

INTERVIEW WITH DAN MEYER (10/27/14)

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DANIEL SULLIVAN:

This is Dan Sullivan with the Sergeant Sullivan Center podcast, A Call to Action. We're talking today with Daniel Meyer about a very important subject that's relevant to the upcoming meeting on November 6th of the Defense Health Board. We're under discussion, there will be the issue of lung – surgical lung biopsies and whether or not these will be available to service members who have been injured by airborne hazards. Dan, thanks for coming on and talking to me today.

DAN MEYER:

Yeah, no, absolutely.

DAN SULLIVAN:

So could you tell us a little bit about your military history and your experience working with burn pits?

DAN MEYER:

Yeah. I was in the air force for just shy of six years. And did two deployments, one to Iraq, to Balad, and just a temporary up to Mosul a little bit while we were there. And then another one to Camp Bastion, Afghanistan. Both deployments I was located real close to the burn pits, especially for our sleeping quarters. And/or workplaces. I know in Iraq the burn pit was so close to our sleeping quarters that I would wake up with soot on me and stuff. You know, and we would have to drive through every day. And also I had to – I got assigned to doing what was called a bird duty where we had to go in and we had to kill birds in the burn pit because they were causing a lot of air strike problems. So they sent us in there with BB guns and no PVE and told us to go kill as many birds as we could in there.

DAN SULLIVAN:

You know, it just occurred to me to ask, cause some of our – some of the people listening may not know what a burn pit is. Could you sort of describe what a burn pit is and what kind of things were burned in it?

DAN MEYER:

Yeah, I mean, well, burn pits were just – especially the one in Balad, was about a ten acre area where all the refuse, all the trash, and everything that needed to be disposed of all went into one place, bulldozed into a pile. They put jet fuel on it and lit it on fire and just let it all burn down. And then the stuff that wouldn't burn down would go over into one area to kind of, like, kind of smelt down, you know, what it was like, cause it would burn for a long time and then the other stuff would go into like an ash pile. But they were burning everything from paint cans and refrigerators and vehicles and aircraft parts and medical waste and body parts and, yeah, I mean, it was pretty much anything you could imagine from like a [UNCLEAR] of twenty-five or thirty thousand people that all went into this pile.

DAN SULLIVAN:

And when did you start experiencing symptoms or get the sense that the burn pit was making you physically sick?

DAN MEYER:

I mean, honestly, almost immediately. Especially while I was working in the pits because I would end up getting – I was getting like nosebleeds that would be like a really like blackish colour. I would be coughing up a lot of stuff. But I think the really like long term effects started kind of being realized when I got home from Iraq. Between when I got home from Iraq and when I left for Afghanistan was about one year exactly. And I was seen thirteen times in that time frame for having bronchitis. You know, and I think that was kind of an indication that, you know, something was not right.

DAN SULLIVAN:

When you went to doctors, DOD military health care doctors, during this time, did any of the doctors explain to you the health risks of inhaling toxic fumes from burning trash?

DAN MEYER:

No, I mean, it was – especially the time between Iraq and Afghanistan, I was always just told, listen, it's the Iraqi crud. It will get out of your system here soon. You know, your just – it's just, you just got to cough it up and it will go away after awhile and, you know, it happens to everybody. Everybody goes through it. You'll be fine. You know, and then I went to Afghanistan and, you know, was exposed to the burn pits again and when I came home from there, you know, started having similar issues and then it really hit me when I went on a TDY in 2010, a temporary duty assignment to Hawaii. And I guess our lung condition is greatly affected by humidity. And I got off the plane at Hawaii and I was there for two weeks and I probably coughed for twenty to twenty-two hours a day every day I was there. Just hacking and hacking and hacking non-stop. So that was the setoff of what transpired to going into all the medical testing to figure out what was going on.

DAN SULLIVAN:

But did any of your doctors at any time, did they ever – any of the DOD doctors, did they ever talk with you about occupational lung diseases and how sometimes when people are working with toxic substances, an occupational lung disease can develop that will result in diminished lung capacity?

DAN MEYER:

No, no. That was never brought up to me. Not one time. I was never told that anything that I was doing was going to have any consequences and as a matter of fact most of the doctors that we saw said that there was definitely no long term effects from that. It was, you know, what I was experiencing was just, like I said, the Iraqi crud and stuff like that.

DAN SULLIVAN:

How did they explain that it persisted when you would go to the doctor and the condition persisted? How did they explain that?

