



# CONGRESSIONAL TESTIMONY

STATEMENT BY

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BEFORE

**THE HOUSE COMMITTEE ON VETERANS' AFFAIRS**

ON

**"A CALL TO ACTION: MEETING THE NEEDS OF THE SPINAL CORD INJURY AND DISORDERS  
(SCI/D) VETERAN COMMUNITY."**

**June 13, 2024**

Chairman Bost and Ranking Member Takano, and Members of the House Committee on Veterans' Affairs:

Thank you for inviting the American Federation of Government Employees (AFGE) to participate in today's Committee hearing, "*A Call to Action: Meeting the Needs of the Spinal Cord Injury and Disorders (SCI/D) Veteran Community.*"

I am Dr. Jenny Kiratli, and I have been a member of AFGE since 2009 and a research health scientist in the Spinal Cord Injury and Disorders (SCI/D) Center, VA Palo Alto Health Care System (VAPAHCS) since 1991. AFGE's National Veterans Affairs Council represents more than 302,000 AFGE VA employees across the Veterans' Health Administration (VHA), Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA). I have more than 30 years of experience conducting research on clinical issues affecting people with SCI including musculoskeletal conditions, bone and body composition; and nutrition, activity, and exercise interventions - with a focus on extending therapies into the home to facilitate wellness. I am Director of the VA Advanced Fellowship Program in SCI Research and Associate Research Director for the SCI Medicine Clinical Fellowship Program. I am dedicated to mentoring junior investigators and fostering partnerships with veterans and other stakeholders and colleagues to conduct research that can be implemented into best practice.

The Spinal Cord Injury and Disorders (SCI/D) Center, VA Palo Alto Health Care System (VAPAHCS) is one of 25 Spinal Cord Injury and Disorders Centers located around the country. These centers offer lifelong, comprehensive, integrated, coordinated care that includes primary care, rehabilitation, emergency care, acute medical and surgical care, mental health care, and home care. The Palo Alto VA also has dietitians, respiratory therapists and orthotists & prosthetists on staff. Our services are aimed at supporting the veteran as a whole

person including services that reintegrate veterans into the community and provide respite care and family education. Our facility has also pioneered telehealth services, which we launched in 2000. The expertise of the interdisciplinary care team and breadth of the services makes the VA SCI/D network the most comprehensive SCI/D care delivery system in the U.S.

The VA's system of care for SCI/D uses a hub and spokes model. The 25 SCID centers are the hub facilities staffed with clinicians including therapists and psychologists trained to provide specialized care to people with a spinal cord injury or disorders. These hub facilities coordinate with approximately 120 designated medical "spokes" facilities that do not have their own SCI/D center. The hub and spokes model expands the reach of the SCI/D program ensuring that veterans not located near an SCI/D center have access to comprehensive primary and specialized care tailored to the unique needs of individuals with spinal cord injuries and disorders. Primary care physicians need special training to serve SCI/D patients' specific needs. For example, primary care physicians treating the SCI/D population must be able to diagnose and treat an array of problems that may present differently in patients with spinal cord injuries such as bone breaks and infections. They must also be trained to recommend appropriate preventive care screenings and manage comorbidities common to SCI/D patients such as metabolic disease, endocrine disease, and musculoskeletal disorders. Most physicians in the SCI/D Centers pursue an additional year of focused training in SCI Medicine through fellowship programs.

Veterans comprise more than a quarter of the SCI/D population in the U.S.<sup>1</sup> The Palo Alto SCI/D system serves approximately 1,000 of the 18,000 veterans that receive SCI/D services across the VA system. Our center serves veterans and active-duty military personnel. While those with service-connected injuries are eligible for enhanced services, VA SCI/D centers serve veterans and active-duty military personnel with nonservice related spinal cord injuries and disorders.

Clinical research conducted at Palo Alto SCI/D center can drive improvements in care delivery that can also benefit non-veterans living with spinal cord injuries and disorders. VA Palo Alto's Spinal Cord (SCI/D) Center conducts significant clinical research aimed at developing best practices for care for veterans with SCI/D. In my role as director of clinical research, one of my current studies aims to improve the assessment of bone health of veterans living with SCI/D. Prior to this work, there has been no standardized method for measuring bone health at the knee, a common fracture site for those with SCI/D. This study will help inform evaluation of bone health for all veterans.

Adaptive gaming is another area where VA is plugging a research gap that existed for the SCI/D population. Adaptive gaming as a therapeutic tool had been studied within the stroke population, but specific research was needed on muscle activation of upper limb muscles in people with spinal cord injuries to determine whether video gaming improved upper limb motor performance, balance, coordination, and cardiovascular status. The project I

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<sup>1</sup> Cai S, Bakerjian D, Bang H, Mahajan SM, Ota D, Kiratli J. Data acquisition process for VA and non-VA emergency department and hospital utilization by veterans with spinal cord injury and disorders in California using VA and state data. *J Spinal Cord Med.* 2022 Mar;45(2):254-261. doi: 10.1080/10790268.2020.1773028. Epub 2020 Jun 16. PMID: 32543354; PMCID: PMC8986188.

led found that selected Wii games were able to elicit upper extremity muscle activation and elevated heart rates for individuals with SCI that may be used to target therapeutic outcomes.

