Statement by Ike Perlmutter, Bruce Moskowitz and Marc Sherman

The three of us come from very different backgrounds, but we have long shared a deep concern for the health of our veterans. When we saw an opportunity to assist the Department of Veterans Affairs’s leadership in addressing some of the most intractable problems of the VA, we considered it an honor and a privilege to do so. After the President's election, we saw an opportunity to share our expertise in organizational management and our personal relationships with healthcare experts around the country to assist the VA as it undertook an aggressive reform of its healthcare delivery and systems. We offered our counsel, and the advice of these healthcare experts, to assist the President, Secretary and VA leadership in their making the essential decisions - sometimes life or death - that affect our nation's veterans. At all times, we offered our help and advice on a voluntary basis, seeking nothing at all in return.

It was Mr. Perlmutter's personal relationship with the President that allowed us the opportunity to be of service. Since late 2016, we have shared our views and perspectives on a number of occasions with VA leadership. For the most part, those interactions were either to facilitate introductions to subject matter healthcare and technology experts with whom we had relationships, or to discuss healthcare delivery and healthcare quality challenges facing the agency and therefore affecting our veterans. While we were always willing to share our thoughts, we did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions. That was not our role, and we were at all times very well aware of that. We provided our advice and suggestions so that members of the Administration could consider them as they wished to make their own decisions on actions to be taken. To the extent anyone thought our role was anything other than that, we don’t believe it was the result of anything we said or did.

At no time was our volunteer assistance a secret. We were on emails and conference calls with senior staff, and Secretary Shulkin referred on numerous occasions to his discussions with outside experts. He specifically mentioned one or more of us at public events covered by the media. We were also present at a post-meeting White House press gaggle on VA-related issues. We are proud of any contribution we have been able to make to improve the healthcare provided to the fine men and women who are served by the VA. None of us has gained any financial benefit from this volunteer effort, nor was that ever a consideration for us. The only benefit we gained was the satisfaction of helping America's veterans get the very best healthcare possible, in the most efficient and effective manner.

Since late 2016, we have shared our views and perspectives on various issues on a number of occasions with VA leadership. For the most part, those interactions were either to facilitate introductions to subject matter healthcare and technology experts with whom we had relationships, or to discuss healthcare delivery and healthcare quality challenges facing the agency that affected America’s veterans. This includes the examples you cite.

Any decisions of the agency or the President, as well as the timing of any agency decisions, were independent of our contacts with the VA. We did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions. Questions about the timing of the Cerner contract should be directed to the government officials.
responsible for making them. We understand that after Mr. Wilkie came to the VA, he brought in additional subject matter experts which led to changes to the terms and scope of the contract that significantly improved it for the benefit of veterans and American taxpayers, based on feedback we received from experts in the medical community. We can only assume Mr. Wilkie felt the same way, which we also assume led to the contract being signed.

There have been multiple instances when one of us has flagged a story in the media that highlighted broader issues at VA and underscored why reform was and is so important. We were also made aware of other examples that came to our attention from people we knew. These were the types of stories of agency dysfunction and individual suffering that drove us to offer our volunteer experience in the first place – veterans who had been left behind by their government. These individual cases helped raise broader issues for government officials in a position to make changes, sometimes leading to assistance for one veteran, sometimes to broader reforms within the system. To us, providing assistance to individuals in need and using those cases to highlight broader systemic problems within the VA were worthy of the attention of agency leaders.

Aaron Moskowitz was a technical expert who was brought in – along with a number of other technical experts – to participate in a single telephone conversation with Apple. There were multiple people on the call, all brought together because of their technical expertise or interest in better serving America’s veterans. The topic was exploring the possibility of Apple assisting the VA with the development of applications to advance mobile healthcare tools for veterans. We understand that this initiative was ultimately not pursued.

Any development efforts, had they occurred, would not have involved Aaron or any of us. There was no product of Dr. Moskowitz’s or Aaron’s that was promoted or recommended in any way during the call. The conversation included sharing lessons learned through the development of a completely different and free application that was no longer in use, and a related website (clinicaltrials.gov), which included open source material that could be useful to the VA. Again, none of us, including Aaron, stood to receive any financial benefit from the matters discussed during the conversation – and any claims to the contrary are factually incorrect.