DAN MEYER:

They would just say – honestly, I would go to the ER from coughing so much and they would say, oh, you know, it's just, you know, working its way through your system. Here's another Z pack. And we'll probably see you again in four to five weeks. And that was – that just continued for the entire year between deployments and then continued again when I got home from Afghanistan for probably another six months to a year until that trip to Hawaii. It just continued on.

DAN SULLIVAN:

So your – as you came back and you were in Hawaii, did your health continue to decline?

DAN MEYER:

Oh, yeah. And I would say once I got home from the Hawaii trip, my health situation went downhill extremely fast from that point on. The coughing got more intense. It wouldn't go away. I was coughing so hard I was tearing my esophagus and coughing up blood. And they started trying to do like PFTs on me and I couldn't even, like performing them was so difficult because as soon as I would try to do it I would take in a deep breath and just hack until I threw up. And, yeah, it just kept proceeding and getting worse and worse and worse.

DAN SULLIVAN:

So you were in the – you were with the doctors and it was very difficult to even do a pulmonary function test and you were visibly coughing and you were coughing up blood. Did anyone suggest that you might have a serious lung condition?

DAN MEYER:

Yeah, I had one doctor that initially had said they had done a scan on my chest and they said that they thought I had lung cancer. Because I had a nodule in my lung and they said it looked like, with what my symptoms were, that I had lung cancer. And so, you know, I went through other tests and stuff and then I came back in about two weeks later and I had kind of gone into like maybe a week or two of a, you know, down state with my condition at that time, like where I was coughing for like two weeks and then stop for like a week. So I went back in there and I wasn't coughing as much. And she looked and went through the tests and said, no, I don't think it's – it's definitely not lung cancer. So now we've

looked at all the testing and we think it's just in your head. And we're going to send you to mental health now.

DAN SULLIVAN:

So they decided it was in your head and they sent you to mental health. Did that mean that you went to a psychiatrist afterwards or –

DAN MEYER:

I did, yeah. They sent me to the on base psychiatrist to see if I was like psychosomatic or something.

DAN SULLIVAN:

And so they stopped basically doing any physiological tests after all this and they suggested that you had a psychosomatic illness? Which seems to be – this seems to be the pattern of dealing with deployment exposure injuries. What were you doing as a job – what was your duty, what was your assignment at the time this was happening?

DAN MEYER:

My job was I was an aircraft electrical and environmental systems specialist. So I pretty much worked on all the electrical systems on a helicopter. And so working on a helicopter, you work around, you know, a lot of different things like, you know, fuels and cleaners and alcohol stuff and all these things. Well, when my condition started getting to the point where performing my job wasn't even – like I couldn't do it – they, kind of like as a punishment was I got assigned into the tool room where my job was to hand out tools and chemicals all day. And that just exacerbated the condition exponentially.

DAN SULLIVAN:

So you were visibly coughing and it was nearly impossible if not entirely impossible to do a pulmonary function test. You were having great difficulty breathing, your condition was declining. You had an abnormal x-ray. They assigned you to a psychiatrist and assigned you to a detail that had you exposed to even greater quantities of toxic chemicals that could have done or probably did do further damage to your lungs. What did the psychiatrist – did the psychiatrist give you a diagnosis?

DAN MEYER:

No. I saw him once. He said it was definitely not that and then if I, you know, and then if I needed to come back and talk with him about anything that, you know, I could and I never ended up going back until after I got the diagnosis –

DAN SULLIVAN:

You mean the psychiatrist – I'm sorry to interrupt – the psychiatrist said you did not have a psychosomatic illness?

DAN MEYER:

Correct, nope. He said it was definitely a medical situation and that I needed to, you know, continue being checked out.

DAN SULLIVAN:

Did anyone continue to check you out?

DAN MEYER:

Nope. I was told to pretty much suck it up and go back to work.

DAN SULLIVAN:

Who – did they treat you as if you were faking or were –

DAN MEYER:

Oh, yeah. Oh, I was looked at like I was trying to get out of work. I was told that I was not performing my duties of an NCO. I was told that they were going to start writing paperwork on me for malingering, for not doing, not performing –

like I said, not performing my duties as an NCO, not doing my job correctly, not performing to the standards of an NCO, all this stuff. I was pretty much marched into the commander's office constantly for about a six month time span.

DAN SULLIVAN:

And during this time was your health declining?

DAN MEYER:

Quickly, very quickly. I mean, it was to the point where probably towards the end of that six month period I was having – I couldn't even climb flights of stairs anymore. Like I would go maybe five or six stairs and stop. And then just stand there and rest. And then climb like the rest of the stairs and then stop at the top and rest. And multiple times on my job of handing out the chemicals and things, the next shift would find me laying in a pile of my own puke because I had opened up the chemical bin to get something for somebody and it had caused me to cough so much and so hard that I would throw up and pass out.

