U.S. Department of Veterans Affairs
Office of Research and Development (ORD)
Quarterly Meeting of the
National Research Advisory Council (NRAC) March 5, 2025

Minutes

Committee Members Present:

Dr. Rajeev Ramchand, Chair
Dr. Thomas Zampieri, PA
Dr. Kent Kester
Dr. Dallas Hack
Dr. Melina Kibbe
Dr. Julie Tomaska
Dr. J. Dru Riddle
Dr. Alicia Gill Rossiter
Dr. Caroline Zink
Dr. Fatima Husain
Dr. Jack Tsai
Dr. Magali Haas

Committee Members Excused:

Speakers/Presenters:

Dr. Rajeev Ramchand, Chair
Dr. Grant Huang
Dr. Sumitra Muralidhar
Mr. Marc Wynne

Attendees:

Ms. Amanda Garcia, Designated Federal Officer (DFO)
Dr. Allison Williams, Alternate DFO
Ms. Rashelle Robinson, Alternate DFO
Rashi Venkataraman Romanoff, CEO of National Association of Veterans' Research & Education Foundations

Welcome/Opening Remarks:

The virtual meeting of the VA National Research Advisory Council (NRAC) took place on March 5, 2025. Ms. Amanda Garcia DFO informed the Chair that a quorum had been achieved and the meeting was called to order at 11:04 AM EST. Ms. Garcia welcomed participants to the meeting, and informed participants that the meeting was being recorded. She indicated that there were minor changes to the agenda to include deferral

of the discussion on the recommendation regarding Section 208: Conflict of Interest to a future meeting and the addition of a discussion on enhancing the value and impact of research for veterans. Ms. Garcia reminded members that the meeting was open to the public and communicated that there would be a 30-minute public commenting period during which constituents would be afforded 5 minutes each to address the NRAC. She explained that the commenting period is not a question answer session; rather verbal and written statements, as applicable, would be recorded in the NRAC meeting record. No written statements from the public were received prior to this meeting. Ms. Garcia then invited the NRAC Chair, Dr. Ramchand, to begin the meeting.

Dr. Ramchand welcomed Ms. Garcia and expressed his gratitude towards her, Dr. Allison Williams, Alternate DFO, and Ms. Rashelle Robinson, Alternate DFO, for their hard work in organizing the NRAC meetings. Dr. Ramchand provided an overview of the agenda and then welcomed Dr. Jack Tsai as a new member of NRAC. Dr. Tsai introduced himself to the committee and participants, and shared that he is a clinical psychologist and the research director for the VA National Center on Homelessness among veterans, which is in the National Homeless Program office. Dr. Tsai also has a university position as a regional Dean for the San Antonio campus of the University of Texas Health Science Center at Houston. He shared that his work revolves around homelessness and mental illness, and criminal justice involvement among Veterans; and expressed that he is very excited to be joining this committee.

Dr. Ramchand noted the relevance of his expertise, particularly to the VA Research happening on social determinants of health. Ms. Garcia then introduced Dr. Grant Huang as the newly appointed Acting Chief Research and Development Officer (CRADO). She indicated that he previously served as the Deputy CRADO for Enterprise Optimization which includes the Cooperative Studies Program (CSP), Million Veteran Program, Partnered Research Program and Field Operations and has been working with the VA for over 20 years. Ms. Garcia turned the meeting over to Dr. Huang to present on 100 years of VA Research.

100 Years of Research:

Dr. Huang thanked the NRAC Chair and DFO's and indicated that he was excited to be serving as the Acting CRADO. He shared that Dr. Rachel Ramoni, the former CRADO, has moved onto Kaiser Permanente. Dr. Huang emphasized that ORD has a wonderful research team remarking that several of these leaders were attending the NRAC meeting. He underscored that while Dr. Ramoni may have moved on, the current leadership team will continue the work without significant change in direction as ORD continues to realize the enterprise transformation. Dr. Huang acknowledged that there may be questions regarding where VA is going now as well as the Federal Government, overall, and indicated that he did not have much information to provide about this direction as we are still learning about the new administration and the new Secretary of Veterans Affairs' vision. He indicated that within the Veterans Health Administration, the Acting Under Secretary of Health recognizes the importance of the VA Research mission and there is an understanding of the importance of VA research. Dr. Huang also

communicated that VA Research has numerous stakeholders outside of VA who are also talking about the importance of the VA mission and our service to Veterans. He noted how NRAC is among those stakeholders and expressed gratitude for the effort and time members dedicate.

