Veteran Snapshot

Veterans with SCI:
- 450 veterans are newly injured each year
- 26,290 veterans with SCI received VA health care in 2021—95.1% male and 4.9% female

Veterans with MS:
- 18,000 - 20,000 veterans receive VA health care for MS each year, at least 6,260 received treatment related to their spinal cord—77.5% male and 22.5% female*
- Female to male ratio for all MS diagnoses is 3:1

Veterans with ALS:
- > 1,000 veterans are newly diagnosed with ALS each year
- 4,616 veterans with ALS received VA health care in 2021—94.9% male and 5.1% female*

*Number reflects veterans with MS and ALS that are added to the SCI/D registry. Some VA SCI/D centers add veterans with MS and ALS only to the Neurology registry; thus the actual number of veterans with MS that have spinal cord involvement is much higher.

SCI/D Center Snapshot

- There are 123 SCI/D Spoke Centers, 25 SCI/D Hub Centers, and 6 LTC Centers.
- The largest SCI/D LTC center has 47 beds (Hampton, VA) and smallest has 12 (Long Beach, CA).

COVID-19 Snapshot

- People with SCI/D are seven times more likely to experience severe complications or death from COVID-19.
- 73% of veterans with SCI/D received one to three doses of the COVID-19 vaccine as of Dec. 2021.

*Based on data from the VA SCI/D COVID-19 Summary Report.

Top 4 SCI/D System Challenges in 2021

1) Unavailability of Long-Term Care (LTC) Beds
   - Veterans with spinal cord injuries and disorders (SCI/D) remain unnecessarily in SCI/D acute units for years, due to unavailable LTC beds.

2) Staffing Shortages and Prolonged HR Onboarding Processes
   - There are currently over 170 nursing position vacancies across the SCI/D system, forcing existing nursing staff to operate at 73 percent of what is mandated by VA Directive.
   - There are universal hiring delays of three to 12 months for new employees and staff transfers within VA are unsupported and severely delayed.

3) Social Isolation of Patients
   - Visitation to SCI/D units and LTC centers has been fully closed or extremely limited for two years, restricting patients and residents from exiting their units and receiving visits from their family and friends.
   - Communal areas have been closed, forcing veterans to remain in their rooms and pushing outpatient (and some inpatient) care to a virtual format.
   - Mental health challenges have worsened resulting in increased despair and behavioral health complications.

4) Disruption of Essential Programs
   - Admissions into the SCI/D units have been postponed for all non-emergent needs, delaying critical care.
   - Therapeutic programs have been closed or extremely limited, including peer mentoring, group therapy, recreational therapy, physical therapy, and sports activities. Family support is also offered virtually.