices that will improve the veteran care, so that includes really the concern over veteran suicide. So did the creation of this entity show you some innovative approaches to preventing veteran suicide?

Dr. ELNAHAL. It did, Senator. It was a really huge honor for me to be able to do that work in VA years ago. Just one example—and this was an example targeted to rural veterans in particular. We noticed a best practice from a medical center where they actually had group visits with chaplains for folks reentering and transitioning from service to create a support group for veterans, simple idea, simple to execute, but was something that we thought could benefit thousands more veterans across the Nation if we



made it known to the organization, and we implemented it. And that was one of the main best practices that we actually started with, a list of 15, that was specifically targeted to suicide prevention.

You mention the API experience in terms of suicide risk among veterans. That is something I would focus on intently. We want to make sure that equity is threaded through everything we do as an organization, as the Secretary has emphasized, and that would be my pledge to you as well.

Senator HIRONO. So are you saying that one of the best practices is to have a place where veterans can go to get therapy or counseling? That seems very basic, but how many veterans take advantage of that kind of program?

Dr. ELNAHAL. Well, I would have to get caught up on that if I were confirmed and be able to give you an accurate number. But what is great about that example as a best practice is that it is not costly, it is not complex to implement, requires no specific equipment or technology, but it is something that could save a life. It is an example of a community-based intervention that—

Senator HIRONO. Yes.

Dr. ELNAHAL [continuing]. Provided a support group to veterans who needed it.

Senator HIRONO. I hope that you will really pay attention to, and have a commitment toward, addressing veteran suicide with whatever procedures you can follow.

And we have a lot of vacancies in Hawaii. We have, I think, vacancies within the doctors, and one of the ways that I think that can be addressed is for the VA to provide opportunities for residency within VA. And I do not know if there is something very specific that wherever there are hospitals and there are VA clinics that there are residency opportunities because I think that there is a tendency for doctors who do residency in a particular area to stay in that area. So I hope that that is something that you also look into so that we can replenish the hospital staff within VA and they are also—it is a challenge to fill those positions, too.

Thank you very much, Mr. Chairman.

Chairman TESTER [presiding]. Senator Blackburn.

#### **SENATOR MARSHA BLACKBURN**

Senator BLACKBURN. Thank you, Mr. Chairman, and thank you to each of you for being here and giving us your time today.

Dr. Elnahal, I want to come to you. The GAO report that was issued on the VA, it was a review from October 2013 to 2017, and you were the Assistant Deputy Under Secretary at that time and were responsible for programs that identify quality of care concerns and ensure health care providers are reporting to appropriate agencies when concerns arise.

And a recent report from the VA OIG—and you are shaking your head. I guess you are familiar with this. It demonstrated that there is a continued lack of oversight on this issue and over 40 percent of the studied cases, the reviewed cases, were mishandled. This is an issue, and we hear about this so regularly in our offices, the delays, the backlog, what is perceived as unfairness in the VA. Peo-

ple—and it is one of the reasons so many veterans are saying, just let me go to community care.

So if you were confirmed, then how are you going to ensure that proper and timely oversight and that VA employees are actually learning some hard lessons and then are applying what they learn because this issue has drug on for over a decade?

Dr. ELNAHAL. Well, Senator, the first thing I will say is that it is a very fair question because the quality of the oversight and the diligence of that oversight on clinical practice has everything to do with whether veterans get the right care, so it is an extremely important issue.

I am familiar with the GAO report——

Senator BLACKBURN. Okay.

Dr. ELNAHAL [continuing]. Of course, that you are talking about. It had to do with timely reporting to State licensing boards for VA clinicians.

Senator BLACKBURN. There are two reports.

Dr. ELNAHAL. Yes.

Senator BLACKBURN. Right. And I am assuming you are familiar with each of the two.

Dr. ELNAHAL. I am, Senator.

Senator BLACKBURN. Okay. Thank you.

Dr. ELNAHAL. So in response to that, I worked with senior leadership at VHA to revamp policies in the Agency to do a few things. The first, expanding the number and types of providers that we report to the National Practitioner Databank so it is not just physicians and dentists. Important for anyone who see a veteran to have the same standard of care quality.

Senator BLACKBURN. So a universal form, basically.

Dr. ELNAHAL. A policy by which every licensed practitioner. If there were issues with credentialing——

Senator BLACKBURN. Okay.

Dr. ELNAHAL [continuing]. And if there were issues with performance, they would also be reported.

Also, made sure that the process by which this happens was more timely, so setting timeliness standards for medical staff committees and medical center directors to ultimately determine and make these decisions so that you are not sitting on a case that lasts for months without a determination.

Senator BLACKBURN. Let me ask you, should there be a shot clock placed on the timeliness issue that requires a decision within a given period of time?

Dr. ELNAHAL. That has everything to do with the third thing that we did.

Senator BLACKBURN. Okay.

Dr. ELNAHAL. Which was to actually have an audit tracking tool——

Senator BLACKBURN. Okay.

Dr. ELNAHAL [continuing]. To track the time needed and time taken to report these folks——

Senator BLACKBURN. Okay.

Dr. ELNAHAL [continuing]. To license boards, if needed.

Senator BLACKBURN. All right.

Dr. ELNAHAL. I was in a policy setting role at that time. If confirmed, I would be in a very operational role—

Senator BLACKBURN. Okay.

Dr. ELNAHAL [continuing]. Where I would be actually responsible for implementation. You have my pledge to look into this issue if I am confirmed.

Senator BLACKBURN. Okay. That is great. Let me move on, but thank you for that.

Mr. Raymond, thank you for your service to our Nation. VBA provides benefits, disability compensation benefits to nearly six million veterans and their survivors and handles the pension benefits for 357,000 veterans and their survivors. So if you are confirmed, you are going to be responsible for ensuring that the benefits are distributed fairly to veterans and their survivors.

And in your position at DOL VETS, you pushed to get a friend of yours a government contract, which ended up with your friend being paid \$3,000 via a government purchasing card without the benefit of competition. And this is not a fair standard of practice, and it calls to question if you are qualified to be at the helm of an administration tasked with providing benefits in an impartial and consistent manner. So how can we be assured that you will advocate for fair benefits for all veterans when you have previously demonstrated favoritism in your role at DOL VETS?

Mr. JEFFERSON. Senator, thank you for that question. And in my role at DOL VETS, I emphasized always, from day one to the end, to go—for us to follow all guidelines, all regulations, all procedures. And the allegation which you are speaking of is one that I have been cleared of by a Federal court of law. We have done our contracting appropriately. We have engaged with all appropriate parties at the Department of Labor.

Senator BLACKBURN. All right. I went back and reviewed some things, and neither DOL's nor OIG's 2019 letters to you assert that the allegations against you were baseless and without merit. So it does cause some concerns because this is something that is vitally important.

And just as we talk about the backlog—

Mr. JEFFERSON. Yes.

Senator BLACKBURN [continuing]. And just as we talk about timeliness, fairness is going to be an imperative. So I hope that you understand our concerns with this.

I know I am over time, Mr. Chairman, and I will yield back, but I have got a couple of other questions I will submit for the record.

Chairman TESTER. We will have another round if you want, or you can submit them for the record.

Senator BLACKBURN. Okay. Thank you.

Chairman TESTER. Thank you, Senator Blackburn.

Senator Blumenthal.

#### **SENATOR RICHARD BLUMENTHAL**

Senator BLUMENTHAL. Thank you, Mr. Chairman.

Mr. Jefferson?

Mr. JEFFERSON. Yes.

Senator BLUMENTHAL. Let me, first of all, thank you for your service. Thank you for what you have done for veterans at the De-

partment of Labor and through the Service Academies Global Summit.

One of the conundrums, the real dilemmas, facing this nation is the shortage of people with skills to fill jobs that are open now. Based on your experience at the Department of Labor, do you have any insights as to what you can do—and I know this is a somewhat tangential aspect of what would be your job if you are confirmed on benefits, but are there steps that the VA can take to encourage more veterans to get back into the workforce, give them the skills they need to fill those jobs, because I think this one of the major challenges and opportunities of our time?

Mr. JEFFERSON. Yes. Senator, thank you for that question. And this function, this role, of VBA is very personal to me because I went through the Vocational Rehabilitation and Employment Program and experienced firsthand the power of these programs. And so I heard that you used the word “tangential,” and if confirmed, this would be a primary focus in addition to claims backlog: veterans’ transition, educational services, economic empowerment, and employment.

In serving as Assistant Secretary for Veterans’ Employment and Training, we partnered with the U.S. Chamber of Commerce and Employer Support of the Guard and Reserve and co-launched Hiring Our Heroes Job Fairs that have resulted in over 617,000 veterans and military spouses finding jobs to date thus far. We also revamped the Transition Assistance Program, and maybe I can speak more about that later today.

Sir, VBA has resources, talented team members, and a mandate to work with the transitioning service members and to help them to identify what their goals are and then create an individual transition plan for each individual so that they achieve meaningful careers, meaningful employment, and which are not just economically empowering but that also provides a great degree of satisfaction. So this would be a core focus, if confirmed, sir.

Senator BLUMENTHAL. I am glad for that very important answer, that it would be a core purpose—

Mr. JEFFERSON. Yes sir.

Senator BLUMENTHAL [continuing]. And not a tangential one, because I think that would be tremendously significant to the veterans who are served by the VA.

Dr. Elnahal, you and I talked privately about the issue of the VA health care facility in West Haven. It is among the health care facilities that desperately needs to be rebuilt. It is in the process now of receiving a new surgical tower that will also be supplemented by a new parking garage, both of them long overdue. We have been working to achieve them for some time. And I commend Secretary McDonough for his leadership and the VA for moving forward, but there is more that needs to be done because it is an aged facility. 1955 is when it was built. And there will be new surgical suites, but in-patient care, other kinds of facilities need revamping and rebuilding.

I would like to hear from you the kind of commitment that I think you expressed privately to me about the need to rebuild and revamp that facility in West Haven and perhaps other facilities

around the country where similar capital investment needs to be made.

Dr. ELNAHAL. Senator, I have a particular appreciation for these issues. I run a safety net hospital now. And because of disinvestment over time, the hospital is actually newer than the one in West Haven, but I could not go a month without some type of infrastructure failing. A pipe bursting that required us to remove operating rooms from service, clinical areas from service, that impacts care.

And it would impact care to veterans to make our clinicians and employees, if I am confirmed, work in plants, hospitals, buildings that are not commensurate and up to standard with the talent of those employees.

I initiated a process for our hospital to be replaced and worked, and continue to work, to get funding to do that in Newark. I would commit the same not only for West Haven, which is a process that you already started, as you mentioned, but for any hospital in the VA in which the infrastructure is failing and where we do not have the funds authorized for that. I would be very transparent, alongside the Secretary, with this Committee and to Congress on what the infrastructure needs are and the capital investments needed.

Senator BLUMENTHAL. My time is expired, but both of your responsibilities, if confirmed, would be immensely important, and I look forward to working with you. Thank you both for your service.

Thank you.

Chairman TESTER. Senator Murray.

#### **SENATOR PATTY MURRAY**

Senator MURRAY. Thank you very much, Mr. Chairman.

The VA's strength, as the largest integrated health care system in the country, gives it really the ability to lead best practices in health care and conduct research and reach veterans in all areas, including in our rural areas through mobile medical outreach, telehealth, and other innovations. Veterans really look to the VA to get the high quality, culturally competent care that they have earned.

So I just wanted to say this today, Mr. Chairman. In recent weeks, my office has heard from concerned veterans and employees that VA is considering a reduction in inpatient services at Mann-Grandstaff VA Medical Center in Spokane, and veterans and staff at that facility have really spent the last few years navigating this new health care record system that has been plagued by issues, to put it lightly. So to reduce inpatient services at a time when local communities, especially surrounding rural communities, need more care, not less, would be a real mistake. And instead of placing more stress on a facility that has already taken on so much, the VA needs to give employees the resources and the flexibility they need to just do their job and get our veterans the high quality service that they have earned.

And, Mr. Chairman, I just wanted to make that very clear at the top of this Committee.

But, Dr. Elnahal, I wanted to ask you, having spent some time away from the VA, what lessons would you bring back to the Department when it comes to access to care and reaching all of our veterans?

Dr. ELNAHAL. Absolutely, Senator, and I think the overarching principle here is to map the journey of the patient in trying to access our system. We did that for our ambulatory care center. We discovered major problems at University Hospital with the call center to be able to get an appointment and also referrals from the emergency room into longitudinal care in our ambulatory center, and we have made strides in trying to improve that.

So it really starts at the point of care. It starts at the point of understanding the veteran's experience in trying to get access to care. And I know the VA has incredible efforts in human center design and mapping the journey of veterans. In my view, that has to be front and center with whatever we take out of Washington to implement and support the field in improving access.

So I have personal experience with that. There were access issues in the psychiatric hospital system that I ran in New Jersey that we improved as well. I would try to bring those lessons back, and frankly, continue, I think, the forward thinking work that VHA is already doing on access.

Senator MURRAY. Okay. I look forward to working with you on that.

Since 2010, more than 65,000 veterans have died by suicide, which is more than the total number of deaths from combat during the Vietnam War and the operations in Iraq and Afghanistan combined. I know suicide prevention is a high priority for the Administration. It is for everyone on this Committee as well. So with approximately 200,000 servicemembers transitioning now to civilian life every year, how will you work, Dr. Elnahal, to ensure veterans are receiving continuous and timely mental health care during that transition from DOD to the VA health care facilities?

Dr. ELNAHAL. Senator, I will say that I share your view that veteran suicide is a national tragedy and that we must do everything we can to bring that number as close to zero as possible, and I would commit to doing so if confirmed into the role.

I think the John Scott Hannon Act, which this body passed and this Committee, of course, passed, is a great framework for how to address this issue. Title I of that Act talks about everything that the VA can do in the transitioning period, where we know the risk for suicide is much higher in that six-month period after service and moving back into civilian life.

Veterans need to be supported in every step of that process. Making the enrollment process in VA is a piece of that, but that is why that Act and the VA's implementation of that, with its strategic plan, focuses so much on community based prevention in addition to connecting veterans with longitudinal mental health care. We know the data also shows that veterans who are experiencing care and are within the VA system for care have a lower suicide rate than veterans who are not in the system even if they had the same combat experience and service experience. So it is not just community based prevention and intervention. It is also ensuring that access to mental health services in VA is as best that it can be.

Senator MURRAY. And I am specifically concerned about that transition from DOD to VA, where we lose people, and we have to keep track of that and do a better job.

Dr. ELNAHAL. I agree, Senator.  
 Senator MURRAY. Okay. Thank you.  
 Thank you, Mr. Chairman.  
 Chairman TESTER. Senator Brown.

**SENATOR SHERROD BROWN**

Senator BROWN. Thank you, Mr. Chairman.  
 Good to see you both here.

Dr. Elnahal, good to see you again and thanks for your willingness to serve at the VA again. When you were last before this Committee, six or seven years ago, something like that, we discussed the Department's Diffusion of Excellence initiative. Scott Bryant and the Chillicothe VAMC testified regarding the e-screening practice they were working on there. Chillicothe is a hospital that serves Appalachia, a huge area of southern Ohio where there are a lot of veterans.

In March, Secretary McDonough, as you know, issued recommendations to the AIR Commission. One of those recommendations was to close Chillicothe, an integral piece of Ohio's VA health care system. The facility serves 20,000 veterans, with 1,400 employees, many of whom I have met.

As you know, this privatization of the VA kind of came out of the Tea Party Movement a decade-plus ago, and we are reaping whatever the opposite of benefits are from this discussion and what has happened with the AIR Commission.

So my staff and I, as a result, have spent the last month traveling through Appalachia. I have been to Chillicothe twice. One meeting was with veterans; one meeting was with employees, many of whom were also veterans. My staff has gone all over to Legion Posts, community centers, VFW halls. People are concerned or worse. They worry about losing their VA doctor, having to go out of the community for care, driving for several hours.

Chillicothe also has some of the best mental health services of any VA in this VISN. Rural communities like Chillicothe do not have as many providers as big cities do, and even those providers do not have the breadth of veteran-centric knowledge that VA physicians and other providers have, as you know.

My question is this—sorry for the long intro. How will you ensure the VA has quality options in the community if services shift over time to make sure veterans do not lose continuity of care?

Dr. ELNAHAL. Thanks for the question, Senator. I think it is really important to focus on the adequacy of the network that actually services community—services veterans in the community. There is an opportunity to really double down and look at what standards we have and how many providers and where they are located with the scheduled recompute of the network, which is coming up in the next 18 months, as I have learned.

And access to care for veterans in Ohio and veterans across the country is a major consideration and making sure that community care options are available, especially where VHA does not have internal services in specific service lines. That is a criteria in the MISSION Act for access to community care, and it is one that I would look very closely at in consultation with the Secretary and the White House and others to ensure that that network is more

than adequate, especially with regard to mental health, knowing how much of a priority that is and, frankly, the top clinical priority, mental health and suicide prevention.

Senator BROWN. Thank you. Two other real brief questions. I may go a bit over, Mr. Chairman. I will do my best.

I support moving on the PACT Act. We have talked about many provisions that originated in this Committee. How do you ensure VHA has the resources, the physical space, the medical professionals, the administrative staff to care for veterans exposed to burn pits and other environmental toxins?

Dr. ELNAHAL. Senator, I am really pleased to see the multiple actions that the Secretary has taken in the last several months to afford more presumptive eligibility for different conditions, most recently, multiple rare cancers for burn pits and airborne hazards. I think that is a reflection of the Secretary's and the President's desire, as the President has stated himself, to extend as much as possible in terms of benefits to veterans with these exposures. And VHA, of course, has an office that continuously analyzes the data and determines what the associations are and makes those recommendations.

I am very pleased also to know that the budget that this Committee and this body passed is a lot more resources to be able to prepare the system for whatever comes next, whether that is more veterans as a result of presumptive eligibility or if there is legislation working with this body to ensure that the resources are there. That would be my responsibility as the manager of VHA, to make sure the system is ready on the other end to take in these veterans and care for them.

Senator BROWN. Thank you. I have been on this Committee, as the Chairman has, got on the Committee the same day, and watched the slow-moving response still to Agent Orange over all those years. We kept adding but not quickly enough, and then the last administration showed so little interest in burn pits. And I am really encouraged by the President and by your comments and by Secretary McDonough wanting to move quickly on making sure that people that are injured from these burn pits get the kind of treatment.

Last question. I wanted to follow up briefly on Senator Murray's comments about suicide. How do we remove the stigma and the barriers related to mental and behavioral health?

Dr. ELNAHAL. It starts with a declaration, Senator, that mental health care is health care. It is not something separate. It is part of the overall health of somebody to make sure their mental health and well-being is as best that it can be. And that stigma needs to be—that needs to be eliminated, and you also need to wrap it around with the right infrastructure and the right capacity to be able to meet those needs. But wherever we can, in every forum we can, we have to keep saying that it is okay not to be okay and that veterans in particular, their mental health issues, especially as a result of their service, are our responsibility in VA for the enrollees to address.

And so I would commit as much as I can to you to make sure that this is a priority and that every forum we have and every



chance we have we communicate that mental health is health care and VHA invests in that mission holistically.

Senator BROWN. Thanks, Dr. Elnahal.

Thank you, Senator Tester.

Chairman TESTER. Thank you, Senator Brown.

I am going to stay with you, Dr. Elnahal, for a minute here. Senator Murray talked a little bit about electronic health records. The price tag for this effort—and it is not an effort that is going particularly well—is about \$16 billion over 10 years based on IG reviews and congressional oversight work. It is expected to be more expensive and take longer than that. The system still has issues in Washington State, where it was launched, but the VA is pressing forward in other parts of the country. There are concerns by Congress. There is concern by staff. There is concern by stakeholders.

If you are confirmed, what role do you see yourself playing, and what are your top priorities so this system actually ends up delivering, which I think it is critically important we get it to a point of delivery, for our veterans, for our medical professionals, and for the taxpayers?

Dr. ELNAHAL. I think I would play several roles, Senator, if I am confirmed, in that initiative. The first is being an important representative of the experience of our clinicians in the field within VHA and their interactions with the system. I have to be one of many voices to express any concerns they have and also raise issues that can be mitigated as soon as possible to the Deputy Secretary and others so that they can be mitigated.

So first is an advocate for the clinicians and the staff within VHA, but second is a champion. Unless the leader of VHA says that this is a strategic imperative and that there is a full speed ahead effort to make this right, it is going to be hard to implement it successfully, and so I would commit to being a close partner with the Secretary, the Deputy Secretary, Dr. Adirim, and her whole infrastructure and working with VHA as a close partner, to ensure that this initiative is implemented in a way that not only protects patient safety but enhances it over time, with a workforce that is using the system to the full capacity that it can.

Chairman TESTER. So just a real quick follow-up, we have had a number of hearings on the electronic health record and what is right and what is wrong with them. In one of the hearings, it was pointed out that, in general, physicians and nurses do not much like this. They do not like changing the way things are being done, and I get it. Change is hard.

What are you going to do on that front? What can you do on that front from a leadership standpoint, from an education standpoint, from a communications standpoint to deal with this because if they are not bought in it is not ever going to work?

Dr. ELNAHAL. Well, the first thing I would say, Senator, to VHA staff and clinicians is that I have been through electronic health record implementations before. As a resident, we had to cut our clinic panels by half. We had to have folks, right at the point of care, troubleshooting, making sure that whatever we wanted to do was executed well, and that in the process, within the workflow of clinicians, people were learning how to use the system. And that

process lasted for weeks, so you know, reducing this, the clinic volume during our residency by half for weeks, when I was resident, which of course impacts access in a temporary way. But ultimately, it was implemented successfully because the experience of the clinicians was first and foremost what was emphasized and what management responded to during the course of that implementation.

I pledge to you, Senator, that I would consider the folks using the system at the point of care to be the most important stakeholder in informing how we proceed going forward.

Chairman TESTER. Okay. Look, by the way, if we had all the money we have spent on technology in my days in the State legislature and here, we would probably pay down the national debt significantly. It is an incredible amount of money, so it is a big issue.

Mr. Jefferson, before I get to Senator Sullivan, in recent years, Congress has enacted critical legislation to strengthen VA's oversight of schools receiving veterans' earned benefits such as the Post-9/11 GI Bill and the VRRAP program. However, despite Congress's and VA's effort to curtail predatory schools that target veterans, we continue to see student veterans fall prey to these institutions.

Now Congress closed the 90/10 loophole, and that is a good thing. We did that in the American Rescue Plan. What else can be done to protect student veterans?

Mr. JEFFERSON. Senator, thank you for that question. Bad actors need to immediately be identified and removed from the system and removed from having any engagement with veterans and with VA. If I have the privilege of being confirmed, one of my first priorities will be to look at what is the current state of outcomes, what is the current state oversight, and what have we identified thus far in terms of what bad actors may still be engaging with veterans.

I would also want to spend time getting feedback from the veterans service organizations, the military service organizations, those specifically who are looking at this issue and who have identified bad actors who are in the system.

I would also want to work with other Federal Government agencies as appropriate to leverage their strengths and leverage their authorities so that we can ensure that veterans are set up for success and any predatory entities, businesses that are taking advantage of our veterans are, one, identified, two, there is public awareness made, and three, that they are held responsible and accountable for their behavior to the greatest extent allowed by law. It is completely unacceptable.

Chairman TESTER. Agree. Thank you.

Senator Sullivan, if you are ready.

#### **SENATOR DAN SULLIVAN**

Senator SULLIVAN. Yes, Mr. Chairman. Thanks a lot. Thanks for waiting. Sorry.

Gentlemen, sorry. Congratulations on your nominations.

Mr. Jefferson, I just want to dig into this—first, I appreciate your military service.

Mr. JEFFERSON. Thank you, Senator.

Senator SULLIVAN. I think that is an important component for the VA. You have an impressive background.

I want to dig into a little bit more on the Inspector General report, OIG report, that you told multiple government officials that the OIG blessed your plan to pay an associate via a government purchasing card. I think that is not correct. Can you just help clear all this up—

Mr. JEFFERSON. Yes, Senator.

Senator SULLIVAN [continuing]. Because it is something that has come up in your background and record? It seems confusing to me as I have read it. So what is the real deal here?

Mr. JEFFERSON. Senator, we know from research that we need three things to build trust. The first is credibility, the second is reliability, and the third is authenticity.

I am a veteran. I have served our Nation for 15 years in uniform, and I take my integrity very seriously. I and my senior team have always directed the individuals in the organization who do contracting and procurement to follow all appropriate rules and regulations and guidelines. And I take my integrity so seriously that I spent my entire life savings, sir, over the course of eight years to clear my name.

Senator SULLIVAN. Mm-hmm.

Mr. JEFFERSON. Now I can understand that the IG, in my opinion, at the time was doing the best they can with the information they had. I believe they did not know that two of the individuals they were relying on primarily had been found to have lied in other investigations.

I believe that the IG plays a very important role and that whistleblowers should be protected. I also feel, sir, that all parties involved should be protected and that there should be due process as a result.

I have been cleared of these allegations by a Federal court of law. I take my name, my family's name very seriously, and I did that, sir, for two primary reasons: one, because my integrity as a veteran and, second, because I hoped to one day have the privilege of serving our nation again.

Senator SULLIVAN. So your—so the Federal—and again, I am just reading this, so I am just trying to understand where the truth is. So you think the OIG's report—you would just disagree with it then? Is that . . .

Mr. JEFFERSON. Sir, I disagree. When this first happened, I expected to have a due process opportunity within just a few days of being informed of the report. Unfortunately, that was not the case. And so the reason it took eight years, the reason it was at the expense of my entire life savings, down to the minimum required deposits needed to keep a savings and a checking account open, is because, as I was told, the Federal court wanted to look at every single aspect of the situation to see if there was one single thing that they had found we had done wrong, and it took eight years to receive a clearing of all of those allegations.

Senator SULLIVAN. Okay. All right. I appreciate that.

Dr. Elnahal, let me ask you, you know, we have not had an Under Secretary in this really important job since, I think, Dr. Shulkin. Geez, Louise. That is not good. So we need someone confirmed here.

You know, in my experience on this Committee, the Secretary or the Under Secretary is a hugely important job. The following background really helps in terms of their ability to do the job well: military service, professional background in medicine or health care management, and the ability to manage a large, well intended but sometimes extremely bureaucratic organization.

Give me a little bit of what your background presents. You do not have all those three criteria, but I am not saying that is disqualifying. What in your background can make sure you are able to do this job, which is a really important job that we need someone in the position?

Dr. ELNAHAL. Thank you, Senator, for the question, and I agree the experience of whoever ends up in this position is extremely important because the mission is extremely important.

I believe I am qualified for the following reasons. The first is that I know what it is like to run a full-service, acute care hospital, which is where everything converges from Washington, DC in the VA health system: medical center directors, network directors, and the folks that they are responsible for in delivering that mission. I can speak to that experience, and I know what is like, and hopefully, that will give me the perspective needed to be able to run such a large organization and execute on the imperatives of this Committee and the Administration. So that is the first point.

The second point is that I have not only been in those positions, both in the State psychiatric hospital system in New Jersey but also a full civilian hospital, acute care, level one trauma center, but I have made improvements in all opportunities that I have had to those systems in meeting that mission. As I mentioned in my opening statement, we reduced violent assaults in the State psychiatric hospital system, we hired hundreds of clinicians in a very understaffed situation, we had overcrowding in hospitals that we reduced over time, and we made the care experience better for the folks working there and, most importantly, for the patients.

At University Hospital, under the oversight of a State monitor for poor financial performance, poor quality, and basically poor community trust and regulatory compliance, we made improvements in all three of those to a point where now the performance of that hospital is on par with the best of New Jersey, in my view.

And I would take that record and do my best to apply it in this position.

I am not a veteran, but I commit to constantly, constantly, getting the perspective and the opinion of veterans, both who work around me in VA—by the way, about a third of the workforce are veterans—

Senator SULLIVAN. Yes.

Dr. ELNAHAL [continuing]. But also from veterans service organizations and State veterans organizations as well, to get that full perspective.

Senator SULLIVAN. Great. Mr. Chairman, do I have minute to ask just a few more questions?

Chairman TESTER. Go ahead.

Senator SULLIVAN. Let me ask on mental health, for both of you, so I just spent—well, let me get a commitment from both of you here. So I represent a State with more veterans per capita than

any State in the country, and we are proud of that in Alaska. So can I get your commitment, if you are confirmed, both of you, soon in your tenure to come up to Alaska with me and meet the amazing veterans in my State?

Dr. ELNAHAL. Yes, Senator, absolutely.

Mr. JEFFERSON. Senator, it would be an honor to do so. And I have actually been to Alaska during my previous time of service, meeting with veterans there, meeting with Native Americans there, and we had very productive dialogues that led to better-based service and better outcomes. It would be an honor to return to Alaska, sir, one more time.

Senator SULLIVAN. Good. I look forward to having you guys up there.

Mental health. So we have real high suicide rates in Alaska, unfortunately. I just spent last week—now this is not veterans; this is active duty. You may have seen the national articles. We have this incredible spike in the U.S. Army Service in Alaska, suicide rates that are just through the roof, active duty suicide rates. I spent two days doing town halls with Democrat Congresswoman Jackie Speier of San Francisco, who chairs the Armed Services Subcommittee on Personnel.

Can I get your sense, Dr. Elnahal, on what you think?

This has been a big priority of ours here, how to address this issue of veteran suicide, which is the numbers are through the roof as well. If you have ideas—that is a bipartisan issue on this Committee that we want to get on. Do you have any thoughts on that?

Dr. ELNAHAL. I do, Senator, and I share VHA's already stated priority of mental health and suicide prevention as the top clinical priority. I would carry that forward as well.

I know that the Agency is armed with a great framework for how to address this issue with the John Scott Hannon Act, to include important work on community-based prevention, working with community stakeholders to provide a support network for veterans at risk for suicide.

A very important thing is getting veterans enrolled for care and actually delivering that care with adequate access, whether that is through telehealth, in person care, for most people, both, but also doing everything we can to identify with data, with programs like REACH VET that actually identify folks in advance who may be at higher risk based on very rigorous research that allows the system to do that.

You would have my commitment to employ all of those tools in addressing this public health crisis.

Senator SULLIVAN. Great. Thank you.

Mr. Chairman, I have one more, but I can submit—

Chairman TESTER. You know what? Senator Moran will wait. Go ahead.

Senator SULLIVAN. What is that?

Chairman TESTER. Go ahead. Senator Moran will wait.

Senator SULLIVAN. Well, it is actually a bill that Senator Moran, I am sorry, that the Chairman and I co-sponsored, and it is just looking at the issue. It is not saying you need to do it, but a lot of my veterans say, hey, we can—there can be some help with regard to some of the needs they need on cannabis research. The VA

is very reluctant to do anything, even starting to research the benefits that can come from the medical use of cannabis.

We have a bill that just says, hey, VA, just start to take a look. I do not even think they need legislation to do it. They want the top cover of a Republican and Democrat to do it, so we are trying to do that.

Do you have a view on that? I know you did some work on that in New Jersey, if I am not mistaken.

