

FORMER SOLDIER SUFFERED HEAD INJURY

‘The care has been kind of slow’

After move to Monroe, he waited 2 months for appointment at VA

By STELLA M. HOPKINS
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Migraines, pain and frustration forced Zach Miotke to move to Monroe in December and live with his parents.

The former Army soldier turned to the Salisbury VA for care. Miotke, previously treated at a Colorado VA, suffers post-traumatic stress disorder. He was wounded during a 2004 attack in the Iraq war.

Miotke, 31, waited more than two months for a first appointment in Salisbury. He waited so long, one of his many prescriptions ran out.

Department of Veterans Affairs documents show he suffered a head wound and concussion, as well as shrapnel wounds, during the attack. VA examiners judged his wounds and stress disorder significant enough to award monthly disability payments. Despite that, he doesn't recall ever receiving a CAT scan until this month.

“The care has been kind of slow,” he said, adding that he likes his doctors. “It's not the people, it's the timing.”

Born into a military family

Miotke followed a family tradition of military service.

He was born in Germany while his father was stationed there. His dad's 20 years of service, in the Army and then the Navy, included time in Vietnam.

The family later moved to Colorado, where Miotke grew up riding bulls in rodeos. His turquoise chaps hang on the wall of his parents' living room, along with his ropes and a black cowboy hat.

“I can't do it anymore,” said Miotke, who still favors a short, military-style haircut.

He enlisted in the Army in May 2003.

On Aug. 29, 2004, he “crossed the wire” into Iraq. Of his time there, he says: “I kind of got used



PHOTO COURTESY OF ZACH MIOTKE

This is one of Zach Miotke's personal photographs from his time in Iraq. He was injured by rocket-propelled grenades on Nov. 29, 2004.

to stuff blowing up around me and getting shot at. Even when we did sleep, we didn't really sleep.”

Assignments included protecting soldiers while they searched buildings for weapons. That's what he was doing around 11:15 a.m. on Nov. 29, 2004, crouched outside a stadium, his M-4 rifle raised and ready.

He didn't hear the rocket-propelled grenades hit, but the explosion force battered him.

“The blast kind of felt like I had been kicked by a bull,” he said. “The medic ... said I bounced off the wall.”

Miotke received immediate treatment at a battlefield station. He recalls a medic pulling

shrapnel from his neck, at the base of his skull. In December 2005, he received a medical discharge.

Back home in Colorado, he worked part time at a Home Depot, loading customer orders. Before the war, he had done construction work and delivered appliances. But he could no longer tolerate the winter cold or the heavy physical work. His right leg aches, as does his back, where he has had surgery.

VA documents say X-rays have shown shrapnel “deep in the muscle” and that “it is as likely as not the shooting pains and the spreading numbness and tingling in the back are all related to the shrapnel injury.”

Migraine headaches, which began soon after his injury, now come as often as weekly despite medication he takes three times a day.

“My memory is not that good,” he said.

Grateful but wondering

VA documents indicate Miotke had complained of headaches since the attack. He has long received migraine prescriptions from the VA.

This month, he said a Salisbury VA doctor told him he needed a CAT scan. He underwent one within a week, then a second using dye to provide a clearer picture.

Last week, doctors said the

scans revealed no problems.

Miotke is grateful for the good news but wonders why he hadn't received a scan sooner after the head wound three years ago.

VA officials can't comment on patient care because of privacy regulations.

Like many veterans seeking VA care, Miotke has few alternatives. Without a job, he can't afford medical care or health insurance, and he likely couldn't get affordable coverage.

Despite his losses, Miotke says he doesn't regret the choice to serve.

“I'd do it all over again even knowing the end results.”

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LOUISIANA

Hopeful looks to avoid runoff

Jindal could be 1st nonwhite governor since Reconstruction

By MELINDA DESLATTÉ
Associated Press

BATON ROUGE, La. — Republican Rep. Bobby Jindal's opponents in the state's gubernatorial race hoped Saturday to chip away at enough of his lead to push one of them into a runoff with the congressman.

If Jindal gets more than 50 percent of the vote in Saturday's primary, the 36-year-old, Oxford-educated son of Indian immigrants will become Louisiana's first non-white governor since Reconstruction and the youngest U.S. governor in office.

Virtually no one questions that Jindal, who lost to Democrat Kathleen Blanco four years ago, will be atop the field of a dozen candidates when the votes are tallied. But Democrats Walter Boasso and Foster Campbell and independent John Georges hope they can keep Jindal's support under 50 percent, sending him into a Nov. 17 runoff.

With 16 percent of precincts reporting, Jindal had 52 percent with 116,114 votes. Next were Boasso with 41,725 votes, or 19 percent; Campbell with 32,575 votes, or 15 percent; and Georges with 27,294 votes, or 12 percent.

Political analysts said Jindal built support on “buyer's remorse” by those who voted for Blanco last time, then had second thoughts amid public dissatisfaction with her after Hurricane Katrina.

But the two multimillionaires in the race — Boasso, a state senator from St. Bernard Parish, and Georges, a New Orleans businessman — have poured millions into trying to prevent Jindal's victory.

Campbell, a public service commissioner from Bossier Parish, has more limited funds but a singular plan: scrapping the state income tax and levying a tax on oil and gas processed in Louisiana.

ZERO TOLERANCE

School suspends boy for drawing

N.J. 2nd-grader drew stick figure firing gun

Associated Press

DENNIS TOWNSHIP, N.J. — A second-grader's drawing of a stick figure shooting a gun earned him a one-day school suspension.

Kyle Walker, 7, was suspended last week for violating Dennis Township Primary School's zero-tolerance policy on guns, the boy's mother, Shirley McDevitt, told The Press of Atlantic City.

