

# United States Senate

July 27, 2023

The Honorable Denis R. McDonough  
Secretary  
Department of Veterans Affairs  
801 Vermont Avenue, NW  
Washington, D.C. 20402

Secretary McDonough,

As I raised in questions to Department of Veterans Affairs (VA) witnesses at the Senate Veterans Affairs Committee hearing held on June 14, 2023, I remain deeply concerned about the VA administering a needle exchange program at their medical facilities for veterans experiencing substance use disorders (SUD). These programs, known as Syringe Support Programs (SSPs), are intended to reduce the spread of infectious diseases among people who inject drugs; however, the evidence behind whether SSPs contribute to drug use reduction is questionable. In a memo dated May 24, 2021, the Assistant Under Secretary for Clinical Services recommended that all Veterans Health Administration (VHA) Medical Centers develop SSPs or “ensure veterans enrolled in VHA care have access to SSPs where such programs are not prohibited under state, county, or local law.”<sup>1</sup> I find VA’s continued superseding of state laws in order to drive a progressive agenda troubling, and I worry for the future of veteran health care because of it.

Currently, SSPs are not permitted in six states, including Alabama.<sup>2</sup> In fact, not only does Alabama not allow SSPs, but also possession of hypodermic syringes and needles with intent to use a controlled substance in violation of state law is a criminal offense.<sup>3</sup> While it is true that the prohibition on use of federal funds to purchase syringes directly limits the Department of Health and Human Services and not the VA,<sup>4</sup> it seems contradictory to the will of the states that the VA should offer SSPs to veterans at their medical centers in states where it is unlawful and whose practice could expose veterans to criminal liability. Further, given the federal ban and certain state bans, it is extremely concerning that the VA holds up as the basis of its authority to provide SSPs an internal memorandum issued more than two years ago from an Assistant Under Secretary providing interim guidance. In our representative democracy, such a controversial use of authority should require an open and transparent rulemaking process that would allow the

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<sup>1</sup> Interim Guidance on Syringe Services Programs (SSPs) in the Veterans Health Administration (VHA) (VIEWS# 05009598)

<sup>2</sup> <https://legislativeanalysis.org/wp-content/uploads/2022/06/Syringe-Services-Programs-Summary-of-State-Laws.pdf>

<sup>3</sup> Alabama Code Title 13A. Criminal Code § 13A-12-260.

<sup>4</sup> <https://www.congress.gov/117/cprt/HPRT50348/CPRT-117HPRT50348.pdf>

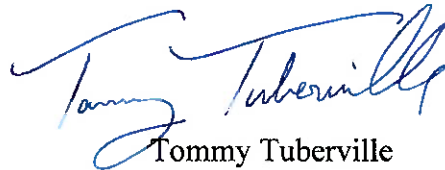
public to comment and question the provision of these programs, not only at the VA, but also in states that prohibit them.

This country is experiencing an unprecedented opioid epidemic, and facilitating addictions, especially those of our veterans seeking help from the VA, will only exacerbate the problem. To better understand the data and trends the VA used to conclude that SSPs are in the best interest of veterans experiencing SUD, please provide answers to the following questions by September 30, 2023.

1. Under what federal law and regulation does the VA derive authority to administer a taxpayer-funded needle exchange program?
2. How many VHA-enrolled veterans have been given access to clean needles or syringes since this VHA memo was issued?
  - Of that number of veterans, how many have entered in-patient rehabilitation care at the VA?
  - How many have entered in-patient rehabilitation in the community?
3. Under what conditions does a veteran gain access to needles or syringes through the VA?
4. Can a VHA-enrolled veteran receive clean needles or syringes without speaking to a clinician or provider?
5. Can a veteran who is not enrolled in VHA gain access to clean needles or syringes through the VA?
6. Do VA providers create comprehensive care plans for every veteran who is given access to VA-provided clean syringes or needles?
7. What data does the VA have that shows, explicitly and conclusively, that SSPs are the reason for a veteran's recovery from SUD?

The fact that the VA, the country's largest integrated health care system, is administering a needle exchange program, when they should be creating treatment plans for veterans experiencing SUD, is appalling. This program is a poor use of taxpayer dollars and a tremendous disservice to the veterans who are coming to the VA seeking help, not looking to prolong their addictions. I appreciate a prompt response to my questions.

Sincerely,

A handwritten signature in blue ink that reads "Tommy Tuberville". The signature is fluid and cursive, with the first name "Tommy" and last name "Tuberville" clearly legible.

Tommy Tuberville  
U.S. Senator