Dr. ELNAHAL. I did, Senator. I was—when I was Health Commissioner, I ran the medical marijuana program in New Jersey. We expanded access to the program across the State and made it easier for veterans to enroll as well.

As you know, Senator, this issue is very complex from the national standpoint and the Federal Government standpoint because it remains a Schedule 1 drug, and so you would have my commitment to have these discussions with leadership across the Administration but also with this Committee and try to come to, you know, a right set of next steps.

Senator SULLIVAN. Did you see any benefits or takeaways from the work you did in New Jersey on this topic for veterans, or it is too early to tell?

Dr. ELNAHAL. There are no studies that look at veterans, that I am aware of, in New Jersey and where they have benefited from the program. I did serve as an advocate for the program across the board for all patients who are eligible for specific conditions. It is a condition-based system. But the intersection with Federal law was not something I had to contend with at the time.

Senator SULLIVAN. Okay.

Dr. ELNAHAL. And so that would be the layer of issues that I would have to address if confirmed for the role.

Senator SULLIVAN. Good. Thank you.

Thank you, Mr. Chairman. Thank you, Senator Moran.

Chairman TESTER. I am glad you brought the issue up, Senator Sullivan, because I get the Schedule 1 and I get it, but there are so many States that have legalized this. There are so many claims that talk about how great marijuana is for treating things. And if it is great and it does supplant pharmaceuticals, I am all in. But if it ain't and we do not have the research to back it up, I think we are making a huge mistake. And so we should be doing this research, and if it takes an act of Congress we will do it, but I hope you are aggressive in pushing the VA to do the research within the law. Okay?

Senator SULLIVAN. And then if you need the law, we will get our law passed.

Chairman TESTER. That is right on, yes.

Senator SULLIVAN. Yes.

Chairman TESTER. Senator Moran, we are anxiously waiting for your questions.

Senator MORAN. I am sorry that has been the case most of the day and most of the afternoon in which you have been waiting for me.

Mr. Jefferson, one question for you and one question for the doctor.

Mr. Jefferson, in two instances, including the official committee questionnaire, you state that government defendants in your civil lawsuit related to your 2011 resignation from DOL, from the Department of Labor VETS, agreed that the 2011 OIG report was, quote, "baseless and without merit." Both the Department of Labor and the OIG confirmed to my staff that that is an incorrect characterization of the settlement agreement. Further, the OIG's 2019 revisions to the 2011 report only changes the OIG's conclusion to unsubstantiated. I think there is a difference between baseless and without merit and unsubstantiated.

And I think earlier this afternoon, in regard to a question from Senator Blackburn, you indicated you were cleared.

And I just wanted to have you describe for me how you see the differences between those words. I am of the view that words matter. Explain to me how you saw, or what you think, is the circumstance of your—the changes in this report.

Mr. JEFFERSON. Senator, I believe words matter. I believe experience matters. And I believe integrity matters and that our veterans deserve leaders of the absolute highest character and ethical backbone to provide services to them.

Senator MORAN. Thank you.

Mr. JEFFERSON. Sir?

Senator MORAN. I was not sure if you were done.

Mr. JEFFERSON. No.

Senator MORAN. Okay.

Mr. JEFFERSON. Yes. Sir, I truly support the role of whistleblowers and the role of the IG, and I know that the IG in this situation was doing the best that they could with the information that they had.

The facts are that I was never given a due process opportunity at the time to go ahead and address those allegations, and I spent eight long years providing answers to every question I was asked, and I was told it took so long because the investigators wanted to see if there was anything they could find that I or the senior team had done wrong. And that—as a veteran, sir, I did that at the expense of my entire life savings because I value my family's good name and I wanted to have the privilege of serving our Nation again.

I believe the IGs play an important role. I believe that all parties, regardless of your role in an organization, deserved to have their rights protected and that due process is essential and important.

I can understand that the IG today may want to say that the allegations were not baseless, but after an eight-year investigation a Federal court of law had found that not one of those allegations was substantiated. And if I had had the opportunity to have due process in 2011, maybe it would not have required my entire life savings to clear my name and to clear family's good name.

I would be honored to serve our Nation again. These two tabs, this Ranger scroll and this Special Forces scroll, are indication of the fact that I would do whatever it takes to serve our Nation's veterans and to get results the right way, sir.

Senator MORAN. Mr. Jefferson, thank you for your service to our country.

Dr. Elnahal, Congress passed the Veterans Health Care Act in 1992 and unequivocally prohibited the VA from providing abortions. However, after writing to Secretary McDonough last year to remind him of this prohibition, he responded that the VA's prohibition is, quote, "a policy decision rather than a statutory one." This is a departure from the VA's previous position, which is, I quote, "cannot, by law, provide abortion services." It was publically stated on the VA's website.

I raise this today because the VA's argument is that despite congressional authorization and prohibitions on what it can and cannot do it has general treatment authority to override those decisions by Congress.

I have never been in the United States Senate in which it worked as I believe it should. I miss the days that I at least read in history when Republicans and Democrats were united in their belief that the Article I, the Executive Branch of—I am sorry. Article I, the Legislative Branch has the authority to determine the law and the Executive Branch enforces it, executes it. And I wish there were days in which we were lined up, in which perhaps even regardless of the position you take on the law, whether it is right or wrong, that Congress was firm with the Executive Branch in saying it is our responsibility legally, constitutionally, to make these decisions.

And I just want to reiterate today—I mean, unfortunately, I think what has happened over time is that Republicans end up supporting Republican administrations' decisions and Democrats end up supporting Democratic decisions. And really, our freedoms and liberties that Mr. Jefferson fought for are determined by an Executive Branch that only executes laws, and our liberties are intruded upon when it is something different from that.

So I would reiterate today that we do not hold hearings, we do not vote and pass legislation just so those laws will ultimately end up as mere suggestions to the VA on how it ought to operate.

And I hope and I expect—this is a conversation I have had with Secretary McDonough—I just highlight for you, please, in every endeavor that you make, try to execute the laws as Congress passed, and when we have done it wrong, which is not infrequent I am sure, come tell us that the law needs to be changed. It is the requirement of the Constitution, something that the people that you serve at the VA and the people that we try to take care of in this Committee fought and many died for, those words that define how our freedoms and liberties are determined.

So I just—maybe you would commit that if you are confirmed you would follow the law and congressional intent as you do so.

Dr. ELNAHAL. I would, Senator. That is my understanding of the oath of office I would take, and I would take that responsibility very seriously.

Senator MORAN. Thank you.

Chairman TESTER. Thank you, Senator Moran.

I want to thank the nominees for being here today. As many members have said, we want to thank you for your willingness to serve.

I want to thank you and the committee members for the thoughtful dialogue that has occurred here today.



I would ask that any post-hearing questions be sent to the clerk no later than tomorrow at 5 p.m. That is for the members, any post-hearing questions be sent to the clerk no later than 5 p.m. tomorrow, and I would ask that the nominees respond as quickly as possible.

With that, this hearing is adjourned.

[Whereupon, at 4:44 p.m., the Committee was adjourned.]



---

**A P P E N D I X**

---



---

**Nomination Material for  
SHEREEF M. ELNAHAL**

---



**Statement of Shereef M. Elnahal, Nominee for Under Secretary for Health of the Department  
of Veterans Affairs**

**Senate Veterans Affairs Committee  
Hearing to Consider Pending Nominations  
April 27, 2022**

Good Afternoon, Chairman Tester, Ranking Member Moran, and distinguished members of the Senate Veterans Affairs Committee. It is an honor to appear before you as the President's nominee for Under Secretary of Health.

I would first like to thank you for the productive meetings I've had with many of you. I appreciated learning more about what you see as the most critical health issues facing Veterans across the nation. Advancing the quality and safety of health care for Veterans is a tremendous responsibility and I am privileged to be called upon to do so, if confirmed.

I would like to take a moment to introduce my family members who are here, and without whom I would not be here before you. First my wife Marwa, who is my companion, life partner, and best friend. She is joined by my three children, who are the light of my life. I am also joined by my mother, to whom I am eternally grateful for the values and work ethic she instilled in me, as well as my brother Kareem, sister Sarah, uncle Hisham, aunt Suzie, and my mother-in-law Soheir, all of whom support me immensely, and whom I love very much.

As all of you know, the health challenges that Veterans face could not be more pressing. The nation is still grappling with a pandemic. The VA and this Committee are working through the hard challenges of access to care, VA infrastructure, and the largest electronic health record implementation in history.

I am excited for the opportunity to take on these challenges if confirmed. In short, I would not be sitting before this committee if not for Veterans and VA. As a medical student, I served Veterans at the West Roxbury VA, which was among my first clinical rotations. I remember meeting a Veteran there who had traveled more than an hour with crushing chest pain before arriving in that emergency room. He knew and I knew that he was likely having a heart attack. After he was stable, I asked him why he had chosen to come to that hospital over several others that were closer to him. He told me he did not see himself being treated anywhere else. That the VA was "his hospital, with his doctors and nurses," and that he trusted the VA over any option. I will never forget that moment. It encouraged me to always work for organizations which have THAT effect on people.

Since then, many experiences taught me how our military members lead with grit and resilience. But I was able to see this service firsthand at the outset of the COVID-19 pandemic. In April 2020, as COVID was spreading rapidly in Newark, my hospital was overrun with patients and staffing shortages. At that time, we knew little about this virus, and it hit our community hard. A saving grace for us were the women and men in uniform—US Army reserve clinicians—who

came and helped staff our hospital through the worst of the crisis. I also worked with National Guard members to build a field hospital for surge capacity. And again this past Winter, as Omicron was surging, active duty Army clinicians came to us again with the support of the Biden administration. Each time, my staff and I were reminded of what these heroes in uniform do for us every day. They protect us and they keep us safe, and that fact was no longer abstract for my staff. If confirmed, this opportunity would be part of my own way of paying their service forward to Veterans across the nation.

I've held different vantage points relevant to this opportunity throughout my life: as a patient, as a physician, and as a healthcare administrator. I was diagnosed with Type I diabetes when I was 12 years old. And although I was blessed with many supports, I've still had my fair share of hard times as a patient. I know what it means when President Biden says that health care is a basic human right—for me, that belief is personal. Later in life, when I started as a medical resident, I immediately noticed that despite the best intentions and exceptional skills of my fellow health professionals, the systems of care around us were letting patients fall through the cracks. That is why I have dedicated my career to improving those systems of care.

This mission led me back to VA, and VA made me the health care leader I am today. VA prepared me to serve as New Jersey's health commissioner—a responsibility that called for protecting the health and well-being of 9 million people—at a scale similar to the number of Veterans I would serve if confirmed. As part of that role, I ran the state's psychiatric hospital system, where we were able to reduce violent assaults, curb overcrowding, hire hundreds of new clinicians, invest millions in capital to improve the environment of care, and standardize trauma-informed care across the hospital system.

I then moved to lead University Hospital in Newark, NJ—a Level 1 trauma center and the main source of health care for a vulnerable community. In addition to leading the hospital through the pandemic, before I arrived, this hospital was under the oversight of a state monitor for failures in care quality, patient safety, financial performance, and poor community trust. Together, my workforce and I turned that hospital around by investing in a culture of respect and accountability. The result was an improvement in the hospital's Leapfrog Hospital Safety Grade and a financial turnaround that resulted in a more than \$50M improvement in operating margin in less than 2 years.

I know what it's like to lead hospitals in both the government and non-profit sectors—to shoulder all the pressure of executing a sacred health care mission on behalf of vulnerable people. I know the challenge and task of leading large and diverse workforces. I know that the most essential ingredient to successful leadership is a true belief in, and respect for, front-line heroes who shoulder the mission at the point of care, and I know the Secretary shares this vision front and center.

Veterans deserve an Under Secretary for Health who can execute on the mutual priorities of this Committee and the administration. But Veterans also deserve a VHA leader who has more faith in the health system and its people than anyone else on the planet. I believe VA is a national treasure, and that this is true *because* of its people. I believe VHA can be the best health care system in the nation. I am more than honored to be sitting here now as a candidate for this role,



and I am encouraged that with all of you on this Committee as colleagues and partners, we would improve Veterans lives together.  
Thank you for considering my nomination, and now, I would be happy to answer your questions.

**Pre-Hearing Questions for the Record  
Nomination Hearing of Shereef Elnahal to be  
Under Secretary for Health of the Department of Veterans Affairs  
From Ranking Member Jerry Moran**

**1. Please describe why you want to serve as Under Secretary for Health at the U.S. Department of Veterans Affairs.**

I have been indebted to Veterans throughout my entire career, starting with my medical training. One of my first patient encounters as a medical student was with a Veteran who drove more than hour with crushing chest pain just to see the VA doctors and nurses he knew and trusted. Despite VA clinicians counseling him to get his emergency care closer to home in the future, I remember him telling me that “VA was his hospital,” and that he couldn’t trust anybody else with his care. Veterans have been my favorite patients ever since. Fast forward to 2020, when I was running an academic medical center and found myself side by side with US Army reservists and National Guard members who helped staff my hospital, side by side with my employees, and staffed a field medical station at a convention center that we built together. That was an opportunity to witness, firsthand, how people in uniform serve us all, and keep us safe. If confirmed, I view this role as an opportunity to pay back that debt to the people who have served us with honor and sacrifice. This is personal for me, and I am grateful to be considered.

**2. Please describe why you think the Federal government should or should not provide health care to certain veterans. Is there an obligation to provide health care for certain veterans, and if so, what is the basis for the obligation and when it the obligation fulfilled? What outcome do you believe that providing these services is attempting to achieve, and is that the right outcomes?**

I believe that every American benefits from people who wear the uniform and serve. It is therefore very appropriate for the federal government to ensure that their health care needs are met, especially if their conditions are related to that service. I believe this obligation to care for Veterans with service-connected conditions should be for-life, and that our nation should be there for them, their families, and their caregivers in every step of their care trajectory. Goal outcomes should be to improve Veterans’ health, life span, and quality of life with every opportunity we have through high-quality, timely, and accessible health care. That includes making care delivery available to the Veteran wherever they are, whether within VA or alongside partners in community care. Outcomes should also look at the whole Veteran and be responsive to whatever is best for that Veteran.

**3. Please describe specific experiences that you believe qualify you to lead America’s largest integrated health care system, including challenges you have overcome and accomplishments you have achieved.**

While I believe that this role is hard to compare with any other job in American health care because of its sheer scope and scale, I have been fortunate to have held roles that

prepare me to do this job. I was health commissioner in a state of 9 million people, charged with protecting the health and well-being of a similar number of people as the approximately 9 million Veterans enrolled in VA health care. As part of that role, I led the state's psychiatric hospital system, which was badly in need of significant capital investments to remove risks for self-harm of patients, understaffed with psychiatrists and providers, and overcrowded in some instances. After building trust with staff and facility leadership, we were able to reduce the incidence of violent episodes by 20% in one year, invest millions in capital to remove ligature risks, raise the salaries of psychiatrists and hire many more across the hospitals, and standardize trauma-informed care methods throughout the system. I then moved to lead an academic medical center in the heart of Newark, NJ, and 8 months after I started that role, the global pandemic hit the New York Metro area as its global epicenter. What followed was a challenge unlike any other I've faced in my career—one that I could not have surmounted without building trust with the folks on the front-line going into patient rooms or supporting them every day. I viewed my role during that time as solely dedicated to making these employees' lives easier during a traumatic experience—and that included working all hours of the day to secure PPE, medications, and ventilators, all while keeping the hospital afloat financially. The result, two years later, was not only a hospital that got through the worst of the pandemic; we managed to improve our quality scores in the Leapfrog Hospital Safety Grade; turn around hospital's operating margin from a \$12M loss to a \$48M surplus (and even when backing our Provider Relief Funds and COVID expenses, we still moved the hospital from red to black); and re-establishing trust with the community after resolving numerous regulatory and care issues. The bottom line is that I know what it's like to be in the seat of both medical center directors and VISN directors in the field—the people upon whom all of our directives and priorities converge in the pursuit of serving Veterans. Having that perspective will allow me to understand what they face every day, and do whatever I can from my position here, if confirmed, to support them through to execution.

**4. If confirmed, what would your top three priorities be?**

If confirmed my priorities would include:

- a. Improving access to the best care and social interventions that Veterans can receive, whether internally or in the community, as well as access to essential benefits for Caregivers
- b. Mental health and suicide prevention would be my top clinical priority;
- c. Investing in VA's workforce to build a culture of respect and accountability, including a strong focus on improving hiring, recruitment, and retention

**5. You have previously written that greater collaboration and resource sharing should occur between military health care facilities and VA health care facilities. If confirmed, how would you increase that collaboration, and how would it fit into the veteran care model that currently focuses on VA "in-house" care and community care? Please elaborate on changes to the VHA system you foresee will be needed to meet the care needs of future generations of veterans.**

I believe that collaboration between VA and DOD should focus most intently on Veterans transitioning from service back to civilian life. That is the area that requires seamless collaboration to support Veterans going through the process. I also believe that VA and DOD can collaborate more effectively on behalf of Veterans and transitioning service members who are re-entering civilian life. I also believe we have much to learn from the DOD's MHS Genesis effort and seeking advice from military medical command members on how implementation of the Cerner EHR can be made more safer and more streamlined makes sense.

More generally, the future of health care is trending towards convenience and accessibility. As post 9/11 Veterans begin to age, their health care needs will become more acute. These are folks who expect—as they should—to get more care in virtual settings, to interface with systems that are accessible and user-friendly, and to be unencumbered by issues around care access and quality. That means the VHA of the future should be designed to present Veterans and their providers with all of their options for the next best step in their care, to include internal in-person appointments; VA telehealth, community care options, and other care options in order to craft the best possible care plan with the Veteran in the driver's seat.

**6. Please describe your vision of what veteran health care should look like from a veteran perspective and a national system perspective. What should veterans expect from their care? What should VHA employees and community providers expect from the system?**

I agree with the President and Secretary McDonough that those who risked their lives to serve us deserve access to the highest quality, timely care that our country can offer. What that means to me for Veterans includes:

- A primary care and/or mental health professional as their main, longitudinal provider.
- A team that coordinates their care from VA, regardless of where that care is ultimately rendered. This team should also ensure that the Veteran understands their care trajectory and the reasoning behind every recommendation/ step in their care.
- At each visit with their primary care provider, referrals should be offered with the aid of a system that ultimately shows the full universe of care options for the next best step in that Veteran's care—visible to both the Veteran and the provider. For example, if a Veteran needs to see an oncologist after a new cancer diagnosis, after explaining the diagnosis and the need to see a specialist, the primary care provider should be armed with a system that lists all possible options to see an oncologist as their next step; including internal in-person appointments; in-person appointments at other, accessible facilities; VA telehealth appointments with subspecialty oncologists anywhere in the country; and VA community care appointments if appropriate. The provider and Veteran can then make a joint decision on that next best step, which should focus on the soonest and best option for care, based upon no other agenda. At no point should administrative imperatives override that joint decision between the clinician and the Veteran.

- VHA employees should expect systems and policies, whether coordinated at their medical center/CBOC, the VISN, or central office, that make the essential jobs of coordinating and delivering high-quality care *easier*. This requires innovation and human-centered design, which starts at the point of care and cascades up in the organization, and standardization where solutions clearly prove to be beneficial for Veterans, families, and employees in their mission to deliver care.
  - Community providers deserve a VA that is responsive and collaborative from the standpoint of referrals and care coordination. That means not only an effective system for clinical communication, but an easy vector for claims processing, and ultimately, reliable and timely payment against services rendered.
  - Most importantly, all stakeholders should expect the VA to relentlessly advocate for Veterans, families, and caregivers in care delivery, innovation, policy formulation, and essentially, all decisions.
  - In short, Veterans deserve care that is seamless, easy to access, state of the art, high quality, and safe.
7. **Please describe the work you performed as Expert Consultant (without compensation) to the U.S. Department of Veterans Affairs from January 2021 to January 2022. Please include the VA officials with whom you consulted, the topics and issues on which you consulted, and any conclusions you drew from this period that could inform your leadership of VHA if you are confirmed as Under Secretary for Health.**

I was privileged to be asked to serve on the VA landing team as part of the Biden-Harris transition team, where I advised on all matters related to the pandemic in order to facilitate a seamless transition during the national emergency. I essentially continued that role in the capacity of a senior advisor in the administration, advising top VA leaders on matters related to pandemic management and preparedness. Specific topics included regular updates to senior VA leadership on pandemic trends in the broader American health care system, to include scientific and regulatory updates; coordination with interagency stakeholders and White House COVID Response Team on various initiatives; vaccination rollout for Veterans and Fourth Mission efforts to do the same for civilians; and initiatives such as vaccinating Customs and Border Protection officials at the US-Mexico border. I learned much about the robustness of VA's response to the challenges of the pandemic—including personnel challenges against the current health care labor market; surge capacity; supply chain issues; and the overall confluence of the pandemic against other important trends such as access to longitudinal care. It was interesting to compare VA's experience at the national level to what I was seeing on the ground in our academic medical center in Newark, and I learned much from VA's response that I was able to bring back home, in addition to advising from my experience in running a medical center's pandemic response in the private sector. I also learned that VA carries advantages as a national health care system—while every hospital was struggling with financial outcomes in addition to the response itself, VA could focus squarely on care delivery during the national emergency, which is a huge advantage. VA was also advantaged in its response by the very nature of how longitudinal and meaningful the system's relationship with Veterans was.

- 8. Please explain your understanding of VA's community care program, including how eligibility is determined, how it integrates with care provided in VA facilities, and the role a veteran patient and his or her doctor play in decisions regarding community care.**

The VA MISSION Act outlines the guidelines for community care eligibility for Veterans receiving VA care, and congressional intent for this law is essential to VA decision making. VA consolidated all community care programs into one program known as the Veterans Community Care Program (VCCP). VCCP established six eligibility criteria for community care. Meeting any one of six eligibility criteria is sufficient to be referred to a community provider—a Veteran does not have to meet all of them to be eligible. Veterans must receive approval from VA prior to obtaining care from a community provider, in most circumstances, in order for that care to be subsidized by VA. Enrolled Veterans always have the option to receive care at any VA medical facility for services needed (inclusive of in-person care and telehealth) regardless of their eligibility for community care. One of the six eligibility criteria is best medical interest. In this situation, a Veteran may be referred to a community provider when the Veteran and the referring clinician agree that it is in the best medical interest to see a community provider. For example, if you are a Veteran with a certain type of ovarian cancer that your VA oncologist is not experienced in treating, and you live close to a community medical facility where there is a specialist for that type of cancer, you could be eligible for community care if the clinician and patient agree that this treatment should be provided by the community medical facility because it is fundamentally in that Veteran's medical interest. Providers on record for the Veteran's care should make this determination with Veterans.

- 9. Can you provide specific examples in your career where you have had experience managing or overseeing the management of comprehensive suicide prevention strategies within a health care system? What specific suicide prevention approaches will you work to put into place for VHA, and do you believe VHA's current approach is working or would you implement changes?**

When I was in VA as both a White House Fellow and ADUSH for Quality, Safety, and Value, suicide prevention was a priority across all my work streams. In the first instance, I co-founded the Innovation Ecosystem and the Diffusion of Excellence Initiative, which identified best practices in mental health access, and we built an operating model to spread those best practices to facilities across the country who were willing to invest resources to adopt them. Some of these programs spread rapidly across the country.

One example was a Chaplain Group to address the needs of Veterans with moral injury. Chaplains lead two types of targeted group visits for Veterans struggling with service-connected moral injury, resulting in an increase in self-forgiveness indicators for participants, which is a leading indicator that is protective against Veteran suicide. Another example was a Home-Based Mental Health Program for rural Veterans. This program bridges the gap in mental health care experienced by recently discharged rural

Veterans and reduced the need for psychiatric re-hospitalizations and average lengths of stay. As ADUSH for Quality, Safety, and Value, I helped build the Health Operations Center, which integrated data sources and early warning systems from various parts of the organization into a consolidated data center which tracked mental health care access and productivity.

As health commissioner in New Jersey, I made substantial capital investments into psychiatric facilities to remove ligature risks, which are physical points in rooms on which a patient may try to tie something and attempt suicide. We removed every single ligature point across the four main psychiatric hospitals in the system.

I believe VHA has a very comprehensive strategy and approach to suicide prevention. VA's public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence-based clinical strategies for intervention. The approach focuses on both what we can do now, in the short term, and over the long term, to implement VA's National Strategy for Preventing Veteran Suicide. The strategy for now is particularly compelling to me, because the problem cannot wait for a long timeframe of implementation. Lethal means safety, suicide prevention in clinical settings, outreach and understanding of prior VHA users who have since left the system, suicide prevention program enhancement, and paid media are all actions that can be completed swiftly, and I would commit to doing so and implementing all aspects of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 relative to VHA. VA also released comprehensive clinical practice guidelines to mitigate suicide risk, which are extremely robust and were co-developed with DOD. If confirmed, I would work to bring these CPGs into clinical practice as swiftly as possible.

**10. If confirmed, how would you work with the Department of Defense to create a more streamlined approach for ensuring newer veterans receive the proper warm-handoff to mental health care?**

I believe that VA and DOD can do much to make the transition process easier from the standpoint of mental health care for Veterans. All Veterans should receive a mental health and suicide risk assessment screening at the time of their discharge, and the full results of that assessment, along with their full medical record, should transfer immediately upon confirmation of VA benefits. As EHRM is fully implemented, it will create even more opportunities for warm hand offs as the medical record will seamlessly transition from DoD to VA. I am more than committed to working with DoD to take a deeper look at the transition process especially as it relates to mental health care. VHA, in collaboration with the Department of Defense (DoD) and other leading professional organizations, has been developing clinical practice guidelines since the early 1990s. In 2010 the Institute of Medicine identified VA/DoD as leaders in clinical practice guideline development. Implementation of evidence-based clinical practice guidelines is essential to improve care by reducing variation in practice/ Guidelines address patient cohorts, serve to reduce errors, and provide consistent quality of care and utilization of resources

throughout and between the VA and DoD health care systems. Guidelines are also cornerstones for accountability and facilitate learning and the conduct of research.

**11. Access to high-quality care for veterans residing in rural and highly rural areas continues to be a challenge for VHA all across the country as well as in my home state of Kansas. Understanding that technology continues to be a barrier for many rural veterans when accessing virtual care, if confirmed:**

**a. What innovative approaches would you put into place to bring high-quality care closer to this population of veterans?**

I believe that the digital divide is important for VA to navigate effectively and that no Veteran's access to care should be impacted by this divide. New technologies are revolutionizing health care. Telehealth services are mission-critical to the future direction of VA care to Veterans and should be viewed as one of many tools to enhance access, especially to rural Veterans. VHA's Office of Connected Care has an incredible program that is helping to close the digital divide among Veterans who do not have access to broadband, devices, or both to take advantage of telehealth options at home. If confirmed, I would work as hard as possible to expand this work to all Veterans who are eligible and who can benefit the most. I would also work to extend access to web-based and mobile tools like My HealthVet and VA's mobile apps to support Veterans as they self-manage their own health at home. Finally, I would assess the ATLAS program closely, which allows for Veterans to travel to a commonly trafficked location and receive telehealth care in those areas, should they not have access to a device or broadband at home.

**b. How would you work with other federal government and private sector stakeholders to further bridge the digital divide to care for veterans enrolled in VHA care?**

I would foster and strengthen the partnership between VA and the FCC's Lifeline program to enhance broadband access to rural Veterans. This program allows for subsidization of broadband connection services to Veterans who qualify. When combined with VHA's device program (outlined above), rural Veterans can be fully equipped to enjoy telehealth as a service through the VA Video Connect program. I would pledge to invest as much as I can into making that program widely accessible to rural Veterans. Additionally, I would work to ensure that the FCC is accurately tracking areas of the country where mobile and fiber broadband is available to Veterans and where it is not.

**12. Given your experience both at VA and in the private sector, what would you do to improve VA's ability to compete for, hire, and retain the best health care providers possible? Please describe any additional goals related to VHA's workforce you would pursue if confirmed.**



The Great Resignation has hit the entire health care delivery community, and you currently find similar shortages in the non-profit sector, as I am experiencing now. I believe that health care staffing is the biggest systemic risk to quality and access for the entire American health care system. The first task to enhance recruitment and awareness of VA as a favorable option for clinicians looking for opportunities- VA is not apparent as a choice to new graduates and established clinicians in every health care market. This requires a substantial investment in advertising these opportunities in professional societies and other highly trafficked formats. We also need to keep pay competitive rates, and your work in Congress on the RAISE Act is a critical tool for the nursing and PA workforce. VHA also holds the unique position of having training affiliations with medical schools across the country, so VHA already has a foot in the door for almost every medical school and residency graduate in the US. Maximizing that as an opportunity to increase hires could yield much benefit. Finally, and perhaps most importantly, the institutions who are able to retain clinical staff and limit turnover will be best positioned in this difficult time. This requires not only pay equity, but favorable work environments and resources to address the well-being of employees, many of whom have had post-traumatic stress as a result of what they've experienced over 2 years. That means psychosocial support, peer to peer support, chaplaincy and faith-based services, and other programs to address burnout. REBOOT is VHA's current program addressing burnout, and I have heard positive feedback about the approach. Finally, the biggest advantage VA has is its unique mission—and expertise-- in serving Veterans. If confirmed, it would be my goal to ensure that mission is continued to be widely celebrated.

**13. VA's budget request for FY 2024 health care programs is a 42% increase over its 2021 budget. Please describe in detail what experience you have with rising health care costs, what actions you have taken to lower operating costs for health care systems, and what principles you would apply to lower costs for VHA if you are confirmed.**

I have experience at both the policy and operational levels in managing health care costs and operating within appropriated budgets. On the policy level, I recently signed onto a compact as part of the New Jersey Hospital Association Board to limit health care cost growth over time, in concert with the Governor of New Jersey and his health care policy office. This compact consists of advocacy groups, hospitals and health care providers, leading insurers, a union, employers and other stakeholders across New Jersey and is a collaborative agreement memorializing the collective commitment of stakeholders to work toward implementing the New Jersey Health Care Cost Growth Benchmark Program, and to participate in the data collection, validation, analysis and reporting processes. Within health care systems, I have always operated within budget when I ran an appropriation-financed hospital system (the NJ public psychiatric hospital system), and now in my role running a non-profit hospital with a more than \$700 million in revenue. At University Hospital, we took the hospital's operating margin from a \$12M operating loss to a \$48 million operating surplus within two years focusing on a three-pronged strategy:

- a. Fixing revenue cycle management—we care for highly complex patients, and everything from utilization management to physician documentation practices needed to be improved in order to be fully compensated for the level of complex care we were providing.
- b. Responsibly managing expenses—everything from supply chain management to overtime control were necessary for us to reduce our cost basis in a sustainable way. This is an ongoing management challenge; it is not an effort undertaken for a period of time and then shelved—financial discipline is a learned skill, but also a function of a culture in which stewardship of resources is an expected floor for performance.
- c. Finally, patient growth: in our hospital's case, our growing market share represented increased trust in the community, and it was our responsibility to ensure the system on the other end was ready to accept this growth. We created capacity and made capital investments accordingly.

