

**Summary of testimony:**

As the Director of The Clinical Center of Excellence at Rutgers University, I am speaking on behalf of all of the clinicians treating patients as part of The World Trade Center Health Program. In this testimony, I will address the need for treatment of our patients, and the reasons why the Clinical Center of Excellence model is the optimal way of treating this population.

Our patients as a group suffer from many disabling acute and chronic medical conditions including many types of cancers and severe lung problems including pulmonary fibrosis, sarcoidosis and severe asthma. Our patients also suffer from chronic sinusitis, gastroesophageal reflux and Barrett's esophagus, obstructive sleep apnea, and persistent mental health issues.

The combination of program-wide knowledge and our experience in New Jersey treating over 2,200 patients has allowed us to understand this cohort of patients, and use medical and pharmaceutical resources to accomplish the following objectives which I will illustrate with patient examples:

1. Coordination of care allowing for prompt, cost effective medical care;
2. Diagnosis and treatment of patients considering both physical and mental health aspects of disease, allowing for accurate diagnosis and improvement of quality of life;
3. Use of state of the art diagnostic techniques for early diagnosis and treatment;
4. Use of knowledge gained in our treatment of patients to allow for early intervention enabling our skilled patients to stay at work.

## **Testimony- Energy and Commerce Committee**

**Date: June 11, 2015**

My name is Iris Greenberg Udasin and I serve as Director of the Rutgers University Clinical Center of Excellence in Piscataway, New Jersey. We are one of six Federally Contracted clinics in the NY/NJ area that provide Medical Monitoring and Treatment for World Trade Center First Responders. I am a physician who is board certified in internal medicine and occupational medicine. I am professor of Occupational and Environmental Medicine at Rutgers, and am a member of The National Toxicology panel, which is an expert panel which advises The National Institute of Environmental Health Sciences concerning the relationship between exposure to toxic chemicals and health.

I want to thank the committee for giving me the opportunity to testify today concerning the importance of our Clinical Centers of Excellence, and for the opportunity to provide the best quality medical care through the Zadroga Act to those brave first responders who have multiple chronic and often disabling illnesses including pulmonary fibrosis, sarcoidosis, asthma, as well as gastroesophageal reflux, sinusitis, and obstructive sleep apnea.

The New Jersey Center has been monitoring World Trade Center responders since January 2003 and began treating patients with federal funding starting in 2007 when the first federal funds for treatment finally became available. In addition to the continued treatment of the aforementioned respiratory, pulmonary, and GI conditions, over the past three years we have been able to use our funding under the Zadroga Act to optimize cancer care of our patients. This is critical, since as early as 2008 our responders were already showing a cancer rate that was 15 % higher than people their age who were not at the World Trade Center disaster site. This rate is only increasing, and our patients are much younger and most are non-smokers who do not have other risk factors for the development of cancer. They were highly exposed to environmental toxins as well as severe mental health trauma from what they witnessed at

Ground Zero, from seeing people jumping off tall buildings to their death and finding charred remains of humans at the World Trade Center disaster site.

Our designation as a Clinical Center of Excellence has allowed us to provide the highest quality of care for these First Responders by centering all of their care in one convenient location with staff members that are sensitive to their needs and can coordinate treatment from start to finish.

The combination of program-wide knowledge gained over twelve years of care delivery in addition to my personal experience in New Jersey treating over 2,200 patients has allowed us to understand this cohort of patients, and use medical and pharmaceutical resources to accomplish the following objectives which I will illustrate with patient examples:

1. Coordination of care for complex cases, allowing for prompt, cost effective medical care;
2. Diagnosis and treatment of patients considering both physical and mental health aspects of disease, allowing for accurate diagnosis and improvement of quality of life for our patients;
3. Use of state of the art diagnostic techniques for early diagnosis and treatment of patients;
4. Use of knowledge gained in our treatment of patients to allow for early intervention enabling our skilled patients to stay at work.