DAN SULLIVAN:

So how did you – and I'm sorry, during all this, did you – did your doctors, did your doctors provide you with any information at all about environmental exposures in the war theatre and how these could impact your health?

DAN MEYER:

It was never brought up and nothing – not only was it not brought up, but when I had finally gotten through the tri-care system of getting to ask for a second opinion, and had gotten out to a civilian pulmonologist, the civilian pulmonologist clearly stated whatever I was exposed to over there was causing serious issues. And being around the chemicals and things were just making my condition worse. And wrote me multiple letters to my DOD doctor stating that Sergeant Meyer needed to get out of all the industrial area and get into a safer environment working so that my condition wouldn't be – progress so fast. And I had appointments, took in my, took in all of the – took the paperwork to my doctors, to my first sergeant, to my commander, everybody got the letter and the doctor on base said that they didn't need to listen to civilians because they had no bearing over military personnel and that I was to go back to work without a medical profile.

DAN SULLIVAN:

So this is – your doctor said this?

DAN MEYER:

On base, yep.

DAN SULLIVAN:

So you had an independent – you had a doctor basically saying that you were suffering from an occupational exposure and that the occupational exposures that you were continued to be subjected to were exacerbating your condition and putting you at risk. And your doctors – not your supervisor – your doctors looked at this and they said, we do not have to apply the same standard of care to you because you're in the military?

DAN MEYER:

Correct. They said that it was – that was the opinion of the pulmonologist that I saw and that because they're a civilian pulmonologist, that had no bearing over my medical profile in the military. And that they didn't have to follow it. And so they refused to give me a medical profile at that time. And that was because when I did this, they were still trying to do my yearly PT test on me and I failed because, well, I couldn't climb flights of stairs anymore. So trying to do, you know, sit ups and push ups and a mile and a half run were impossible. And so I was trying to get the proper medical profile and they were refusing because it was coming from a civilian doctor instead of a medical – military doctor.

DAN SULLIVAN:

So how did you end up getting – getting a diagnosis? What led to your ultimately getting this somewhat explained?

DAN MEYER:

You know, I went through that first pulmonologist I saw, ran every test possible and they just couldn't figure it out. And so eventually we had found Rosie and LeRoy online. And talked to them and they said, you know, that Dr. Miller out at Vanderbilt was doing lung biopsies and that that was the way they were figuring out what this disease was. And that I needed to contact them, so I contacted Dr. Miller's office, set up everything with them, I'd like to try to come out for an appointment. And my base denied me going out there, saying that it was an unnecessary medical expense to send me to Tennessee for things that could be done here in Las Vegas. So they finally figured out with – they figured out that there was a colleague of Dr. Miller's that worked here in Las Vegas. And so they sent me to him and he coordinated with Dr. Miller over the phone and stuff like that to look for certain symptoms in me and when they realized that I had the exact same symptoms as the other soldiers and veterans and stuff that they had seen out of Vanderbilt, he ordered an open lung biopsy to get a diagnosis for me.

DAN SULLIVAN:

And what was the diagnosis from the lung biopsy?

DAN MEYER:

It was that I've got constrictive bronchiolitis and that, yeah, I mean, you know, a progressive terminal lung disease and that it was exactly what they've seen in a lot of the other soldiers that they've done the open lung biopsies in.

DAN SULLIVAN:

So how did getting that diagnosis change things for you?

DAN MEYER:

It changed everybody – everything. [LAUGHS] It changed everything because the attitudes of people at work, the attitudes of doctors I was seeing was completely changing because now I have a diagnosis of this, you know, terrible disease and people are now looking at me like, oh, man, like, you know, he wasn't faking. But it was still like taboo. Like I was like a black sheep. Like you know, kind of just let's put him in a closet over there and hopefully he'll just go away. But yeah, we feel bad. He's got this. But we don't want to recognize it type thing.

DAN SULLIVAN:

Did it help you get away from working with those chemicals that were exacerbating the condition that you were working with or how did you –

DAN MEYER:

It did. So I finally, about – well, I attempted to come back to work about eight weeks after my biopsy and – which, by the way, during my biopsy I had like extenuating circumstances where the nurse stepped on my chest tube and collapsed my lung. And so what was supposed to be like a two day thing in the hospital turned into me being in the ICU for a week. So it kind of extended out my recovery time. I went back to work after about eight weeks and within probably a week or two I was not even able to function, like I was so worn down and couldn't breathe and stuff like that and hacking and hacking that I finally went back to my doctor and they did a test on me and put me on full time oxygen. Which I've been on ever since. So the full – so me being on full time oxygen, they had to remove me from that environment because the oxygen tank couldn't be around the chemicals and things like that, that I was working around.