**14. As President of University Hospital, what metrics do you evaluate to determine if you are meeting your mission and where improvement is needed? Are those metrics equally applicable to measuring performance of VHA health care systems? Do other metrics need to be considered for VHA?**

We divide our dimensions of performance into 5 main categories. I believe that all of these are more than applicable to VHA:

- a. Quality and patient safety—established, reported metrics around hospital-acquired infections, mortality, hand hygiene, and other measures are included as metrics within this category.
- b. Growth—this represents how many more patients and how many more services for those patients we are providing in the hospital year over year. This is a function not only of marketing and outreach, but also operational readiness to accept more patients.
- c. EBIDA, or margin—this is the gold standard for assessing financial performance—revenue over expenses. It is conceivable that areas within VHA's budget for clinical services would benefit from benchmarks and targets.
- d. Patient experience—patient satisfaction is an important pillar of quality, and we use HCAHPS scores to measure performance in this area—a framework similar to what VA uses.
- e. Workforce and equity—Workforce engagement assessments help us determine how fulfilled and engaged our employees are, which is a leading indicator into ultimate success in almost every domain. Additionally, our efforts in equity and inclusion are featured heavily in metrics within this domain.

As you know, VHA also engages in missions that private sector health care institutions often do not—these parts of VA's mission are sacred, and performance against goals like homelessness reduction, caregiver support, and other objectives should be standardized, measured, and reported.

**15. Access to care is as important as quality of care. When measuring how long it takes for a patient to receive care, what are the events or actions that should start the clock, and when should the clock stop? Do you believe VHA's method of measuring wait times for care is accurate and consistently applied?**

This question should be answered from the perspective of the Veteran. For context, the private sector does not measure or report wait times measured in days. Rather, assessments of access are questions to patients through standard batteries like CGCAHPS, which measures satisfaction with ambulatory care services. The gold standard should be to measure access to care from the perspective of Veterans—do they feel they have been seen in a timely manner, or not? But when measuring and reporting wait times in days, that answer should also stem from the perspective of the Veteran. The timeframe should be the duration between the Veteran attempting to schedule an appointment (ideally right after seeing a provider and determining the next step in their care) and when the Veteran receives that appointment. That is the timeframe that Veterans see, and that is what should be measured. If confirmed, I would commit to undertaking what VHA has already committed to doing, which is to establish more consistency and clearly outline definitions to enhance transparency.

**16. VHA has an effort underway to become and remain a high-reliability organization (HRO). Why is it important for VHA to be an HRO, and what are the most important attributes of a HRO that VHA should focus on? Do you believe VHA is an HRO now, and what does VHA need to accomplish to become an HRO?**

VHA's efforts to become an HRO are laudable, and likely represent the largest, ongoing high reliability effort given the scale of VHA. High reliability principles represent the foundation for safe care environments—the culture focuses obsessively on minimizing the risk of harm, elevates the voices of front-line employees by creating a culture that eschews retaliation of any kind; and focuses on building processes and standard work in all aspects of the operation, such that vulnerabilities can be quickly diagnosed and fixed. I believe the most important principle within high reliability is a pre-occupation with failure. If employees feel psychological safety, then every employee at every level of the organization can identify potential failure points in their work, and work toward the goal of statistically zero harm. It is the principle by which all of the others derive, and it is the most important ingredient to quality improvement. High reliability is a cultural foundation that is needed for any quality improvement initiative to be successful. When HRO diffuses throughout VHA, the system should double down on LEAN as an improvement methodology and use the HRO foundation to systematize quality improvement at the point of care in every VA facility across the country. HRO efforts are, by their nature, continuous journeys to high reliability. Nobody can ever claim victory on becoming an HRO, and even industries like nuclear power and aviation hold this as a principle. Overall, those industries are much further along than health care writ large in their high reliability journeys. Nonetheless, I do think VHA has made substantial progress in communicating this as a priority and extending the training and principles as broadly as possible.

**17. VHA continues to have problems stemming from a lack of leadership and mismanagement at individual locations. Numerous reports cite lack of oversight and poor management controls to ensure policies and processes are standardized and adhered to, jeopardizing patient outcomes.**

**a. What does accountability mean to you and what experience do you have improving organizational culture.**

Accountability is part of a Just Culture, where most medical errors are recognized as a result of the system around front-line employees, but within which there are also frameworks for holding individual leaders and employees accountable for errors if there is evidence for negligence or a failure to learn from past incidents. Statistically, only a small percentage of organizational failures are directly attributable to misconduct from individuals; however, with VHA's scale of over 300,000 employees, these instances can happen. It is incumbent upon leaders closest to circumstances like this to identify these instances using the just culture framework, and respond with disciplinary action if needed. That is the responsibility of leaders across the organization, and that accountability should cascade all the way to me, if confirmed. To me, organizational culture begins and ends with trust. I spent the first six months at University Hospital building trust among front-line employees and supervisors. That trust came in handy with not only the pandemic response, but all of the other initiatives we had to implement to improve hospital performance. It means that leaders should be present where the fight is: on patient units and in clinics, to directly understand what challenges employees are facing. It also means that acting on the feedback you hear- even if on only a small number of items- so that such efforts are not viewed as cursory. If employees trust their leader at the local level, then from my experience, they will suspend disbelief and work toward the benefit of patients. That is what happened at University Hospital.

**b. Many of these issues have been highlighted publicly through VA OIG reports, Congressional hearings and reports, and the news media. How familiar are you with the cultural and leadership issues facing VHA and how do you plan to address them?**

I am familiar with some of the higher profile incidents that have occurred throughout VHA, and they tend to be in facilities which that lag behind in terms of broader performance. Recruiting excellent medical center and VISN directors, and working with the Secretary, the White House, and this Committee to maximize all the tools in the arsenal to do so, will be essential to address this issue. Local leadership performing the leadership practices above—being present, being responsive, and caring—will allow them to recruit leaders and employees down the chain who also espouse these values.

**c. If confirmed, how will you create a culture of accountability within VHA?**

I agree with Secretary McDonough's commitment to this Committee in making accountability core to VA. I believe this starts with recruiting the best leaders possible to fill every leadership role throughout the operational chain in VHA. Leaders who understand a culture of accountability—a culture that recognizes their own responsibility in improving systems that surround employees first and foremost—naturally builds trust. Within this framework, sometimes discipline and removal of the statistically rare employee who is negatively impacting work environments can sometimes even enhance morale. Additionally, I would work with the Assistant Secretary of the Office of Accountability and Whistleblower Protection, OIG, and others as appropriate to determine if there is anything VHA should do to improve on this culture of accountability.

**d. To what level of accountability should veterans, Congress, and the public expect from the Under Secretary for Health when waste, fraud, abuse, mismanagement, or poor patient care occur within VHA?**

Veterans, Congress, and the public should expect the highest level of accountability for the Under Secretary for Health when these instances occur. That means not only ensuring that the individual in the seat never enters that realm; it also means that the USH should take responsibility to recruit leaders that espouse the values of the organization very seriously, and that swift responses occur in the rare events that employees step outside of VA's values and compromise the trust of American Veterans.

Pre-Hearing Questions for Dr. Shereef Elnahal, Nominee to be Under Secretary for Health  
Submitted by Chairman Jon Tester  
Senate Committee on Veterans' Affairs

**1. If confirmed, how will you better utilize Office of Inspector General reports and audits to improve care across the system?**

If confirmed, I would view the Inspector General as a critical partner in ensuring safe, high-quality care and protecting the Department against misconduct and fraud, waste, and abuse. Where appropriate, and in a manner that respects the independence of the OIG, I commit to engage and closely collaborate with that office to highlight risks. Most importantly, I would consider addressing OIG recommendations as a very serious obligation, and if confirmed would work to connect the agency's response directly to operations to ensure timely follow-through.

**2. Recruitment and retention of health care providers has long been a challenge for VHA and the Covid-19 pandemic has further exacerbated staffing shortages with 90 percent of facilities reporting shortages for Medical Officers and 73 percent reporting shortages for Nurses last year.**

**• If confirmed, how will you improve recruitment and retention of health care providers, particularly in primary and mental health care?**

I believe health care staffing is the biggest systemic risk to quality and access for any health care system. If confirmed, there are several areas I would focus my attention. First, I believe VHA needs a strategy to enhance its recruitment activities. The Department could think more tactically about how it partners with professional societies and other organizations to tap into a possible pipeline for clinicians. Second, VHA has to be competitive with pay. While I understand VHA will never be lead in pay they must be able to competitively recruit staff. If confirmed, I will work tirelessly with Congress to make this a reality. Third, I believe VHA must use its training mission more aggressively. VHA holds the unique position of training affiliations with medical schools across the country – I believe VHA must do a better job recruiting the clinicians receiving training. And finally, retaining quality clinical staff and limit turnover. This may require additional investment in the wellbeing of employees – and a focused effort on making VHA the best place to work. That means psychosocial support, peer to peer support, chaplaincy and faith-based services, and other programs to address burnout.

**• How will you improve recruitment and retention of health care providers in rural and underserved areas of the country?**

As someone who has operated in an underserved area, albeit urban, I know that all of these challenges are amplified in places where the overall health care infrastructure is limited. In fact, I understand that in many cases VHA is often the only health care provider that Veterans can access in rural markets. If confirmed, I commit to maximizing existing incentives to get providers to work in these areas, to include loan forgiveness and other rewards for retention where applicable under the law. I pledge to work with Congress if there are any areas VHA can further maximize its authorities in this area.

**3. Facilities across all VISNs report concerns with Human Resources operations and IT systems. The hiring and onboarding process for new employees reportedly takes months, which affects staffing and operation of VHA facilities. If confirmed, what will you do to bring qualified staff on more quickly?**

One leadership philosophy that I have, and one that I will try to instill in every aspect of VHA's operation if confirmed, is that leadership's primary role is to make things easier for the clinician or health care worker in front of Veterans at medical centers, CBOCs, and other sites of care. Naturally, that servant leadership extends to medical center and VISN directors, who are closer to Veterans and

understand their local, unique needs. That means taking a hard look at every step in the process for hiring and on-boarding and using LEAN principles to shorten bottlenecks as appropriate. It also means empowering the units of HR work closest to the Veteran to have the most agency in moving the ball on hires- especially since they have the biggest sense of urgency in getting people on board- I know what this feels like as someone who runs an academic hospital right now. Where I can make things easier and faster for medical centers by centralizing functions, all options will be on the table. No decision will be made on the basis of turf, or control, or some other agenda other than making the process faster and better.

- 4. VHA's Program of Comprehensive Assistance for Family Caregivers will expand to veterans of all eras in October 2022. However, there are significant concerns about eligibility criteria for the program. What is your view of VHA's implementation of the expansion of the Caregivers program, and what improvements can be made to ensure the program is available to veterans and caregivers who need its benefits?**

I know that it has been a long journey since the Caregiver program was established in 2008, and I also know that many Veterans and their loved ones have benefited from the program. I think the strong demand from Veterans and caregivers is a reflection on the demand for a quality program, which was a large impetus for the MISSION Act's expansion the program.

However, it is clear from public letters, hearings and press that the program has not been without its concerns. I am aware that Veterans, caregivers, and their advocates have raised concerns about eligibility criteria as well as the acceptance rate and the status of legacy participants. Based on recent testimony, I know there are a number of operational challenges that VHA is thinking about and preparing for, including hiring, eligibility determinations, and ensuring due process under any new framework.

I strongly support the Secretary's recent move to ensure that reassessments do not lead to downgrading or cancellation for legacy participants. If confirmed, I will ensure that VHA engages all stakeholders to fully assess the eligibility criteria and ensure that VA meets the congressional intent of the program.

- 5. Now that we are two years into the COVID-19 pandemic, it is clear we need a long-term strategy to deal with the virus and to address long-haul COVID. How will you address these issues if confirmed?**

Learning to live with a baseline rate of COVID-19 infections that do not cause significant levels of morbidity in the community is the next phase of the pandemic, otherwise known as the endemic phase. If confirmed, my plan would focus on 3 items:

- 1) Ensuring that VHA is never unprepared for another wave of the pandemic from the standpoint of PPE, staffing contingencies, and fungible capacity on the inpatient side (i.e., surge plans at every medical center, as they already exist, should be reassessed and updated as needed)
- 2) Ensuring that the most vulnerable Veterans are protected with stringent measures if needed, and on a proactive basis. VHA has already been a national leader in this area- its protocols for protecting Veterans in SLCs and SCI/D centers have been exceptional, and further building on that excellence by updating those protocols as needed will be important
- 3) Finally, ensuring that vaccine availability is robust to keep Veterans up to date as the CDC considers the need and eligibility for further boosters. and that oral therapeutics are readily available to any Veteran who can benefit, so that the risks of infections that do occur in the future are absolutely minimized. VA is already one of the leading agencies in research and characterizing long-COVID syndrome. I am also aware of at least a dozen facilities with dedicated, Long-COVID multidisciplinary clinics and care coordination programs to maximize chronic disease management. VA is in a unique position in American health care to determine these best clinical practices and standardize them as appropriate across the country.

- 6. Addressing the veteran suicide crisis has been a longstanding goal of VA and Congress. It takes two years for VA to issue its suicide data report, after data goes from the states, to the CDC, to the DOD,**

**and then to VA. How will you work to improve the accuracy and timeliness of veteran suicide data so the Department can better inform interventions to reach at-risk veterans?**

I completely agree with the goal of establishing more timely data and assessments of suicide rates among Veterans. The more timely the data, the more swiftly VHA can respond to emerging trends and microtarget more specific interventions in the hardest hit areas of the country. If confirmed, my first imperative on this would be to coordinate at the interagency level, under guidance from the Secretary and the White House, on what aspects of the process within the federal government can be made more efficient. I also believe that this area is one of many that is ripe for better coordination with state Veterans agencies and health departments—I have a particular appreciation for this as a former state health official. If there are any aspects of this process that we can make this data reporting process easier for states, I would be ready to receive that feedback and respond accordingly.

- 7. We know the first year of transition from the military is known as a high-risk time for veteran suicide, and VA research found this elevated risk lasts for up to 6 years. How will you, in collaboration with your DOD, work to provide recently-separated veterans with the mental health care and support they need? How do you envision reaching veterans who are not enrolled in, or actively using, VA health care?**

This is an extremely high clinical priority in VHA, and for good reason. The good news is that the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 provides an appropriately robust framework for how to address not only the larger problem around Veteran suicides, but also specifically in that sensitive time period during transition. Overall, I think of this area in three buckets of work under VHA: community-based prevention; enhanced access to ongoing clinical care for enrolled Veterans, and immediate access to care for Veterans in crisis. VHA has a strong role in addressing suicide risk for all Veterans on the first and third item there, and there would be no shortage of efforts in those areas if I am confirmed. On transitioning Veterans, a good place to start would be to ensure that Title 1 of the Hannon Act is implemented successfully: developing a comprehensive strategic plan in concert with DOD; a full review of former members' records who died by suicide within one year after their service; and VA REACH VET program enhancement and implementation to identify Veterans at particularly high risk and respond appropriately. Additionally, I would view the DOD, in particular the military's medical command structure, Defense Health Agency, and Assistant Secretary of Defense for Health Affairs, as crucial collaborators in all of these areas, and would be willing and faithful partner with that agency in concert with the Secretary and the White House.

- 8. Mental health provider shortages may be particularly pronounced in rural and/or underserved areas. How do you envision bolstering recruitment and retention of mental health professionals? How will you ensure veterans living in rural and remote areas have equitable access to mental health care?**

Mental health provider shortages are ubiquitous and represent an unfortunate phenomenon present in most health care markets at this juncture. But this is a particular and acute risk for Veterans. The first task is ensuring that all VA employment opportunities in mental health are appropriately socialized in all forums with mental health professionals, to include professional societies, unions, national conferences, etc.- that means bringing VHA's mental health service line leaders to these forums and having them speak to their experiences and the unique mission of VA. Implementing Title V of the Hannon Act, which calls for several initiatives to improve the mental health medical workforce, would be a major part of my responsibility if confirmed.

Rural mental health access should also fully leverage the scope and scale of VA as an enterprise, which allows for thousands of mental health professionals across the country to connect with Veterans virtually where appropriate. Fundamentally, that requires processes and operations which give local VA facilities the full list of options available to Vets who need care, whether in person, telehealth, or in the community.



Finally, VA is unique in its integration of primary care and mental health, which does further enhance access in that a separate consult is often not required by virtue of the model itself. Early diagnosis and intervention are accelerated with effective mental health and primary care integration. One of my proudest accomplishments as health commissioner in NJ was actually bringing the mental health licensing process closer to the manner by which VA organizes its primary care and mental health integration.

**9. Having providers who are aware of and trained on meeting women veterans' health care needs is essential for making VA more inclusive and caring for all who have served. How will you ensure VA providers are sufficiently and continually trained on women veterans' health care needs and that there are enough providers across the VA system to care for women veterans?**

Firstly, I am encouraged that VHA's office of women's health reports directly to the Under Secretary, which would allow women's health issues to reach my direct attention if confirmed as USH and ensure that this priority pervades all aspects of the enterprise. More women Veterans are choosing to seek VA care than ever before, which is an encouraging trend, but trust scores for women Veterans continue to lag their male counterparts. My first task would be to build a workforce that can tangibly meet the unique needs of women Veterans, which could include:

- a. Recruitment of appropriate providers such as OB Gyn physicians, but also other sub-specialists who are uniquely trained and attuned to women's health. That means being a heavy presence in professional societies and other forums with women's health providers
- b. Maximizing loan forgiveness opportunities available to providers in women's health, especially in rural areas and other underserved regions, in consultation with Congress and consistent with existing law and Congressional intent.
- c. Increasing pipelines for leadership development for women's health providers

I would also implement the statutory requirement to have providers trained in women's health at every VHA facility, and extend that training to as many providers as possible.

**10. Given the aging veteran population, there is a need for VA to look comprehensively at the demand for and availability of long-term care options. How will you assess VA's current approach to long term care, including institutional and non-institutional care, and make any changes to care for the aging veteran population? Further, how will you evaluate the current structure and workload of the Office of Geriatrics and Extended Care to understand how effectively it is serving veterans?**

I believe that VA has one of the best geriatrics departments and personnel in the nation; as evidenced not only by its longstanding history in serving elderly Veterans; but also its performance in the pandemic with respect to minimizing the occurrence and impact of COVID-19 outbreaks. The Office of Geriatrics and Extended Care has defined clinical guidelines and best practices that VA geriatricians, and clinicians at large use across the country. The trend in geriatric care is one that will allow more Veterans to age in place should they so choose.

However, there will always be a need and a place for institutional care, which necessitates that VA continue optimizing its approach to institutional long term care and continue its excellence in that area. If confirmed, I would assess geriatric care first and foremost based on access, as every aging Veteran should have the full complement of the care needs met by VA. I would then look at standardized quality metrics of geriatric care, to include HEDIS but also internal QA methods. I would work closely with Office of Geriatrics and Extended Care leadership to understand if the office is adequately resourced to chart the path forward, and most importantly, their assessment of how well field facilities, clinicians, and staff are resourced to optimize care for Veteran seniors.

**11. A large percentage of veterans live in rural or highly rural areas and experience unique challenges compared to their urban counterparts. These include traveling long distances for medical care and**

**having limited access to technology and high-speed internet. How will you increase access to care for these veterans?**

Veterans deserve accessible, excellent care regardless of where they live, including our rural Veterans. I worked closely with VHA's Office of Rural Health when I was a ADUSH for Quality, Safety, and Value and as a White House Fellow, and both its resources and its leadership were focused intently on making every care option available to rural Veterans, and always reminded the broader organization about the essentially needs of rural Veterans in their programming. VHA's Office of Connected Care has an incredible program that is closing the digital divide among Veterans who do not have access to broadband, devices, or both to take advantage of telehealth options at home. This is a strong partnership with the FCC's Lifeline program for the broadband piece of that in particular. If confirmed, I would pledge to invest as much as I can into making that program widely accessible to rural Veterans. And while telehealth would be a natural option for many rural Veterans, many of them will also have in-person needs, necessitating continued and robust investments into rural health care facilities and recruiting the best personnel possible to serve them.

**12. Gaps in access to transportation and long distances to the nearest VA facility are top reasons why rural veterans do not pursue or have to cancel necessary face-to-face medical appointments. How will you work to improve and expand VA's existing transportation and benefit programs that work to bridge these gaps?**

Rural Veterans, as with every Veteran, deserve to have access to transportation for their in-person appointments. That means I would be responsible for meeting that need if confirmed, and ensuring reliable transportation would be key for that. I would first approach this by understanding the magnitude and geographic distribution of the problem. Where would a heat map show the highest no-show rates due to transportation barriers, and what is available locally from a programmatic perspective to meet that Veteran need? I would then look at what is possible within VHA's budget and resources to fill those gaps, and where I would be unable to do so, share that information transparently with Congress.

**13. While telehealth spiked during the pandemic and is clearly here to stay, it is still inaccessible to many veterans due to lack of suitable technology, limited high-speed internet access, and distrust of virtual care. How will you work to overcome these barriers, especially for rural or aging veterans who could benefit most from telehealth services?**

I believe that the digital divide is important for VA to navigate effectively and that no Veteran's access to care should be impacted by this divide. New technologies are revolutionizing health care. Telehealth services are mission-critical to the future direction of VA care to Veterans and should be viewed as one of many tools to enhance access. VHA's Office of Connected Care has an incredible program that is closing the digital divide among Veterans who do not have access to broadband, devices, or both to take advantage of telehealth options at home. I would pledge to invest as much as I can into making that program widely accessible to rural Veterans. I would also work to extend access to leverage web-based and mobile tools like My HealthVet and VA's mobile apps to support Veterans as they self-manage their own health at home.

**14. Veteran homelessness is not an isolated issue. It frequently overlaps with difficulties accessing reliable employment, access to mental health and substance-use disorder recovery services, and proper in-home care and support for aging and disabled veterans.**

- **How will you facilitate better care and benefit coordination between the Homeless Program Office and other relevant programs and offices at VA such as the Office of Geriatrics and Extended Care and the Office of Mental Health and Suicide Prevention so veterans experiencing housing instability have everything they need to get back on their feet?**

I believe all of this work converges on medical centers and VISNs, who are closer to the Veteran and have a better understanding of the gaps, because they live through them every day. VA must do more to support Veterans before they reach a crisis point that leads to homelessness. All of this necessitates that the VA offices you mentioned at the very least work seamlessly with each other to ensure sensible, coordinated guidance to the field; and if needed, full integration of central office functions where such a move would confer a direct benefit to folks providing these services across the country. This includes looping in data and resources by working across administrations, especially VBA, where they have benefits and offerings that every Veteran under care in a VHA facility should be aware of. The result should be a collaborative approach that also calls for VHA to work with external partners and organizations who have taken on this mission, with sole focus of helping Veterans integrate back into their daily living situations and community environments, including employment and training resources.

- **How will you encourage VA coordination with other agencies such as HHS, HUD, and DOL to connect veterans with wrap-around services that are proven to break cycles of chronic homelessness?**

If confirmed I would be sure to work with the Secretary and the White House on important interagency opportunities to accomplish the following:

- Ensure every Veteran we encounter through VHA has a complete picture of all benefits available to them from VA, HHS, HUD, and DOL.
- Empower social workers and other front-line employees doing this work with this knowledge as well, where they may not already have it.
- In all cases, strengthen community partnerships with other agencies at the local and state level to also confer their programming and benefits for our Veterans.

- 15. The affordable housing crisis continues to be one of the top barriers to effectively ending veteran homelessness nationwide. In certain areas previously less affected by this crisis, it has become more pervasive during the COVID-19 pandemic as remote workers have relocated to these areas and driven up the cost of living.**

- **What can VA do to help veterans gain access to affordable housing?**

As an academic medical center CEO who believes that housing is health care, this is a very important topic to me. At University Hospital, we were able to secure favorable financing to build a housing unit specifically for our homeless patients with substantial health conditions, and that project is underway now. I know what it's like to coordinate with local authorities to solve problems for people, even if I didn't hold sole authority or control of the resources available to them. VA and VHA can be important information resources to Veterans on HUD-VASH, other HUD vouchers, and state and local voucher opportunities for homeless Veterans. Since VHA often sees Veterans more often than other agencies who administer these programs, VHA clinicians and staff can be the best mouthpieces and information sources for Veterans who qualify. VHA staff, such as social workers, can also intervene as early as possible on behalf of Veterans with unstable housing, or at risk of foreclosure or eviction, in order to prevent homelessness. Front-line VA employees, medical centers, and CBOCs would need the appropriate screening tools to catch Veterans in time for a successful intervention, and if confirmed, I would commit to this effort.

- **What is VA's role in this crisis and how do you plan to address related issues such as income limits on HUD-VASH vouchers and case manager shortages?**

It would be part of my role, if confirmed, to express what Veterans are telling us about this issue to the federal, state, and local agencies with the resources and authority to help. At University hospital, our housing initiative at Georgia King Village in Newark, which I alluded to above, was the result of

multiple agencies collaborating together with our hospital to ultimately provide housing to the most vulnerable homeless patients who come to our emergency room often, sometimes multiple times per month, due directly to their experience of homelessness.

**16. Dr. Stone made himself available to committee staff at a set date and time nearly every week to provide an update on important developments at VHA. Dr. Lieberman has also continued this practice every other week. The Committee expects this level of communication moving forward. Will you commit to providing regular briefings with staff if confirmed?**

Absolutely, and I would view that as one of my essential responsibilities if confirmed.

**17. I often say I take my cues from veterans and I think you should, too. Will you commit to regular meetings with Veterans Service Organizations if confirmed?**

Absolutely, and I would also view that as one of my essential responsibilities if confirmed.

**Sen. Sherrod Brown  
Questions for the Record  
Senate Veterans' Affairs Committee  
SVAC Nomination Hearing  
04/27/21**

**Questions for Dr. Shereef Elnahal, Nominee to be Under Secretary for Health**

**1. Dr. Elnahal, for over a decade I've been working to establish a center to house VA historical documents and artifacts. Recently, VA officially appointed a Chief Historian to this program, who will work across the Department with the historians of VHA, VBA, and NCA. If confirmed, how would you recommend VHA's historian work with the Chief historian to strengthen the VA history program?**

This initiative elevates the rich history of VA and its contributions to Veterans' health care, medical research, and innovation that has changed the face of American medicine over time. It also allows leaders to be aware of the consequences of historical decision-making among VA leaders and could only help VA leaders avoid historical mistakes and make better, more informed decisions over time.

The Secretary emphasizes a vision of jointness for VA as an organization, which encourages all VA offices to work collaboratively to deliver better services to Veterans and learn from each other in the process. If confirmed, I would ask the VHA historian to be an integral partner with the agency's Chief Historian on matters documenting the historic changes that we hope to make as an agency for Veterans in this administration. I would also ask the VHA historian to analyze our sub-agency's relevant historical experiences when I am faced with major decisions that could alter the course of Veteran health care—and to do so with the input and collaboration of the VA's newly-appointed Chief Historian.

**2. Dr. Elnahal, in 2016, the VA extended full practice authority to three groups of advanced practice registered nurses, to help fill gaps in veterans care, but failed to include Certified Registered Nurse Anesthetists (CRNAs). CRNA's have the training and experience to give quality and timely care to our veterans and help address the ongoing health care workforce shortages. If confirmed, would you work to ensure that all licensed CRNA's are granted full practice authority?**

My review of VHA Directive 1123 indicates that CRNAs may function as the sole provider of anesthesia services as part of surgical and procedural care teams if certain criteria are met. The CRNA must be licensed in a State which authorizes independent practice and must be privileged

by their local VA medical facility to practice as an independent provider based on that individual's education, skill, and training. While I am not privy to current deliberations on expanding this further as a general matter, I would approach any decision along practice authorities to consider, first and foremost, implications to the quality and safety of patient care. Access is an essential element of quality and must be considered alongside the training and skillsets of the professionals delivering care. I would also approach such decisions only after significant consultation with VA medical and clinical professionals, public comment, feedback from States, and other avenues for input.

Sen. Cassidy  
Question for the Record  
Senate Veterans' Affairs Committee  
Nomination Hearing for Dr. Elnahal  
04/28/22

Question for Dr. Elnahal

**1. The Department of Veterans Affairs Office of Nursing Services (ONS) is considering VA's policy regarding surgical anesthesia practice models. The two options under consideration are retention of VA's current policy the requires the "Anesthesia Team" model - a physician anesthesiologist and certified registered nurse anesthetist (CRNA) jointly providing care or new authorization for nationwide adoption of the CRNA-only (no anesthesiologist) model of anesthesia care. VA previously considered this subject and concluded that Veterans were best served by retaining the "Anesthesia Team" model. The CRNA-only model is not permitted in Louisiana and in your home state of New Jersey. However, under the ONS proposal, VA would supersede these and other state laws. With your experience as a physician and health system leader, would you consider adopting the ONS' policy change?**

My review of VHA Directive 1123 indicates that CRNAs may function as the sole provider of anesthesia services as part of surgical and procedural care teams if certain criteria are met. The CRNA must be licensed in a State which authorizes independent practice and must be privileged by their local VA medical facility to practice as an independent provider based on that individual's education, skill, and training. While I am not privy to current deliberations on expanding this further as a general matter, I would approach any decision along practice authorities to consider, first and foremost, implications to the quality and safety of patient care. Access is an essential element of quality and must be considered alongside the training and skillsets of the professionals delivering care.

As you note, the Anesthesia Team model is reflected in the state in which I am licensed as a physician and is how I have operated health care services in New Jersey accordingly. Interestingly, CRNA shortages have also rivaled anesthesiologist shortages in my recent experiences attempting to recruit these professionals to enhance OR and procedure operations. For me, any change to current policy would need to cross high thresholds to prove benefits in Veteran care quality, patient safety, and access, especially within the context of significant shortages in CRNAs in many health care markets right now. I would also approach such decisions only after significant consultation with VA medical and clinical professionals, public comment, feedback from States, and other avenues for input.

**Sen. Moran  
Questions for the Record  
Senate Veterans' Affairs Committee  
Nomination Hearing  
04/27/22**

**Questions for Dr. Shereef Elnahal, Nominee to be Under Secretary of Health, U.S.  
Department of Veterans Affairs**

- 1. As a follow-up to one of your answers to the PHQs regarding access to high-quality care for veterans residing in rural and highly rural areas, you mentioned your plans to assess the ATLAS program closely, if confirmed. As you may be aware, VHA is already in the process of assessing ATLAS. Therefore, can you please expand upon what this additional assessment of the ATLAS pilot program would entail?**

It is also my understanding that VHA is currently conducting a program review of ATLAS. My intention was to indicate that I would review the current assessment closely once completed and share the results of that assessment transparently with your office, if confirmed as Under Secretary for Health.

- 2. During your confirmation hearing the topic of medical cannabis research and utilization was mentioned.**
  - a. Can you elaborate on the medical cannabis program for veterans you created and expanded in New Jersey?**

The medical cannabis program that I managed in New Jersey was not limited to Veterans, but I did focus on making the program more accessible and affordable to Veterans. During my tenure as health commissioner, we offered discounted registration fees to Veterans in order to extend access to the therapy for Veterans with qualifying conditions. I also oversaw the addition of eligible conditions more common in Veterans, such as two forms of chronic pain, and better advertised conditions such as PTSD as qualifying conditions for the program to both patients and health care professionals. I also conducted medical grand rounds at almost every medical school in New Jersey, during which I highlighted the evidence behind the therapy's benefits for conditions common to Veterans.

