

# United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

October 21, 2010

## Via Electronic Transmission

The Honorable Eric K. Shinseki  
Secretary  
United States Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary Shinseki:

Thank you for your September 30, 2010 response to my letter regarding Dr. Stephen L. Ondra and his financial relationship with Medtronic, Inc. I am writing today to follow up on information provided in your response.

- 1) You stated in that Dr. Ondra does not have any contact with Medtronic in his official capacity as Senior Policy Advisor for Health Affairs at the Department of Veterans Affairs (VA).
  - a. Please describe in detail Dr. Ondra's specific duties and responsibilities as the Senior Policy Advisor for Health Affairs.
  - b. Is Dr. Ondra consulted on any matters that may relate to Medtronic?
- 2) You stated that you have "consistently stressed, in communications to senior managers and all VA employees, that given the awesome mission with which we have been entrusted, we must adhere to the very highest ethical standards." Please provide copies of those emails and other communications that you sent to senior managers and other VA employees.
- 3) In your response, you also stated that the VA's Office of Information and Technology did a mailbox search and message retrieval of Dr. Ondra's VA email account for all emails responsive to Senator Grassley's September 28<sup>th</sup> request. Please list the search terms used at that time to identify any responsive emails.
- 4) Dr. Ondra reported on his Public Financial Disclosure Report filed in May 2010 that he was an officer of Linden Consulting, LLC, from December 2007 to present. In its submission to the Committee, Medtronic reported that it paid Dr. Ondra \$128,750 in 2007 and \$136,718 in 2008 through Linden Consulting. (See Attachments) Is Dr. Ondra still an officer of Linden Consulting? If so, does he continue to receive any payments from or through Linden Consulting?

Thank you for your attention and assistance on this matter. I would appreciate your response to my questions by no later than October 28, 2010. Should you have any questions regarding this letter, please do not hesitate to contact Angela Choy at (202) 224-4515. Any formal correspondence should be sent electronically in PDF searchable format to [Brian\\_Downey@finance-rep.senate.gov](mailto:Brian_Downey@finance-rep.senate.gov).

Sincerely,



Charles E. Grassley  
Ranking Member

cc: The Honorable George J. Opfer  
Inspector General  
United States Department of Veterans Affairs

Attachments

**Payments Made By Medtronic, Inc. to Stephen Ondra, MD**

Payment Detail		
Payment Date	Payment Amount	Payment Description
05/02/2007	\$ 13,500.00	Linden Consulting Consulting
07/05/2007	\$ 81,250.00	Linden Consulting Consulting
07/17/2007	\$ 34,000.00	Linden Consulting Consulting
02/20/2008	\$ 80,868.75	Linden Consulting Consulting
05/19/2008	\$ 32,025.00	Linden Consulting Consulting
07/16/2008	\$ 23,887.50	Linden Consulting Consulting
04/30/2007	\$ 500.00	Stephen Ondra, MD Honorarium
06/04/2007	\$ 250.00	Stephen Ondra, MD Honorarium
07/17/2007	\$ 64.86	Stephen Ondra, MD Travel
08/24/2007	\$ 3,500.00	Stephen Ondra, MD Consulting
09/28/2007	\$ 250.00	Stephen Ondra, MD Consulting
09/28/2007	\$ 250.00	Stephen Ondra, MD Consulting
10/18/2007	\$ 500.00	Stephen Ondra, MD Honorarium
12/10/2007	\$ 500.00	Stephen Ondra, MD Honorarium
01/15/2008	\$ 1,044.30	Stephen Ondra, MD Travel
05/08/2008	\$ 500.00	Stephen Ondra, MD Honorarium
05/20/2008	\$ 500.00	Stephen Ondra, MD Honorarium
05/23/2008	\$ 1,600.00	Stephen Ondra, MD Travel
06/19/2008	\$ 250.00	Stephen Ondra, MD Honorarium
06/30/2008	\$ 3,600,000.00	Stephen Ondra, MD Intellectual Property Acquisition