Dr. Huang began his presentation with acknowledgement of the 100th anniversary of VA Research and shared his commitment to ensuring that VA Research helps Veterans and his excitement to receive NRAC input on how our work can be of more value to Veterans today. He then provided an overview of VA Research and its 100-year history. He emphasized the significant accomplishments and contributions highlighting the following: the history and contributions of the NRAC, VA research accomplishments across the 100 years, and major contributions of VA research to Veterans and civilians. He highlighted several 'firsts' in research produced by VA Research including the first multi-site trial, development of the cardiac pacemaker, development of treatment for tuberculosis, the first liver transplant, and many other pivotal healthcare developments.

Dr. Huang explained how research is one of four statutory missions of VHA with the others being clinical care, education and training, and preparedness in national emergencies. He described how these pillars are integrated to ensure high-quality service to Veterans and the community at large.

Dr. Huang then described the role of NRAC, particularly in relation to helping ensure the VA Research enterprise aligns with and advances Veterans' needs. Dr. Huang thanked all the members, recognizing that they are volunteering their time despite other priorities, and emphasizing that ORD is very appreciative of their leadership. He also welcomed new member Dr. Tsai and noted how salient his expertise in Veteran homelessness is to the VA mission.

Dr. Huang then provided an update on the VA Research Enterprise and the ongoing enterprise transformation. He indicated that being part of the largest, integrated healthcare system allows VA Research to be more effective and efficient. He also indicated that coordinated, collaborative relationships among VA Research, VA non-profit entities, VA clinicians and external stakeholders have not only expedited research activities, but also translation and implementation of research findings. Dr. Huang described the change to Actively Managed Portfolios that ensure VA Research is focused on areas most pressing to Veterans and is more directly responsive to their needs. Among these areas are suicide prevention, traumatic brain injury, military exposures, pain and opioid use, and precision oncology. Dr. Huang highlighted other key work including that in post-traumatic stress disorder and more future facing areas such as Genomics, Diagnostic Technology, and Artificial Intelligence (AI) and invited NRAC's input.

Dr. Huang ended his presentation by describing the origin and purpose of the NRAC stating that NRAC contributions go beyond advising and have had significant impact. He shared previous work highlighting NRAC contributions and focus areas: Research Funding Priorities for Veterans Health, Program Management, Honors and

Accomplishments, Human Research Protections, Long-term planning, Responses to emerging trends/special initiatives, fulfilling congressional requirements, and communications. He noted that NRAC has played a critical role in awareness of emerging needs, recalling that it was NRAC that brought the crucial advice that COVID-19 was a virus to watch. Dr. Huang once again thanked the members for their time and asked for their input regarding how VA Research can make a more immediate impact for Veterans.

Dr. Ramchand thanked Dr. Huang for his excellent presentation and introduced the next speaker Dr. Sumitra Muralidhar to present on the Million Veteran Program.

VA Research Spotlight: Million Veteran Program:

Dr. Muralidhar shared that she has been with VA for about 25 years and that across this time Dr. Huang has been her colleague. She remarked that leading the Million Veteran Program (MVP) has been a highlight of her career and expressed excitement for the opportunity to present an overview of MVP to NRAC. She noted that MVP is situated in the VA ORD Enterprise Optimization Unit as well as her current role as Deputy CRADO for that unit. Dr. Muralidhar indicated that the presentation would include a review of the MVP goals, recruitment/enrollment cohort demographics, data collection, research activities, data access policy, and future directions. She began with a basic overview, sharing that MVP has generated one of the largest and most comprehensive research programs on genetics and health in the world with more than one million Veterans enrolled. The goal of MVP is to advance precision health research that improves the health and well-being of Veterans. Dr. Muralidhar indicated that MVP can support several types of studies that look at genetic, lifestyle, and military exposure, and how they affect health and healthcare outcomes.

