

I proudly served in the United States Army from 1994 to 2012. I have three combat tours: two in support of Operation Iraqi Freedom and one in support Operation Enduring Freedom. On June 29<sup>th</sup>, 2009 I was wounded while on patrol in Iraq when an Explosive Formed Projectile struck my vehicle. I received the Purple Heart for injuries sustained during this event. I sustained a moderate Traumatic Brain Injury, which affected me both, physically and cognitively.

According to my healthcare providers, the effects of my injuries are expected to worsen over time, and in fact they have.

Since 2009, I received approximately 2 years of rehabilitation. Since the beginning of my injury, I was prescribed different medications to attempt to lessen the effects of the cognitive disorder and pain. After several attempts, doctors were able to find the correct medication to lessen the effects of the newly acquired cognitive disorder and pain.

To address the cognitive disorders I was finally prescribed Vyvanse, which was a medication that caused no secondary effects, and helped me find a new normalcy. After 3 years with a medication that was working very well, I was forced to changed medications to a less effective formula. Why? Unfortunately, the original medication that was working tremendously with no secondary effects and included in the DoD formulary is not included in the VA limited formulary. This situation forced me to return to a medication that was already discontinued from my care due to the experienced adverse side effects.

My healthcare services are provided by El Paso VA Health Center. Particular to my health care facility in El Paso, Texas is that both, the DoD pharmacy and the VA Pharmacy are co-located, they are in the same building. While Vyvanse physically exists in the building, I cannot receive it because the VA does not carry it in its formulary. That means that while I could be receiving

the medication with no side effects, I have to settle for a medication that it has been no good to me, only because of a limitation in the VA formulary.

In my case the medication, Vyvanse, is intended to help with attention and concentration. This medication was vital in my successful completion of graduate studies and in becoming a Certified Rehabilitation Counselor. So, I am not the case of one a Veteran with a tantrum because of not being able to receive one random medication. I am the case of one Veteran that wants to succeed in life, by having the playing field leveled. My past medication leveled my playing field.

Today, I do not come to you as one isolated Veteran. I come to you as the voice of many. I support this bill. It is a bill that is economically sound. This bill may result in the better utilization and allocation of resources, which in turn may reflect in an increased quality of services provided to Veterans.

I have come across Veterans with situations similar to mine. These Veterans ask me to be their voice here today. The following Veterans had similar stories to mine; they authorized me to mention their name here today: Fernando Esquivel from Texas, Mike Barbour from Illinois, Zen Cypher from Texas, and, DeWayne Mayer from Ohio.

This afternoon, I am saddened as I ask myself: how many Veteran suicides have been related to medications change for the lack of uniformed formularies? We may never know the answer. I only know one thing: I wish I could go back to the medication that worked well and not live for 2 years with daily adverse secondary effects of a medication given to me, solely because it is the only available option to me.

Thank you.