VA further serves the general SCI/D population by pioneering modifications to existing technologies to adapt them for the SCI/D population. For example, a modification to standing wheelchairs pioneered by a team from the Minneapolis VA Health Care System allows people to move while in standing positions. Early models of standing wheelchairs allowed people to stand but not to move in the standing position. VA physicians worked with biomedical engineers to add a chain drive system to the chair that allows users to push their chairs from a standing position. The Palo Alto VA collaborates with the Minneapolis VA to research the use of this adaptation to maximize the use of the technology for the SCI/D population. All VA research is ultimately shared with non-VA SCI facilities through published research and conferences, contributing to the overall benefit of the larger, non-VA SCI/D population.

VA also plays an important role in training SCI/D professionals collaborating with academic programs to provide clinical training. VA has an advanced fellowship training in SCI medicine. More needs to be done to encourage young clinicians to enter the field. Of the 31 positions for the SCI clinical training program only usually fewer than 20 positions are filled.

We also participated in a multi-site VA study to establish, implement and test a model for vocational rehabilitation that greatly enhances opportunities for veterans with SCI/D to return to work and contribute to the work force in meaningful ways by partnering with potential employers to understand the needs of each individual and develop jobs that meet their needs.

The VA is at the forefront of improving clinical outcomes and quality of life for veterans and all people living with spinal cord injuries and disorders. However, more can be done to strengthen the VA's SCI/D system. While the hub and spokes model greatly expands access to

VA's SCI/D services, there are gaps in care, particularly for veterans in rural areas where more spoke facilities are needed.

There is a great need for increased staffing for SCI/D services. Individuals with SCI have challenging and complex health care needs requiring significant support. They live with many secondary complications that require vigilance to prevent functional decline and premature death. Individuals with SCI are two to five times more likely to die prematurely.<sup>2</sup> SCI is also associated with higher rates of mental illness, with one in five suffering from depression, significantly higher rates of anxiety, posttraumatic stress disorder, and death by suicide.<sup>3</sup> Staffing requirements for SCI/D centers should be updated to reflect the higher acuity of the SCI/D population. Because of the complexity of SCI/D care, it requires specialized certification and training. The high acuity of care creates burnout and younger clinical staff often leave just when they have gained sufficient skills to perform all their duties. It is difficult to use temporary staff, such as floating nurses, to deal with short staffing in SCI/D centers because specialized training is required. As a result, SCI nurses can be moved elsewhere to deal with staffing shortages, but non-SCI nurses cannot easily fill in on SCI unit. Additional retention incentives are needed to address vacancies and turnover.

The Mission Act increased access to non-VA facilities. Research suggests that use of VA and non-VA care has the potential to cause unintended duplication of services, costs and fragmentation of care.<sup>4</sup> But the potential for inadequate care is a greater concern for veterans

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<sup>2</sup> Touchett, H., Apodaca, C., Siddiqui, S. *et al.* Current Approaches in Telehealth and Telerehabilitation for Spinal Cord Injury (TeleSCI). *Curr Phys Med Rehabil Rep* **10**, 77–88 (2022). <https://doi.org/10.1007/s40141-022-00348-5>

<sup>3</sup> Touchett, H., Apodaca, C., Siddiqui, S. *et al.* Current Approaches in Telehealth and Telerehabilitation for Spinal Cord Injury (TeleSCI). *Curr Phys Med Rehabil Rep* **10**, 77–88 (2022). <https://doi.org/10.1007/s40141-022-00348-5>

<sup>4</sup> Hatch MN, Etingen B, Raad J, Siddiqui S, Stroupe KT, Smith BM. Dual utilization of Medicare and VA outpatient care among Veterans with spinal cord injuries and disorders. *J Spinal Cord Med*. 2023 Sep;46(5):716-724. doi: 10.1080/10790268.2022.2027321. Epub 2022 Feb 2. PMID: 35108176; PMCID: PMC10446768.

with SCI/D. The VA's SCI/D model provides uniquely comprehensive and integrated services delivered by highly knowledgeable teams of specialists that do not exist in the private sector. In addition, non-VA providers lack access to VA resources such as medical equipment and a wide array of adaptive products, often created for each individual veteran to meet his or her specific needs. Further, non-specialists often do not recognize serious disorders (e.g., a bone fracture) because of an absence of the normal symptoms. Care should be taken to ensure that increasing privatization of VA services does not upend the VA's specialized SCI/D care model that provides veterans living with spinal cord injury and disorders an array of integrated services and provides research used to develop best practices for all people living with spinal cord injuries and disorders.