



Addressing Staffing Vacancies and Lack of Available Beds

Staffing vacancies and limited bed availability remain one of the top challenges for veterans seeking care in the Department of Veterans Affairs' (VA) spinal cord injuries and disorders (SCI/D) system of care. VA's 2024 "Zero Net Growth" mandate led to the deactivation, abolishment, and rescinding of several key staffing positions across the Veterans Health Administration (VHA). The SCI/D system of care was not immune from this policy. Unfortunately, the staffing challenges that existed under this and other policies have been exacerbated by ongoing uncertainty in the VA's workforce.

We want to ensure that current efforts to reduce the size of the federal government and increase care in the community do not lead to a lower quality of care or decrease access to VA-direct care. Although many clinical providers such as nurses, social workers, and psychologists are exempt from hiring freezes and other efforts to reduce personnel, other critical staff are not. Overall, hiring freezes, early retirement, resignations, and terminations amongst all staff have significantly limited access to care, including bed availability. As of March 1, 2025, SCI/D nursing staffing levels were down by 35 percent, making more than one-third of VHA's existing acute SCI/D beds unavailable.

These continued staffing deficiencies within the SCI/D system of care are unacceptable. They undermine the integrity and future of the VA's SCI/D system of care—a specialized service that is unmatched, irreplaceable, and unavailable anywhere outside of the VA. Veterans with SCI/D have earned, deserve, and are entitled to receive comprehensive VA-direct SCI/D care. VA must prioritize clinical and support staffing for VA's SCI/D system of care.

Facility-based long-term care beds have long been in short supply. Currently, VA has six long-term care facilities that are capable of appropriately serving veterans with SCI/D and the department is required to maintain 198 authorized (181 operating) long-term care beds at SCI/D centers. However, as of April 1, 2025, only 156 beds were available due to the lack of staffing. Dallas and San Diego are currently building long-term care centers for veterans with SCI/D. Community nursing homes often choose residents with fewer physical needs before accepting a veteran with the intense needs associated with SCI/D. VA's Expanded Care program can provide a veteran with up to 24/7 skilled nursing care in their home, with the only requirements being the veteran is enrolled in and receiving care through the VA and is medically determined to require this amount of care. Unfortunately, many Geriatrics and Extended Care Coordinators remain unaware that the program exists and how it can benefit veterans with SCI/D. It is essential that this program remains available.

Examples of critical vacancies across VA's SCI/D system of care:

- **Miami, Palo Alto, and Seattle** do not have wheelchair repair technicians, with no positions approved for hire.
- **Seattle** does not have a plastic surgeon. Surgical wound care is not available at this facility.
- **Long Beach** does not have a psychiatrist, with no position approved for hire.
- **Syracuse** does not have a psychologist, with no position approved for hire.
- **Lake City, FL (spoke)** does not have a physician or nurse practitioner. SCI/D staff from Gainesville (50 miles away) have been redeployed to Lake City to provide limited clinic hours.
- **Denver** does not have a dietician, with no position approved for hire.
- **Hines (Chicago)** has one physical therapist. Two vacancies are currently frozen and not approved for hire.

TOP VA SCI/D SYSTEM CHALLENGES



Increasing Access to VA-Direct Care Closer to Home

While we continue our collaboration with the VA to address key issues—such as the absence of Residential Rehabilitation Treatment Programs for mental health issues and substance use disorders among veterans with SCI/D, as well as the limited availability of long-term care options—we are now prioritizing the growth and support of VA SCI/D spoke sites. The VA uses a hub and spoke system of care including 25 regional hubs (centers) that offer multi-disciplinary primary and specialty care and services, and approximately 130 spokes, which offer local SCI/D primary care and support clinics.

The COVID-19 pandemic fundamentally reshaped VA SCI/D medicine. Restrictions on hospital admissions and outpatient visits forced many veterans to adapt to new avenues of care, including telehealth, outpatient clinics, home care services, Hospital in Home programs, and other home and community-based services. These alternatives have yielded exceptional outcomes for veterans with SCI/D, many of whom have grown to appreciate this outpatient-focused approach over traditional center-based inpatient care.