Kyle gave the picture to another child on the school bus, and that child's parents complained about it to school officials, McDevitt said. Her son told her the drawing was of a water gun, she said.

A photocopy of the picture provided by McDevitt showed two stick figures with one pointing a crude-looking gun at the other, the newspaper said. What appeared to be the word “me” was written above the shooter, with another name scribbled above the other figure.

School officials declined to comment Friday. A message left at the superintendent's office Saturday was not returned.

Kyle drew other pictures, including a skateboarder, King Tut, a ghost, a tree and a cyclops, the newspaper reported.

Serious wounds and waiting

VA from 1A

At the Charleston VA in South Carolina, 13 of 14 patients slated to be seen for brain injury waited more than a month. At 93 percent, that was the worst record nationwide.

“It says that we are disgracefully failing to care for some of the most grievously wounded young men and women coming back from Iraq and Afghanistan,” said Linda Bilmes, a Harvard professor who has researched VA care and testified before Congress. “There is a good-faith intention, but ... as a country, we're allowing some of them to fall through the cracks.”

The VA, like any full-service hospital, promptly cares for patients who are bleeding or in emergency distress. Many badly wounded veterans arriving at VAs have already been treated at military hospitals. Once home, they may face a lifetime of outpatient care. They queue up with the nearly 6 million patients swelling VA ranks.

The nation's largest health care system says the newest veterans will be seen quickly or sent to private doctors.

To help monitor service, the VA generates reports twice a month that list scheduled outpatient appointments for Iraq and Afghanistan veterans. The reports show whether veterans will be seen within 30 days or wait longer. That means the reports can be a red flag of delays.

Paul Sullivan, a veterans advocate who worked with similar reports while a VA project manager, called the Observer findings “the strongest evidence so far that the VA has a capacity crisis.”

Sullivan, who resigned from the VA last year, leads one of two veterans groups that in July sued the VA on behalf of Iraq and Afghanistan veterans. The lawsuit alleges delays in disability payments and health care. Sullivan said he hopes the findings will help the VA improve care. He

praised VA medical expertise and employees.

“We really do want veterans to go there for quality help — and get it quickly,” he said.

In e-mail responses to the Observer, the VA says it uses the reports as a “management tool” to identify and analyze delays. But the agency says they can't be used to judge service because they don't show all appointments. For example, the records don't reflect appointments made and completed between the reporting dates, the 1st and 15th of each month.

The VA also said about one-third of the appointments are canceled or rescheduled, or the patient doesn't show up. And some veterans choose to wait.

“The use of this data to characterize VA wait times is a gross misrepresentation of the facts,” said the VA's Phil Budahn.

Some problems being fixed

The two reports obtained by the Observer list scheduled appointments for Iraq and Afghanistan veterans at 128 VA hospitals.

One report is from midsummer, the second from two months later. All hospitals had few or no appointments beyond 30 days for some services.

There's no way to say how many veterans were waiting because some have multiple appointments. The Observer did not have access to patient records, which would indicate whether veterans with longer waits suffered or became sicker.

“Is anyone monitoring the status of these veterans?” asked Sullivan, head of Veterans for Common Sense, a Washington nonprofit. “Is their health deteriorating while they're waiting?”

The reports list a total of 185 types of care. The Observer, with medical consultation, identified 13 treatments for potentially critical needs, such as neurosurgery, urology and brain injury. These services also could be among the most costly and time-consuming for the VA to deliver.

The VA acknowledged prob-



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The VA hospital in Salisbury is one of two most likely to serve Charlotte-area veterans.

lems providing some types of care the Observer analyzed.

The Salisbury VA, for example, is hiring to “help eliminate appointment backlogs,” provide faster care for the most seriously wounded and “meet the projected need for traumatic brain injury assessment within the 30-day timeframe,” according to an Oct. 5 e-mail.

The Salisbury VA handles evaluations for polytrauma — multiple, serious wounds — for its patients and those from the Asheville and Fayetteville VA hospitals, the agency said.

Following Observer inquiries last month, the VA said its Fayetteville hospital found report coding errors. That hospital also is calling veterans “scheduled for an appointment beyond the 30-day standard ... to expedite their appointment.”

The VA didn't explain how, but Charleston turned around its dismal summer showing on brain injury waits and had none on the second report.

The problem is “huge demand for VA care,” said Bilmes, a Harvard public finance professor.

“Then you have regional pockets where you just have a real shortage of some specialists.”

Discrepancy in data

Delays might be a bigger issue than the reports suggest.

VA investigators said last month that the agency overstates how quickly it cares for veterans. The VA's investigative arm examined care wait times for veterans of all eras.

They said 75 percent of veterans were seen within the required 30 days, not the 95 percent the VA claims.

The VA expects to treat 5.8 million people this year, about 5 percent Iraq and Afghanistan veterans — both an increase.

The VA's patient load is growing because of rising health care costs and an aging veteran population. Reports of improved care quality also have attracted more patients.

“They're just overwhelmed by the demand,” Bilmes said. “It's not easy for them, as a government bureaucracy, to quickly respond to the need for change.”

The VA disputes that it is over-

whelmed, especially by Iraq and Afghanistan veterans and their often complex needs.

The VA is under congressional and public pressure to deliver.

Scandal this year over conditions at Walter Reed Army Medical Center ramped up attention on all military care, including the separate VA system. The Observer has reported past care problems, including patient deaths, at the Salisbury and Asheville VA hospitals. Both have said problems are fixed.

The VA's e-mail said veterans with health care needs “should seek VA care — where they will be welcomed and receive compassionate care in thanks for their service to our nation.”

— DATABASE EDITOR TED MELLNIK CONTRIBUTED.

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Online Extras

Check out the Observer's ongoing coverage of the VA system at: WWW.CHARLOTTE.COM/va