DAN SULLIVAN:

So one of the questions that the Defense Health Board is considering in the meeting that's coming up next week is lung biopsy and they've actually, the Public Health Subcommittee of the Defense Health Board has recommended – or has basically failed to recommend doing pre and post deployment pulmonary function testing and it hasn't – it's sort of failing also to provide information about what appropriate guidelines would be for making lung biopsies available. What do you think about the lung biopsy and how – what, how it sort of changed – was it for you a necessary procedure and are you glad that you got it even though you had these complications?

DAN MEYER:

I would say had I not gotten a lung biopsy I'd be dead right now. No questions asked. That I would not be alive anymore. Because the air force would have drove me into the ground. Like with people with how bad they were treating me and having me working around more chemicals and stuff like that, that we've already now figured out that due to that extra exposure to the conditions that I was put in here, you know, back at home base, that it sped my condition up

probably a hundredfold. You know, hence the reason like, you know, I know some of these other guys that are, you know, having problems and stuff like that, but, I mean, I'm up to five liters of oxygen now and, you know, my condition just like sped forward because instead of, you know, taking care of me and treating me well, I was, you know, told I was a liar and faking it and pretty much put into a worse condition because of that and so that lung biopsy, a hundred percent, saved my life. Because I would have never gotten away from the environment that they were putting me into.

DAN SULLIVAN:

Well, and this is what we want the people on the Defense Health Board to hear. We want them to hear your voice and we want them to know that the lung biopsy has saved lives. And also I think we want them to know that the reason why you had to get a lung biopsy was because your DOD health care providers refused to acknowledge the fact that you had an occupational lung disease and continued, despite your obvious symptoms, to subject you to occupational hazards that were putting your life at risk. The whole situation, I just – I've heard your story and I've read your story a couple of times, but just hearing it, it's just – it's infuriating. It's infuriating because it sounds to me basically like systematic institutionalized malpractice. And the only reason they can get away with it is because of sovereign immunity. And it's horrible, it's horrible. And I just, I really hope that this independent body, the Defense Health Board, hears this and hears the voices of other people, like Rosie told – I should mention Rosie, that's Rosie of Burn Pits 360 and her husband LeRoy, we heard from them last week, we heard how lung biopsies saved LeRoy's life as well. We want – it's, so it's – I'm just really glad that you came and told this story and –

DAN MEYER:

Well, I mean, it, you know, it was – it got even, I mean, I went through all that stuff and then about a month and a half before I was medically retired the DOD nurse that was assigned to my case manager and my first sergeant decided that even though I was on full time oxygen and then my condition spread into my legs and stuff like that, like I haven't been able to walk in three years now either, that – and so I was like walking on a cane now at this point, that I was not participating, I was not contributing – that was the word they used – I was not contributing to the team and that they were going to, yeah, to the mission, and that they were putting forward to me have – for me to have a test done to see if I could go back out and turn wrenches on the helicopters. Well, with – mind you, now I'm on an oxygen tank and barely able to walk, and they still try to push me back into my original job that I couldn't do a year before this, that they moved me into a job that made my condition worse. So not only did DOD like completely ignore my condition and make the situation worse, when my condition was still progressing to the point where I was already being medically retired, they pushed to try to have me go back and turn wrenches on a helicopter, with an oxygen tank and a cane. So that tells you how bad it got. Like it was – I had to call the congressman and have them step in to get me out of that situation. That was the only way I could – they had like the test scheduled and everything for me. And I had to call the congressman and they had to call the base hospital to get me out of that. Otherwise –

DAN SULLIVAN:

And that's how you ended up getting – basically saving yourself, was –

DAN MEYER:

Oh, yeah. It's the only way I saved myself. And then about six weeks later, my medical retirement dropped and I was out.

DAN SULLIVAN:

So if you could recommend – how would you have liked the Department of Defense to, if they could do it over again, what would you – if you could make suggestions on how they should do this, really, so that it's done, so this kind of care is done right, what would you have – what would you recommend?

