FOUNDER'S LETTER

Why Hyperbaric Medicine Is Entering Its Infrastructure Phase

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The Moment That Clarified the Question

On March 5, 2026, during the House Committee on Veterans' Affairs, Subcommittee on Health Oversight Hearing titled "Hidden Wounds: Effectively Supporting Veterans with TBI," Congressman Dr. Greg Murphy, a practicing physician before he was a legislator, referenced a program called HBOT4Heroes. He told his colleagues that hyperbaric oxygen therapy had helped veterans suffering from traumatic brain injury and PTSD, many of whom had not responded to other treatments.

> Note: Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are not among the FDA-cleared indications for hyperbaric oxygen therapy. The Congressional testimony referenced above reflects ongoing research and legislative advocacy. RxAir360 does not make treatment claims for TBI, PTSD, or any other condition outside of FDA-cleared indications.

For me, that moment did not feel like a surprise. It felt like confirmation of something I had believed for a long time: the therapy was never the whole problem. Access was.

What made the moment significant was the setting: a United States Congressional hearing, on the record, with a physician-congressman lending his credibility to a therapy that is clinically established but rarely discussed outside wound care.

The hearing did not change the science. But it sharpened a question that has gone unanswered for far too long:

> *If hyperbaric oxygen therapy has been clinically recognized for decades, why does the United States still lack the infrastructure needed to make it broadly accessible?*

Here's my take on that question, and what RxAir360 is doing about it.

The Access Gap No One Talks About

Today, there are fewer than 1,400 hyperbaric treatment facilities in the entire United States. That number has barely changed in decades.

To understand how unusual that is, consider the infrastructure that exists for other medical services. The United States operates more than 7,500 dialysis centers, over 6,300 ambulatory surgery centers, more than 6,900 freestanding imaging centers, and nearly 12,000 urgent care clinics. Each of those services went through a phase in which infrastructure expanded from centralized hospital settings to distributed outpatient environments.

Hyperbaric medicine never did.

The therapy itself is well-established. The FDA recognizes fourteen cleared indications. The Undersea and Hyperbaric Medical Society has maintained clinical standards for decades. Research into neurological applications, wound healing, and oxygen-based therapies continues to grow.

The problem is not the therapy. The problem is infrastructure. There are simply not enough places where patients can receive treatment.

Why the Industry Stalled

Hyperbaric medicine has passed through three distinct phases, each of which has shaped the market we see today.

In the first phase, from the 1950s through the 1970s, researchers were enormously excited about what oxygen under pressure could do. Hospitals installed large multiplace chambers. Hundreds of programs opened worldwide. But the research outpaced the clinical evidence, and the medical community pulled back.

In the second phase, from the 1980s through the early 2000s, regulators and insurers tightened the rules. Reimbursement narrowed to a handful of indications: decompression sickness, diabetic wounds, radiation tissue injury, and carbon monoxide poisoning. Hyperbaric programs were consolidated almost entirely into hospital wound care centers. That structure locked the industry into a narrow distribution model that persists today.

In the third phase, from roughly 2005 to the present, interest has quietly returned. Neurological research, veteran TBI treatment, sports recovery, and regenerative

medicine have all brought new attention to hyperbaric therapy. But the infrastructure never caught up. Hospitals still dominate. And hospitals, for understandable reasons, have not prioritized expansion.

Why Hospitals Haven’t Expanded Access

This is not a criticism of hospitals. It is a structural observation.

Running a hospital-based hyperbaric program is operationally complex. It requires specially trained physicians and technicians, fire safety protocols, pressure vessel maintenance, and strict accreditation standards. Most hospital HBOT programs are housed within wound care departments, where reimbursement is predictable but volume is limited.

When hospital leadership allocates capital, they tend to prioritize services with higher, more consistent returns, such as surgical programs, imaging, cardiovascular care, and oncology. Hyperbaric medicine competes with those departments for investment dollars and rarely wins.

Traditional hospital-based hyperbaric chambers, particularly multiplace systems, often require significant facility infrastructure. These installations typically involve reinforced structural floors, dedicated treatment rooms, specialized oxygen-delivery systems, and enhanced fire-safety and environmental controls designed for pressurized-oxygen environments.

That makes hyperbaric installations costly and difficult to integrate into existing clinical space. For many hospitals, the cost and complexity of expanding hyperbaric capacity outweigh the financial return relative to other service lines.

The result is a market that has been structurally stagnant. While the clinical applications of HBOT have expanded, the number of places where patients can actually receive treatment has barely changed.

The Pattern That Keeps Repeating

If you study the history of medical services in the United States, you see the same transition happen again and again.

Dialysis was a hospital procedure in the 1960s and 1970s. Then companies like DaVita and Fresenius built outpatient networks. Today, more than 7,500 dialysis

centers operate nationwide, and the U.S. dialysis services market is estimated at more than $35 billion a year.

Diagnostic imaging was confined to hospital radiology departments in the 1980s. Then stand-alone imaging centers emerged. Today, thousands of freestanding facilities offer MRI, CT, and other services across every state.

Surgery itself was once exclusively a hospital activity. Then ambulatory surgery centers opened. Today, more than 80 percent of U.S. surgeries are performed in outpatient settings.

In every case, the pattern was the same: infrastructure moved closer to the patient. Access expanded. The market grew.

> *Hyperbaric medicine has not yet undergone that transition. But the conditions for that transition are aligning now.*

Why the Timing Is Changing

The timing looks different today than it did even a decade ago.

