Statement of Captain Jonathan D. Pruden

Committee on Energy and Commerce

"Improving America's Health: Examining Federal Research Efforts for Pulmonary Hypertension and Chronic Pain."

December 8th, 2005

On 01JUL03 I was severely injured in an IED attack near the UN headquarters in Eastern Baghdad, Iraq. I was there with the Third Infantry Division on the initial movement up from Kuwait. I had some previous experience with pain from severely breaking my right leg in college playing flag football requiring three operations. I also worked as an EMT for almost three years where I encountered a great deal of acute pain due to disease and physical trauma. None of these experiences prepared me for what it is like to live with chronic pain.

After taking 173 pieces of shrapnel and one bullet I quickly became hypovolemic, due to tremendous blood loss from both legs, and a large hole in my back. Tourniquets were placed on both my legs as I started to go into shock. After a couple of surgeries at a CSH in Iraq to stabilize me, I was MEDEVACed to Landstuhl in Germany, and after a couple more surgeries I made it to Walter Reed. Over the next two years I had numerous surgeries to try to put me back together. After a total of 18 surgeries at six different Army hospitals I elected to have my right leg amputated this past summer.

The decision to amputate was not an easy one but it was, in hindsight, right one. One of the primary reasons I decided to amputate my leg was the chronic pain it caused and the

acute pain I experienced each day at Physical Therapy as I attempted to bear weight on it. For two years I coped with, often times, debilitating pain.

Pain is a powerful thing. It changes everything. Your whole life is altered to accommodate it. In military hospitals all around the nation I witnessed strong young Infantrymen, Medics, and Snipers buckle under its crushing weight. Exhausted emotionally and physically they cried out in pain. I recall many long painful, sleepless nights at in hospitals and at home. When the pain was at its worst I would have done almost anything to rid myself of it but all I could do was call a nurse and hope they could ease the pain a little with another dose of Morphine. After a surgery or a tough Physical Therapy session all I could focus on was the pain. I really enjoy reading but my chronic everyday pain when uncontrolled was such that I couldn't focus to read. I found myself changing my activities and my schedule to accommodate my pain. I would often look at potential activities with an eye to how much pain it would cost me and subsequently how much medication and rest I would need to recover from it. Each day I would anxiously await the time I could take my medications, not so much because of a physical dependence, but because of a real need to control my pain.

In the same breath as I describe the challenges of uncontrolled pain I'll tell you how, for the most part, my pain was effectively managed with Oxycontin. During my extensive hospital stays I had dozens of physicians, specialists, and anesthesiologists. Through them I tried at least half a dozen pain control medications, and Oxycontin was consistently the best for managing my pain without the roller coaster effect and with minimal side effects.

Narcotics such as Oxycontin conjure up images of drug abuse, crime, and addiction for many people. While concerns over the illegal or improper use of narcotics are certainly legitimate. The line between the two should be very clear. Physicians should have unambiguous guidelines about what is legal. The fear of federal or state prosecution, unfortunately, makes many physicians hesitant to prescribe opiods even when they may be the best pain control tool for certain individuals.

Many physicians and patients fear that the physical dependence sometimes caused by narcotics will lead to addiction and drug abuse. This is seldom the case and is extremely rare among patients using Oxycontin for palliative care. After 28 months using Oxycontin I was able to stop with no real problem through a gradual reduction. I can't state strongly enough the profoundly positive effect Oxycontin had on my life.

It is understandable that some patients would have misconceptions about the realities of pain medication use but physicians should have a comprehensive understanding of available medications and pain care techniques. More importantly they should know the pain management resourses available to their patients and have a close working relationship with pain management specalists.

To often, I witnessed a disconnect between physicians and palliative care experts. With my medical background, rank, and a little assertiveness I ensured that I saw the anesthesiologists who could best address my pain. Unfortunately, some of the wounded soldiers I've been working with do not get the pain care they need because they are afraid to ask for it, are ashamed to ask for drugs to control their pain due to social stigmas associated with the abuse of pain medications, or are simply trying to be tough. The fear

of addiction and the associated stigma of drug use ironically may lead to more profoundly addictive behavior. One of my old soldiers was wounded and returned from Iraq this past summer. As we were talking he bragged how he was not using his pain meds, but unfortunately it turns out he was self medicating with alcohol to cope with the pain.

The prevalent attitudes towards the use of narcotics for palliative care need to be changed. When I was contacted to testify here today I was reluctant. I was feared showing my soldiers how much I pain effected my life, how badly I needed Oxycontin just to get by, and was embarrassed to be seen whining to Congressmen about my pain. But as I though about it I realized how important it is that you all understand some of the difficulties encountered by those living with pain in the hope that through this legislation you can address some of the profound shortfalls in palliative care.

The main reason I'm here is because I saw, firsthand, soldiers who slipped in to the void that often exists between the front door of the hospital and the adequate treatment of chronic pain. I've witnessed the strong fear of certain pain medications among both doctors and patients that sometimes results in inadequate pain care. I've also experienced the lack of understanding in the medical community about what causes pain and how we can best treat it. This bill does a great deal to address these very real and widespread issues. In the time allotted I could not share all stories of soldiers coping with pain nor all of my own struggles but I hope this testimony will in some small way help you all understand the debilitating effects of pain and move you toward action to address the needs of millions who are living in pain.