Dr. Muralidhar then discussed the history of MVP, for which planning and conducting focus groups and surveys of Veterans to assess their attitudes towards and expectations about a genomic medicine program started in 2007. She emphasized the critical input of Veterans into program design mentioning areas of concern regarding privacy and confidentiality. She indicated that this input was incorporated into the final MVP design and the program was officially launched in 2011. The rest, she remarked, is history with MVP enrolling its one millionth Veteran into the program in 2023. Dr. Muralidhar stated that over the years MVP has evolved into a well- oiled machine. She then described how Veterans enroll in MVP emphasizing that all participation is voluntary. After informed consent is obtained, participants provide a blood sample and complete surveys that capture baseline health and lifestyle information. Participants also grant secure access to their health records, which in VA are comprehensive and agree to be recontacted for future research opportunities. She mentioned that there are approximately 65 active MVP sites across VHA where there are staff who can enroll MVP participants. Additionally, there is an online portal initiated in 2019 that enables Veterans to enroll online and a call center with a toll- free number where Veterans can obtain information and schedule MVP related appointments.

Dr. Muralidhar then moved on to MVP demographics. She stated that MVP has a diverse cohort across multiple variables including age, race, and sex. Within MVP the average age of participants is 65 years and remarkably there are over 100 Veterans who are centenarians. The latter cohort offers opportunities for several types of inquiry. In general, the MVP cohort is representative of Veterans with the exception of Veterans of African ancestry for which the percentage in MVP is larger than VHA, overall. This broad representation allows scientific projects deriving from MVP to make discoveries unique to populations. Dr. Muralidhar similarly noted MVP's potential to support discoveries unique to the needs of Women Veterans, noting that more than 100K Women Veterans have participated in MVP.

Dr. Muralidhar then delved into the specifics of the data collected. She noted the passive data collected from electronic health records and active data collected as part of MVP. She highlighted the use of the VA Informatics and Computing Infrastructure (VINCI) to pull data from the health records noting that VINCI provides access to Centers for Medicare and Medicaid Services (CMS) and subsets of Department of Defense (DOD) data as well as VA. She then described the actively collected data including the self-reported surveys and biospecimens. She began with the biospecimens explaining that the amount of data generated is affected by the budget and state of the science and technology. The baseline is that MVP genotypes every participant and generates baseline genetic information. These data are cleaned and curated as part of quality assurance/quality control practices, which takes a significant amount of time. As of now, fully processed genotype data are available for about 650K participants. Other types of multi-omics data generated are Methylation for which data are available for 40K participants and whole genome sequencing, which has been completed on approximately 200K participants with 100K curated and available for research. Lastly, she noted current work in metabolomics is in process as well as pilot test activities in proteomics. The goal is to have as deep of a data set in terms of molecular data available on as many people as possible with an initial target of 100,000.

Dr. Muralidhar transitioned the discussion to health data emphasizing its importance. In particular, she highlighted that significant effort has been expended by a Phenomics Core curating and validating phenotype data and depositing it into a library. This work has grown into a resource named the Centralized Interactive Phenomics Resource, or CIPHER, in which over 6.5K phenotypes have been catalogued. In addition to curating and validating data, the Phenomics Core develops automated tools for validating phenotypes and applying state of the art technologies such as natural language processing, machine learning, and artificial intelligence.

The latter efforts are being done in collaboration with the Department of Energy (DOE), with whom MVP has had a long-standing relationship.

Complementing the multi-omic data, Dr. Muralidhar described the surveys MVP participants completed. The self-reported data includes a baseline survey, lifestyle survey, COVID survey, Gulf War survey, and a Military Exposures and Experiences survey. As survey completion is voluntary, data are not available for every participant.