Total Yearly Payments	
2007	\$134,564.86
2008	\$3,740,675.55
2009	\$0.00
2010	\$0.00

# Executive Branch Personnel Public Financial Disclosure Report

## COPY OF COMPLETE REPORT

Form Approved:  
OMB No. 3209-0001

SF 278 (Rev. 03/2000)  
5 C.F.R. Part 2634  
U.S. Office of Government Ethics

<b>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</b>	05/11/2009		<b>Reporting Status</b> (Check Appropriate Boxes)	<input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	<b>Termination Date (if Applicable)</b> (Month, Day, Year)		<b>Fee for Late Filing</b> Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.
<b>Reporting Individual's Name</b>	Ondra		First Name and Middle Initial Stephen		<b>Reporting Periods</b> <b>Incumbents:</b> The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. <b>Termination Filers:</b> The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable. <b>Nominees, New Entrants and Candidates for President and Vice President:</b>		
<b>Position for Which Filing</b>	Senior Policy Advisor for Health Affairs, Office of the Secretary		Department or Agency (if Applicable) Veterans Affairs		<b>Schedule A--</b> The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing. <b>Schedule B--</b> Not applicable. <b>Schedule C, Part I (Liabilities)--</b> The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. <b>Schedule C, Part II (Agreements or Arrangements)--</b> Show any agreements or arrangements as of the date of filing. <b>Schedule D--</b> The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.		
<b>Location of Present Office</b> (or forwarding address)	810 Vermont Avenue, N.W., # 1015-C, Washington, D.C., DC, 20420, USA		Telephone No. (Include Area Code) (202) 461-4873		<b>Termination Filers:</b> The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.		
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b>	Title of Position(s) and Date(s) Held						
<b>Presidential Nominees Subject to Senate Confirmation</b>	Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?				
<b>Certification</b> I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Signature of Reporting Individual eSigned in FDM by: Stephen L. Ondra User ID: 23393AD552EEF886		Date (Month, Day, Year) 05/14/2010		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Other Review (if desired by agency)</b>	Signature of Other Reviewer		Date (Month, Day, Year)				
<b>Agency Ethics Official's Opinion</b> On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Signature of Designated Agency Ethics Official/Reviewing Official eSigned in FDM by: Ellen A. Herr User ID: 6D8C90D41258BF18		Date (Month, Day, Year) 06/02/2010				
<b>Office of Government Ethics Use Only</b>	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
				(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>			
				(Check box if comments are continued on the reverse side) <input type="checkbox"/>			
				Agency Use Only			
				OGE Use Only			

Reporting Individual's Name  
**Ondra, Stephen L.**

**SCHEDULE A**

Page Number

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Assets and Income	BLOCK B												BLOCK C												
	Valuation of Assets at close of reporting period												Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.												
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Dividends	Rent and Royalties	Interest	Capital Gains	Qualified Trust	Excepted Trust	Excepted Investment Fund	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
None <input type="checkbox"/>																									
Examples																									
1 (1) Cash																									
2 (1) 1-Shares Russell 1000 Growth ETF (ticker: IWF)																									
3 (1) 1-Shares Russell 1000 Value ETF (ticker: IVD)																									
4 (1) 1-Shares Russell Midcap Growth ETF (ticker: IWP)																									
5 (1) 1-Shares MSCI EAFE Index ETF (ticker: EFA)																									
6 (1) 1-Shares MSCI EAFE Growth Index ETF (ticker: EFG)																									

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.