- b. As a medical professional, do you have any apprehensions about veterans with mental health conditions utilizing cannabis as a form of treatment?**

I believe that evidence exists for medical cannabis' benefits for certain mental health conditions such as PTSD, but that the health care community and Veterans would also benefit from larger, better-funded, and more robust studies to reproduce such evidence. I do not believe evidence yet exists for medical cannabis' effectiveness as a therapy for every mental health condition, however. The benefits to patients with PTSD, for example, are better reflected in studies than any possible benefits to



patients with mood disorders. The risks of medical cannabis to patients with mental health conditions are also not yet characterized in the literature for patients with certain conditions. Holistically, both Veterans and the medical community would benefit from more research in this area.

**c. If confirmed, would you be in favor of VA carrying out large-scale cannabis research studies on live human veteran subjects?**

As I mentioned in my testimony, my role in state government around medical cannabis was less privy to how cannabis is defined in federal law than what I would have to address if confirmed as Under Secretary for Health. I would also not have sole authority in such an important decision, which would have to address how cannabis is designated more broadly under federal law and regulation. If confirmed, I would work with the Secretary, the White House, and Congress in exploring any possible path in this important area.

**3. You focused on innovation when you were previously at VHA. What opportunities do you see for VHA to collaborate with non-governmental private or public sector entities to identify innovative partnerships to reduce costs and improve health outcomes for veterans in areas like cardiovascular disease and cancer?**

I am proud to have co-founded VHA's Innovation Ecosystem during my previous period of service at VA. This initiative not only fosters and scales innovation within VA; it also focuses on collaborative partnerships with private and public sector entities on innovative initiatives to the benefit of Veterans. This initiative has since grown in both size and impact since I left VA, and I look forward to strengthening these efforts even more if I am confirmed. Within the sphere of cardiovascular disease, many innovative opportunities exist around home monitoring, virtual care, medical devices, and other tools that better enable Veteran self-management of chronic conditions and allow for Veterans to be alerted about potential emergencies before they happen. These dynamics can increase quality and reduce costs at the same time.

On cancer care, groundbreaking therapies and clinical trials should be made available to every Veteran who can benefit. Many clinical trials require robust partnerships between academic principal investigators and pharmaceutical and biotechnology entities who develop and manufacture these therapies. Indeed, robust access to clinical trials is one of the main differentiators of top cancer centers in the United States, whether public or private, and Veterans deserve the best of what is available in these areas. The VA is also in a unique position to do this because VHA is affiliated with almost every medical school in the nation. Leveraging that strength will be a major priority for me if I am confirmed.

Veterans deserve both access to existing private sector innovations in these areas, and they also deserve a system by which VA can co-develop the therapies and devices of the future with such entities within the boundaries of federal law and regulation.

4. **VA is establishing national standards of practice across a number of occupations. This process is considering whether or not to expand the practice authority for Certified Registered Nurse Anesthetists (CRNAs), potentially allowing all CRNAs across VHA to practice independently without supervision by an anesthesiologist. More than 300 VA anesthesiologists have sent multiple letters to VA leadership expressing their concerns with such an expansion of practice authority for CRNAs and the negative impacts it could have on patient outcomes for veterans. I am unaware of any response by VA leadership to these concerns so far.**
- a. **Will you commit that, if you are confirmed, you will personally review this issue and make certain that VA anesthesiologists have their concerns heard and accounted for in any decision VHA makes on standards of practice for CRNAs?**

Yes, I am making this commitment, as this would be my approach for any question around changing practice standards for licensed practitioners.

5. **As the largest healthcare system in the country, the VHA needs a modern and effective supply chain. Unfortunately, VA procurement has been fraught with failed attempts that have landed the VA in court and wasted millions of taxpayers' dollars. Secretary McDonough has directed VHA to conduct a comprehensive medical supply review. Will you commit, if confirmed, to report back to the committee on systems considered, cost, schedule, and any other factors?**

Yes, I commit to carrying this out if I am confirmed.

6. **The VHA is the customer for the Electronic Health Record. It has had a disastrous three years, and monthly VA OIG and GAO reports continue to be published about its shortcomings. Will you commit to coming back to this committee with your assessment of the system, the VHA workforce adoption of the system, and whether you are comfortable with the continued fielding of the system, specifically at large medical centers?**

Yes, I commit to coming back to this Committee on these matters, and more generally, working transparently with the Committee and Congress on implementation of this initiative in partnership with the Secretary, Deputy Secretary, and Dr. Terry Adirim.

Sen. Murray  
Questions for the Record  
Senate Veterans' Affairs Committee  
Nominations Hearing  
04/27/22

**Questions for Dr. Elnahal**

**1. In recent weeks my office has heard from constituents that VA is considering a clinical restructuring which could result in reduction of in-patient services at Mann-Grandstaff VA Medical Center in Spokane, Washington which would impact access to care for veterans in Eastern Washington and the neighboring states. If confirmed as Under Secretary for Health, you would be responsible for approving such a decision. Can you commit to protecting services at Mann-Grandstaff and consulting with local veteran service organizations, veterans, and employees who currently rely on the medical center to receive their care?**

If I am confirmed as Under Secretary for Health and requested to make such a decision, I commit to incorporating feedback from Veteran service organizations, Veterans and employees as I deliberate about what is best form an access to care and quality standpoint for Veterans receiving services from Mann-Grandstaff.

**2. With the existing hiring and retention challenges at VA, has VA considered expanding full practice authority to certified registered nurse anesthetists or other similarly qualified health professionals?**

Consistent with VHA Directive 1123, CRNAs may already function as the sole provider of anesthesia services as part of surgical and procedural care teams if certain criteria are met. The CRNA must be licensed in a State which authorizes independent practice and must be privileged by their local VA medical facility to practice as an independent provider based on that individual's education, skill, and training. While I am not privy to current deliberations on expanding this further as a general matter, I would approach any decision along practice authorities to consider, first and foremost, implications to the quality and safety of patient care. Access is an essential element of quality and must be considered alongside the training and skillsets of the professionals delivering care. I would also approach such decisions only after significant consultation with VA medical and clinical professionals, public comment, feedback from States, and other avenues for input.

**UNITED STATES SENATE  
COMMITTEE ON VETERANS' AFFAIRS**

**ROOM 412 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, D.C. 20510  
Telephone: (202) 224-9126**

**QUESTIONNAIRE  
FOR PRESIDENTIAL NOMINEES**

The Rules of the U.S. Senate Committee on Veterans' Affairs require that a Presidential nominee whose nomination is referred to the Committee submit, on a form approved by the Committee, a sworn statement concerning his or her background and financial interests, including the financial interests of the nominee's spouse and children living in the nominee's household. The Committee form is in two parts:

- (A) Information concerning the employment, education, and relevant background of the nominee, which is made public; and
- (B) Information concerning the financial and other background of the nominee, which is made public only when the Committee determines that such information bears directly on the nominee's qualifications to hold the position to which the individual is nominated.

Committee action on a nomination, including hearings or a meeting to consider a motion to recommend confirmation, shall not be initiated until at least five days after the nominee submits this form unless the Chairman, with the concurrence of the Ranking Minority Member, waives the waiting period. In order to assist the Committee in its consideration of nominations, the Committee requests that each nominee complete the attached Questionnaire for Presidential Nominees. The notarized original and any supplemental information should be delivered to:

Committee on Veterans' Affairs  
United States Senate  
Room 412, Russell Senate Office Building  
Washington, D.C. 20510

Attention: Chief Clerk

PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

1. Basic Biographical Information

Please provide the following information.

<i>Position to Which You Have Been Nominated</i>	
<u>Name of Position</u>	<u>Date of Nomination</u>
Under Secretary for Health, US Department of Veterans Affairs	3/10/22

<i>Current Legal Name</i>			
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>
Shereef	Mohamed	Elnahal	

<i>Addresses</i>					
<u>Residential Address</u> (do not include street address)			<u>Office Address</u> (include street address)		
			Street: 150 Bergen Street		
City: Summit	State: NJ	Zip: 07901	City: Newark	State: NJ	Zip: 07103

<i>Other Names Used</i>						
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>	Check if Maiden Name	<u>Name Used From</u> (Month/Year) (Check box if estimate)	<u>Name Used To</u> (Month/Year) (Check box if estimate)
					Est <input type="checkbox"/>	Est <input type="checkbox"/>
					Est <input type="checkbox"/>	Est <input type="checkbox"/>

<i>Birth Year and Place</i>	
<b>Year of Birth</b> (Do not include month and day)	<b>Place of Birth</b>
1985	Arlington, VA

<i>Marital Status</i>					
Check All That Describe Your Current Situation:					
Never Married	Married	Separated	Annulled	Divorced	Widowed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Spouse's Name</i> (current spouse only)			
<u>Spouse's First Name</u>	<u>Spouse's Middle Name</u>	<u>Spouse's Last Name</u>	<u>Spouse's Suffix</u>
Marwa	Mohamed	Kamel	

<i>Spouse's Other Names Used</i> (current spouse only)						
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>	<small>Check if Maiden Name</small>	<u>Name Used From</u> (Month/Year) (Check box if estimate)	<u>Name Used To</u> (Month/Year) (Check box if estimate)
					Est <input type="checkbox"/>	Est <input type="checkbox"/>
					Est <input type="checkbox"/>	Est <input type="checkbox"/>

<i>Children's Names (if over 18)</i>			
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>

## 2. Education

List all post-secondary schools attended.

<b><u>Name of School</u></b>	<b><u>Type of School</u></b> (vocational/technical/trade school, college/university/military college, correspondence/distance/extension/online school)	<b><u>Date Began School</u></b> (month/year) (check box if estimate)	<b><u>Date Ended School</u></b> (month/year) (check box if estimate) (check "present" box if still in school)	<b><u>Degree</u></b>	<b><u>Date Awarded</u></b>
Harvard Medical School	University	08/2007    Est <input type="checkbox"/>	05/2012    Est <input type="checkbox"/> Present <input type="checkbox"/>	MD	05/2012
Harvard Business School	University	08/2010    Est <input type="checkbox"/>	05/2012    Est <input type="checkbox"/> Present <input type="checkbox"/>	MBA	05/2012
Johns Hopkins University	University	08/2003    Est <input type="checkbox"/>	05/2007    Est <input type="checkbox"/> Present <input type="checkbox"/>	BA	05/2007
		Est <input type="checkbox"/>	Est <input type="checkbox"/> Present <input type="checkbox"/>		

### 3. Employment

(A) List all of your employment activities, including unemployment and self-employment. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of two years of employment history.

<u>Type of Employment</u> (Active Military Duty Station, National Guard/Reserve, USPHS Commissioned Corps, Other federal employment, State Government (Non-federal Employment), Self-employment, Unemployment, Federal Contractor, Non-Government Employment (excluding self-employment), Other)	<u>Name of Your Employer/Assigned Duty Station</u>	<u>Most Recent Position Title/Rank</u>	<u>Location</u> (City and State only)	<u>Date Employment Began</u> (month/year) (check box if estimate)	<u>Date Employment Ended</u> (month/year) (check box if estimate) (check "present" box if still employed)
Non-Profit, State Government	University Hospital	President and CEO	Newark, NJ	07/2019 Est <input type="checkbox"/>	Est Present <input type="checkbox"/> X
State Government	New Jersey Department of Health	Commissioner of Health	Trenton, NJ	01/2018 Est <input type="checkbox"/>	07/2019 Est <input type="checkbox"/>
Other Federal Employment	US Department of Veterans Affairs	Assistant Deputy Under Secretary for Health for Quality, Safety, and Value	Washington, DC	11/2016 Est <input type="checkbox"/>	01/2018 Est <input type="checkbox"/>
Other Federal Employment	US Department of Veterans Affairs	White House Fellow	Washington, DC	08/2015 Est <input type="checkbox"/>	10/2016 Est <input type="checkbox"/>
Non-Government Employment	Georgetown University	Adjunct Assistant Professor	Washington, DC	06/2017 Est <input type="checkbox"/>	01/2018 Est <input type="checkbox"/>
Non-Government Employment	Johns Hopkins University School of Medicine	Resident	Baltimore, MD	07/2013	08/2015
Non-Government Employment	Brigham and Women's Hospital	Resident	Boston, MA	06/2012	06/2013
Unemployment		Medical student and Business school student	Boston, MA	08/2011	06/2012
Non-Government Employment	Close Concerns	Consultant	San Francisco, CA	07/2011	08/2011
Unemployment		College student, Medical	Baltimore, MD ;	08/2003	07/2011



		school student, Business school student	Boston, MA		
--	--	---	---------------	--	--

**(B) List any advisory, consultative, honorary or other part-time service or positions with federal, state, or local governments, not listed elsewhere.**

<u>Name of Government Entity</u>	<u>Name of Position</u>	<u>Date Service Began</u> (month/year) (check box if estimate)	Est <input type="checkbox"/>	<u>Date Service Ended</u> (month/year) (check box if estimate) (check "present" box if still serving)	Est <input type="checkbox"/>	Present <input type="checkbox"/>
US Department of Veterans Affairs	Expert Consultant (without compensation)	01/2021	<input type="checkbox"/>	01/2022	<input type="checkbox"/>	<input type="checkbox"/>
Biden-Harris Transition Team	Department of Veterans Affairs Landing Team Member (without compensation)	11/2020	<input type="checkbox"/>	01/2022	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey State Government	Member, COVID-19 Restart and Recovery Advisory Council for the State of New Jersey	05/2020	<input type="checkbox"/>	01/2021	<input type="checkbox"/>	<input type="checkbox"/>
Newark, NJ City Government	Member, Newark Reopening and Recovery Strikeforce	05/2020		07/2020		
NJ Governor's Office	Member, Governor's Office Working Group to Support Individuals Experiencing Homelessness	10/2021		Present		

**4. Honors and Awards**

**List all scholarships, fellowships, honorary degrees, civilian service citations, military medals, academic or professional honors, honorary society memberships and any other special recognition for outstanding service or achievement.**

- EJI Excellence in Medicine Award for Outstanding Healthcare Executives: 2022
- NJBiz Power 100 List, 2022
- ROI-NJ Influencers: Power List 2022- Top 50
- Delta Award, Essex-Hudson Medical Society, 2021
- American Cancer Society of Northern NJ Doctor's Award, 2021
- NJBiz Power Top 10, 2021
- ROI-NJ Power List, 2021
- NAACP of Montclair, NJ Community Service Award, 2020
- NJBiz Power 100 List, 2020
- ROI Influencers Power List: Health Care, 2020
- Modern Healthcare Top 25 Emerging Leaders, 2019
- Riki Jacobs Award in Social Justice, Hyacinth Foundation, 2019
- ROI New Jersey Influencers, People of Color, 2019
- NJ Biz Power Healthcare List, 2019
- ROI New Jersey Influencers, People of Color, 2019

New Jersey Association of County and City Health Officials Appreciation Award, League of Municipalities, 2018  
 2018 Newark Community Health Center Award for Appreciation and Service, 2018  
 Exemplary Service Award, US Department of Veterans Affairs, 2018  
 National Committee for Quality Assurance (NCQA) Speaker, Quality Talks, 2017  
 White House Fellow, 2015-2016 Term  
 Johns Hopkins University Outstanding Graduate Award, 2016  
 National Quality Scholar, The American College of Medical Quality, 2015  
 Best of ASTRO Award, American Society of Radiation Oncology (ASTRO), 2015  
 MBA with Distinction, Harvard Business School, 2012  
 Valedictorian, Johns Hopkins University, 2007  
 Framework for Global Health Research Award, Johns Hopkins Bloomberg School of Public Health, 2007

**5. Memberships**

**List all memberships that you have held in professional, social, business, fraternal, scholarly, civic, or charitable organizations in the last ten years.**

**Unless relevant to your nomination, you do NOT need to include memberships in charitable organizations available to the public as a result of a tax deductible donation of \$1,000 or less, Parent-Teacher Associations or other organizations connected to schools attended by your children, athletic clubs or teams, automobile support organizations (such as AAA), discounts clubs (such as Groupon or Sam’s Club), or affinity memberships/consumer clubs (such as frequent flyer memberships).**

<u>Name of Organization</u>	<u>Dates of Your Membership</u> (You may approximate)	<u>Position(s) Held</u>
America’s Essential Hospitals	06/2021 - Present	Board Member
New Jersey Healthcare Quality Institute	10/2019 - Present	Board Member
New Jersey Performing Arts Center	03/2020 - Present	Board Member
New Jersey Hospital Association	12/2020 - Present	Board Member
Hospital Alliance of New Jersey	07/2019 - Present	Secretary and Board Member
New Jersey Muslim-Jewish Advisory Council	05/2019 - Present	Member

University Hospital Community Oversight Board	07/2019 - Present	Board Member
Juvenile Diabetes Research Foundation International	06/2021 - Present	Research Committee Member
EmergeUSA Foundation 501(c)(3) (later renamed Emgage)- Virginia Chapter	Fall 2016 – 10/2017	Chapter Board Member
High Reliability Organization Council	Spring 2015 – 11/2017	Research Advisor

**6. Political Activity**

**(A) Have you ever been a candidate for or been elected or appointed to a political office?**

<u>Name of Office</u>	<u>Elected/Appointed/ Candidate Only</u>	<u>Year(s) Election Held or Appointment Made</u>	<u>Term of Service (if applicable)</u>
Commissioner of Health, New Jersey Department of Health	Appointed	2017	01/2018 – 07/2019

**(B) List any offices held in or services rendered to a political party or election committee during the last ten years that you have not listed elsewhere.**

<u>Name of Party/Election Committee</u>	<u>Office/Services Rendered</u>	<u>Responsibilities</u>	<u>Dates of Service</u>

**(C) Itemize all individual political contributions of \$200 or more that you have made in the past five years to any individual, campaign organization, political party, political action committee, or similar entity. Please list each individual contribution and not the total amount contributed to the person or entity during the year.**

<u>Name of Recipient</u>	<u>Amount</u>	<u>Year of Contribution</u>
America's Essential Hospitals Political Action Committee (PAC)	\$250.00	2022
Biden Victory Fund	\$500.00	2020
Biden Victory Fund	\$2,800.00	2020
Babur Lateef	\$200.00	2018
Ralph Northam for Governor	\$1,000.00	2017
Ralph Northam for Governor	\$250.00	2017
Ralph Northam for Governor	\$200.00	2017
Ralph Northam for Governor	\$200.00	2017
Ralph Northam for Governor	\$1,000.00	2017
Ralph Northam for Governor	\$100.00	2017
Ralph Northam for Governor	\$250.00	2017
Ralph Northam for Governor	\$500.00	2017
Murphy for Governor	\$300.00	2017
Abdul El-Sayed	10 donations of \$50 each	2018

## 7. Publications

List the titles, publishers and dates of books, articles, reports or other published materials that you have written, including articles published on the Internet.

<u>Title</u>	<u>Publisher</u>	<u>Date(s) of Publication</u>
Our Six-Year-Old Had COVID. Here's Why We Still Vaccinated Her.	Newsweek	12/20/21
How US Health Systems can Build Capacity to Handle Demand Surges	Harvard Business Review	10/4/21
Our healthcare staffing crisis is a patient safety crisis, too	Modern Healthcare	11/16/21
Letter: Department of Health protecting patient privacy while responding to health outbreak	Northjersey.com	10/31/18
A look at how N.J.'s only public health hospital is handling this once-in-a-lifetime crisis	Star-Ledger	5/10/20
The end of COVID-19 could start in the hair salon	Star-Ledger	3/2/21
The Ongoing COVID Response and Next Pandemic (Panel event)	Academy Health	2/17/21
Amid public health crisis, N.J. must improve access to health coverage	ROI-NJ	7/30/20
Commentary: Advance equity by investing in America's healthcare safety net	Modern Healthcare	7/7/20
Opinion: Ending the Stigma of Addiction Requires More than Words	NJ Spotlight	12/17/19
Opinion: The Vaping Industry's Strategic Misinformation Campaign	NJ Spotlight	10/22/19
To Fulfill Their Mission, Health Care Facilities Should Better Accommodate Cannabis Patients	Health Affairs Blog	7/23/19
A Framework for Disseminating Clinical Best Practices in the VA Health System	Journal of the American Medical Association (JAMA)	1/17/17
Best Care Everywhere: by VA Professionals across the Nation	US Department of Veterans Affairs	8/4/2017
Primary Care Provider-Patient Communication Toward Health Equity	MD Advisor	Winter 2019 Issue

Promoting Interoperability to Improve Health Outcomes.	MD Advisor	Spring 2019 Issue
Gov. Murphy's Proposed FY2020 Budget Includes \$2.5M to Boost Local Infection Control Response	NJ Public Health Association	March 2019 issue
Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers.	JAMA Network Open	1/4/19
Physicians Should Consider Medicinal Cannabis as a Safe, Effective Treatment for Appropriate Patients	MD Advisor	Fall 2018 Issue
Confronting the challenge of containing the adenovirus in Wanaque: Elnahal	Northjersey.com	11/9/18
Using a real-time location system to measure patient flow in a radiation oncology outpatient clinic.	Practical Radiation Oncology	9/1/2018
NJ Department of Health Executive Order Number 6: Report on the Medical Marijuana Program	Report to Governor Phil Murphy	3/23/18
Risk factors for near-miss events and safety incidents in pediatric radiation therapy	Radiotherapy and Oncology	May 2018
Cancer pain: a review of epidemiology, clinical quality and value impact	Future Oncology	April 2017
Proceedings from the 9th annual conference on the science of dissemination and implementation	Implementation Science	4/20/17
From learning to doing: Identifying, diffusing, and sustaining promising practices in the nation's largest integrated healthcare system (Abstract)	Academy Health	12/4/17
Diffusion of Excellence Initiative: Accelerating the Implementation of Best Practices in America's Largest Integrated Healthcare Delivery System (Oral Presentation)	Academy Health	12/14/16
Changes to physician processing times in response to clinic congestion and patient punctuality: a retrospective study	BMJ Open	10/18/16
Tools and Techniques for Communicating, Translating, and Implementing Health Research and Best Practices (Oral Presentation)	Academy Health	6/25/16
Identifying Predictive Factors for Incident Reports in Patients Receiving Radiation Therapy	International Journal of Radiation Oncology, Biology, and Physics	4/1/16

A Tale of Two Systems: Combining Forces to Improve Veteran and Military Health Care	American Journal of Medical Quality	May 2016
Discovery and Validation of Predictive Factors for Safety Incident Reports in Patients Receiving Radiation Therapy: Toward Building a Predictive Nomogram to Identify Patients at Risk (Abstract)	American Journal of Medical Quality	December 2015
Increased Treatment Capacity and a Balanced Machine Load Are Associated With Fewer Safety Incidents in a Radiation Oncology Clinic (Oral presentation)	American Journal of Medical Quality	December 2015
Managing Cognitive Overload to Increase Productivity and Reduce Preventable Adverse Encounters in a Multidisciplinary Clinic: Presenting a Novel Task Management Mobile Application (Oral presentation)	American Journal of Medical Quality	December 2015
Improving Safe Throughput in a Multidisciplinary Oncology Clinic.	Physician Leadership Journal	March 2015
Engaging patients and stakeholders in the process of designing a clinical trial and patient education platform	Journal of Clinical Oncology	10/10/15
Patients and physicians can discuss costs of cancer treatment in the clinic with high interest and little conflict.	Journal of Oncology Practice	5/20/14
Organizing a Multidisciplinary Clinic	Chinese Clinical Oncology	December 2014
More than the sum of its parts: how multidisciplinary cancer care can benefit patients, providers, and health systems	Journal of the National Comprehensive Cancer Network	6/1/13
Proton beam therapy and accountable care: the challenges ahead.	Proton Beam Therapy and Accountable Care: The Challenges Ahead	3/15/13
Prevalence and significance of subcentimeter hepatic lesions in patients with localized pancreatic adenocarcinoma	Practical Radiation Oncology	October-December 2012 Issue
Ganging up on Cancer: Integrative Research Centers at the Dana-Farber Cancer Institute	Harvard Business School Case	October 2012
Patient retention and costs associated with a pancreatic multidisciplinary clinic. (Oral Presentation)	Journal of Clinical Oncology	12/1/12



Preliminary decision-tree analysis of costs to payors associated with a pancreatic multidisciplinary clinic. (Abstract)	Journal of Clinical Oncology	12/1/12
Electronic Health Record Functions Differ Between Best and Worst Hospitals.	American Journal of Managed Care	April 2011
Islam, Income Disparities, and Diabetes Management: An Inquiry into the Egyptian Experience	Johns Hopkins Center for Global Health	Fall 2007 (est)
Songs of Jupiter: Detecting Radio Waves from Space	Research Gate: Open Source	Fall 2002

## 8. Public Statements

**(A) List any testimony, official statements or other communications relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials.**

1. 5/19/21: US Senate Homeland Security and Governmental Affairs Committee. Title: COVID-19 Part II: Evaluating the Medical Supply Chain and Pandemic Response Gaps. Full testimony: <https://www.hsgac.senate.gov/imo/media/doc/Testimony-Elnahal-2021-05-19.pdf>.
2. May 2019: NJ General Assembly Budget Committee. Title: Budget for the New Jersey Department of Health.
3. 4/11/2019: NJ Senate Budget Committee. Title: Budget for the New Jersey Department of Health. Link to full testimony: [https://www.njleg.state.nj.us/legislativepub/budget\\_2020/DOH\\_Elnahal\\_testimony\\_04112019.pdf](https://www.njleg.state.nj.us/legislativepub/budget_2020/DOH_Elnahal_testimony_04112019.pdf)
4. 1/17/19: Hearing of the NJ General Assembly Health and Senior Services- testimony on the New Jersey Health Information Network and interoperability
5. 12/3/2018: NJ Senate Health and Human Services Committee. Title: Investigating the Adenovirus Outbreak at the Wanaque Center for Nursing and Rehabilitation. Link with summary: <https://www.njspotlight.com/2018/12/18-12-03-senate-hearing-highlights-challenges-of-infection-control-in-hospital-facilities/>
6. 10/18/18: Assembly Human Services Committee testimony on the reorganization of the NJ Division of Mental Health and Addiction Services- testimony
7. 5/15/18: NJ Senate Budget Committee. Title: Budget for the New Jersey Department of Health
8. 4/25/18: NJ General Assembly Budget Committee. Title: Budget for the NJ Department of Health. Link with summary. Full testimony: <https://www.nj.gov/health/news/2018/approved/20180425a.shtml>
9. 3/8/18: NJ Senate Judiciary Committee. Title: Hearing to consider the confirmation of Dr. Shereef Elnahal for Commissioner of Health; Ms. Carole Johnson for Commissioner of the Department of Human Services; Mr. Robert Asaro-Angelo for Commissioner of Labor. Link: <https://www.njleg.state.nj.us/legislativepub/calendar/030218.htm>
10. 11/29/17: United States House Veterans Affairs Committee. Title: Examining VA'S Failure to Address Provider Quality and Safety Concerns. Link to testimony: <https://www.govinfo.gov/content/pkg/CHRG-115hhrg31431/html/CHRG-115hhrg31431.htm>
11. 9/7/16: United States Senate Veterans Affairs Committee. Title: VHA Best Practices: Exploring the Diffusion of Excellence Initiative. Link to testimony: <https://www.veterans.senate.gov/hearings/vha-best-practices-exploring-the-diffusion-of-excellence-initiative>

**(B) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.**

1. 3/30/22: Northern NJ Partnership for Maternal Child Health's Partnership LIVE Discussion- Q&A on University Hospital's efforts on maternal-child health
2. 3/15/22: Empower Somerset: COVID-19 Vaccine for Teens: Questions Asked and Answered
3. 2/25/22: American Hospital Association Health Systems Retreat. Panel: Transforming Access and Addressing Complex Needs Through Delivery and Financing Models
4. 2/21/22: US Army Medium Medical Team Staff Awards: Remarks from the President and CEO thanking US army medical team for serving the hospital during the Omicron surge
5. 2/18/22: University Hospital Facebook Live commemorating Black History Month
6. 2/15/22: Newark Coalition of Concerned Citizens, speech and Q&A
7. 2/7/22: Facebook live with MLB player Pete Alonso recognizing University Hospital Health Care Heroes
8. 1/25/22: Remarks at Francine A. LeFrak Wellness Center Grant Opening: NJ Reentry Corporation
9. 1/24/22: Facebook Live re: University Hospital Master Plan for a new building
10. 12/31/22: Facebook Live with Mayor Barkaa: town hall on the pandemic
11. 12/15/21: NJ Booster Day commemoration with Governor Phil Murphy
12. 11/16/21: Facebook Live event with Governor Phil Murphy to alert the public about open enrollment in NJ's state-based health exchange
13. 11/13/21: Black Health Matters Fall Summit panel on Breast Cancer Awareness
14. 11/8/21: University Hospital Facebook Live session on Boosters and the Delta Variant of COVID-19
15. 10/29/21: University Hospital Mammogram Masquerade Ball- remarks
16. 10/24/21: Day of Dignity Mental and Emotional Wellness Conference- opening remarks
17. 10/23/21: University Hospital Breast Cancer Survivors Celebration- opening remarks
18. 10/17/21: Newark Breast Cancer Walk- remarks
19. 10/14/21: PSE&G Employee message on the importance of COVID vaccination- recorded
20. 10/13/21: Essex-Hudson Medical Society- receipt of the Delta Award
21. 10/11/21: American Cancer Society of Northern NJ Heroes Golf Tournament: Doctor's Award
22. 9/30/21: Virtual Town Hall with Dr. Brian Strom and Larry Hamm re: University Hospital and Rutgers NJ Medical School's partnerships for health care in the community