As of now, baseline data are available for approximately 600K participants and lifestyle data for 500K. The lifestyle survey responses include information about exercise, substance use, mental health, and nutrients. Of mention is the nutrient data for which MVP has one of the world's largest curated nutrient data sets. Other MVP surveys of note are the COVID survey that was sent out to MVP participants during the pandemic of whom approximately 250K completed it, and a survey on Gulf War Illness. More recently, MVP launched an in-depth Mental Health Survey, and a Military Experiences and Exposures survey is in development. She emphasized how the survey data supplement data from the Electronic Health Record and/or add data that may not be clearly or easily available.

Dr. Muralidhar returned her focus to CIPHER reiterating the over 6.5K phenotypes catalogued within the system. She also shared the website with NRAC and described how CIPHER partners with several clinical operations partners within VA as well as health systems outside of the VA hub. She added that systems outside the VA hub are able to deposit and add their validated phenotypes, further expanding the library. She next explained how MVP data can be made available for research and shared that while there are multiple environments the one most heavily used is the VA VINCI/Genisis environment. The VA VINCI/Genisis environment is a high-performance computing environment within the VA Firewall where most research activities happen; hence, researchers must have a VA appointment to touch the data. Nonetheless, she indicated that VA has a number of academic and other collaborators that have made contributions to MVP projects. She explained that a couple of years ago MVP obtained access to the VA Enterprise Cloud and were able to analyze data such as whole genome sequences. This 'burst into the cloud' enabled MVP to conduct the advanced computing processes required and enhance MVP research. MVP is currently exploring ways to make data available to other researchers outside the VA through the VA enterprise cloud. Importantly, there are a number of MVP projects that require advanced computing, and through the MVP-DOE partnership they've been able to leverage some of the supercomputers available there.

Dr. Muralidhar emphasized that data privacy and security are of the highest priority. She relayed that MVP has been audited by the Department of Homeland Security and is currently undergoing an audit by the Government Accountability Office (GAO). She stated that the outcomes of these audits have been very positive because the security system is designed to protect MVP data right from the point of collection. She explained that data are coded and there are no identifiers.

Researchers only have access to the coded data and are only able to download summary results once they complete their analysis. Thus, individual level data remain secure in the protected environment. Dr. Muralidhar shared that the MVP cohort includes representations of various conditions significant to Veterans, and that there are now over 100 projects conducted by over 700 researchers examining different aspects of the genetic underpinnings of these conditions. To date these efforts have produced over 400 publications. Importantly, researchers have been able to do some of the largest genetically linked studies and have discovered genetic links across multiple

populations to important health conditions such as post-traumatic stress disorder (PTSD), anxiety, and suicide risk.

Dr. Muralidhar returned to the VA-DOE collaboration to highlight the impact of supercomputers. She explained that typically scientists take a single health condition and see what genetics associate with it or take a genetic variant and see what conditions that variant might be impacting. In contrast, using the supercomputers the MVP-DOE group took about 2000 health traits and about 42,000,000 genetic variants and examined associations. The results enabled the MVP researchers to not only replicate previous findings, but also identify new associations that have led to clinical translation studies. Dr. Muralidhar highlighted two other translational studies: one on prostate cancer and another on hypercholesterolemia. Both of these studies examine the integration of genomics with clinical care to produce optimal patient outcomes.

Dr. Muralidhar concluded her presentation speaking to the future of MVP. The vision is to continue to expand the database and access to MVP data, and, most importantly, to continue to translate findings to clinical care. She shared that there are several challenges as MVP moves forward such as difficulty retaining bioinformaticians, computer scientists, and data scientists; as well as insufficient funding and support for expanding high performance computing infrastructures. She expressed gratitude to the Veterans that have generously participated in MVP as well as the staff and collaborators that support the program.

Following the presentation, NRAC Member Dr. Haas asked Dr. Muralidhar if MVP data include occupational blast exposure information and whether it included EEG data. Dr. Muralidhar responded that blast exposure information is included in the most recent survey and that information in the electronic health record (EHR) can be brought into the dataset. While EEG scans are not available, EEG reports obtained as part of clinical care are available in the EHR.