An aging population is driving increased prevalence of chronic wounds and vascular disease, conditions where HBOT has well-established clinical utility. Veteran care is receiving renewed national attention, with Congress actively revisiting treatment options for traumatic brain injury and PTSD. Oxygen-based therapies are drawing greater interest across regenerative medicine, longevity research, and mitochondrial science. At the same time, healthcare systems worldwide are shifting more services to outpatient settings, driven by economic factors, capacity constraints, and patient preferences.

While regulatory and reimbursement hurdles remain, the momentum for change is undeniable.

These trends point to the same conclusion: access to hyperbaric medicine will need to expand. The question is not whether it will happen, but how, and who will build the infrastructure to support it.

What RxAir360 Is Building

RxAir360 was founded on a straightforward conviction: if you make it possible for physicians to integrate hyperbaric therapy into their clinical practice, access will expand.

We are developing a physician-integrated hyperbaric system designed for outpatient clinical environments. The goal is simple: make hyperbaric therapy more practical to deploy in the places where patients already receive care.

We designed our system with a compact clinical footprint, steel-and-acrylic construction with multiple viewports, and a human-machine interface built around physician workflow. We have partnered with PerVista AI to integrate computer-vision-based anomaly detection for real-time patient monitoring during treatment and safety checks before entering the chamber. We hold one issued patent, U.S. Patent No. 11,648,164 B2, and are pursuing FDA 510(k) clearance.

But the system itself is only part of what we are building.

The larger mission is expanding the infrastructure of hyperbaric medicine itself. We are working to make it practical for neurology clinics, sports medicine practices, regenerative medicine centers, smaller wound care clinics, and veteran treatment facilities to offer HBOT in environments where patients already receive care.

Access, Not Treatment Claims

Much of the public conversation about hyperbaric therapy centers on specific conditions: stroke, autism, PTSD, longevity, and healthy aging. Those conversations matter. They bring hyperbaric medicine into a larger discussion and draw new attention to what oxygen under pressure may be able to do.

We have chosen a different role in that discussion.

RxAir360 does not market conditions. We focus on access. Our message to investors, regulators, physicians, and policymakers is straightforward: we want to make it easier for physicians to deliver hyperbaric oxygen therapy in clinical settings where it has not been practical before.

We chose this path because it keeps our part of the conversation grounded in patient access, physician adoption, and responsible clinical use.

Veterans and the Case for Access

Veterans represent the most visible example of the access problem.

Many veterans living with traumatic brain injury, blast injuries, and PTSD must travel hundreds of miles to reach a hyperbaric treatment center, even when their physicians recommend the therapy. TBI and PTSD remain outside the FDA-cleared indications, and research continues. Organizations like HBOT4Heroes and TreatNOW have been advocating for expanded access for years. Congressional attention is growing, and the conversation increasingly includes a simpler question: why so few veterans can reach a chamber at all.

We are not positioning RxAir360 as a company that treats veterans. We are positioning RxAir360 as a company that addresses the infrastructure gap that keeps veterans, and millions of other patients, from reaching hyperbaric care, including the many who qualify under the FDA-cleared indications today.

This access challenge is not unique to the United States. It is a defining feature of the global market.

The Global Landscape

While my focus here is on the American infrastructure gap, this is a global phenomenon. According to Precedence Research, the global hyperbaric market is estimated at approximately $4 billion in 2025, with projections of growth to roughly $6.7 billion by 2034 at approximately 6 percent annually.

The United States currently recognizes fourteen clinical indications for hyperbaric oxygen therapy under guidelines established by the Undersea and Hyperbaric Medical Society. In other parts of the world, the clinical framework is broader. European consensus guidelines identify more than two dozen potential applications across multiple evidence tiers, while countries such as China and Russia have incorporated hyperbaric medicine across an even wider range of hospital specialties, including neurology and cardiovascular. Israeli researchers have produced some of the most widely discussed studies on hyperbaric therapy’s potential role in neuroplasticity and age-related cognitive decline.

The global experience does not replace the need for rigorous research. But it demonstrates an important pattern: when access to treatment infrastructure

expands, clinical data expands with it. As more patients receive therapy and more outcomes are studied, physicians gain a clearer understanding of where the treatment provides measurable benefit.

> *Infrastructure, in that sense, does more than deliver care. It enables discovery.*

What the Biggest Healthcare Companies Built

The most enduring healthcare companies rarely stop at equipment. They build networks, delivery models, and service ecosystems.

Dialysis companies did not just make dialysis machines. They built dialysis networks. Imaging companies did not just manufacture MRI scanners. They built imaging center chains and service models. Ambulatory surgery centers did not just design operating rooms. They created a new care-delivery category.

We think about RxAir360 the same way. The chamber is the entry point to that infrastructure. But the long-term vision is larger: helping transition hyperbaric medicine from a hospital-constrained specialty into a distributed, physician-led clinical service.

The Next Phase

Hyperbaric medicine is a proven clinical tool with limited infrastructure.

With fewer than 1,400 clinical hyperbaric treatment facilities in the United States, access remains limited. Our mission is to expand physician access to hyperbaric oxygen therapy so more patients, including veterans, can receive care closer to home.

> *At RxAir360, we believe hyperbaric medicine is entering its infrastructure phase. And we are building the access that comes next.*

This letter reflects my perspective as the founder of RxAir360 and our commitment to expanding physician access to hyperbaric medicine.

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