23. 9/29/21: Modern Healthcare Leadership Symposium, panelist: Focusing on Diversity and Inclusion to Improve Community Relations
24. 9/21/21: America Indivisible town hall: New Jersey State and Local Spotlight panelist
25. 9/19/21: University Hospital Float, Newark Puerto Rican Day Parade
26. 9/16/21: University Hospital Facebook Live: Weight Management Center
27. 9/15/21: NJ Policy Perspective Progress 2021: Healthcare Panel
28. 8/16/21: Secretary Becerra visits University Hospital- introduction and remarks
29. 7/28/21: Facebook Live with Mayor Ras Baraka on COVID-19 updates
30. 7/18/21: Transplant Games- representing University Hospital leadership
31. 6/30/21: University Hospital Facebook Live session on Men's Health
32. 6/25/21: America's Essential Hospitals VITAL 21021 CEO Panel: Creating Inclusive Health Systems
33. 6/23/21: University Hospital Facebook Live: Pride Month
34. 6/21/21: Hosted Senator Bob Menendez event at University Hospital for bipartisan legislation that would create an independent, nonpartisan panel to investigate the U.S. pandemic response- introduced the Senator
35. 6/18/21: Governor Phil Murphy visit to University Hospital for a press conference announcing that NJ has hit it's 4.7 million fully vaccinated- opening remarks
36. 6/18/21: University Hospital Facebook Live: celebrating Juneteenth
37. 6/17/21: University Hospital Connecting with the Community Town Hall: East Ward of Newark
38. 6/16/21: John Hopkins University - The 2021 Global Health Leaders Conference- remarks
39. 6/15/21: NJ Reentry Corporation Panelist: 40 Years Later: Residual Effects from the War On Drugs
40. 6/3/21: NJ Practice Based Research Network at Rutgers Annual Meeting- remarks
41. 5/25/21: NJMS Faculty Organization Annual Meeting- remarks
42. 5/19/21: Rutgers New Jersey Medical School Convocation- keynote speaker (pre-recorded)
43. 5/19/21: Hearing before the Senate Homeland Security and Government Affairs Committee
44. 5/17/21: Hope & Esperanza Community Health Center Grand Opening- remarks
45. 5/14/21: American College of Healthcare Executives of New Jersey Annual Meeting: panel on the Interdependence of Public, Private and Federal Healthcare Delivery- panelist
46. 5/13/21: University Hospital Facebook Live: stroke care
47. 5/13/21: Caring Senior Service Closing the Gap in Senior Care Event- remarks
48. 5/10/21: Drexel COVIDCalls with Dr. Elnahal- remarks and Q/A
49. 5/1/21: University Hospital walk-in clinic and health and wellness festival- remarks
50. 4/29/21: University Hospital Facebook Live: Honoring the Newark Accords
51. 4/22/21: University Hospital Facebook Live: Organ Donation and Transplantation

52. 4/20/21: Millennium Alliance Virtual Healthcare Provider event- panelist
53. 4/19/21: Rutgers University Masters of Health Administration- Leadership and Development- Guest Speaker
54. 4/15/21: Georgetown Masters of Health Administration Guest Lecture- leadership amid the pandemic
55. 4/14/21: Event with Lt. Governor Sheila Oliver on a master plan for a new University Hospital- opening remarks
56. 4/13/21: Nurture NJ Black Maternal Health Week- Virtual Hospitals panel with NJ First Lady Tammy Murphy
57. 4/5/21: New Jersey Performing Arts Center Vaccination Panel- virtual panelist
58. 3/25/21: University Hospital Facebook Live with Congressman Payne re: colon cancer awareness
59. 2/26/21: Montclair Branch NAACP COVID-19 vaccine virtual town hall- remarks and Q&A
60. 2/26/21: Black Health Matters virtual town hall re: COVID-19 vaccines
61. 2/25/21: University Hospital Facebook Live re: heart health
62. 2/17/21: Academy Health Annual Meeting, Day 2 Opening Plenary, panelist
63. 2/11/21: American Muslim Health Professionals Event: COVID-19 and the Muslim Community: A conversation with Dr. Fauci- panelist
64. 2/1/21: Podcast with Erika Lynn-Green re: medical students interested in government
65. 1/19/21: New Jersey Reentry Corporation: Women's Project Virtual Press Conference- remarks
66. 1/11/21: COVID Vaccine Town Hall with Newark Mayor Ras Baraka (Facebook Live)
67. 12/20/20: University Hospital Facebook Live interview re: COVID vaccination
68. 12/7/20: University Hospital Facebook Live re: COVID-19 vaccine distribution
69. 12/5/20: Rutgers Biomedical Innovation Summit and Pitch Competition - Keynote Speaker
70. 12/4/20: Robert Wood Johnson Foundation Webinar- panelist
71. 12/3/20: National Healthcare Executive eForum- Keynote speaker
72. 11/10/20: First Lady Tammy Murphy's 3<sup>rd</sup> Annual Maternal and Infant Health Summit- speaker
73. 10/30/20: Montclair Chapter of the NAACP Community Service Award- award and brief remarks
74. 10/29/20: University Hospital Facebook Live: Health and Domestic Violence
75. 10/27/20: Affordable Care Act Navigator Press Conference with Governor Murphy- speaker
76. 10/26/20: University Hospital Facebook Live: COVID-10 Vaccine Trials
77. 10/24/20: University Hospital Brunch for Community Cancer Survivors- remarks
78. 10/15/20: University Hospital Facebook Live: Cancers: Prevention, Screening, and Treatment

79. 10/12/20: Info session - COVID-19 Vaccine Trial - Research with a Heart- speaker
80. 10/8/20: University Hospital Facebook Live: Top 10 Reasons to Have Your Baby at University Hospital
81. 10/6/20: New Jersey Legislative Black Caucus Meeting- speaker
82. 10/1/20: University Hospital Facebook Live: Surviving Breast Cancer
83. 9/30/20: NJ Healthcare Quality Institute Webinar: COVID-19 and the Flu – Vaccine Production, Access, and Adherence- panelist
84. 9/29/20: Wambi Executive Healthcare Panel- panelist
85. 9/25/20: 1huddle Podcast with Sam Cucci
86. 9/22/20: NJ Citizen Action Webinar: panel on prescription drug costs
87. 8/20/20: University Hospital Facebook Live: Liver transplant and organ donation
88. 8/18/20: Horizon Blue Cross Blue Shield Conference: Vaccine Collaboration in the State of New Jersey- remarks
89. 8/13/20: Roundtable with Congresswoman Mikie Sherill re: hospital experiences during the pandemic- participant
90. 8/13/20: Gem Project Youth Rally Event: Disparities in COVID-19 outcomes in Black and Brown communities- panelist
91. 8/6/20: PSE&G Power Lunch on pandemic recovery- panelist
92. 7/31/20: American College of Physicians New Jersey Annual Meeting- remarks
93. 7/23/20: University Hospital Facebook Live: Healthy cooking and healthy eating
94. 7/21/20: Public Safety Roundtable hosted by the Newark Community Street Team: guest panelist
95. 7/16/20: Press conference announcing partnership between University Hospital and NJIT on Mobile Medical Care Units, with guest speaker Senator Cory Booker- introduction and remarks
96. 7/15/20: Rutgers University's Office of University—Community Partnership's Advocates for Healthy Living Series- virtual panelist
97. 7/9/20: University Hospital Facebook Live session
98. 6/30/20: New Jersey Legislative Black Caucus meeting- presentation on pandemic updates
99. 6/25/20: University Hospital Facebook Live: Violence as a Public Health Issue
100. 6/24/20: NAACP/ Urban League of Essex County: Health, Education, and Justice Town Hall- panelist
101. 6/24/20: Virtual Summit on health System Recovery, hosted by Faculty Manage. Panelist, The Impact of COVID on the Safety Net, FQHCs and Free Clinics & their Role in Health System Recovery
102. 6/18/20: University Hospital Facebook Live re: pandemic updates
103. 6/17/20: Roundtable with Deputy Secretary of Health and Human Services Eric Hargan re: health system resiliency

104. 6/11/20: University Hospital Facebook Live: Using the Emergency Room during the COVID pandemic crisis
105. 6/10/20: Collaborative Leadership Insights Session, hosted by Classy- panelist
106. 5/21/20: University Hospital Facebook Live session: Caring for Children
107. 5/9/20: COVID-19 Update Press Conference with Governor Phil Murphy, speaker re: Northern regional response and convalescent plasma research
108. 5/7/20: Facebook Live with Mayor Baraka re: deferred care during the pandemic
109. 4/15/20: Rutgers New Jersey Medical School Health Policy Conference- remarks and pandemic response update
110. 4/3/20: Facebook Live with Mayor Baraka re: pandemic surge
111. 3/11/20: Rutgers New Jersey Medical School Women Wellness Summit- opening remarks
112. 3/10/20: University Hospital Connecting with the Community Session in Newark's Central Ward- town hall
113. 3/7/20: Juvenile Diabetes Research Foundation's TypeOneNation Summit- remarks
114. 3/2/20: Dr. Seuss Day- Read Across America at Manchester Park Elementary School
115. 2/27/20: Newark Clergy Alliance meeting- remarks and prayer
116. 2/18/20: Muslim Community Health Collaborative- speaker
117. 2/15/20: University Hospital Connecting with the Community Session in Newark's South Ward- town hall
118. 2/10/20: Press Conference with Senator Bob Menendez on COVID preparedness- introduction and speaker
119. 2/7/20: The Giblin Report taping with NJ Assemblyman Giblin- recorded interview
120. 1/29/20: Grand Rounds for the University Hospital ENT Department on multidisciplinary cancer care
121. 1/24/20: The Disciples radio show with Reverend Louise Scott-Rountree- guest
122. 1/9/20: Surgeon General Jerome Adams visits University Hospital to discuss maternal-infant health- introduction and remarks
123. 12/19/19: Seasons of Service- Sponsored Holiday Meals for Homeless Families- opening remarks
124. 12/8/19: American Muslim Health Professionals 15 Year Anniversary Celebration- remarks
125. 12/5/19: University Hospital Connecting with the Community Session in the Central Ward- town hall
126. 11/20/19: 7<sup>th</sup> Annual PROUD Awards Reception at the Newark Pride Center- remarks

127. 11/19/19: National Association of Community Health Centers conference-  
keynote speaker
128. 11/18/19: 69<sup>th</sup> Annual Roy A. Bowers Pharmaceutical Conference- remarks and  
panelist
129. 11/16/19: 2<sup>nd</sup> Annual Essex County Prenatal Summit- keynote speaker
130. 11/14/19: NJ Healthcare Quality Institute Breakfast- How to Prepare Yourself for  
the Expansion of Medical Cannabis in New Jersey- panelist
131. 11/12/19: Juvenile Diabetes Research Foundation: Cocktails for a Cure- remarks
132. 11/7/19: Congressman Payne's Veterans Day Program- remarks
133. 10/28/19: Milken Institute: Future of Health Summit 2019- remarks
134. 10/26/19: University Hospital Annual Cancer Survivors Breakfast- remarks
135. 10/24/19: University Hospital Foundation Hero's Ball- remarks
136. 10/17/19: Newark Regional Business Partnership- presentation and panel
137. 10/12/19: University Hospital See, Test, and Treat Cancer Screening Event- press  
remarks
138. 10/2/19: Newark Town Hall on the State of Water- panelist
139. 9/25/19: Newark Coalition of Concerned Citizens meeting- remarks
140. 9/25/19: University Hospital Community Meeting in the West Ward of Newark-  
remarks
141. 9/18/20: NJBiz 40 under 40 Award Ceremony- brief remarks
142. 9/9/19: Press Conference with Senator Menendez on a bill to expand carbon  
monoxide detectors in supportive housing
143. 9/7/19: University Hospital Lead screening press event with Mayor Baraka
144. 8/5/19: Press Conference with Lt. Governor Sheila Oliver; Supporting Hospital  
Violence Intervention Programs- brief remarks
145. 7/25/19: University Hospital Foundation Gold Classic- remarks
146. 7/2/19: Medical Cannabis Bill Signing with Governor Murphy- remarks
147. 6/28/19: NJ Local Boards of Health Conference- remarks
148. 6/25/19: Press conference with Governor Phil Murphy announcing proposed  
opioid fee increases- remarks
149. 6/21/19: Medical Cannabis Roundtable/Dinner with South Jersey Magazine-  
panelist
150. 6/21/19: American Foundation for Suicide Prevention NJ State Capitol Day Event  
at the NJ Statehouse- remarks and meet and greet
151. 6/18/19: Greater Atlantic City Chamber of Commerce Leadership Series: Opioid  
Epidemic and its Impact in the Workplace- presentation
152. 6/6/19: US Department of Health and Human Services, Region II Priorities  
Summit- remarks
153. 6/3/19: RWJ Barnabas Health Cancer Pavilion ribbon cutting- remarks
154. 6/2/19: NJ Pride Parade in Asbury Park- remarks



155. 5/29/19: Grand rounds at RWJ Barnabas Health: Pursuing Health Justice in Maternal Health- presentation
156. 5/20/19: Medical Cannabis Grand Rounds at Overlook Hospital in NJ- presentation
157. 5/17/19: New Jersey Primary Care Association Women's Health Week Luncheon- remarks
158. 5/16/19: NJ Juvenile Diabetes Research Foundation Gala- remarks
159. 5/10/19: Newark Community Health Center's 4th Annual Women's Health Symposium- remarks
160. 5/9/19: NJ Policy Perspective Conference: Progress 2019: NJ on the National Stage- panelist
161. 5/7/19: NJ Chapter of the American College of Healthcare executives Equity of Care Event- remarks
162. 5/8/19: New Jersey Health Initiatives Communities Moving to Action Celebration Event- remarks
163. 5/6/19: NJ State Mosquito Control Commission Event, 500<sup>th</sup> Meeting- remarks
164. 5/4/19: Partnership for Maternal and Child Health of Northern NJ's HPV Public Service Announcement Project- PSA recording
165. 4/30/19: American Society of State and Territorial Health Officials (ASTHO) National Minority Health Month Event- presentation on health inequities
166. 4/29/19: NJ Association of County and City Health Officials (NJACCHO) conference- presentation: Immunizations and Communicable Diseases: The Next Public Health Crisis?
167. 4/26/19: Association of Physician of Pakistani Descent of North America NJ (APPNANJ) Spring Conference- brief remarks
168. 4/24/19: National Prescription Drug Take Back Day Event at Trenton City Hall- remarks
169. 4/23/19: Rutgers Cancer Institute of NJ special event recognizing designation from the National Cancer Institute- remarks
170. 4/20/19: American Muslim Health Professionals Annual Conference: NJ's Journey to Health Justice
171. 4/18/19: NJ Reentry Conference on Medication Assisted Treatment- remarks
172. 4/16/19: NJDOH Office of Minority Health Equity Forum in Montclair, NJ- remarks
173. 4/10/19: NJ Healthcare Quality Institute: Healthcare Decisions Day/Importance of Advance Care Planning- remarks
174. 4/9/19: Mydirectives.com public service announcement on the importance of advanced directives
175. 4/9/19: Rutgers University Catalyst Event: Rutgers Institute for Health, Health Care Policy & Aging Research- remarks

176. 4/8/19: MD Anderson Cancer Center at Cooper University Hospital: Press conference celebrating \$15 minimum wage for health care workers
177. 4/5/19: Drug Policy Alliance conference: Preventing Overdose, Promoting Health- remarks
178. 4/2/19: New Jersey Hospital Association Health Equity Event- remarks
179. 3/29/19: Salem County Chamber of Commerce meeting- remarks and presentation on Department of Health priorities
180. 3/26/19: National Arab American Medical Association - NJ Chapter: First Symposium on Opioid & Substance Abuse- presentation and remarks
181. 3/26/19: Press conference at Jersey City Medical Center celebrating \$15 minimum wage at RWJ Barnabas Health hospitals and clinics
182. 3/22/19: NJ Family Planning League Statewide Grantee meeting "Closing the Gap on Missed Opportunities"- remarks
183. 3/21/19: NJII/ NJ Health Care Quality Institute: 5<sup>th</sup> Annual Innovation Showcase: Using NJ Health Information Network to improve outcomes, increase efficiency, and create smarter policies- presentation
184. 3/16/19: NJ Legislative Black Caucus Annual Retreat- remarks
185. 3/10/10: NJ First Lady Tammy Murphy's Maternal and Infant Health Brunch- remarks
186. 3/6/19: Pinnacle Treatment Centers of NJ Ribbon Cutting Ceremony and Black Balloon Day Recognition- remarks
187. 3/1/19: American Cancer Society and Truth Initiative: Eliminate Tobacco Use Summit- remarks
188. 2/22/19: Black History Month Commemoration at NJ Department of Health- remarks
189. 2/19/19: NJ Department of Corrections Conference: MAT Panel- panelist
190. 2/12/19: HIMSS Presentation: Federal-State Response to Opioid Crisis- presentation and panelist
191. 2/13/19: HIMSS Presentation: Smart states and Health IT modernization – presentation and panelist
192. 1/31/19: Family Planning press conference at the Newark, NJ Family Planning League Office- remarks
193. 1/26/19: Maternal Mortality & Morbidity Code-a-thon at the New Jersey Institute of Technology- remarks
194. 1/24/19: Event to promote flu vaccination at Jefferson Cherry Hill Hospital in Cherry Hill, NJ- remarks
195. 1/23/19: Maternal Health Awareness Day remarks at Monmouth Medical Center in Long Branch, NJ
196. 1/23/19: Maternal Health Awareness Day Press Conference with NJ First Lady Tammy Murphy at Cooper Hospital- remarks

197. 1/23/19: Sample Case History of Maternal Death in New Jersey with QI and Learning Opportunities- presented to the Maternal Mortality Review Committee of New Jersey
198. 1/23/19: Opioid epidemic response press conference with Governor Murphy at Copper University Hospital- remarks
199. 1/22/19: Town Hall with NJ Department of Health Employees- remarks
200. 1/17/19: Hearing of the NJ General Assembly Health and Senior Services- testimony on the New Jersey Health Information Network and interoperability
201. GOMO Health Substance Use Disorder Event with First Lady Tammy Murphy- remarks on substance use disorder in pregnant women and Neonatal Abstinence Syndrome
202. 1/16/19: Medical Cannabis grand rounds at Atlanticare Regional Medical Center
203. 1/12/19: Muslims for Peace Annual Meeting: Eliminating Barriers and Health Disparities- presentation
204. 1/3/19: Hackensack Meridian Health and Carrier Clinic Merger- remarks at event commemorating the merger
205. 12/18/18: American Pain Association meeting on the Opioid Epidemic, Pain Management, and Medical Cannabis- remarks
206. 12/13/18: Mamava Lactation Pod Ribbon Cutting at the Trenton Free Public Library- remarks
207. 12/11/18: Visit and remarks and St. Francis Medical Center in Trenton, NJ
208. 12/3/18: Visit and remarks on the importance of Flu vaccination at Chelsea at Forsgate Assisted Living Center, Monroe Twp, NJ
209. 11/28/18: NJ Department of Health Diwali Celebration- remarks
210. 11/28/18: Building a Culture of Health in New Jersey: Thriving Communities Transform Lives at the The Palace at Somerset Park, Somerset, NJ- remarks
- 211.
212. 11/23/18: South Jersey Chamber of Commerce: Meet the Policymakers- presentation on NJ Department of Health priorities
213. 11/20/18: Affordable Care Act Stakeholder Conference call with NJ Department of Banking and Insurance Commissioner Marlene Caride- remarks
214. 11/19/18: Public health Council Meeting on public health priorities, including infection control in long term care facilities- remarks
215. 11/16/18: NJ Food Council/WIC Advisory Council Meeting- remarks
216. 11/16/18: Press Conference with Governor Murphy, update on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
217. 11/14/18: NJ League of Municipalities Conference: State of Health Address- presentation
218. 11/9/18: New Jersey Commission on Cancer Research Meeting at Rider University- remarks

219. 11/8/18: The Midwives of NJ 2018 Symposium: NJ Symposium for Physiologic Birth: Avoiding Cesarean- remarks
220. 11/7/18: 68th Annual Roy A. Bowers Pharmaceutical Conference- plenary speaker
221. 11/5/18: NJ Business and Industry Association Healthcare Town Hall: Healthcare Town Hall: Building a Sustainable Healthcare Workforce for Tomorrow- presentation and Q&A
222. 10/31/18: John Suydam Kuhlthau Bioethics Conference: Shining the Light Through Darkness: An Ethical and Compassionate Response to the Medical Opioid Crisis- presentation
223. 10/29/18: Maternal Health and Perinatal Safety Symposium at the Robert Treat Hotel in Newark, NJ- remarks
224. 10/25/18: NJ Primary Care Association Annual Conference- It's About the Patients: Community Health Centers Providing Integrated Quality Care- remarks
225. 10/24/18: Press Conference with Governor Phil Murphy- update on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
226. 10/23/18: Milken Institute Future of Health Summit- opioid panel
227. 10/22/18: Health Care Association of NJ- visit and remarks
228. 10/19/18: NJ Department of Health Hispanic Heritage Month celebration- remarks
229. 10/17/18: Rutgers Conference: Topics in Urban Public Health: New Findings and Approaches- remarks
230. 10/11/18: Medical Cannabis grand rounds at Virtual West Jersey Health System in Voorhees, NJ
231. 10/11/18: Visit and remarks at Deborah Heart and Lung Center in Browns Mills, NJ
232. 10/11/18: Flu shot at Henry J. Austin Community Health Center- remarks
233. 10/11/18: EMS Council of NJ Business Meeting- remarks
234. 10/5/18: Health Professions and Allied Employees (HPAE) Statewide Convention at Harrah's Atlantic City- remarks
235. 10/4/18: POLITICO New Jersey Breakfast Q&A- a conversation with the NJ Health Commissioner
236. 10/2/18: Horizon Blue Cross Blue Shield of NJ 6th Annual Value-Based Summit- remarks
237. 10/1/18: New Jersey Public Health Association's 2018 Annual Conference- remarks
238. 9/30/18: Cardiac Education and Research Fund Polo Benefit at the Shannon Hill Riding Academy & Polo Club, Basking Ridge, NJ – remarks
239. 9/27/18: The 11th Annual Delaware Valley / NJ HIMSS Fall Event- remarks

240. 9/27/18: NJ Academy of Pediatrics Adolescent Health Symposium: Skills & Tools to Support All NJ Teens and Young Adults- remarks
241. Skills & Tools to Support All NJ Teens and Young Adults
242. 9/25/18: Princeton Regional Chamber of Commerce 8<sup>th</sup> Annual Healthcare Symposium- presentation
243. 9/21/18: Visit and remarks at Robert Wood Johnson University Hospital in New Brunswick NJ
244. 9/19/18: Medical Cannabis grand rounds at Hunterdon Medical Center in Flemington, NJ
245. 9/17/18: Visit and remarks at CarePoint Health Christ Hospital on the opioid addiction treatment services
246. 9/13/18: NJ Department of Health and NJ Department of Human Services Conference: Suicide Prevention: A Community Effort -Working Together to Prevent Suicide- remarks
247. 9/11/18: New Jersey District Court Opioid Symposium in East Brunswick, NJ- Opening Remarks
248. 9/6/18: Tick Awareness Press Conference with the Monmouth County Health Department- remarks
249. 8/21/18: Princeton Adult Day Care Visit, Immunization Event- remarks on flu vaccination and senior vaccinations
250. 8/14/18: Newark Community Health Center Event on Nat'l Health Center Week Health Fair/Immunization Awareness- remarks
251. 8/13/18: NJ Interagency Conference: Workshop for Home Visitors & Community Health Workers: "Parents & Children Thriving Together- remarks
252. 8/8/18: Visit and remarks at Trinitas Regional Medical Center in Elizbaeth, NJ
253. 8/6/18: John Brooks Recovery Center Medication Assisted Treatment roundtable and tour- remarks
254. 8/6/18: Senator Booker/NJ Spotlight State of Health in NJ Roundtable at Capital Health Medical Center- remarks
255. 7/31/18: Visit and remarks at Capital Health Regional Medical Center in Trenton, NJ
256. 7/24/18: Governor's Hispanic Fellows Program Graduation in Trenton, NJ- remarks
257. 7/23/18: Copper Health System opioid epidemic event- remarks
258. 7/26/18: American Red Cross New Jersey Region Conference: National Blood Shortage & NJ Impacts- remarks
259. 7/18/18: NJ Department of Health Employee Town Hall
260. 7/16/18: Visit and remarks at Morristown Memorial Hospital in Morristown, NJ
261. 7/13/18: Burlington County Chamber of Commerce Hospital CEO panel- panel moderator

262. 7/12/18: Visit and remarks at Saint Clare's Hospital in Denville, NJ
263. 7/11/18: Medical Cannabis grand rounds at St. Joseph's Regional Medical Center in Paterson, NJ
264. 7/6/18: SAVE – A Friend with Homeless Animals Pet Heat Safety event- remarks
265. 6/30/18: Families Belong Together: New Brunswick Rally Against the Separation of Immigrant Families- remarks
266. 6/28/18: NJ Division of Mental Health and Addiction Services Annual Conference- remarks
267. 6/25/18: Memorial Sloan Kettering/Hackensack-Meridian Health Bergen County grand opening- remarks
268. 6/20/18: Muslim Center of Greater Princeton Grand Opening- remarks
269. 6/18/18: Shore Medical Center Executive Leadership Forum- guest speaker
270. 6/15/18: 2018 Public Health Forum at the Conference Center at the RWJ Hamilton Center for Health and Wellness in Mercerville, NJ- remarks
271. 6/14/18: Visit and remarks at Hunterdon Medical Center in Flemington, NJ
272. 6/13/18: NJ Policy Perspective Reception in New Brunswick, NJ- remarks
273. 6/12/18: NJ Hopeline Call Center tour and press conference- remarks
274. 6/12/18: NJ Health Care Quality Institute Conversation of Your Life (COYL) Breakfast- remarks
275. 6/8/18: Islamic Society of Central Jersey's 4th Annual Neighborhood Ramadan Iftar- remarks
276. 6/7/18: Ribbon cutting at Coral Harbor Rehabilitation and Healthcare Center- remarks
277. 6/6/18: Meeting of NJ Colleges and Universities Implementing Tobacco and Smoke-Free Policies- opening remarks
278. 6/5/18: NJ Department of Health 3<sup>rd</sup> Annual Population Health Summit: Population Health Summit: "Better Together: An integrated Approach to Address the Opioid Epidemic"
279. 6/4/18: Governor's Council for Medical Research and Treatment of Autism Council Meeting- remarks
280. 6/4/18: PROUD Family Health grand opening and Press Conference- remarks
281. 6/1/18: Al Ghazaly High School Graduation Keynote Speaker
282. 5/31/18: American Muslim Council Annual Interfaith Ramadan Dinner- remarks
283. 5/29/18: Medical Cannabis grand rounds at University Hospital and Rutgers New Jersey Medical School
284. 5/24/18: Visit and remarks at University Hospital in Newark, NJ
285. 5/22/18: Health Care Association of New Jersey Annual Assisted Living Conference- presentation and remarks
286. 5/21/18: NJ Immunization Conference "Integrating Innovations into Practice"- presentation

- 287. 5/17/18: Commerce and Industry Association of New Jersey Meeting-  
presentation
- 288. 5/16/18: NJ Health Care Quality Institute's Annual Meeting/Conference: Power  
of the Purchaser: Can Purchasers Turn the Tide in a Costly and Inefficient Health Care  
System? - remarks
- 289. 5/14/18: Lyme Disease Awareness press conference with Senator Bob Menendez-  
remarks
- 290. 5/12/18: Visit and remarks at St. Francis Medical Center
- 291. 5/11/18: Visit and remarks at CarePoint Health Bayonne Medical Center in  
Bayonne, NJ
- 292. 5/9/18: 3rd Annual Newark Community Health Center Women Symposium-  
remarks
- 293. 5/5/18: Medical Society of New Jersey Annual Meeting- remarks
- 294. 5/3/18: New Jersey 2nd Rural Health Symposium, NJ Primary Care Association-  
remarks
- 295. 4/27/18: New Jersey Telehealth Strategic Planning Roundtable- remarks
- 296. 4/27/18: 2018 Minority & Multicultural Health Equity Forum- remarks
- 297. 4/26/18: New Jersey Mental Health and Addiction Providers Meeting-  
presentation
- 298. 4/17/18: Hackensack Meridian Health Conference: Community- The Front Line  
in the Opioid Epidemic Prevention, Recognition, and Management- presentation and  
Q&A
- 299. 4/14/18: March for Science in Trenton, New Jersey- remarks
- 300. 4/10/18: New Jersey Association of Mental Health and Addiction Agencies  
Annual Conference- presentation and Q&A
- 301. 4/6/18: 2018 Minority & Multicultural Health Equity Forum- remarks
- 302. 4/3/18: Press conference with Governor Phil Murphy announcing \$100M in state  
funding to address the opioid epidemic- remarks
- 303. 3/24/18: Newark Community Health Center Provider Retreat- presentation and  
Q&A
- 304. 3/23/18: New Jersey Policy Perspective Conference- presentation on  
interoperability
- 305. 3/22/18: New Jersey Integrated Public Health Research Priority Meeting- remarks
- 306. 3/20/18: Visit and remarks at Holy Name Medical Center in Teaneck, NJ
- 307. 3/19/18: Visit and flu vaccination promotion at Trinitas Regional Medical Center  
in Elizabeth, NJ- remarks
- 308. 3/6/18: Passaic Drug Policy Advisory Meeting- remarks
- 309. 2/27/18: East Orange WIC event to promote breastfeeding- remarks
- 310. 2/23/18: Visit and remarks at Hackensack University Medical Center in  
Hackensack, NJ

- 311. 2/22/18: Visit to the Ocean County Public Health department- press conference
- 312. 2/21/18: Press Conference and Bill Signing with Governor Murphy restoring funding to NJ family planning providers- remarks
- 313. 2/16/18: Visit and remarks at the University Medical Center of Princeton at Plainsboro, NJ
- 314. 2/15/18: Inglemoor Rehabilitation & Care Center event on flu prevention- remarks
- 315. 2/6/18: National Black HIV/AIDS Awareness Day at the NJ Human Development Corporation/ African Methodist Episcopal (AME) church- remarks
- 316. 10/31/17: NCQA Quality Talks 2017: Quality Talks 2017: Shereef Elnahal: From Crowdsourcing to Sharing With the Crowd- A Framework to Share Best Practices in the VA Health System
- 317. 3/21/17: CMS Grand Rounds: Learning Health Systems in Action: A Look at CMS and Beyond
- 318. 12/14/16: Academy Health Meeting: Diffusion of Excellence Initiative: Accelerating the Implementation of Best Practices in America's Largest Integrated Healthcare Delivery System- presentation
- 319. 6/25/16: Academy Health Conference: Tools and Techniques for Communicating, Translating, and Implementing Health Research and Best Practices- presentation
- 320. 10/18/15: American Society of Radiation Oncology (ASTRO) Annual Meeting: A Validated Nomogram to Predict Near Miss and Safety Incidents in Radiation Oncology: A Multi-Institutional Effort (presentation)
- 321. 3/27/15: Medical Quality 2015, American College of Medical Quality Annual Meeting: Increased Treatment Capacity and a Balanced Machine Load are Associated with Fewer Safety Incidents in a Radiation Oncology Clinic- presentation
- 322. 3/27/15: Medical Quality, 2015, American College of Medical Quality Annual Meeting: Managing Cognitive Overload to Increase Productivity and Reduce Preventable Adverse Encounters in a Multidisciplinary Clinic: Presenting a Novel Task Management Mobile Application
- 323. 4/25/14: ACR Radiation Oncology Conference in Charlotte Amalie, US Virgin Islands: Patient retention and costs associated with a pancreatic multidisciplinary clinic updates- presentation
- 324. 12/1/12: American Society of Clinical Oncology (ASCO) Quality Care Symposium: Patient retention and costs associated with a pancreatic multidisciplinary clinic- presentation