Office of Research and Development (ORD) Annual Report:

Dr. Ramchand turned the meeting over to Mr. Wynne who shared a summary of the 2024 NRAC Annual Report. Mr. Wynne explained that the purpose of this report is to aid the NRAC in their evaluation of the scope and focus of the VA research portfolio. The NRAC is required to evaluate the ORD Research program each year for appropriate portfolio balance and program management. The criteria by which the VA research program is evaluated encompasses three goals:

1. The program should push the science in areas of Veteran-specific needs such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), military exposures, and suicide prevention to unlock new treatments and bring about advances in care.
2. The program's success should be demonstrated through improvements to how care is organized and delivered in VA.
3. The program should recruit, train, and retain the best researchers, especially

those from different backgrounds that represent the Veterans served, with skills in cutting-edge areas.

Mr. Wynne transitioned to an overview of performance in fiscal year 2024. He emphasized the priority to increase access to clinical trials and the real-world application and relevance/impact of VA Research to Veterans. He shared that the total congressional appropriation for medical and prosthetic research stood at $984 million, contributing to a total research budget of $2.4 billion. He provided statistics for ORD markers noting that there were 102 active research sites, 7,278 actively funded research projects, and 3,685 VA Funded researchers. Additionally, Mr. Wynne shared that 11,732 research articles were published during this period. Regarding communication, web statistics indicated a nominal decrease of 1.5% for number of users but an increase in page views and visit sessions. He indicated that a change in the way in which web statistics are calculated may have contributed to the variance from last fiscal year.

Mr. Wynne stated that there were several key accomplishments as identified in the report and proceeded to highlight four noteworthy items. The first item pertained to Veterans and the elevated risk for suicide among gun owners. An initiative out of the Mental Health Research, Education and Clinical Center for Suicide Prevention provided gun lock boxes to Veterans at no cost. Firearms are the number one lethal means used in suicide, and Veteran suicide even more frequently. Slowing access to a firearm via the gun lock box showed potential as a method to help prevent suicide for Veterans in crisis. A second key accomplishment was the neuroprosthetic system that provides sensory feedback from a prosthetic hand. VA researchers at the VA Medical Center in Cleveland recently conducted the first human trials on a direct interface implanted in a user's peripheral nerve. Sensors on a prosthetic hand transmit impulses to the brain that are interpreted as tactile perceptions on the missing body part. In other words, the nerves transmit impulses to the brain that are interpreted as tactile perceptions on the missing hand, directly related to the touch of the prosthetic. He added that similar touch technology is being developed for lower limb prosthetics. Both of these cutting-edge technologies will improve quality of life for affected Veterans.

Mr. Wynne next highlighted the identification of 12 gene variants associated with increased risk of suicide attempts referring back to Dr. Muralidhar's presentation on the Million Veteran Program (MVP). Researchers for MVP and the International Suicide Genetics Consortium analyzed the genomes of more than 43,000 people with documented suicide attempts and 915,000 controls without a history of suicidal behavior. The findings showed that suicide attempts shared genetic risk factors with several other conditions such as attention deficit hyperactivity disorders, smoking, and risk tolerance, which have been associated with engaging in dangerous behavior. The results increased the understanding of the biological correlates of suicide and could lead to improvements in suicide prevention and treatment.

The fourth highlighted accomplishment was research using Artificial Intelligence algorithms to analyze MRI scans to better diagnose and classify colorectal cancer. The

four-year study examined a large data pool to optimize and validate the new algorithm, which could help Veterans with colorectal cancer avoid invasive treatments and maintain the best quality of life. Preliminary findings show that the new tool can significantly help clinicians determine the best course of treatment for Veterans with colorectal cancer, which is the third most common type of cancer among military personnel and Veterans.

Mr. Wynne then discussed the ORD actively managed portfolios (AMPs) that are also cross cutting clinical priorities. He indicated that these cross-cutting clinical priorities include Military Environmental Exposures, Traumatic Brain Injury and Mental Health, Cancer and Precision Oncology, Suicide Prevention, and Pain and Opioid Use; and described accomplishments in each of these areas. He referred the committee members to the report for a more comprehensive list and description of the accomplishments.

Mr. Wynne concluded his presentation with a description of the rating system and how the NRAC evaluation results will be used.

