Nemours. Children's Hospital

Department of Anesthesiology
13535 Nemours Parkway
Orlando, Florida 32827
407-650-7816, Fax 407-650-7089
gmychask@Nemours.org

Monday, May 20, 2013

The Honorable James M. Inhofe
Ranking Member
Senate Armed Services Committee
205 Russell Senate Office Building
Washington, D.C. 20510

Dear Mr. Inhofe:

I am writing to you today in reference to the National Defense Authorization Act. Briefly, I am a practicing anesthesiologist and researcher in the field of traumatic brain injury and neurologic disease. Much of my work involves the use of hyperbaric oxygen as a treatment and I am the Editor-in-Chief of the Journal of Undersea and Hyperbaric Medicine.

Mr. Inhofe, I am sure that you are well aware of the challenges that our soldiers face when returning from conflicts in the Middle East. Given the widespread use of IED's and a sophisticated battlefield trauma care system, Iraq and Afghanistan have become the "wars of the head injury", where our servicemen and women are faced with post-concussive issues of neurologic injury, deterioration of mental function and PTSD. Although this is frequently manifest as dramatic and visible paralysis and/or difficulty speaking, it can also be more subtle, as in the case of personality change, aggression and depression that, sadly, sometimes results in murder or suicide.

I have written extensively about the utility of hyperbaric oxygen in the treatment of PSD and other manifestations of traumatic brain injury. Hyperbaric oxygen is a safe, easily used treatment that, in many cases, has resulted in a dramatic improvement in the symptoms of patients with traumatic brain injury. Every day we are learning more about the mechanisms of this treatment and gathering more data validating its efficacy. Unfortunately, the therapy is not yet approved for reimbursement by either Medicare or Tricare, as the FDA and other regulatory bodies are await more studies and trials to definitely show the beneficial effects of hyperbaric oxygen. This means, however, that only people of financial means have the ability to enjoy the positive results of the treatment, while the majority of patients go without.

Scientific evidence is a sometimes elusive thing and the nature of traumatic head injury, coupled with the complexity of the treatment system, makes the design of studies of hyperbaric oxygen more difficult than, say, studying the effects of a pill or injection. Nevertheless, I feel, as do many of my colleagues, that there is sufficient clinical and research evidence to justify the use of hyperbaric oxygen as a standard-of-care treatment for traumatic head injury that should be reimbursed by CMS and Tricare. In particular, recent studies from the Israeli armed forces are especially compelling as to evidence of the effectiveness of hyperbaric oxygen in the treatment of head injuries following IED blast.

I very much appreciate your time and consideration of my comments in this important matter. I have no doubt that, over the next several years, hyperbaric oxygen will be proven beyond a reasonable doubt to be one of the most effective treatments for traumatic brain injury. During this time, however, many will suffer the tragic outcome of severe disability and suicide while awaiting this standard of proof. There is a preponderance of evidence now to justify the use of and funding for the treatment and I urge you to give it appropriate priority in your decisions as to allocation of resources. Please do not hesitate to contact me if I may be of any further assistance. I can be easily reached on email (gmychask@nemours.org) or on cell, 24 hours, 407-600-7099.

Sincerely yours,

George Mychaskiw II, DO, FAAP, FACOP
Professor and Chair