**(C) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews).**



1. 3/10/22: NJ Spotlight News interview re: University Hospital housing development project
2. 3/9/22: Newsy CEO Panel re: the future of work
3. 3/8/22: 3/8/22 at 1:00p.m. - EJI Excellence in Medicine Awards - in person taping w/Dr. Elnahal
4. 3/7/22: Interview with Martin Braun/Bloomberg News re: pandemic latest
5. 3/3/22: Interview w/ Fox 5 NYC (Live) at 5:45 PM re: pandemic latest
6. 3/3/22: Chatbox with David Cruz (NJ Spotlight) re: pandemic
7. 2/28/22: WPIX Interview re: hospital staffing
8. 2/28/22: NJ Spotlight interview re: hospital staffing
9. 2/22/22: Interview (BA.2 Variant) -- Fox 5 NYC w/ Lori Stokes/Steve Lacy
10. 2/11/22: News 12 NJ / Power & Politics: Interview w/ Dr. Elnahal re: pandemic latest
11. 2/10/22: Washington Post Live: Impact on Hospitals
12. 2/10/22: SPT television: Portuguese media interview on University Hospital's recent hiring of a Portuguese cultural liaison
13. 2/8/22: ABC News Live interview: pandemic latest
14. 2/8/22: WABC TV interview: pandemic latest
15. 2/7/22: Peacock News interview: pandemic latest
16. 2/7/22: Health Leaders Media interview re: University Hospital's turnaround in patients safety, quality, and financial performance
17. 1/28/22: Yahoo Finance Live interview re: pandemic latest
18. 1/28/22: NJ Spotlight News interview re: pandemic latest at University Hospital
19. 1/28/22: Newsy's Morning Rush re: pandemic latest
20. 1/27/22: Interview with CNBC print re: pandemic latest
21. 1/27/22: Interview with Bloomberg re: pandemic latest
22. 1/27/22: Interview with Fox Business (Neil Cavuto) re: pandemic latest
23. 1/21/22: All Politics R Local Newark Radio re: pandemic latest
24. 1/21/22: Interview with NBC News Now (Morgan Radford and Aaron Gilchrist) re: pandemic latest
25. 1/21/22: Interview with WNYC-FM (Michael Hill) re: pandemic latest
26. 1/20/22: PIX-11 News interview re: pandemic latest
27. 1/19/22: New Jersey Now radio interview re: pandemic latest
28. 1/17/22: Fox 5 Good Day New York interview re: pandemic
29. 1/15/22: MSNBC interview with Lindsey Riser re: pandemic
30. 1/14/22: MSNBC Meet the Press Daily interview re: military medical team arriving at University Hospital
31. 1/14/22: NJ Spotlight News interview re: military medical team arriving at University Hospital
32. 1/13/22: Fox 5 NYC Interview with Lori Stokes re: military medical team arriving at University Hospital

33. 1/13/22: WABC-TV interview with Jim Dolan re: military medical team arriving at University Hospital
34. 1/13/22: Associated Press TV interview with Ted Shaffrey re: military medical team arriving at University Hospital
35. 1/13/22: News Nation with Tom Negovan interview re: military medical team arriving at University Hospital
36. 1/13/22: Bloomberg news interview with Riley Griffing re: military medical team arriving at University Hospital
37. 1/13/22: Interview with Fox 5 Dana Arschin re: military medical team arriving at University Hospital
38. 1/13/22: Interview with Reuters Maria Caspani re: military medical team arriving at University Hospital
39. 1/13/22: PIX 11 interview with Craig Treadway re: military medical team arriving at University Hospital
40. 1/13/22: Fox Business Channel interview with Ashley Webster re: military medical team arriving at University Hospital
41. 1/13/22: CBS Evening News interview with Meg Oliver re: military medical team arriving at University Hospital
42. 1/13/22: WINS-AM interview with Hiral Patal re: military medical team arriving at University Hospital
43. 1/13/22: CBS2 interview with Meg Baker re: military medical team arriving at University Hospital
44. 1/13/22: News12 NJ interview re: military medical team arriving at University Hospital
45. 1/13/22: Star Ledger interview with Liz Llorente re: military medical team arriving at University Hospital
46. 1/13/22: CNN interview re: military medical team arriving at University Hospital
47. 1/13/22: WNBC interview re: military medical team arriving at University Hospital
48. 1/12/22: NBC News Now interview re: military medical team arriving at University Hospital
49. 1/12/22: PIX-11 News interview re: military medical team arriving at University Hospital
50. 1/12/22: CNBC Squawk Box interview re: pandemic and military medical team arriving at University Hospital
51. 1/10/22: NJ Spotlight News interview re: pandemic
52. 1/7/22: Cheddar interview re: pandemic
53. 1/6/22: NJ Spotlight Chat Box with David Cruz re: pandemic
54. 1/6/22: POLITICO interview re: pandemic
55. 1/5/22: WABC-TV interview re: pandemic
56. 1/5/22: WPIX-TV interview re: pandemic
57. 1/4/22: PIX-11 interview re: pandemic
58. 1/4/22: Washington Post interview with Fenit Nirappil re: pandemic

59. 1/4/22: NBC4 interview with Brian Thompson re: pandemic
60. 1/4/22: NJ Spotlight News interview re: pandemic
61. 1/3/22: NBC News interview re: pandemic
62. 1/3/22: Star Ledger interview with Liz Llorente re: pandemic
63. 1/3/22: MSNBC news Andrea Mitchell Reports re: pandemic
64. 12/31/21: Fox 5 interview re: pandemic
65. 12/29/21: Fox Business network interview re: pandemic
66. 12/23/21: Yahoo Finance interview re: pandemic
67. 12/23/21: WOR-AM interview with Larry Mendte re: pandemic
68. 12/22/21: News 12 NJ interview with Alex Zdan re: pandemic
69. 12/22/21: MSNBC Morning Joe interview re: pandemic Omicron surge
70. 12/22/21: Newsy interview re: pandemic
71. 12/21/21: WABC-TV interview re: pandemic
72. 12/21/21: ABC News Live interview re: pandemic
73. 12/21/21: CNBC Online interview with Lauren Feiner re: re: pandemic
74. 12/20/21: PIX-11 news interview re: pandemic
75. 12/17/21: NJ Spotlight News interview re: pandemic
76. 12/16/21: Interview with Keith Kchinski re: pandemic
77. 12/16/21: Newsy interview re: pandemic
78. 12/14/21: CBS 2 interview with Jessica Layton re: pandemic
79. 12/13/21: Fox 5 Interview with Lori Stokes re: pandemic
80. 12/10/21: News 12 NJ interview re: pandemic
81. 12/10/21: Bloomberg News interview re: pandemic
82. 12/9/21: CNBC Worldwide Exchange interview re: pandemic
83. 12/8/21: NJ Spotlight News interview re: pandemic
84. 12/6/21: NJ Spotlight News interview re: pandemic
85. 12/3/21: PIX-11 News Interview re: pandemic
86. 12/2/21: WABC-TV interview re: pandemic
87. 12/2/21: Fox Business Interview with Neil Cavuto re: pandemic
88. 12/1/21: PIX-11 News Interview with Shirley Chan re: pandemic
89. 11/30/21: Jersey's Talking interview with Kimberly Kravitz re: pandemic
90. 11/29/21: NJ Spotlight News interview with Joanna Gaggis re: pandemic
91. 11/29/21: PIX-11 News Interview re: pandemic
92. 11/23/21: PIX-11 News interview re: pandemic
93. 11/23/21: Healthline interview re: opioid deaths and overdoses
94. 11/23/21: CNBC Worldwide Exchange interview re: pandemic
95. 11/22/21: Yahoo Finance interview re: pandemic
96. 11/19/21: Cheddar interview re: pandemic
97. 11/18/21: WBGO Newark Today interview re: pandemic
98. 11/17/21: NJ Spotlight News interview re: pandemic

99. 11/16/21: NJ Spotlight News interview with Steve Adubato re: pandemic
100. 11/12/21: Moments that Move Us Podcast Interview re: pandemic
101. 11/11/21: Becker's Hospital Review interview re: pandemic
102. 11/11/21: PIX-11 News Interview re: pandemic
103. 11/10/21: NJ Spotlight News interview re: pandemic
104. 11/8/21: WCBS TV interview re: pandemic
105. 11/7/21: MSNBC PoliticsNation with Al Sharpton re: pandemic
106. 11/4/21: Bloomberg interview with Anna Edney re: pandemic
107. 11/3/21: USA Today interview re: pandemic
108. 11/3/21: NJ Spotlight News interview with Raven Santana re: pandemic
109. 11/2/21: WPIX-TV Interview re: pandemic
110. 10/29/21: Interview with Julia Marnin of McClatchy re: pandemic
111. 10/27/21: Newsmax print interview with Marisa Herman re: pandemic
112. 10/27/21: Modern Healthcare: The Check Up interview re: pandemic
113. 10/26/21: Yahoo Finance interview re: pandemic
114. 10/26/21: Fox Business interview with Neil Cavuto re: pandemic
115. 10/25/21: WABC-TV Virutal Town Hall on the Opioid Crisis
116. 10/24/21: News 12 NJ interview re: pandemic
117. 10/20/21: The Portuguese Network interview re: pandemic and cultural liaison
118. 10/19/21: PIX-11 News Interview re: pandemic
119. 10/15/21: Cheddar interview re: pandemic
120. 10/13/21: PIX-11 News interview re: pandemic
121. 10/13/21: Newsmax print interview re: pandemic
122. 10/11/21: Newsy's Morning Rush interview re: pandemic
123. 10/7/21: PIX-11 News Interview re: pandemic
124. 10/7/21: NJ Biz interview with Jeff Kanige re: pandemic
125. 10/5/21: USA Today interview with Elizabeth Weise re: pandemic
126. 10/5/21: NJ Spotlight News interview re: pandemic
127. 10/1/21: Fox5 Interview re: pandemic
128. 9/24/21: NJ Spotlight News interview re: pandemic
129. 9/23/21: NJ Spotlight: NJ Decides 2021virutal conversations re: pandemic
130. 9/22/21: Fox 5 Interview re: pandemic
131. 9/20/21: PIX-11 News Interview re: pandemic
132. 9/20/21: NJ Spotlight News re: pandemic
133. 9/17/21: WPIX-TV interview re: pandemic
134. 9/16/21: WBGO Newark Today radio interview re: pandemic
135. 9/16/21: Star Ledger interview with Liz Llorente
136. 9/16/21: Muslim-Jewish Advisory Council TV interview
137. 9/14/21: Fox Business interview with Neil Cavuto re: pandemic
138. 9/10/21: NJ Spotlight News interview re: pandemic

- 139. 9/9/21: Cheddar Interview re: pandemic
- 140. 9/8/21: Healthline interview re: pandemic
- 141. 9/8/21: ABC News Live interview re: pandemic
- 142. 9/8/21: CNBC Worldwide Exchange interview re: pandemic
- 143. 9/7/21: Yahoo Finance interview re: pandemic
- 144. 9/2/21: ABC News Live interview re: pandemic
- 145. 9/1/21: Healthline interview re: pandemic
- 146. 9/1/21: NJ Spotlight News interview re: pandemic
- 147. 8/27/21: Newsmax print interview re: pandemic
- 148. 8/27/21: MSNBC Morning Joe interview re: pandemic
- 149. 8/25/21: Fox 5 Interview re: pandemic
- 150. 8/23/21: NJ Spotlight News interview re: pandemic
- 151. 8/23/21: PIX-11 News Interview re: pandemic
- 152. 8/13/21: PIX-11 News Interview re: pandemic
- 153. 8/12/21: CNBC Worldwide Exchange re: pandemic
- 154. 8/9/21: NBC 4 Interview re: pandemic
- 155. 8/6/21: Fox Business interview with Neil Cavuto re: pandemic
- 156. 8/6/21: Star Ledger Interview re: pandemic
- 157. 8/4/21: MSNBC Morning Joe interview re: pandemic
- 158. 8/3/21: Star Ledger interview with Liz Llorente re: pandemic
- 159. 8/2/21: News 12 NJ interview re: pandemic
- 160. 8/2/21: NJ Spotlight News interview re: pandemic
- 161. 7/30/21: Fox Business Network interview re: pandemic
- 162. 7/30/21: NJ Spotlight News: Reporter's Roundtable re: pandemic
- 163. 7/30/21: Forbes interview re: pandemic
- 164. 7/30/21: PIX-11 News interview re: pandemic
- 165. 7/28/21: Chalkbeat interview re: pandemic
- 166. 7/27/21: Yahoo Finance Live re: pandemic
- 167. 7/27/21: NJ Biz interview with Daniel Munoz re: pandemic
- 168. 7/24/21: MSNBC PoliticsNation with Al Sharpton re: pandemic
- 169. 7/23/21: MSNBC Morning Joe interview re: pandemic
- 170. 7/22/21: NJ Spotlight News interview re: pandemic
- 171. 7/22/21: PIX-11 News interview re: pandemic
- 172. 7/20/21: MSNBC Andrea Mitchell Reports interview re: pandemic
- 173. 7/20/21: Star Ledger interview re: pandemic
- 174. 7/13/21: Interview with Toni Yates on Delta Variant
- 175. 7/9/21: NJ Spotlight News interview re: pandemic
- 176. 7/8/21: News 12 NJ interview re: pandemic
- 177. 7/8/21: Star Ledger interview with Tom Moran re: pandemic
- 178. 7/7/21: WPIX-TV interview on the Delta Variant

- 179. 7/6/21: NJ Spotlight News interview re: trauma center funding
- 180. 7/1/21: WPIX-TV interview re: pandemic
- 181. 6/30/21: HealthLeaders interview re: University Hospital performance improvement
- 182. 6/28/21: ABC News Online interview on COVID trends
- 183. 6/25/21: MSNBC Morning Joe interview re: pandemic
- 184. 6/24/21: NJ.com interview re: pandemic
- 185. 6/23/21: Yahoo Finance Live interview with Kristin Myers re: pandemic
- 186. 6/21/21: Cheddar interview re: pandemic
- 187. 6/18/21: NJ PBS Reporters Roundtable interview re: pandemic
- 188. 6/16/21: PIX-11 News Interview re: pandemic
- 189. 6/14/21: Interview with Bloomberg News re: pandemic
- 190. 6/10/21: Interview with the Positive Community re: pandemic
- 191. 6/10/21: NJ Spotlight News interview re: pandemic
- 192. 5/26/21: NJ Biz interview re: pandemic
- 193. 5/23/21: WTOP radio interview re: pandemic
- 194. 5/21/21: Yahoo Finance Live interview re: pandemic
- 195. 5/20/21: Healthleaders' interview Melanie Blackman re: pandemic
- 196. 5/17/21: Fox 5 Interview re: pandemic
- 197. 5/14/21: All Politics R Local radio show re: pandemic
- 198. 5/14/21: WABC-TV interview re: pandemic
- 199. 5/14/21: PIX-11 News interview re: pandemic
- 200. 5/13/21: ABC News: Mental Health Town Hall live
- 201. 5/10/21: ROI-NJ interview with Tom Bergeron re: pandemic
- 202. 5/7/21: News 12 NJ interview re: pandemic
- 203. 5/6/21: NJ Spotlight News interview re: pandemic
- 204. 5/4/21: NJPBS Gala interview re: pandemic
- 205. 5/4/21: Good Day New York interview re: pandemic
- 206. 5/3/21: MSNBC Andrea Mitchell Reports re: pandemic
- 207. 4/30/21: News 12 NJ interview re: pandemic
- 208. 4/29/21: Healthline interview re: pandemic
- 209. 4/29/21: PIX-11 News interview re: pandemic
- 210. 4/29/21: Health Professionals Radio interview re: pandemic
- 211. 4/27/21: Jersey Matters interview with Larry Mendte re: pandemic
- 212. 4/27/21: ABC Radio interview re: pandemic
- 213. 4/26/21: TapInto Newark interview re: pandemic
- 214. 4/24/21: MSNBC Interview with Lindsey Reiser and Kendis Gibson re: pandemic
- 215. 4/21/21: WBGO-FM Community Q&A on vaccination
- 216. 4/15/21: WBGO Newark Today interview re: pandemic
- 217. 4/15/21: Fox 5 Good Day New York interview re: pandemic

218.	4/14/21: WBGO radio interview with Janice Kirkel re: pandemic
219.	4/14/21: Cheddar interview re: pandemic
220.	4/14/21: Good Day New York interview re: pandemic
221.	4/13/21: Bloomberg interview with Riley Griffin re: pandemic
222.	4/13/21: PIX-11 News interview re: pandemic
223.	4/9/21: Yahoo Finance Live interview re: pandemic
224.	4/8/21: PIX-11 News live interview re: pandemic
225.	4/7/21: NJ Spotlight News interview re: pandemic
226.	4/5/21: Fox 5 Interview re: pandemic
227.	4/2/21: CNN interview with Poppy Harlow and Jim Sciutto re: pandemic
228.	3/31/21: Fox Business interview with Neil Cavuto re: pandemic
229.	3/31/21: NJ Spotlight News interview re: pandemic
230.	3/31/21: WCBS-AM interview re: pandemic
231.	3/30/21: Cheddar interview re: pandemic
232.	3/29/21: Newark Times interview re: pandemic
233.	3/29/21: NJ Spotlight News interview re: pandemic
234.	3/29/21: CNBC Worldwide Exchange interview re: 100 day of vaccinations
235.	3/26/21: PIX-11 News interview re: pandemic
236.	3/26/21: News 12 NJ interview re: pandemic
237.	3/26/21: PIX-11 Morning News interview re: pandemic
238.	3/25/21: News 12 NJ Live interview re: pandemic
239.	3/25/21: Fox 5 Interview re: pandemic
240.	3/25/21: NJPBS Chat Box interview with David Cruz re: pandemic
241.	3/25/21: CBS2 Interview with Meg Baker re: pandemic
242.	3/24/21: Fox Business interview with Larry Kudlow re: pandemic
243.	3/24/21: WNYC radio interview re: pandemic
244.	3/22/21: USA Today interview re: pandemic mortality
245.	3/22/21: NJ Spotlight News interview re: pandemic
246.	3/17/21: News 12 NJ Interview re: pandemic
247.	3/15/21: MSNBC Andrea Mitchell reports re: pandemic
248.	3/12/21: Cheddar interview re: pandemic
249.	3/12/21: NJ Spotlight News interview re: pandemic
250.	3/12/21: Fox 5 Good Day interview re: pandemic
251.	3/11/21: News 12 NJ live interview re: pandemic
252.	3/9/21: Fox Business Interview with Neil Cavuto re: pandemic
253.	3/9/21: NJBiz Interview re: pandemic
254.	3/9/21: WPIX-TV interview re: pandemic
255.	3/8/21: CNBC Worldwide Exchange interview re: pandemic
256.	3/4/21: KAHI interview re: pandemic
257.	3/3/21: SiriusXM Channel 143 radio interview re: pandemic

- 258. 3/3/21: Fox Business Mornings with Maria Interview re: pandemic
- 259. 3/1/21: NJ Spotlight News interview re: pandemic 1 year lessons learned
- 260. 2/25/21: NJ Spotlight News interview with Lilo Stainton re: pandemic
- 261. 2/24/21: NJ Spotlight News interview with Raven Santana
- 262. 2/19/21: Yahoo Finance interview re: pandemic
- 263. 2/18/21: WBGO Newark Today radio interview re: pandemic
- 264. 2/18/21: NJ Spotlight News interview re: pandemic
- 265. 2/17/21: POLITICO interview with Darius Tahir re: pandemic
- 266. 2/12/21: PIX-11 News Interview re: pandemic
- 267. 2/11/21: Cheddar interview re: pandemic
- 268. 2/9/21: CNN print interview re: pandemic
- 269. 2/8/21: CBS News interview re: pandemic
- 270. 2/3/21: CBS2 Interview with Ali Bauman re: pandemic
- 271. 2/3/21: News 12 Interview with Walt Kane re: pandemic
- 272. 2/3/21: POLITICO Recovery Lab Session: Vaccines
- 273. 1/27/21: WABC-TV Town Hall on vaccines
- 274. 1/27/21: MSNBC Morning Joe interview re: pandemic
- 275. 1/27/21: NJTV interview re: pandemic
- 276. 1/25/21: News 12 NJ interview re: pandemic
- 277. 1/22/21: Cheddar interview re: pandemic
- 278. 1/22/21: WPIX-TV Morning News interview re: pandemic
- 279. 1/19/21: ROI-NJ interview with Tom Bergeron re: pandemic
- 280. 1/14/21: WWOR-TV interview re: pandemic
- 281. 1/13/21: NJTV with Steve Aduato re: pandemic
- 282. 1/11/21: WPIX-TV interview re: pandemic
- 283. 1/10/21: MSNBC interview with Lindsey Reiser and Kendis Gibson re: pandemic
- 284. 1/7/21: NJ.com interview with Rebecca Everett re: pandemic
- 285. 1/6/21: Northjersey.com interview with Lindy Washburn re: pandemic
- 286. 1/6/21: CNBC Power Lunch interview re: pandemic
- 287. 1/6/21: Yahoo Finance Live interview re: pandemic
- 288. 1/4/21: WCBS-AM Radio interview re: pandemic
- 289. 1/4/21: NJ Spotlight News interview re: pandemic
- 290. 12/28/20: WOR-AM interview re: pandemic
- 291. 12/27/20: MSNBC Interview with Alex Witt re: pandemic
- 292. 12/24/20: WCBS-AM interview with Kristie Keleshian re: pandemic
- 293. 12/24/20: NJBiz interview re: pandemic
- 294. 12/24/20: NBC4 Interview re: pandemic
- 295. 12/23/20: PIX-11 Morning News interview re: pandemic
- 296. 12/22/20: MSNBC Morning Joe interview re: pandemic
- 297. 12/21/20: CNBC Interview re: pandemic



298. 12/20/20: MSNBC Interview with Alex Witt re: pandemic
299. 12/18/20: CNBC Interview with Frank Holland re: pandemic
300. 12/18/20: Cheddar interview re: pandemic
301. 12/17/20: WBGO Newark Today interview re: pandemic
302. 12/17/20: NJ Spotlight News Chat Box with David Cruz re: pandemic
303. 12/17/20: Jersey Matters interview with Larry Mendte re: pandemic
304. 12/15/20: MSNBC The Reidout with Joy Reid re: first vaccine administered in NJ
305. 12/15/20: WNYC interview re: first vaccine administered in NJ
306. 12/15/20: Wall Street Journal Podcast with Ryan Knutson re: first vaccine administered in NJ
307. 12/15/20: CNN Interview with Poppy Harlow and Jim Sciutto re: first vaccine administered in NJ
308. 12/14/20: CBS2 Interview with Jessica Layton re: first vaccine administered in NJ
309. 12/14/20: Cheddar interview re: first vaccine administered in NJ
310. 12/14/20: WCBS Radio interview with Peter Haskell re: first vaccine administered in NJ
311. 12/14/20: Yahoo Finance Live interview re: first vaccine administered in NJ
312. 12/14/20: MSNBC Interview with Antonia Hylton re: first vaccine administered in NJ
313. 12/14/20: WB-11 Morning News interview re: first vaccine administered in NJ
314. 12/13/20: Fox 5 interview re: first vaccine administered in NJ
315. 12/13/20: CNN interview with Alex Marquardt re: first vaccine administered in NJ
316. 12/13/20: MSNBC interview with Alex Witt re: pandemic
317. 12/11/20: WNYC-FM interview with Nancy Solomon re: pandemic
318. 12/10/20: CNBC Interview at University Hospital vaccination site setup
319. 12/9/20: NJ Spotlight News interview re: pandemic
320. 12/8/20: CBS2 Nick Caloway interview re: pandemic
321. 12/8/20: NBC4 interview re: pandemic
322. 12/8/20: New Jersey News interview with Emily Young re: pandemic
323. 12/3/20: NJ.com interview with Spencer Kent re: pandemic
324. 12/3/20: WABC-TV interview re: pandemic
325. 12/3/20: WBGO interview with Janice Kirkel re: pandemic
326. 12/3/20: WCBS 880 AM Radio Interview re: pandemic
327. 12/3/20: WCBS interview re: pandemic
328. 12/2/20: News 12 NJ interview re: pandemic
329. 11/30/20: NJ Spotlight News interview re: pandemic
330. 11/20/20: News 12 NJ interview re: pandemic
331. 11/20/20: CBS2 Interview re: pandemic
332. 11/11/20: News 12 NJ interview with Alex Zdan re: pandemic

- 333. 11/2/20: WNYC radio interview with Karen Yi re: pandemic
- 334. 11/2/20: NJ Advance Media interview with Ted Sherman re: pandemic
- 335. 10/28/20: NJ.com interview with Spencer Kent
- 336. 10/28/20: NJTV Interview re: pandemic
- 337. 10/27/20: WNBC interview with Tracie Strehan re: pandemic
- 338. 10/27/20: WABC interview with Tracie Strahan re: pandemic
- 339. 10/26/20: CBS2 interview re: pandemic
- 340. 10/13/20: Podcast with 1huddle re: leadership during the pandemic
- 341. 10/8/20: News 12 Interview with Alex Zdan re: pandemic
- 342. 10/8/20: NJTV interview re: pandemic
- 343. 10/7/20: News 12 Interview re: pandemic
- 344. 9/29/20: Fox 5 News interview re: pandemic
- 345. 9/4/20: All Politics R Local radio interview re: pandemic
- 346. 9/4/20: WNET/NJTV interview re: pandemic
- 347. 9/1/20: NBC News interview re: pandemic
- 348. 8/25/20: NJ.com interview re: healthcare disparities
- 349. 8/19/20: CNBC print interview re: pandemic
- 350. 7/29/20: NJ Spotlight Roundtable: Race and Health Care in NJ- panelist
- 351. 7/23/20: NJ Business Magazine interview re: pandemic
- 352. 7/21/20: Northjersey.com interview with Ashley Balcerzak- re: pandemic
- 353. 7/13/20: NJTV news interview re: pandemic
- 354. 7/10/20: NY Times interview re: pandemic
- 355. 7/8/20: WBGO radio interview re: pandemic
- 356. 7/1/20: NJTV News interview re: pandemic
- 357. 6/25/20: CNN interview with Brooke Baldwin re: pandemic
- 358. 6/16/20: Bloomberg news interview re: pandemic
- 359. 6/10/20: New York Times interview re: pandemic
- 360. 6/3/20: NJTV interview with David Cruz re: pandemic
- 361. 5/28/20: NJTV Chat Box interview re: pandemic
- 362. 5/26/20: NJ Advance Media interview re: pandemic
- 363. 5/14/20: Wall Street Journal interview re: pandemic
- 364. 5/13/20: NJTV interview with Steve Adubato re: pandemic
- 365. 5/11/20: WBGO Interview re: pandemic surge
- 366. 5/11/20: NJTV interview re: pandemic surge
- 367. 5/5/20: NBC interview re: convalescent plasma research
- 368. 5/1/20: ABC-NY interview re: pandemic surge
- 369. 4/30/20: Star Ledger interview re: pandemic surge
- 370. 4/29/20: WNBC interview re: pandemic surge
- 371. 4/27/20: New York Times interview re: pandemic surge
- 372. 4/27/20: Jersey Matters interview re: pandemic surge

- 373. 4/22/20: The Othrs documentary producers interview re: pandemic surge
- 374. 4/17/20: News 12 NJ interview re: pandemic surge
- 375. 4/17/20: NJTV News interview re: pandemic surge
- 376. 4/13/20: Fox News interview re: US Army reservists assisting University Hospital
- 377. 4/10/20: NJTV News interview re: pandemic surge
- 378. 4/9/20: New York Times interview re: pandemic surge
- 379. 4/6/20: New York Times interview re: pandemic surge
- 380. 3/19/20: CNN print interview re: pandemic surge
- 381. 3/19/20: NJTV interview re: pandemic surge
- 382. 3/13/20: News 12 NJ interview re: pandemic surge
- 383. 3/11/20: 1010 WINS interview re: pandemic surge
- 384. 2/26/20: NJTV interview re: pandemic surge
- 385. 2/7/20: ROI-NJ interview on closing disparities in health outcomes in Newark
- 386. 12/6/19: Vaping Roundtable hosted by NJ Spotlight
- 387. 11/25/19: Rutgers New Jersey Medial School Pulse Magazine interview
- 388. 11/12/19: State of Affairs with Steve Aduato interview re: pandemic surge
- 389. 8/19/19: RLS Media interview re: priorities for University Hospital
- 390. 8/14/19: On-camera interview with Senator Ron Rice, local cable re: priorities for University Hospital
- 391. 7/3/19: Podcast with Greg McNeil of Cover2Resources- a podcast series about the people, places and things making a difference in the opioid epidemic
- 392. 7/3/19: NJ Department of Health Press Release: First case of West Nile Virus in 2019
- 393. 6/28/19: The Atlantic interview re: NJ being the first state to allow paramedics to use buprenorphine in the field after overdoses
- 394. 6/19/19: NJBiz interview re: plans for University Hospital
- 395. 6/5/19: NJ.com interview on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
- 396. 4/24/19: New Jersey 101.5 interview re: Murphy Administration Invests \$6 million in Health Information Technology to Address Opioid Epidemic
- 397. 4/23/19: Fios1 interview re: measles case in Monmouth County
- 398. 4/11/19: Vice News interview re: measles outbreaks and local health department funding
- 399. 4/9/19: Star-Ledger interview re: Measles cases
- 400. 4/5/19: "TechNJ" podcast recording on telemedicine with NJ state OIT
- 401. 3/27/19: Asbury Park Press interview on Measles outbreaks
- 402. 3/27/19: Fios1 News interview on Measles outbreaks
- 403. 3/15/19: NJ Spotlight Envisioning Better End-Of-Life Care in New Jersey- panelist
- 404. 2/27/19: NJTV panel with Steve Aduato: Autism (panelist)

405. 2/5/19: Press release from the NJ Department of Human Services which, in part, highlighted the Department of Health's expansion of Pre-exposure prophylaxis for HIV prevention (PrEP) counseling at all family planning clinics that year- quote from me
406. 12/10/18: Interview with Northjersey.com on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak and state oversight of the nursing home
407. 12/21/18: ROI-NJ interview on New Jersey's medical cannabis program
408. 12/19/18: Fios1 Interview with Tom Murphy on a report on the Wanaque Center for Nursing and Rehabilitation
409. 12/13/18: Announcement of 6 new alternative treatment centers for medical cannabis- NJ Department of Health press release
410. 11/29/18: The Disciples radio show on All Politics R Local- remarks on public health priorities in NJ
411. 11/28/18: New York Times interview on post-partum depression in New Jersey
412. 11/27/18: Fios1 Interview on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
413. 11/19/18: Jersey Matters interview with Larry Mendte on public health issues and the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
414. 11/13/18: NJTV News interview with Steve Aduato re: public health issues
415. 11/7/18: NJ.com interview on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
416. 10/28/18: NBC News interview on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
417. 10/25/18: NJ.com interview on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
418. 10/24/18: Interview with Northjersey.com on the Wanaque Center for Nursing and Rehabilitation adenovirus outbreak
419. 6/22/18: NJ Spotlight panel: The Opioid Epidemic in NJ—Prevention and Harm Reduction
420. 6/13/18: NJTV Interview with Steve Aduato on NJ's public health priorities
421. 6/7/18: NJTV interview On the Record with Michael Aaron
422. 4/13/18: New York Times statement on E.Coli contamination in Romaine lettuce warning
423. 4/5/18: Take Five interview with the NJ Health Care Quality Institute on NJ Department of Health priorities
424. 3/29/18: NJTV interview with Steve Aduato on new priorities for the Department of Health
425. 3/26/18: ROI-NJ interview re: priorities for the Department of Health
426. 4/14/15: Healthleaders Media interview with Alexandra Wilson Pecci re: Military Acuity Model to improve multidisciplinary cancer care access

- 427. 4/18/13: Sojourner Truth radio interview with Margaret Prescod re: medical response to the Boston Marathon bombing
- 428. 4/17/13: LA times interview with Robin Abcarian re: medical response to the Boston Marathon bombing

**9. Agreements or Arrangements**

See OGE Form 278. (If, for your nomination, you have completed an OGE Form 278 Executive Branch Personnel Public Financial Disclosure Report, you may check the box here to complete this section and then proceed to the next section.)