The committee paused for a five-minute break after which Dr. Ramchand welcomed back members and invited Mr. Wynne to present the Administration Update.

Administration Update:

Mr. Wynne recapped his previous presentation from the October 2024 NRAC meeting on what to expect after the election, and explained that he would be updating the committee on information about the new leadership at VA, the new Chairs and ranking members of the four congressional committees that have oversight of the VA and VA Research, and internal leadership and units within ORD. He identified the new Secretary of the VA as the Honorable Douglas Collins and noted that he is a Veteran and served as a U.S. Congressman representing Georgia's 9th district from 2013 through 2021. Mr. Collins is presently a Chaplain in the Air Force Reserve and holds the rank of a Colonel. Mr. Wynne noted that we do not yet have a Deputy Secretary of VA and that proceedings are underway. He next presented on John J. Bartrum, Senior Advisor to the Secretary, and his background. Mr. Wynne emphasized the importance of Mr. Bartrum's role indicating that he is the key senior advisor to the Secretary on the Veterans Health Administration which includes ORD.

Mr. Wynne noted that Mr. Bartrum's background as a lawyer and budget director at the National Institutes of Health make him well equipped to understand research. He is also a Major General in the Air Force Reserve. Mr. Wynne next identified the Chief of Staff, Mr. Chris Syrek, who previously served in the first Trump administration as the Deputy Chief of Staff, and the new Assistant Secretary of Public Affairs, Mr. Curt Cashour, who also served in the first Trump administration. Mr. Wynne stated that we do not have a confirmed Under Secretary for Health and that Dr. Steven Lieberman is currently serving in that role in an acting capacity. Mr. Wynne shared the names of other key new VA Political senior leaders several of whom served in the previous Trump

Administration. Mr. Wynne then turned to congressional updates and specifically named the Chair and ranking members of the Senate Veterans Affairs Committee (SVAC) and House Veterans Affairs Committee (HVAC). He followed with the Chairs and ranking members of the Senate Appropriations Committee—Veterans Affairs Subcommittee and House Appropriations Committee—Veterans Affairs Subcommittee. Mr. Wynne next reviewed a slide depicting current ORD leadership noting changes since the October 2024. He followed this with a brief overview of the Enterprise transformation emphasizing how portfolios are now organized according to Veterans needs and concluded by sharing the names of portfolio leadership. Mr. Wynne then handed the meeting back to the NRAC Chair, Dr. Ramchand.

Strategy Session: Opportunities to Enhance the Impact of VA Research for Veterans:

Dr. Ramchand introduced the next agenda item, strategy session, by stating its objective to identify opportunities to enhance the impact of VA Research on Veterans. He noted that there were tremendous efforts underway such as MVP and numerous publications demonstrating scientific advancements, but that these metrics do not necessarily indicate how many Veterans are directly helped by VA research. He requested that the Acting CRADO, Dr. Huang, kick off the session with a brief response to this query.

Dr. Huang observed that the attendees have all been involved in research in some capacity and understand the challenges and the difficulty of capturing its impact. He noted that some of the barriers to translation are longstanding and difficult to overcome. However, he also noted that there are possibilities yet to be conceived, some of which may have been considered by NRAC members. He asked the NRAC members to provide input regarding things ORD could be pursuing more robustly that would demonstrate more relevant outcomes. For example, are there more creative and innovative ways to collect and analyze VA Research outcomes? He underscored that VA ORD is a problem-solving group and seeks guidance from experts to optimize solutions. As such, he expressed interest in getting input from NRAC members on ideas and directions for enhancing and measuring the impact of VA Research on Veterans and turned the session back to Dr. Ramchand.

Dr. Ramchand proceeded to moderate a productive discussion among the members seeking guidance on how to demonstrate the value of research, in general, and VA research, in particular. Suggestions that emerged include the below:

- Use plain language to share information, i.e. talking in non-scientific terms so that Veterans and lay persons understand the value of ORD research
- Explain in proposals not just why seeking funding, but also explicitly indicate what the research will accomplish.
- Figure out a way to highlight the high risk/high yield areas as they progress noting that while some may take years to produce results, it is good to highlight

findings along the way.