Additionally, the pandemic spurred significant advancements in VHA outpatient and home-based programs to fill care gaps and meet the needs of all veterans. These improvements include the expansion of the Veteran Directed Care program, Home Health Aide services, In-Home Respite programs, Expanded Care/Private Duty Nurse program, Caregiver programs, and, most notably, the passage of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This legislation eliminated expenditure caps on home care, ensuring that veterans receive the care they need when and where they need it—often closer to home at a spoke site rather than driving 2–8 hours to an SCI/D center.

Because of this shift, our data shows that as of February 2025, SCI/D center bed occupancy has declined by 10 percent compared to pre-COVID levels. Many veterans now realize they no longer need to travel long distances for care that can be effectively delivered on an outpatient basis at nearby VA SCI/D spoke sites. We want to ensure that spoke sites are equipped with the resources, staff, and access necessary to serve the growing number of veterans with SCI/D choosing this model of care. However, SCI/D centers remain vital links in the system of care and they must retain staff and beds, as well as conduct outreach to all veterans on the registry to ensure veterans have access to all their needed services.



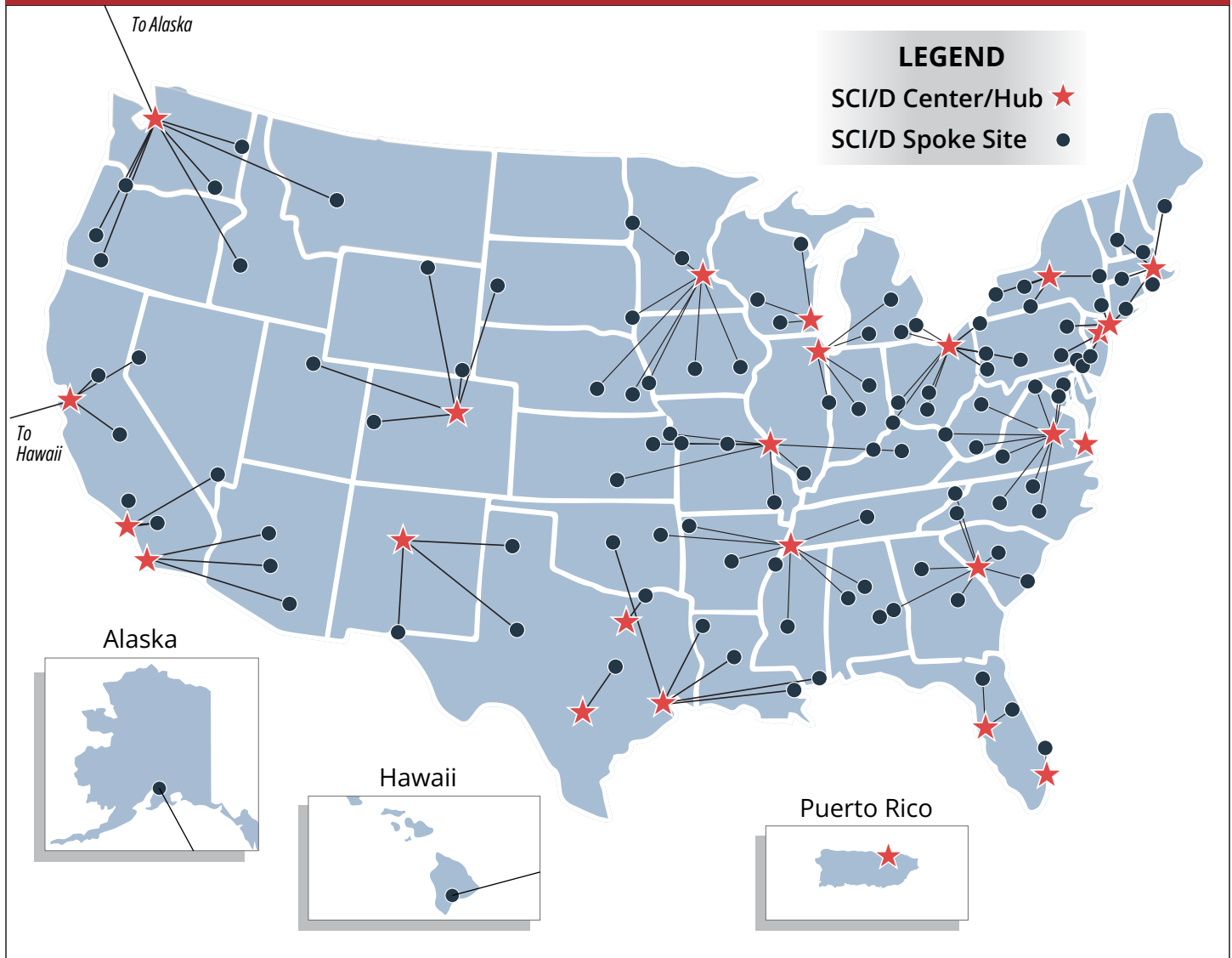
“The lives of veterans with SCI/D depend on having access to VA-provided care through VA’s SCI/D system. It’s not just acute care post-injury or diagnosis that we depend on, it’s also the lifelong care that allows us to remain in our homes, to work and volunteer, and live in our communities with our families.”