**As of the date of filing your OGE Form 278, report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment.**

**Provide information regarding any agreements or arrangements you have concerning (1) future employment; (2) a leave of absence during your period of Government service; (3) continuation of payments by a former employer other than the United States Government; and (4) continuing participation in an employee welfare or benefit plan maintained by a former employer other than United States Government retirement benefits.**

<u>Status and Terms of Any Agreement or Arrangement</u>	<u>Parties</u>	<u>Date</u> (month/year)
New Jersey Public Employees Retirement System; defined benefit plan	University Hospital and the New Jersey Department of Health (State of New Jersey)	Age 60 (June 5, 2045 ONLY if I complete 10 years of state service)
New Jersey Defined Contribution Retirement Plan: Prudential DCP Stable Value Fund	University Hospital	Age 65 (June 5, 2050)
Johns Hopkins University School of Medicine 403B Retirement Plan: TIAA-CREF Lifecycle 2050 Fund	Johns Hopkins University School of Medicine	Age 65 (June 5 <sup>th</sup> , 2050)
University Hospital, Newark, prorated performance incentive compensation for FY22	University Hospital	Prorated incentive as of 5/6/2022; payment by October 2022
University Hospital, Newark, contractual base salary owed through 7/21/22	University Hospital	Payment on 5/13/22
Horizon Blue Cross Blue Shield Health Insurance	University Hospital	Through the first day of employment at the Department of Veterans Affairs, if confirmed, or otherwise 12/31/22. University Hospital to pay the difference between employee's contribution and full cost of COBRA.

**10. Lobbying**

**Have you ever registered as a lobbyist? If so, please indicate the state, federal, or local bodies with which you have registered (e.g., House, Senate, California Secretary of State).**

No.

**11. Testifying Before the Congress**

**(A) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such Committee?**

Yes.

**(B) Do you agree to provide such information as is requested by such a committee?**

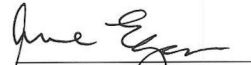
Yes.

**AFFIDAVIT**

Shereef Elnahai, being duly sworn, hereby states that he/she has read and signed the answers to the foregoing Questionnaire for Presidential Nominees and that the information provided therein is, to the best of his/her knowledge and belief, current, accurate, and complete.

  
Signature of Nominee

Subscribed and sworn before me this 31<sup>st</sup> day of March, 20 22

  
Notary Public

**ANNE EGAN**  
**NOTARY PUBLIC OF NEW JERSEY**  
**I.D. # 2337589**  
My Commission Expires: 12/01/2025





---

**Nomination Material for  
RAYMOND M. JEFFERSON**

---



**Statement of Raymond M. Jefferson  
Nominee for Under Secretary for Benefits  
U.S. Department of Veterans Affairs**

**Senate Veterans Affairs Committee  
Hearing to Consider Pending Nominations  
April 27, 2022**

Chairman Tester, Ranking Member Moran, Distinguished Members of the Committee on Veterans Affairs:

Thank you for your service to our nation, your commitment to our nation's Veterans, and your consideration of my nomination. I am honored to seek your advice and consent for the privilege of serving our Veterans as the Under Secretary for Benefits.

This week, I had the opportunity to meet with many of you and your staffs. I've listened carefully as you shared your priorities and concerns, and benefited from your advice, ideas and insights about how the team at VBA can enhance our service in accomplishing the mission of providing benefits to Servicemembers, Veterans and their Families, Caregivers and Survivors. Your unwavering support and commitment to helping Veterans and Veteran-serving organizations is inspiring.

I am honored and humbled to be nominated by President Biden to serve as the Under Secretary for Benefits. I am also deeply grateful for the confidence both the President and Secretary McDonough have in me to help them achieve their vision for VA. I also want to acknowledge First Lady Dr. Jill Biden's and Vice-President Kamala Harris' heartfelt commitment to our nation's Servicemembers, Veterans and their Families, Caregivers and Survivors.

I am joined today by my mother, Mrs. Nadia Jefferson of Guilderland, New York. My mother is Egyptian-American – she immigrated to America and spent her career here as a teacher's aide for physically-challenged children. My father, an African-American, was the Deputy Director for New York State's Department of Mental Health. His father worked as a butler and a chauffeur, and his mother worked as a maid. My father passed away several years ago, but I know he is here in spirit and proud of what he sees. Both my mother and father were lifelong public servants. I am a product of their upbringing, and of America's public school system. I also want to acknowledge and thank my other family members,

friends and mentors for their steadfast support throughout my life, and to express my appreciation for the many teachers who invested in my education. They have each played a role in my being here today.

Distinguished Members of the Senate Veterans Affairs Committee, I come before you today to ask for the privilege of serving our nation's Veterans. I am passionate about serving Veterans – and about the opportunity to do so with the team at VBA in particular – because it was a VBA program that transformed my life.

My own personal story of service started when I graduated from West Point in 1988 with a major in leadership, commissioned in the infantry, and then held leadership positions in the Presidential Honor Guard, 75<sup>th</sup> Ranger Regiment and 1<sup>st</sup> Special Forces Group (Airborne). On Friday, October 18, 1995, while attempting to protect my teammates from a defective hand-grenade that was detonating prematurely during a classified Special Forces training mission, I lost all five fingers on my left, non-dominant hand. That moment changed my life forever.

My personal journey as a disabled Veteran and an amputee has given me a firsthand understanding and appreciation for the needs that our Veterans have and the challenges that many Veterans experience as they seek services from VBA. The initial days after my accident were not easy – they were often filled with sadness, worry and uncertainty about my future.

At the time, I thought my life was over and that there was nothing to live for. I was afraid that things would never be okay again. That experience taught me humility, empathy, and the importance of being able to ask for help.

I know personally what it's like to have your life changed in an instant and to struggle to put it back together.

I know how difficult it can be for a Veteran to ask for help.

I know what it's like to lose your sense of direction and the sense of purpose, meaning and significance that comes from being in the military.

And I know this journey is one that many other Veterans have experienced.

I can relate to Veterans and Servicemembers who are going through unplanned or difficult life transitions, because I've gone through them myself.

During that time, I received tremendous support throughout my recuperation from my family, friends, the Army and also people at the Department of Veterans Affairs. That support, and many answered prayers, were the reasons that I was able to move forward and build a meaningful life.

By participating in the Veterans Benefits Administration's Vocational Rehabilitation and Employment Program (now called Veteran Readiness and Employment, or VR&E), I was able to receive the support and financial assistance needed to build a future for myself and to achieve a dream – earning an MBA and an MPA from Harvard University. I know firsthand the power, potential and capability that VBA's programs and services have to transform the lives of Veterans and transitioning Servicemembers – to help us achieve our goals and to realize our dreams in the next phase of our lives. The name of my Voc Rehab counselor was Rick Reppucci and we've stayed in touch to this very day.

My life's purpose is to help people and organizations to **dream big**, overcome their challenges and achieve their potential. This is exactly what VBA's VR&E program enabled me to do. It played an invaluable role in preparing me to later serve as a White House Fellow and Special Assistant to the U.S. Secretary of Commerce, the Deputy Director for the State of Hawaii's Department of Business, Economic Development and Tourism (DBEDT) and a Leadership Consultant with one of the world's premier consulting firms.

Today, my service to Veterans continues through my role as co-founder and Chair of a nonprofit endeavor called the Service Academies Global Summit – the first time in history that graduates of all five U.S. service academies come together for professional development, networking and service to society.

I've been a recipient of VA benefits or had engagement with VA in some manner for over 22 years. In addition to VR&E, I also receive VA disability compensation and medical care.

In 2008, I had the privilege of being nominated by President Barack Obama, and being confirmed by this distinguished committee, to serve as the U.S. Assistant Secretary for Veterans' Employment and Training at the U.S. Department of Labor. During that hearing, I promised to work in a close, collaborative manner with Congress and our other partners and stakeholders to achieve the best possible outcomes for Veterans and transitioning Servicemembers so that they succeed. Once confirmed, I kept my promise, and worked in an inclusive, bipartisan manner to get results and achieve better outcomes, doing so by working with the Members

and staff of this committee; the agency team; the VSOs and Military Service Organizations; other federal departments like VA, DoD, and OPM; the private sector, state agencies, nonprofits and other stakeholders. By working together then, we were able to make a difference that is still lasting today.

- 1) We created and launched the “Hiring Our Heroes” program in 2011 in partnership with the U.S. Chamber of Commerce and Employer Support of the Guard and Reserve, which is still ongoing and has provided employment to over 617,000 Veterans and Military Spouses to date.
- 2) In 2011, we completely transformed and revamped what was then the obsolete, 19-year-old, Transition Assistance Program’s Employment Workshop, benchmarked it to national and global best practices such as having an Individual Transition Plan, and it now better serves about 200,000 Veterans and transitioning Service Members annually.
- 3) We also implemented a performance management system that allowed us to assess the effectiveness of every program and region, established a comprehensive talent development and culture change program, created a partnership with Job Corps to increase employment outcomes for young Veterans and launched a Rural Veterans Employment Outreach Initiative to connect in-person with Veterans in rural areas to inform them of their employment benefits and help them access those benefits.

Before proceeding further, I want to recognize two very important groups. First, I would like to recognize the 25,000 team members who work at VBA and rose to the occasion during the time of Covid. In FY 2021, they provided services and benefits to over 16 million Veterans, their Families, Caregivers, Survivors and transitioning Servicemembers. VBA is currently being co-led by Tom Murphy, the Acting Under Secretary for Benefits, and Mike Frueh, the Principal Deputy Under Secretary for Benefits. Together, Tom and Mike have over 30 years of distinguished service to VBA and Veterans. I honor and respect what VBA’s leadership team and team members do each and every day to serve our nation’s Veterans.

The second group I want to honor and recognize is the many national Veterans Service Organizations (VSOs) and the numerous Military Service Organizations. Their work is noble, and they provide a necessary and invaluable combination of services to the men and women who have served our nation, and their Families, Caregivers and Survivors. Their counsel has been invaluable to me over the years

and I'm grateful for the friendships that we've formed. If confirmed, I would continue to engage with them proactively and regularly to seek their advice on addressing challenges, making improvements and enhancing Veterans' overall experience at VBA.

Secretary McDonough is committed to making VA the premier agency for ensuring the well-being of America's Veterans, working to eliminate Veteran homelessness and reduce suicides, for VA to welcome ALL Veterans, and to helping our Veterans build civilian lives of opportunity with the education and jobs worthy of their skills and talents. I believe in and share these commitments.

If confirmed, I commit to the following:

- 1) First, everything I do will be done with transparency and accountability throughout. I agree with Secretary McDonough that these must be the lifeblood of the VA, and I pledge to lead with a high level of openness with this Committee, Veterans, and VA team members.
- 2) I believe a vision should be created in collaboration with the team that's going to execute it along with input from key stakeholders, subject matter experts and the communities VBA serves. I will engage those communities, VBA team members, Congress, the VSOs, Military Service Organizations, and other stakeholders. I will also spend time in the field listening directly to Veterans, team members and other stakeholders. Understanding VBA's culture will be integral to our success.
- 3) I will strive to exemplify servant leadership with a focus on
  - 1) providing the best possible outcomes and experience for the Veterans, Families, Caregivers, Survivors and transitioning Servicemembers who VBA serves, and 2) helping VBA and its culture to become even more innovative and inspiring for VBA's team members so they can achieve their potential, perform at their best, and derive a deep sense of purpose, meaning and significance from being part of VA.
- 4) VA's core values are Integrity, Commitment, Advocacy, Respect, and Excellence, better known as I-CARE. I will serve, lead, manage and innovate so that we at VBA will fully live and manifest these five core values in our interactions with and service to Veterans.

- 5) VBA is part of a team at VA, and I would be committed to working with my colleagues and other offices within VA in a collaborative and synergistic manner. Moreover, I would endeavor to have the best possible relationship with the Under Secretary for Health and the Under Secretary for Memorial Affairs so that VBA, VHA and NCA – and the senior staffs of our organizations – work together as effectively and productively as possible.

At the same time that I would be learning more about VBA and the opportunities for improvement, we know that there are already important matters that will require attention.

- 1) The first of these priorities is addressing the claims backlog, preparing for pending legislation, such as the PACT Act, and improving the overall efficiency, proficiency and accuracy of claims processing, which includes Veterans' satisfaction.
- 2) A second priority would be further enhancing the effectiveness and outcomes from VBA's programs in the areas of transition, employment and economic development.
- 3) I believe VA is a national treasure. A third priority would be leading the organization and helping it to continue develop in a manner that is continual, progressive and dynamic – one that synchronizes people, processes, programs, technology and performance measurement. The team members at VBA, many of whom are Veterans, are our greatest asset. The VBA team deserves the best training, the right tools and an inspiring work environment that reflects the noble purpose of the work they do. If confirmed, my aspiration will be that VBA becomes among the best places to work in the federal government, a place that recruits and retains talented people who come because they share the passion for serving Veterans, the commitment to public service, the expectation of excellence and because they appreciate VBA's reputation for valuing team members and helping them to achieve their potential.

President Biden has said that our commitment to Veterans is our most solemn promise as a nation. VBA's service to Veterans powerfully honors that promise. If I am confirmed, our success will be measured by the impact our programs have on helping Veterans and transitioning Service Members build civilian lives of opportunity and achieve their dreams and aspirations.



Distinguished Members of this Committee, I am prepared to fulfill the responsibilities of the Under Secretary role and to steward the agency, its people, programs and resources in the manner that Veterans deserve and to which Secretary McDonough is committed.

I'm grateful to this Committee for its long history of unwavering, bipartisan commitment to Veterans and I look forward to your questions.

**Pre-Hearing Questions for the Record  
Nomination Hearing of Raymond M. Jefferson to be  
Under Secretary for Benefits of the Department of Veterans Affairs  
From Ranking Member Jerry Moran**

- 1. VBA employs more than 25,000 people and has a budget of over \$156 billion to provide benefits to veterans.**
  - a. What experiences have prepared you to lead an organization of this size?**

I am honored and humbled to be nominated to serve as the Under Secretary for Benefits. I've been a recipient of VA benefits or had engagement with VA in some manner for over 22 years.

I believe that my life experiences and years of serving in leadership roles have prepared me for the incredible responsibility of leading VBA. Beginning with my major in leadership at West Point, I've made a practical, lifelong study of how successful leaders manage and run large organizations. I became a change manager, a leader, and created new outcomes in large organizations like the Department of Labor. Throughout my career as a leadership consultant, I have worked with numerous large organizations, collaborated with CEOs and senior leaders of fortune 500 companies on a global scale, and counseled and helped guide them to success in achieving their goals. My experience working and leading in cross-sectoral environments has allowed me to develop an understanding of leaders, organizations and their capabilities. My basic theory of leadership involves needing three abilities: 1) Determining a strategic direction – what an organization is going to accomplish and what will be the plan for doing so; 2) Allocating resources against that plan, and 3) Having a strong moral center that people can trust and that inspires them to try to achieve things they have never done before. I am confident I possess these abilities and am capable of infusing them throughout an organization such as VBA.

- b. If confirmed, do you plan any organizational or structural changes to VBA?**

If confirmed, I would “fight like hell for Veterans,” as Secretary McDonough and the President have pledged. At VBA, my main effort will be to ensure Veterans, their Families and caregivers continue to receive timely access to the benefits they have earned. I do not currently have any plans for organizational or structural changes. Upon confirmation, I would first need to work with VBA leadership, Veterans, and key stakeholder to determine if there are any changes needed to better serve Veterans and accomplish our goals. The workforce of VBA, many of whom are Veterans themselves, are selfless public servants who fight for those who volunteer to fight for all of us, and they have performed nobly during these challenging times.

- c. If confirmed, how will you ensure that VBA is getting the most out of its personnel and budget to provide veterans with timely and quality decisions on their claims for benefits?**

I firmly believe that transparency with this Committee, the relevant Appropriations committees, and the American people is essential to a well-run, efficient, and responsible agency. If there are areas where VBA can obtain better outcomes and productivity from its team and/or budget, it is my intent to make sure this Committee is quickly made aware of it. Additionally, I look forward to engaging VBA leadership, team members, Veterans and key stakeholders to proactively identify opportunities for improved efficiency, proficiency and effectiveness.

- d. Having previously led the Department of Labor, VETS, what role does agency leadership play in ensuring the appropriate use of federal funds? If confirmed, how will you ensure that VBA is exercising fiscal responsibility?**

The size of the VBA budget necessitates aggressive leadership and oversight in order to assure fiscal stewardship. If confirmed, I will review VBA's programs and practices to ensure that federal funds are being used appropriately. I also believe agency leadership must maintain an open and transparent relationship with Congress in order to collaboratively to identify and communicate the potential for key fiscal responsibility issues before they arise.

- 2. Please describe why you want to serve as Under Secretary for Benefits at the U.S. Department of Veterans Affairs.**

I am passionate about serving Veterans – and about the opportunity to do so as the Under Secretary of Benefits – because it was a VBA program that transformed my life. My personal journey as a disabled Veteran and an amputee gave me a firsthand understanding and appreciation for the needs that our Veterans have and the journey that many Veterans experience as they seek services from VBA. President Biden has said that our commitment to Veterans is our most solemn promise as a nation. VBA's service to Veterans powerfully honors that promise. If I am confirmed, our success will be measured by the impact our programs have on helping Veterans and transitioning Service Members build civilian lives of opportunity and achieve their dreams and aspirations.

- 3. If confirmed what will your top priorities be on day one?**

If confirmed and in collaboration with Secretary McDonough, I anticipate that there are three areas I will initially focus:

- 1) The first of these priorities is addressing the claims backlog, preparing for the impact of future legislation such as the PACT ACT, and improving the overall efficiency and accuracy of claims processing, which includes Veterans' satisfaction with the experience.

- 2) A second priority would be further enhancing the effectiveness and outcomes from VBA's programs in the areas of transition, employment and economic development.
- 3) A third priority would be leading and managing VBA so that the improvement is continual, progressive and synchronizes people, processes, programs, technology and performance measurement.

**4. Have you discussed with Secretary McDonough what he expects you to prioritize if confirmed as Under Secretary for Benefits? If so, what are those priorities and how do you plan to address them?**

Although I have not yet had the opportunity to speak with Secretary McDonough directly, he has expressed his goals and objectives for VA to Congress. The Secretary would like his team to focus on the following three core responsibilities: 1) providing our Veterans with timely, world-class healthcare, 2) ensuring our Veterans and their Families have timely access to their benefits, and 3) honoring our Veterans with their final resting place and lasting tributes to their service. If confirmed, I will prioritize the Secretary's commitment while using all of my experience, skills, and leadership capabilities to further enhance VBA's culture of excellence in order to deliver on our promise to Veterans, Families, and caregivers.

**5. Describe why you think the Federal government should or should not provide benefits to certain veterans. What outcomes do you believe these benefits and services are attempting to effect, and do you believe those are the right outcomes to pursue?**

I believe that, as a nation, we need to always do the right thing for Veterans and their Families. Our Veterans serve so nobly. This means having Veterans maintain a high level of trust, satisfaction, and positive experience with VBA. This is the outcome we all must pursue. I am personally committed to ensuring that all Veterans, including all women and minority Veterans, receive the care and benefits from the VA that they have earned. I understand some decisions about how and whether to provide benefits to certain Veterans is a process that should be collaborative in nature with this Committee and grounded in science and data. Additionally, I will work to ensure that Veterans find our processes fair, transparent and easy to understand and navigate as well that we make decisions that are accurate. We do not want Veterans to navigate a frustrating bureaucracy or a mountain of paperwork to prove their service-connected injuries or illnesses.

**6. Do you have any personal experience using VA benefits, services, or health care? If so, what is your impression of their impact on your overall well-being? What works well and what needs improvement?**

I've been using VA benefits and services for over 22 years. VA has been invaluable for my professional development and medical well-being. As a disabled Veteran and an amputee who has utilized the VR&E program, I was able to receive the support and

financial assistance needed to overcome my challenges and to achieve a dream. I am here before you today and serve as evidence that the program works. When I went through TAP, I felt there were many opportunities for improvement. I was fortunate to work on some of these improvements while serving as the Assistant Secretary at Labor and would look forward to a chance to continue that work as Under Secretary for Benefits.

**7. VBA continues to have problems stemming from a culture of complacency and a lack of clearly defined responsibilities. VA senior leaders have failed to hold others and themselves accountable for issues leading to the disruption of benefits for veterans.**

**a. What does accountability mean to you and what experience do you have improving organizational culture.**

Transparency and accountability must be the lifeblood of any organization, particularly one with such an important mission as VBA's. I commit to improve processes and implement programs that continually accomplish VA's mission. If confirmed, I pledge to lead and exemplify VA's values of Integrity, Commitment, Advocacy, Respect, and Excellence.

I can mobilize a team to transform an organization's culture and did so while serving as the Assistant Secretary for Veterans Employment and Training at Department of Labor. There, we implemented a performance management system that allowed us to assess the effectiveness of every program and region, established a comprehensive talent development and culture change program, and synchronized people, processes, programs and technology with performance measurement. I have also demonstrated the ability to improve organizational culture while serving as the State of Hawaii's Deputy Director for the Department of Business, Economic Development and Tourism as well as while advising Fortune 500s and creating transformational journeys for them.

**b. Many of these issues have been highlighted publicly through VA OIG reports, Congressional hearings and reports, and the news media. How familiar are you with the cultural issues facing VBA and how do you plan to address them?**

Since having the privilege of being nominated, I've familiarized myself with publicly sourced information such as VBA OIG reports, congressional hearings, and news media stories. I believe that intentionally shaping and managing culture is essential for high performing organizations.

If confirmed, I would want to first understand and analyze the root causes and contributing factors of VBA's culture, and then undertake any engagement for culture shaping that is deemed appropriate.

**c. If confirmed, how will you create a culture of accountability within VBA?**

If confirmed, I will lead by example. I will hold myself, senior leaders and all levels of VBA management to high standards of performance, accountability and responsibility while also upholding the VA's ICARE values. Additionally, I would consult with the Assistant Secretary for Accountability and Whistleblower Protection to ensure that VBA proactively fosters a culture of accountability as well as taking ownership for outcomes making necessary improvements.

**d. To what level of accountability should veterans, Congress, and the public expect from the Under Secretary for Benefits when waste, fraud, abuse, or mismanagement occur within VBA?**

I firmly understand and respect the essential role that Congress plays in the oversight and accountability of the Executive Branch and share your expectations of transparent and timely communications from VA.

If confirmed, I pledge to work together with Congress and other oversight organizations to address issues as they arise so that Veterans receive the best programs and services possible. Additionally, I would engage with Veteran Service Organizations proactively and regularly to obtain their advice on addressing challenges, making needed improvements and enhancing Veterans' overall experience at VBA.

**8. Cultural issues within VBA have also led to confusion among the workforce as to how to speak up when someone identifies wrongdoing and whether speaking up will be handled appropriately.**

**a. What role should the Under Secretary for Benefits play in ensuring that VBA employees feel that bringing attention to waste, fraud, abuse, and mismanagement will be taken seriously?**

Protecting whistleblowers is of the utmost importance to me. The protection of these individuals is essential to creating an environment where the workforce is confident that they can voice concerns without the fear of retaliation. If confirmed as Under Secretary of Benefits, I would work with the Assistant Secretary for the Office of Accountability and Whistleblower Protection (OAWP) to ensure that VBA is an organization where preventing waste, fraud, abuse, and mismanagement are taken seriously and team members feel safe to report concerns in these areas. If there are areas for improvement, I will ensure that those areas are addressed quickly and in consultation with this Committee.

**b. If confirmed, what will you do to ensure that whistleblowers will be encouraged to come forward and protected?**

If confirmed, I will not accept anything less than VBA being an organization where whistleblowers are encouraged to come forward and are protected from retaliation. I am also aware that Congress gave VA tools to ensure these protections are enforced. I plan to work with OAWP to make sure all of those tools and requirements are implemented in VBA.

**c. What considerations should a potential whistleblower consider when deciding whether to report waste, fraud, abuse, or mismanagement?**

A potential whistleblower should only have to consider what is best for Veterans and their Families when it comes to deciding to report waste, fraud, abuse, or mismanagement. Individuals should be confident that coming forward with such information is not only encouraged at all levels of VA's leadership, but necessary to fulfill the mission and uphold the integrity of the Department.

**d. What assurances can you provide to potential whistleblower that, if confirmed, you will treat that individual's complaint seriously and protect that person from retaliation?**

If I am confirmed as the Under Secretary, retaliation against whistleblowers will not be tolerated at VBA. I will work closely with Secretary McDonough, OAWP, and this committee to make sure that is communicated to the team at VBA.

**9. Secretary McDonough recently spoke about VA's need to improve disability claim processing timeliness by adopting more automation in the process. Please describe your experience with adopting technology or programs to improve performance in an organization.**

**a. What was important to identifying the program or system requirements?**

An example I would like to share is transforming the Transition Assistance Program in 2011 while I was serving as the Assistant Secretary for Veterans Employment and Training at the Department of Labor. To identify the program requirements, input was solicited from the VSO's, DoD, the military services, subject matter experts on adult career transition, and I also experienced the program first-hand and in person. The combination of this due diligence helped determine the appropriate program requirements for a transformed, revamped and more effective TAP employment program workshop.

**b. How did you navigate product development or selection?**

The fundamental reason for transforming the TAP Employment Workshop was because it wasn't effectively preparing transitioning Service Members to transition successfully to civilian life and careers. The goal was to transform and revamp it in order to increase the program's effectiveness. The team analyzed national and global best practices for adult career transition, obtained input from stakeholders, and used this information to identify the gaps in the program's content, approach and state at that time,

**c. What challenges did you face in adopting and integrating the new product into your organization?**

It was very important to socialize the reasoning for making substantial changes to the program with the team members who owned it so that they felt the work and contributions they had made previously were recognized and appreciated.

**10. VBA is responsible for delivering various types of benefits that impact a veteran's financial well-being, career opportunities, and successful transition from the military to civilian life.**

**a. What information can we track or measure about veterans to determine whether or not VBA's benefits programs are having the intended impact on these areas of veterans' lives?**

I believe there are several sources of information to track and measure the intended impact of Veteran's benefits program on Veteran's. First, the current VA metrics for assessing program outcomes. Second, engaging directly with Veterans to get their perspective and identify any gaps between the tracked outcomes and the Veterans' experiences. Third, request input from the VSOs, MSOs and other stakeholders.

**b. Are there other unique impacts VBA has on veterans that we should be measuring or further investing in?**

I believe that it is important to first engage in the activities listed above to identify the baseline for any additional impacts to measure or investigate.

**11. VA works closely with the Departments of Defense, Labor, Education, and the Small Business Administration to support the successful transition of veterans from the military to civilian life.**

**a. If confirmed, what interagency relationships would you prioritize to support veterans?**

If confirmed, I look forward to continuing developing the strong relationships that VBA has with DoD, Labor, Education, SBA and other agencies so that all of government is providing the best possible service to Veterans and we work collaboratively to do so.



**b. Which key functions of veteran support are best done by VA and which are best accomplished by other departments of agencies?**

If confirmed, I would continue to support those key aspects of services, programs and support for Veterans that VA does best and be committed to exploring suggestions about areas and improvement opportunities that require collaboration across government.

**c. If confirmed, how would you collaborate with state and local governments, and with non-government entities to support veteran success after service?**

I believe State Veterans Agencies and County Veterans Services Offices play a vital role in serving our nation's Veterans by providing them with support and helping them to succeed. If confirmed, I would continue to foster these relationships across state and local governments. I would also look for additional opportunities to increase engagement and collaboration with non-government entities to serve Veterans.

**12. VBA is tasked with deciding claims for disability benefits to compensate veterans for lost earnings due to service-connected injuries and illnesses. VA also has the ability to set standards regarding the evidence used to adjudicate claims for benefits. Given the known challenges with respect to adjudicating claims related to military toxic exposures, should the process and standards for deciding those claims be different than for other conditions? How much should the operational impact on the benefit claims backlog and health care delivery factor in to VA's decisions on how to deal with this claims?**

As a Veteran who is aware of the horrible health and economic impact on my fellow Veterans of harmful environmental exposure, I am firmly committed to making sure that Veterans, Caregivers, Families and Survivors are not waiting years for the benefits and care they need now. Historically, VA's process has resulted in denying claims for lack of evidence only to eventually create presumptions of service decades later. We must avoid that from happening again.

I understand that Secretary McDonough and this Administration have taken important steps in the past year to establish a holistic approach, informed by science, to adjudicate claims and determine toxic exposure presumptions going forward. I look forward to working with the Secretary on these initiatives.

Finally, I absolutely believe that the operational impact on the benefit claims backlog and health care delivery for Veterans should factor into VA's decisions. VA leaders and this Committee should be fully informed of the cost and resource requirements needed to make any changes or improvements and aim to minimize disruption and delays of existing services and benefits.

Pre-Hearing Questions for Raymond Jefferson, Nominee for Under Secretary for Benefits  
Submitted by Chairman Jon Tester  
Senate Committee on Veterans' Affairs

**1. VBA has not had Senate-confirmed leadership in more than a year. If confirmed, what will be your priorities on how you provide the stable leadership only Senate confirmation can provide?**

I am honored and humbled to be nominated to serve as the Under Secretary for Benefits. I am passionate about serving Veterans – and about the opportunity to do so with the team at VBA in particular – because it was a VBA program that transformed my life. My priorities would be created with input from this Committee's Members. At the same time, if confirmed, and in collaboration with Secretary McDonough, I anticipate that the following will be my initial priorities:

- 1) The first of these priorities is addressing the claims backlog, preparing for the impact of future legislation such as the PACT ACT, and improving the overall efficiency and accuracy of claims processing, which includes Veterans' satisfaction with the experience.
- 2) A second priority would be further enhancing the effectiveness and outcomes from VBA's programs in the areas of transition, employment and economic development.
- 3) A third priority would be leading and managing VBA so that the improvement is continual, progressive, dynamic, and that synchronizes people, processes, programs, technology and performance measurement.

**2. I routinely remind Veteran Service Organizations that Congress should get its marching orders from them. What kind of procedures or practices do you pledge to put in place to ensure VBA properly informs and coordinates with VSOs?**

As a Veteran myself, I'm keenly aware of the importance of the VA being responsive to VSOs, and I firmly believe in strong collaboration with stakeholders. The work that VSOs engage in each and every day is noble, and they provide a necessary and invaluable combination of services to the men and women who have served our nation, as well as their Families, Caregivers and Survivors. If confirmed, and in collaboration with Secretary McDonough, I would continue to engage with them proactively and regularly to seek their advice on addressing challenges, making improvements and enhancing Veterans' overall experience at VBA.