- Invite the general public to keep abreast of VA Research activities by relating ongoing research to areas of public interest. For example, the current excitement regarding psychedelics and their application to Mental Health conditions opens the door to conversations regarding mental health research, overall. Use that as 'hook' to get folks talking about other ongoing research activities.
- Record 5-minute presentations explaining important of a published research study to your work.
- Develop a road map including 'stage gates' to show that we've advanced an issue noting that advancement is exciting and captures and maintains attention.
- Consider introducing initiative to share early discoveries as they are produced.
- Create ways to visualize progress internally, publicly, and with Veterans.
- Develop an ORD ambassador program or some kind of advocacy and engagement program that relays information regarding progress and return on investment. Program ambassadors would conduct outreach with Veteran Service Organizations and other forums where Veterans live.
- Ensure Veteran representation and engagement in research strategic planning at macro and micro levels—particularly those with a vested interest in a specific area such as Traumatic Brain injury.
- Identify trusted members of the community that can communicate and advocate on behalf of Veterans and Veteran Research.
- Use storytelling to communicate findings at the early as well as later stages of a project. Having a real face and name associated with a project underscores the importance of the work even before the long-term results are available.
- Ensure NRAC/ORD demonstrates the unique benefits of VA research, that is not duplicative or redundant and has significant value to Veterans.
- Explore innovative ways to improve data sharing with the community whether it be patients seeking information or sharing data with community providers that serve Veterans.

Dr. Ramchand concluded the session informing the members that the summary would be shared and discussed at the next NRAC meeting. He then turned the meeting over to the DFO, Ms. Garcia.

Ms. Garcia opened the public commenting session reminding participants that they would have 5 minutes to address the committee. Dr. Rashi Romanoff requested to address the committee and Ms. Garcia turned the floor over to her.

Public Comment Period:

Ms. Rashi Romanoff, Chief Executive Officer (CEO), National Association of Veterans' Research & Education Foundations (NAVREF), expressed grave concern about the hiring freeze and layoffs and their impact on VA ORD research. She read the below

statement to the committee produced here verbatim.

Thank you for the opportunity to speak and for the Council's vital work. I am here to express grave concerns about the impact of the recent federal hiring freeze.
VA Research has been a global leader in medical discovery for a century. Discovery which has not only improved veterans care, but advanced American public health on a global stage.

However, the Executive Order issued on Jan 21 halting time-limited federal appointments – a vital workforce pipeline for VA that comprises over 85% of VA's research workforce.

Each and every day, VA sites are losing critical research personnel. Without immediate action, NAVREF estimates that within 90 days – and just for the extramural research program – more than 200 critical research staff will be affected, jeopardizing HUNDREDS of ongoing clinical trials and denying thousands of veterans' access to research-based care.

Earlier this week, NAVREF, alongside leading Veteran Service Organizations—including Paralyzed Veterans of America, Disabled American Veterans, Veterans of Foreign Wars, and the Elizabeth Dole Foundation—called for urgent exemptions for critical research staff.

I ask that the NRAC, in their capacity and charge to provide advice to the Secretary on VA's Research & Development Program, formally request the Secretary take immediate action to protect and safeguard VA research.

End of Statement

Ms. Garcia thanked Ms. Romanoff for her statement and noted that it would be recorded in the committee minutes. No other public comments were submitted or presented to the committee. With concurrence from the Chair, Ms. Garcia closed the public commenting period and turned the meeting back to the Chair.

Adjournment:

Dr. Ramchand offered two closing comments: The first informing the members that the DFO, Ms. Garcia will be sending the RedCap survey to members to evaluate the VA ORD Annual Assessment and the second a request for members to send ideas for future NRAC meetings to him and the DFO, especially items based on this discussion.

Dr. Ramchand adjourned the meeting at 1:51pm EST.

/s/ Rajeev Ramchand, Ph.D.
Chairperson, NRAC
Date: May 22, 2025

/s/ Amanda Garcia
Designated Federal Officer