Robert Thomas
U.S. Army Veteran and PVA
National President

TOP VA SCI/D SYSTEM CHALLENGES



VHA SCI/D System of Care



SCI/D Registry Information, as of the beginning of fiscal year 2024

Veterans receiving care for Spinal Cord Injury	Veterans receiving care for Multiple Sclerosis	Veterans receiving care for amyotrophic lateral sclerosis (ALS)	All SCI/D total
17,808	5,014	1,663	24,485



1 Increase Number of VA SCI/D Long-Term Care (LTC) Beds

There is a severe shortage of VA extended care facilities for veterans with SCI/D, many of whom are currently languishing in community institutions that are not adequately equipped or trained to care for this vulnerable population.

- ★ Less than 200 LTC beds nationwide—only 12 LTC beds west of the Mississippi River.
- ★ 70 beds at three locations coming online following construction projects scheduled for completion in Fall 2025/Fall 2027.
- ★ Additional 154 beds at seven locations that are awaiting funding (combination of renovation/addition and new construction projects)—would still not fully address the shortage.



2 Elimination of Four-Bed Patient Bedrooms at SCI/D Acute Care Centers

Almost half of SCI/D centers continue to utilize four-bed patient bedrooms each with one shared bathroom which are not allowed by VA requirements. Due to infection control issues in the shared bedrooms and bathrooms, individual veterans with SCI/D are frequently isolated in a four-bed patient room limiting bed availability and veterans' access to care by as much as 75 percent.

- ★ 12 VA SCI/D centers have four-bed patient bedrooms—represents 34 percent of all acute care beds in the system of care.
- ★ Three funded design and construction projects will eliminate additional four-bed patient bedrooms—29 percent of existing acute care beds will still be four-bed patient bedrooms upon completion of these projects.
- ★ Nine projects awaiting funding to eliminate four-bed patient bedrooms—completion of all proposed projects will eliminate all but four four-bed patient bedrooms.



3 Fund Major Projects to Modernize SCI/D System of Care

The VA has already invested significant initial design costs for major design projects at several SCI/D centers, only to put the projects on hold due to poor budget management or other factors. Expediting the completion of these readily achievable projects would greatly improve the SCI/D system of care. Projects would affect SCI/D centers (acute and long-term care) in Dallas, the Bronx, Brockton (Mass.), Minneapolis, Long Beach (Calif.), St. Louis, Tampa, and West Roxbury (Mass.)