**3. A June 2021 report from VA demonstrated only 50% of women veterans utilize their VA benefits. While this is up from just 36% in 2008, there is clearly more work to be done. What do you see as VBA's role in ensuring women veterans are aware of and receive the benefits they earned?**

I am passionate about serving Veterans and I am personally committed to ensuring that every single one, including all women and minority Veterans, receive the care and benefits from the VA that fits their needs. In order to ensure no Veteran is left behind, I envision a two-pronged approach – one of engaging early and utilizing data. If confirmed, I would ensure VBA engages early by connecting with VSOs and Military Service Organizations that focus on women Veterans, leveraging programs in place such as the Transition Assistance Program, and ensuring we are intentionally communicating to our women Servicemembers the many benefits and services VA has to offer. Additionally, I believe in utilizing data to assess outcomes, identify where there are gaps and improvement opportunities, and then address them. By doing this, it will help us keep the focus on improving our outreach and benefits to ALL Veterans.

- 4. To increase outreach to women veterans, each Regional Office has a Women Veteran Coordinator. That role, however, is not a full-time job and is split with other duties. In a June 2021 report from VA, the Department noted 53% of Women Veteran Coordinators spent, on average, 7 hours or fewer each month on Women Veteran Coordinator duties. If confirmed, how will you examine the Women Veteran Coordinator role at VBA?**

It is not acceptable for any Veteran, especially woman Veterans, to be left out of the VA care they need and have earned. If confirmed, I'll bring the right team together to understand the report and determine the most appropriate actions to improve the situation based on the data and information.

- 5. Various legal clinics operated by law schools assist veterans and family members with accessing VA benefits and other services. If confirmed, will you commit to working with these organizations and fostering relationships between law schools and their local Regional Offices?**

In general, I believe that a collaborative approach to leadership and engaging key stakeholders involved in VA efforts is key to success. I would need to become more familiar with these legal clinics. Yes, to the extent they are effective in helping Veterans apply and receive the benefits they have earned.

- 6. Veterans are often targets for predatory lenders and other financial fraud schemes. What role does VA have in educating, protecting, and enforcing consumer protections for veterans, to include getting them free, quality assistance with their claims?**

VA has a role in providing information about bad actors as soon as we can. VA also has a role in continuously monitoring and ensuring controls and checks are in place so that as soon as we identify fraud, we can take action. If confirmed, I will ensure that these controls and protections are in place and evaluate their efficiency.

- 7. So-called "pension poachers" prey on the most vulnerable veterans by tricking them into fraudulent applications or shady financial transactions. Last summer, VA submitted its pension outreach plan to the Committee focusing heavily on online outreach. Veterans eligible for VA pension are predominantly elderly and can have limited digital literacy. If confirmed, what will you do to ensure VA can reach these veterans without relying on digital means?**

I understand that there are no one-size-fits-all solutions to Veteran outreach and believe that we must do all we can to prevent Veterans from predatory practices. I will work closely with the VBA team and this Committee to review the outreach plan. Additionally, I anticipate that I would engage with our VSO partners and other strong collaborators to ensure we can provide messaging and outreach through local engagement efforts and leveraging our call centers.

- 8. VBA recently announced an effort to automate some of its claims processing. While this could be a useful tool to reduce the claims backlog, I am concerned about protecting veterans' due process. What will you do to ensure automated claims maintain veteran protections?**

If confirmed, it would be my goal to meet the intent of this Committee and the Secretary to process Veterans Claims in a timely manner and to reduce the backlog. Utilizing technology and tools such as automation seem key to ensuring VA is able to serve our Veterans and to provide them with the benefits they have earned. I do understand your concern – we must balance that effort with Veterans' due process, and I intend to work to strike that balance.

- 9. I am concerned that to reduce the claims backlog, VBA has focused on speed over quality of processing veteran claims. For example, Military Sexual Assault and Blue Water Navy claims have been found to have nearly 50% error rates. What will you do to ensure VBA processes claims accurately?**

I agree that Veterans deserve a VBA that balances processing their claims in a timely manner with the accuracy of their claim. As I currently understand it, VBA has quality metrics in place to ensure claims are processed accurately. If confirmed, I will engage with the VBA team's experts to review and develop any additional plans to enhance our quality metrics as well as review the training provided to VBA team members. I am a strong proponent of training and talent development and will focus on reviewing the training program to ensure we are meeting the needs of our team members, Veterans, and the members of this Committee.

- 10. Stakeholders have raised concerned that VBA IT systems are outdated and insufficient to handle increasing workloads. If confirmed, how will you ensure VA prioritizes the modernization of VBA IT systems to make it easier for veterans to file claims and to help VBA employees process claims?**

If confirmed, I will work closely with our VA OI&T partners as well as engaging with VSOs to evaluate how Veterans are using our systems, where we are doing well, and where there are areas for improvement.

- 11. The National Work Queue (NWQ) revolutionized how VBA distributed and processed claims. Stakeholders, however, have consistently raised various issues with NWQ. First, VBA employees have claimed that NWQ diminishes the dignity of their work because they cannot handle the claims from start to finish and therefore cannot control the quality or timeliness of the process. Second, veterans and VSOs have claimed that prior to NWQ they could seek help with local claims with the local Regional Offices (RO). Because a local claim can now be processed thousands of miles away by a different RO, there is nobody to provide localized help. How do you intend to address these concerns?**

VBA is a large organization with a unique and important mission to provide benefits and services for our Nation's Veterans and their families. Like any large organization, VBA faces complex challenges. To address these concerns, if confirmed as the Under Secretary, I will first assure everyone in our workforce understands and embraces our collective commitments to our Veterans and their families. Second, I will work with this Committee to build on and enhance prior and ongoing efforts at transforming and innovating Veterans programs and services. Third, I will listen to the needs and expectations of our Veterans, their families, and take timely, meaningful action to ensure the effective delivery of the benefits they have earned.

- 12. Veterans who have experienced military sexual trauma (MST) often have very little evidence available for their disability compensation claim, given the nature of the trauma and event. Do I have your pledge to examine how VBA processes these claims and to work with veteran advocates to ensure veterans who experience MST get a fair review, even if they cannot produce formal evidence to support an MST claim?**

Yes, if confirmed, you have my pledge to examine these claims and to work with Veteran advocates and stakeholders.

- 13. VBA contractors now conduct nearly nine in ten medical disability examinations. Many stakeholders, however, have complained about problems in communication between veterans and**

**contractors, and the quality and timeliness of contract exams. What will you do to improve oversight of these examinations?**

If confirmed, I will seek information on how VBA currently handles oversight of contractors. I will review how current standards are working for Veterans, and consider what adjustments are necessary in order to achieve the goal of increased communication and improved outcomes for Veterans. I would also welcome the input of the Committee as decisions are made regarding any changes to the current approach.

**14. GAO has routinely flagged VBA's failure to establish sound planning practices for its disability compensation program. If confirmed, what will you do to establish a sustainable strategy that can address fluctuating claims receipts and medical disability exam requirements?**

It is difficult and premature for me to answer specifics on programs without being at VBA. If confirmed, my role will be to provide the necessary resources to assist VBA find and establish sustainable solutions to improve the compensation program and address claims and medical disability exam issues.

**15. When considering new presumptions of service-connection, how should VA proceed when military records created and maintained by the government are inadequate but large numbers of veterans claim a particular disability?**

Veterans deserve access to high quality care regardless of inadequate military records created and maintained by the government. It is important for the Department to work with the Committee to support research at VA and our academic partners, and to create a transparent process and framework that is based on scientific evidence, in order to inform decision making regarding service-connection. Under the laws established by Congress, VA has an obligation to those who are injured or made ill by toxic chemicals while serving our country. In the absence of clear and specific scientific linkages, the Department should continue to treat the conditions that Veterans are presenting.

**16. The Native American Direct Loan program has provided loans to less than 1% of eligible veterans over the past ten years. Can you commit to reviewing this program and taking measures to improve it within the next year, to include enhancing tribal outreach?**

Yes, if confirmed, I commit to reviewing and improving the Native American Direct Loan program including tribal outreach efforts.

**17. Given the competitiveness of the current housing market, veterans are increasingly finding it harder to purchase homes using the VA guaranteed loan program. Some have advocated for reducing the inspection and appraisal requirements to help streamline the process, but these are in place to help protect veterans. How do you plan on balancing the consumer protections built into the home loan guarantee program with increasing the competitiveness for those using the program to purchase homes?**

If confirmed, I will work collaboratively with other federal agencies and with housing industry leaders to ensure that Veterans remain competitive in the current housing market, to enforce the protections built into the home loan program and to also improve the tools VA can use to hold bad actors accountable. Additionally, with the help of Congress, VA can ensure that lenders do not abuse the home loan program for their own benefit and diminish Veterans' ability to afford and maintain homeownership.

**18. A recent report from GAO found that many veterans do not know about the Veteran Readiness and Employment (VR&E) program or that it can pay for education, provide assistive equipment**

**for their disabilities, or offer the benefits of working with a counselor. How can VBA get the word out to veterans about the VR&E program?**

As a disabled Veteran and an amputee who has utilized the VR&E program, I was able to receive the support, financial assistance and assistive equipment needed to overcome my challenges and to achieve a dream. I am here before you today and serve as evidence that the program works. VA can collaborate with Veteran Service Organizations, Military Service Organizations and other stakeholders to communicate to Veterans about the VR&E program's benefits and how to access them.

**19. A few years ago, Congress passed the Appeals Modernization Act (AMA) to reform the claims appeals process and allow veterans to choose between another review by VBA or an appeal to the Board of Veterans Appeals (BVA). Initially only about one in three veterans chose to go to BVA first. Now, half go straight to BVA, even though that process can take years. If confirmed, what will you do to restore confidence in veterans that VBA can correct its own mistakes?**

Throughout my career, I have been faced with difficult issues in complex organizations. I believe that those experiences and public service has prepared me to handle any issues within the VA and its community. The challenges may be hard and multifaceted within VBA, but that is not an excuse for not getting it right. If I am confirmed, I will do my very best to help our team get it right.

**UNITED STATES SENATE  
COMMITTEE ON VETERANS' AFFAIRS**

**ROOM 412 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, D.C. 20510  
Telephone: (202) 224-9126**

**QUESTIONNAIRE  
FOR PRESIDENTIAL NOMINEES**

The Rules of the U.S. Senate Committee on Veterans' Affairs require that a Presidential nominee whose nomination is referred to the Committee submit, on a form approved by the Committee, a sworn statement concerning his or her background and financial interests, including the financial interests of the nominee's spouse and children living in the nominee's household. The Committee form is in two parts:

- (A) Information concerning the employment, education, and relevant background of the nominee, which is made public; and
- (B) Information concerning the financial and other background of the nominee, which is made public only when the Committee determines that such information bears directly on the nominee's qualifications to hold the position to which the individual is nominated.

Committee action on a nomination, including hearings or a meeting to consider a motion to recommend confirmation, shall not be initiated until at least five days after the nominee submits this form unless the Chairman, with the concurrence of the Ranking Minority Member, waives the waiting period. In order to assist the Committee in its consideration of nominations, the Committee requests that each nominee complete the attached Questionnaire for Presidential Nominees. The notarized original and any supplemental information should be delivered to:

Committee on Veterans' Affairs  
United States Senate  
Room 412, Russell Senate Office Building  
Washington, D.C. 20510

Attention: Chief Clerk

**PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC**

**1. Basic Biographical Information**

Please provide the following information.

<i>Position to Which You Have Been Nominated</i>	
<u>Name of Position</u>	<u>Date of Nomination</u>
Under Secretary for Benefits, U.S. Department of Veterans Affairs	

<i>Current Legal Name</i>			
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>
Raymond	Matthew	Jefferson	III

<i>Addresses</i>					
<u>Residential Address</u> (do not include street address)			<u>Office Address</u> (include street address)		
			Street: 9 Raffles Place, Level 58, Republic Plaza		
<u>City:</u> Singapore	<u>State:</u> Singapore	<u>Zip:</u> 169658	<u>City:</u> Singapore	<u>State:</u> Singapore	<u>Zip:</u> 048619

<i>Other Names Used</i>						
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>	<small>Check if Maiden Name</small>	<u>Name Used From</u> (Month/Year) (Check box if estimate)	<u>Name Used To</u> (Month/Year) (Check box if estimate)
					Est <input type="checkbox"/>	Est <input type="checkbox"/>
					Est <input type="checkbox"/>	Est <input type="checkbox"/>



<i>Birth Year and Place</i>	
<b>Year of Birth</b> (Do not include month and day)	<b>Place of Birth</b>
1966	Albany, NY USA

<i>Marital Status</i>						
Check All That Describe Your Current Situation:						
<u>Never Married</u>	Married	Separated	Annulled	Divorced	Widowed	
X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Spouse's Name</i> (current spouse only)			
<u>Spouse's First Name</u>	<u>Spouse's Middle Name</u>	<u>Spouse's Last Name</u>	<u>Spouse's Suffix</u>

<i>Spouse's Other Names Used</i> (current spouse only)						
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>	<small>Check if Maiden Name</small>	<u>Name Used From</u> (Month/Year) (Check box if estimate)	<u>Name Used To</u> (Month/Year) (Check box if estimate)
					Est <input type="checkbox"/>	Est <input type="checkbox"/>
					Est <input type="checkbox"/>	Est <input type="checkbox"/>

Children's Names (if over 18)			
First Name	Middle Name	Last Name	Suffix
None - N/A			

**2. Education**

List all post-secondary schools attended.

Name of School	Type of School (vocational/technical/trade school, college/university/military college, correspondence/distance/extension/online school)	Date Began School		Date Ended School			Degree	Date Awarded
		(month/year)	(check box if estimate)	(month/year)	(check box if estimate)	(check "present" box if still in school)		
U.S. Military Academy at West Point	4-year U.S. service academy	July 1984	Est <input type="checkbox"/>	May 1988	Est <input type="checkbox"/>	Present <input type="checkbox"/>	B.S.	May 25, 1988
Harvard Kennedy School	University (graduate school)	Aug 1997	Est <input type="checkbox"/>	June 1998	Est <input type="checkbox"/>	Present <input type="checkbox"/>	MPA	June 24, 1998
Harvard Business School	University (graduate school)	July 1998	Est <input type="checkbox"/>	June 2000	Est <input type="checkbox"/>	Present <input type="checkbox"/>	MBA	June 8, 2000
			Est <input type="checkbox"/>		Est <input type="checkbox"/>	Present <input type="checkbox"/>		

### 3. Employment

(A) List all of your employment activities, including unemployment and self-employment. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of two years of employment history.

<u>Type of Employment</u> (Active Military Duty Station, National Guard/Reserve, USPHS Commissioned Corps, Other federal employment, State Government (Non-federal Employment), Self-employment, Unemployment, Federal Contractor, Non-Government Employment (excluding self-employment), Other	<u>Name of Your Employer/Assigned Duty Station</u>	<u>Most Recent Position Title/Rank</u>	<u>Location</u> (City and State only)	<u>Date Employment Began</u> (month/year) (check box if estimate)	<u>Date Employment Ended</u> (month/year) (check box if estimate) (check "present" box if still employed)
Self-Employment	Jefferson Group	Director & President	Singapore	Aug 2014 Est <input type="checkbox"/>	Est Present <input checked="" type="checkbox"/>
Non-Government Employment	Institute for Societal Leadership, Singapore Management University.	Managing Director	Singapore	Dec 2013 Est <input type="checkbox"/>	st Jul 2014 <input type="checkbox"/> E
Self-Employment	Ray Jefferson	Leadership Consultant	Washington, DC; Singapore	Aug 2011 Est <input type="checkbox"/>	st Dec 2013 <input type="checkbox"/> E
Other Federal Employment	U.S. Department of Labor	U.S. Assistant Secretary of Labor for Veterans Employment and Training	Washington, DC	Aug 2009 Est <input type="checkbox"/>	st Aug 2011 <input type="checkbox"/> E
Self-Employment	Ray Jefferson	Leadership Consultant	Singapore	Jul 2008 Est <input type="checkbox"/>	st Jul 2009 <input type="checkbox"/> E
Non-Government Employment	McKinsey & Company	Leadership Specialist	Singapore	May 2006	Jul 2008
Unemployment During this time period, I was looking for the right professional opportunity. Was one of two finalists to serve as Deputy Mayor of Washington, DC for Public Safety. Interviewed with a variety of organizations, for a	N/A	N/A	Washington, DC	Apr 2004	Apr 2006

variety of roles, and was offered opportunities, but none seemed like the right fit. Began discussions about entering into a partnership to create a start-up. Participated in a variety of personal development programs. Self-funded myself through military retirement and savings from investments.					
State Government (Non-Federal employment)	State of Hawaii: Department of Business, Economic Development & Tourism	Deputy Director	Honolulu, HI	Jan 2003	Mar 2004
Unemployment (Job Searching)	N/A	N/A	Honolulu, HI	Aug 2002	Dec 2002
Other	The Fulbright Program - U.S. Department of State and Institute of International Education	Fulbright Fellow	Singapore	Oct 2001	Aug 2002
Unemployment (Awaiting start of Fulbright Program)	N/A	N/A	Honolulu, HI	Sep 2001	Sep 2001
Other Federal employment	The White House Fellowship Program (President's Commission on White House Fellows).	White House Fellow	Washington, DC	Sep 2000	Aug 2001
State Government (Non-Federal employment)	Pacific Asian Management Institute, University of Hawaii	Public Service Summer Fellow	Honolulu, HI	Jul 2000	Aug 2000
State Government (Non-Federal employment)	Pacific Asian Management Institute, University of Hawaii	Public Service Summer Fellow	Honolulu, HI	Jun 1999	Aug 1999
Other (From Jan 1999 to July 2000, I was a graduate student at Harvard Business School. In August 2000, I moved to Washington, DC in preparation for beginning the White House Fellowship on 1 Sep 2000.)	Harvard Business School	MBA Candidate	Cambridge, MA	Jan 1999	Jul 2000

<b>U.S. Army May 1988 – Jan 1999 Honorable Discharge</b>					
Active Military Duty Station	Assigned to MIT ROTC with duty at Harvard University (Harvard Business School) as a Student-Officer	Captain (ineligible for promotion due to pending medical retirement);  Student-Officer (Graduate Student)	Cambridge, MA	Jul 1998	Jan 1999
Active Military Duty Station	Assigned to MIT ROTC with duty at Harvard University (Harvard Kennedy School) as a Student-Officer	Captain (ineligible for promotion due to pending medical retirement);  Student-Officer (Graduate Student)	Cambridge, MA	Aug 1997	Jun 1998
Active Military Duty Station	U.S. Army: Fort Shafter, HI; Special Operations Training and Support Element (SOTSE)	Captain (ineligible for promotion due to pending medical retirement)	Fort Shafter, HI	Mar-Apr 1996 (estimated)	Aug 1997
Active Military Duty Station	U.S. Army: Tripler Army Medical Center	Captain (ineligible for promotion due to pending medical retirement);  Hospital Patient	Tripler, HI	Oct 1995 (estimated)	Mar-Apr 1996
Active Military Duty Station	U.S. Army: 1st Bn, 1st SFG (A), Torii Station, Okinawa	Captain;  Detachment Commander (A-Team)	Okinawa, Japan	Dec 1994 (estimated)  I departed Fort Bragg in Nov 1994 and signed in to 1 <sup>st</sup> SFG(A) in Okinawa in Jan 1995. During the period in-between, I was on leave and in transit.	Oct 1995 (estimated)

Active Military Duty Station	Department of Defense Language Training School	Captain; Student-Officer	Fort Bragg, NC	Mar 1994	Nov 1994
Active Military Duty Station	John F Kennedy Special Warfare Center and School - Officer Qualification Course.	Captain; Student-Officer	Fort Bragg, NC	Nov 1993	Mar 1994
Active Military Duty Station	The Infantry Training Center	Captain; Student-Officer	Fort Benning, GA	Dec 1992	Oct 1993
Active Military Duty Station	John F. Kennedy Special Warfare Center - Special Forces Assessment and Selection (SFAS)	Captain; Student-Officer	Fort Bragg, NC	Oct 1992	Nov 1992
Active Military Duty Station	3rd Ranger Battalion; 75 <sup>th</sup> Ranger Regiment	First Lieutenant; Platoon Leader	Fort Benning, GA	Aug 1991	Sep 1992
Active Military Duty Station	Presidential Honor Guard (3rd U.S. Infantry Regiment - The Old Guard)	Second Lieutenant; Platoon Leader	Fort Myer, VA	Apr 1989	Jul 1991
Active Military Duty Station	The Infantry Training Center - Infantry Officer Basic Course (IOBC), Airborne School and Ranger School	Second Lieutenant; Student-Officer	Fort Benning, GA	Aug 1988	Mar 1989
Active Duty Military Station	U.S. Military Academy at West Point	Cadet	West Point, NY	Jul 1984	May 1988

**(B) List any advisory, consultative, honorary or other part-time service or positions with federal, state, or local governments, not listed elsewhere.**

<u>Name of Government Entity</u>	<u>Name of Position</u>	<u>Date Service Began</u> (month/year) (check box if estimate)	<u>Date Service Ended</u> (month/year) (check box if estimate) (check "present" box if still serving)
None - N/A		Est <input type="checkbox"/>	Est <input type="checkbox"/> Present <input type="checkbox"/>

#### 4. Honors and Awards

**List all scholarships, fellowships, honorary degrees, civilian service citations, military medals, academic or professional honors, honorary society memberships and any other special recognition for outstanding service or achievement.**

- 1) Life Member, Council on Foreign Relations, 2021
  - 2) Asia Society's Asia 21 Young Leader, 2006
  - 3) French-American Foundation Young Leader, 2006
  - 4) British American Project Delegate (Young Leader), 2004
  - 5) Rising Star Award from Harvard University's Kennedy School of Government, 2003
  - 6) Harrison H. Schmitt Fulbright Alumni Leadership Award from then-Secretary of State Colin Powell, 2003
  - 7) Fulbright Fellowship Global Profile for Exemplary Leadership, 2002
  - 8) Fulbright Fellow (to Singapore), 2001-2002
  - 9) White House Fellow, 2000-2001
  - 10) Harvard Business School's Dean's Award, 2000
  - 11) HBS Public Service Summer Fellowship Awards (twice awarded), 1999-2000
  - 12) The Catalyst Award from Students for Responsible Business, 1999
  - 13) The Bert King Fellow Award (Harvard Business School), 1998
  - 14) Harvard Kennedy School of Government Littauer Award, 1998
  - 15) Light-Heavyweight Champion, 9th U.S. Open Belt Classic (Sanshou - Chinese Full-Contact Fighting) – Represented physically challenged people by competing in a Chinese full-contact fighting competition, won 1st Place and a Light-Heavyweight Championship Belt, 1998
  - 16) Accepted into Mensa, 1997
- 1984 – 1999 U.S. Army
- Graduate: Ranger School, Special Forces Detachment Officer Qualification Course, SERE (High Risk – Survival, Evasion, Resistance & Escape), Jumpmaster, Pathfinder, Long Range Surveillance Leaders Course, Jungle School, Air Assault, Airborne.

- Medals: Army Commendation Medal, National Defense Service Medal, Army Service Ribbon

### 5. Memberships

List all memberships that you have held in professional, social, business, fraternal, scholarly, civic, or charitable organizations in the last ten years.

Unless relevant to your nomination, you do NOT need to include memberships in charitable organizations available to the public as a result of a tax deductible donation of \$1,000 or less, Parent-Teacher Associations or other organizations connected to schools attended by your children, athletic clubs or teams, automobile support organizations (such as AAA), discounts clubs (such as Groupon or Sam's Club), or affinity memberships/consumer clubs (such as frequent flyer memberships).

<u>Name of Organization</u>	<u>Dates of Your Membership</u> (You may approximate)	<u>Position(s) Held</u>
Council on Foreign Relations	2021-Present	Life Member
Service Academies Global Summit	2015-Present	Chair and Co-Founder
West Point Society of Singapore	2013-Present	Member, 2013-Present Past President, 2013-2018;
Asia Professional Speakers – Singapore	2013-Present	Professional Member
Harvard Business School Club of Singapore	2013-Present	Member
NAACP	2012-Present (approx.)	Member
National Speakers Association	2010-Present	Professional Member
Young Presidents' Organization (YPO)	2009-Present	Member since 2009; Certified Forum Facilitator since 2016
Asia Society	2006-Present	Member
French-American Foundation	2006-Present	Member



British-American Project	2004-Present	Member
Fulbright Association	2002-Present (approx.)	Member
White House Fellows Foundation & Association	2000-Present	Member
Harvard Business School African-American Alumni Association	2000-Present	Member
Special Forces Association	2002-Present (approx.)	Member
75th Ranger Regiment Association	1994-Present (approx.)	Member
Mensa	1997-Present	Member
West Point Association of Graduates	1988-Present	Member

**6. Political Activity**

**(A) Have you ever been a candidate for or been elected or appointed to a political office?**

<u>Name of Office</u>	<u>Elected/Appointed/ Candidate Only</u>	<u>Year(s) Election Held or Appointment Made</u>	<u>Term of Service (if applicable)</u>
No - N/A			

**(B) List any offices held in or services rendered to a political party or election committee during the last ten years that you have not listed elsewhere.**

<u>Name of Party/Election Committee</u>	<u>Office/Services Rendered</u>	<u>Responsibilities</u>	<u>Dates of Service</u>
The Biden-Harris Presidential Campaign	NSL4B – National Security Leaders For Biden, Veterans for Biden, Diversity and Inclusion in National Security	Volunteer / Member	2020-2021

**(C) Itemize all individual political contributions of \$200 or more that you have made in the past five years to any individual, campaign organization, political party, political action committee, or similar entity. Please list each individual contribution and not the total amount contributed to the person or entity during the year.**

<u>Name of Recipient</u>	<u>Amount</u>	<u>Year of Contribution</u>
Biden Victory Fund	\$500.00	2020
Biden PT (Presidential Transition) Fund	\$5,000.00	2020
Biden Victory Fund	\$5,100.00	2020
Benjamin Todd Jealous Campaign Committee	500.00	2018

**7. Publications**

**List the titles, publishers and dates of books, articles, reports or other published materials that you have written, including articles published on the Internet.**

<u>Title</u>	<u>Publisher</u>	<u>Date(s) of Publication</u>
To the best of my knowledge, I have not published any written materials (e.g. books, articles or reports).		

### 8. Public Statements

**(A) List any testimony, official statements or other communications relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials.**

While serving as the Assistant Secretary of Labor for Veterans Employment and Training from Aug 2009 – Aug 2011, I regularly gave testimony to Congress. The committees that I regularly testified before were the SVAC, HVAC, and HELP committees. I believe this testimony can be found in their online archives. The date of my confirmation hearing was July 22, 2009.

While serving from Jan 2003 to Mar 2004 as the State of Hawaii's Deputy Director for the Department of Business, Economic Development and Tourism, I regularly testified before the Hawaii State Legislature. I believe this testimony may be found in their online archives.

**(B) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.**

Date	Event	Place
1998	Guilderland Central High School Commencement Address	Guilderland, NY
2002	Rotary Club	Singapore
2002	Boys and Girls Club	Singapore
2003 – 2004: please see note below		
2009-2011: please see note below		
2013	Gathering of Titans	Boston, MA
2013	Raffles Institution's TiltShift	Singapore
2014	SAF MINDEF Career Transition Resource Centre	Singapore
2015	YPO Global Edge	Melbourne, Australia
2017	Gov HR Summit	Abu Dhabi, UAE
2017	MassMutual	Springfield, MA
2018	EO Taipan Masterclass	Kuala Lumpur, Malaysia
2021	University of Hawaii	Honolulu, Hawaii

2003 – 2004:

While serving from Jan 2003 to Mar 2004 as the State of Hawaii's Deputy Director for the Department of Business, Economic Development and Tourism, I gave speeches in the execution of my professional duties. I do not have a record of them.

2009 – 2011:

While serving as the Assistant Secretary of Labor for Veterans Employment and Training from Aug 2009 – Aug 2011, I gave speeches in the execution of my professional duties. Aside from the two below, I was not able to find them publicly available on the internet.

- Raymond Jefferson on HR Best Practices for Veterans – <https://youtu.be/5QI6llKaAC4>
- The Value of Hiring U.S. Veterans Archives - Ray Jefferson – <https://youtu.be/bCHPsj5nrE8>

**(C) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews).**

- 1996 – Qigong Wushu Magazine, “Hand of Fate, Will of Iron”
- 2003 – 2004: While serving from Jan 2003 to Mar 2004 as the State of Hawaii’s Deputy Director for the Department of Business, Economic Development and Tourism, I may have given interviews to newspapers, magazines, radio or television stations. If so, I do not have a record of to whom or the dates that they were given.
- 2009 – 2011: While serving as the Assistant Secretary of Labor for Veterans Employment and Training from Aug 2009 – Aug 2011, I gave interviews but do not have a record of to whom or the dates that they were given. I believe this information can be obtained from the U.S. Department of Labor’s Office of Public Affairs.
- 2014 – [www.LiveMint.com](http://www.LiveMint.com), “Leading By Example”
- 2015 – Harvard Business School, alumni magazine, “Leadership on a Global Stage”
- 2020 – Leadership Coronicle
- 2020 – The Washington Post, “He was forced to resign after a government report criticized him. Eight years later, the government took it back.”

## **9. Agreements or Arrangements**

See OGE Form 278. (If, for your nomination, you have completed an OGE Form 278 Executive Branch Personnel Public Financial Disclosure Report, you may check the box here to complete this section and then proceed to the next section.)

**As of the date of filing your OGE Form 278, report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment.**

**Provide information regarding any agreements or arrangements you have concerning (1) future employment; (2) a leave of absence during your period of Government service; (3) continuation of payments by a former employer other than the United States Government; and (4) continuing participation in an employee welfare or benefit plan maintained by a former employer other than United States Government retirement benefits.**

<u>Status and Terms of Any Agreement or Arrangement</u>	<u>Parties</u>	<u>Date</u> (month/year)

**10. Lobbying**

Have you ever registered as a lobbyist? If so, please indicate the state, federal, or local bodies with which you have registered (e.g., House, Senate, California Secretary of State).

No

**11. Testifying Before the Congress**

(A) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such Committee?

Yes

(B) Do you agree to provide such information as is requested by such a committee?

Yes

**AFFIDAVIT**

REPUBLIC OF SINGAPORE  
CITY OF SINGAPORE  
EMBASSY OF THE  
UNITED STATES OF AMERICA  
25

Raymond Matthew Jefferson III, being duly sworn, hereby states that he/she has read and signed the answers to the foregoing Questionnaire for Presidential Nominees and that the information provided therein is, to the best of his/her knowledge and belief, current, accurate, and complete.

Raymond M. Jefferson III  
Signature of Nominee

Subscribed and sworn before me this 25<sup>th</sup> day of March, 2022

  
Notary Public

Jakob J. Lengacher  
Vice Consul  
U.S. Embassy Singapore

Commission Expires: Indefinite