



UNIVERSITY OF FLORIDA

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To the attention of: United States Citizenship and Immigration Services

Re: National Interest Waiver Petition for

Dear Sir/Madam:

I am writing this letter to strongly support _____'s petition for United States permanent residence based on his exceptional contributions to the field of Orphan Diseases in Pulmonology. In the nearly three decades of my academic medicine practice I have had an opportunity to interact with many talented physicians and _____ stands as one of the top ten I have ever had the pleasure of mentoring. He has a glowing future in academic medicine.

By way of introduction I am a Professor of Medicine and Pharmaceutics at the University of Florida and Associate Chair of the Department of Medicine at the University of Florida College of Medicine. I also serve as Chief of Medical Service at the North Florida/South Georgia Veterans' Health System. Among my many roles and interest in fostering diversity in academia, I also serve as National Spokesperson for Diverse Populations for the American Lung Association in Florida.

I received my BA in Biology in 1973 from Cornell University and my MD from New York University School of Medicine in 1977. I completed a Fellowship in Pulmonary Diseases at the University of Florida Shands Teaching Hospital. I am certified by the American Board of Internal Medicine Pulmonary Subspecialty, Diplomate National Board of Medical Examiners, Diplomate with the State of Florida Board of Medical Examiners, and Diplomate with the American Board of Internal Medicine.

I am also a long time member of the American Thoracic Society, the Florida Thoracic Society, the Florida Medical Association and the National Coalition for the Elimination of Tuberculosis and a Fellow of the American College of Chest Physicians. I serve on the Shands Teaching Hospital Medical Error Think Tank Task Force and I am consultant for the International Union against Tuberculosis and Lung Diseases.

I have published a substantial number of peer-reviewed articles in my specialty. I have also served as a referee for several prestigious journals and over the years participated as invited speaker in multiple regional, national and international academic meetings in the field of Pulmonary diseases. In the setting of these credentials I feel qualified and privileged to write this letter in support of _____'s application for U.S. permanent residence. I have had an opportunity to closely supervise him for a year and a half in the course of his subspecialty training in Pulmonary and Critical Care medicine at the University of Florida, where I also serve as faculty for the Division of Pulmonary Critical Care and Sleep Medicine.

has made invaluable contributions to areas of pulmonary medicine that are in the need of further research, to better understand the epidemiology, mechanisms of disease and ultimately their treatment. Some of these contributions have already been published in notable journals in our specialty and others are being reviewed or in process for publication.

The research areas that he has currently focused on are : Alpha-1 antitrypsin deficiency, Cystic Fibrosis and Pulmonary hypertension.

For his research on Alpha-1-antitrypsin Deficiency he competed for and was honored with the Young Investigator Award by the American College of Chest Physicians this fall in recognition of outstanding original scientific contributions to the field of pulmonary medicine. Under the mentorship of my colleague, queried and analyzed a registry database on more than 25,000 patients genetically studied under the suspicion of alpha-1 antitrypsin disease. Contrary to prior beliefs in the field that Alpha-1- antitrypsin deficiency was a condition primarily manifested in the young, confirmed that this concept was flawed. For the first time, his observations that more than 50% of patients with alpha-1- disease are in fact diagnosed above the age of 50% is a unique and innovative concept that will change the way physicians look at the disease. In subsequent study Dr. s further analyzed the data to identify factors that may predispose patients to a more severe form of the disease, leading to its diagnosis and intervention at younger age.

More recently, as submitted work to the upcoming International American Thoracic Society meeting in San Diego to May 2009, with an innovative contribution. He has demonstrated that severe forms of alpha-one antitrypsin disease may exhibit geographic clustering in the United States , a finding which may have unique implications relating not only to screening practices but possibly to genotypic diversity.

In another and unrelated area of "genetic pulmonary orphan diseases" has also made an original observation that I believe will change the management of patients with cystic fibrosis and gastroenterology symptoms suggestive of gastroparesis. For the first time, he recognized an unusually high frequency of gastroparesis diagnosed by nuclear gastric emptying study in patients with cystic fibrosis. Further analysis of the data revealed that Azithromycin, a medication usually taken 3 times a week by these patients, if given daily may significantly help with the symptoms associated with gastroparesis. This work was recently presented at the North American Cystic Fibrosis meeting and is currently undergoing a revision for publication in the peer-reviewed *Journal of Cystic Fibrosis*.

Due to his prior background as a subspecialty-trained cardiologist is actively participating in aspects of pulmonary hypertension research where he is involved in different projects that may provide new insights in the diagnosis and treatment of this disease. He is currently evaluating the prevalence of pulmonary hypertension in patients that underwent lung transplant evaluation. The treatment of this condition may improve the survival of these patients while they await organ transplantation.

is currently comparing invasive hemodynamic measurements (pulmonary arterial catheterization) versus a new non-invasive device that uses impedance to measure hemodynamic parameters. If the results of this study are positive, patients with pulmonary hypertension may not need to undergo an invasive procedure to be appropriately diagnosed with this disease. This device may also help follow the clinical process of outpatients without the need of repeating a right heart catheterization.

n indefatigable clinician -scientist with great enthusiasm and work ethic. While it is difficult to conceive that in such a short time since he has begun his subspecialty training he has accomplished so much in such varied investigative topics, this is the very rare quality that makes him so outstanding. In summary, I truly believe that he would be a great benefit for the U.S. Health System and to American Society due to his unique knowledge and experience that clearly set him apart from others in the field. Being bilingual in Spanish and English will also be an asset as he not only will benefit a growing segment of Hispanic Americans in this country, but also serve as a great mentor and role model for upcoming students and medical personnel from diverse backgrounds to consider the study of academic medicine. I would venture to say that he is probably one of a handful of physicians in the United States that is triple-trained and has intimate expertise in the subspecialties of Internal Medicine which include Cardiology as well as Pulmonary and Critical Care Medicine. His contributions in the area of pulmonary diseases and cardiology will definitively help the American people as well as mankind. This is an outstanding young clinician scientist.

Please do not hesitate to contact me should you require further information at