**1. Coordination of complex medical cases:**

I am proud to share this panel with David Howley, a retired police officer who performed many months of search and rescue work at the WTC site. David presented with swelling in his neck in 2010. This was eventually diagnosed as an aggressive metastatic cancer of the hypopharynx of the throat. This is an unusual and rare cancer in healthy non-smoking American patients. However, in my center alone, we have seen

8 other patients with this condition. David came to me for care, and to be certain that he was seeing physicians who could provide the best possible care, treat him with dignity, and if possible to avoid the disfigurement that often occurs from the treatment of this cancer. David's treatment has required a team of doctors including myself as the primary care physician, the general oncologist, the general surgeon, two ear nose and throat doctors to remove tumors from two different locations in his throat and neck, and the radiation oncologist. Because of the complicated nature and the location of the cancer, his cancer has been difficult to treat. At the present time, he is tumor free since his procedure of April 2014.

## **2. Diagnosis and treatment of complex patients with quality of life improvement:**

The second patient is a retired detective who presented to us 7 years ago complaining of severe shortness of breath, chest discomfort, fatigue, and difficulty performing his duties in law enforcement. He was a non-smoker, and was present at the WTC disaster site on the date of the disaster. He reported being engulfed in the dust cloud, and he witnessed people jumping out of buildings. He was being treated by his personal physician with 5 medications for his respiratory issues, but no other medications. He came to our office with a colleague who was concerned for his health as he was extremely ill, and was losing the respect of family and friends.

His evaluation at our center confirmed the presence of asthma, but we were also able to diagnose rhinitis, gastroesophageal reflux (GERD), and sleep apnea. We were further able to diagnose post-traumatic stress disorder (PTSD) and panic attacks. This patient was given medication for his rhinitis and GERD, and treated with CPAP for the sleep apnea. He was treated with medication by our psychiatrist, and received therapy for his PTSD and panic disorder. The patient was able to recognize that his panic attacks

were causing him to use increased amounts of his asthma medication, and he learned to control these attacks. He was also able to use less of the asthma medication when his congestion was treated.

At his most recent examination, he no longer needs any mental health medications, uses only 2 asthma medications, uses his CPAP, and is able to socialize and enjoy his retirement.

**3. Use of state of the art diagnosis and treatment available in university medical centers to effect early diagnosis and treatment of patients:**

The third patient is a retired government agent who now works as a consultant to prevent tax fraud. He has been a patient of the program since its inception. An abnormality was noted on his chest x-ray, and he was referred for a CT of the lungs. A small nodule was noted in November 2014, with recommended follow up in January of 2015. A more suspicious nodule was identified at the end of January. This was evaluated by a radiologist who is an expert in interpreting lung CT scans. She was concerned about the suspicious nature of this nodule and its growth since the original scan. This patient was referred to a thoracic surgeon, experienced in VATS (video assisted surgery). A stage 1 lung cancer was promptly removed in early February, with minimal complications and no need for chemotherapy or radiation. He is now back at work, and is overseas looking for people who have cheated our government.

**4. Use of the knowledge gained and studies performed to expedite treatment and keep productive patients at work:**

Rutgers University and New York University have combined to research establishing markers for sleep apnea associated with environmental exposures. This expertise has benefitted many of our patients, as we are able to diagnose and treat obstructive sleep apnea and enable people to work safely. My fourth patient is a pilot for a law enforcement agency. He has a history of Barrett's esophagus, GERD, rhinitis, and sinusitis. He is not obese but these other conditions are risk factors for sleep apnea. Thanks to early diagnosis, this patient has been successfully treated for his condition. In addition, we are able to monitor his sleep and show that he is able to use the CPAP equipment more than 6 hours per night, fully qualified under federal standards. Because of this treatment, he is able to skillfully operate his aircraft.

He asked me how he could thank me for his treatment, and I said that he could continue catching terrorists.

In summary, all of our patients are honored and treated by skilled clinicians. We believe that we are continuing to acquire the knowledge to provide early diagnosis and treatment of emergency responders who are exposed to toxic agents and psychosocial stressors. We are striving to continue to achieve excellence and cost effectiveness in treating our patients, as well as preparation for providing the best possible medical care for any emergency responders who are exposed to a multitude of unpredictable exposures.