Reporting Individual's Name  
**Ondra, Stephen L.**

Page Number

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**SCHEDULE A continued**  
(Use only if needed)

Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Income; type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Date (Mo., Day, Yr.) Only if Honoraria										
	BLOCK B												BLOCK C																				
	Valuation of Assets at close of reporting period												Income; type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																				
BLOCK A	BLOCK B												BLOCK C										Date (Mo., Day, Yr.) Only if Honoraria										
	Valuation of Assets at close of reporting period												Income; type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																				
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Qualified Trust	Excepted Trust	Excepted Investment Fund	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
1 16 (J) Snohomish County WA 2014																		X			X												
2 17 (J) Black Horse Pike NJ 2015																		X			X												
3 18 (J) Spokane WA 2015																		X			X												
4 19 (J) Clark County NV 2016																		X			X												
5 20 (J) Riverside PA 2016																		X			X												
6 21 (J) Minneapolis MN 2017																		X			X												
7 22 (J) DuPage County IL 2017																		X			X												
8 23 (J) Florida State 2018																		X			X												
9 24 (J) Broken Arrow OK																		X			X												

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.





Reporting Individual's Name  
**Ondra, Stephen L.**

**SCHEDULE A continued**  
 (Use only if needed)

Page Number

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BLOCK A	BLOCK B										BLOCK C																
	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																
	Type										Amount																
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
1 -43 (J) Virus Real Estate Securities Fund																											
2 44 Northern Trust, CHICAGO, IL, USA			X																								
3 -45 (S) Northern Trust, Chicago, IL, USA			X																								
4 -46 (J) Van Kampen Small Cap Value (ticker: VSMFX)		X																									
5 -47 Perkins Small Cap Value (ticker: JSCOX)			X																								
6 Koniniarek Bresler Harvick & Gudmundson, LLC																									Fees, \$1000		
7 NORTHWESTERN UNIVERSITY																									Salary, \$127492		
8 Twin City Fire Insurance Co																									Fees, \$1000		
9																											

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.



**SCHEDULE C**

Reporting Individual's Name  
**Ondra, Stephen L.**

**Part I: Liabilities**

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. **Exclude**

a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Examples	Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)													
	1st	2nd					\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				
1	(U) Citimortgage, Gaithersburg, MD, USA	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand		x												
2	(U) GMAC, Louisville, KY, USA		Mortgage, Wilmette, IL, USA	1996	5.375%	30 year fixed				X										
3			Mortgage, Wilmette, IL, USA	2007	0.0%	5 years														
4																				
5																				

\*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

**Part II: Agreements or Arrangements**

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. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. None

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
2	Leave of absence during government service; Unpaid leave of absence. Leave status - Professor of Neurological Surgery (inactive - on leave) NU School of Medicine.	Northwestern University, Chicago, IL, USA	05/2009
3			
4			
5			
6			

Reporting Individual's Name <b>Ondra, Stephen L.</b>	Page Number 10 of 11
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**SCHEDULE D**

**Part I: Positions Held Outside U.S. Government**

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. None

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1.	Linden Consulting, LLC, Wilmette, IL, USA	Business Enterprise	Officer	12/2007	Present
2.					
3.					
4.					
5.					
6.					

**Part II: Compensation in Excess of \$5,000 Paid by One Source**

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None

Examples	Source (Name and Address)	Brief Description of Duties
	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1.		
2.		
3.		
4.		
5.		
6.		

Reporting Individual's Name Ondra, Stephen L.		SF 278 of Record Comments		Page Number 11 of 11
Annotation: # 1	Section: Asset	Date: 05/13/2010	Author: Stephen L. Ondra	
C O M M E N T				
I-Shares MSCI Emerging Markets Index ETF (ticker: EEM)				
Annotation: # 2	Section: Asset	Date: 05/11/2010	Author: Stephen L. Ondra	
C O M M E N T				
I-Shares Russell 2000 Growth Index ETF (ticker: IWO)				
Annotation: # 3	Section: Asset	Date: 05/13/2010	Author: Stephen L. Ondra	
C O M M E N T				
I-Shares Russell 2000 Value Index ETF (ticker: IWN)				
Annotation: # 4	Section: Asset	Date: 05/11/2010	Author: Stephen L. Ondra	
C O M M E N T				
I-Shares Russell Mid Cap Value Index ETF (ticker: IWS)				
Annotation:	Section:	Date:	Author:	
C O M M E N T				