DAN MEYER:

I mean, I would recommend definitely like post, or pre and post deployment lung scans. Unfortunately, I'm sure you've heard, they're not going to help. Because our lung condition doesn't show up on scans. So what they need to do is actually take veterans and people that are active duty at their word and say like if you look at somebody like me who, my fitness tests were like a score of like ninety-five, ninety-three, ninety-two, every year before I got sick. And then the next fitness test, I failed. Okay, so something was wrong with me. Like for me to go from a – from being absolutely in great shape to not being able to even perform a fitness test anymore. And for them to completely ignore that is just destructive. So I think if they would at least say like, yeah, this is definitely not right. Let's get this guy into a, you know, safer environment and let's figure out what's wrong with him where we can either, a, cure the problem, b, you know, fix the issue and, you know, able to get him back to work and being, you know, normal and not feeling bad again

or, c, you know, realizing, yeah, this guy is messed up. We need to take care of him because he's probably going to have long term problems now and get them medically retired and get them the benefits they need. Otherwise, just taking people like me who – I was twenty-six at the time – and just pretty much like trying to drive me into the ground, there's, all you're doing is causing resentment through and through. When they could have easily, like I said, yes, this is really bad. You shouldn't be coughing like this. Let's take care of you and get you better and I would have been extremely happy and extremely thankful for what they would have done and instead, all I can say is, I have nothing good to say about the treatment they gave me. It was – they didn't give me any treatment. So I can't really, you know, I'm thankful for the civilians that finally stepped up and helped me.

DAN SULLIVAN:

I think you just made a really good point, which is they should take service members at their word. Also, you did have – there was objective evidence of your health problems insomuch as you were not able to complete your physical fitness test from – and you compared the score, I mean, that's an objective measure, I think, of a physiological problem in addition to your reported symptoms. And, you know, it sounded to me like you were obviously having trouble during pulmonary function tests that they had – it sounds to me, not being a doctor, that they had all of the evidence that they needed –

DAN MEYER:

Oh, they had excessive evidence. And just completely chose to ignore it. And say, nothing's wrong with you, go back to work. And that's, I mean – and because that there's no, there's no recourse, there's no liability, I mean, why do they care? They don't care. I mean, if I drop dead on the job, what's going to happen? My insurance is going to kick in and pay all my family and I'm gone. Now I have no medical problems that they have to pay for. I'm, you know, there's no recourse. So, I mean, why say, yes, there's a problem and there might be a problem with a lot of other people because we've seen this in a lot of other people, but let's – we don't want to, you know, actually say there's a problem.

DAN SULLIVAN:

So we need to let – we need to let the American people know that what we are doing as a country is we are permitting our service members to essentially be slowly tortured by the Department of Defense health care system after they return from deployment with toxic war wounds. That's what you described to me, that's what happened to my brother. He was slowly tortured while he suffered from deployment exposures. From the symptoms of occupational illness. He was never provided with any information about his health risks. He was told that it was in his head just like you and then he died. You know, and he never got the diagnosis so he never was able to take – take the actions that he needed to take in order to extend his life. People out there, I am sure, are also dying because they're not getting the information they need.

DAN MEYER:

I tell you, I know for a fact, right now I can tell you for a fact that I know a bunch of veterans, okay, guys especially that are in their, like I would say their fifteen to nineteen year mark, okay, in their career where they're having a lot of problems, post deployment issues. I know guys that were having nosebleeds everyday. That were having like allergic reactions to nothing. That were having massive headaches. That were having like urine in their blood. That they wouldn't go get checked out because they were afraid that DOD would kick them out medically and they wouldn't get their retirement. And I know it's prolific. Like I had an old first sergeant that was really great, like my best first sergeant I ever had, contacted me on Facebook probably a year after I got out and said like, Dan, I've read your story and stuff, like I know I've had horrendous nosebleeds multiple times a day everyday for the last year and a half since I've gotten home from Afghanistan. And I said, well, have you got checked out for it? And he said, no, I'm a year and a half from retirement. I'm not going to ruin my retirement. And I said, well, what's it worth to get to your retirement if you die before then? And he said, well, they're not going to treat – they're not going to take care of me anyways. He, like, you know, they're just going to push me to the side like they did you. So why should I go get the help if they're just going to ignore me? I'd rather just get to my retirement so that I can have the benefits anyways. So I know for a fact that that, like, especially those guys are very, very scared to go get help because they know of the consequences of them going in there and saying, I have a problem from a deployment. And what are you going to do about it? And being told nothing and then now they're either looked at like you're, you know, trying to come up with excuses not to do your job for the last two years in the military and now we're going to kick you out, or, yeah, okay, you've got a little medical condition, but we're going to kick you out with ten percent and, you know, a year and a half before your retirement. Enjoy. And that's what they're all nervous about. I was contacted by many guys that I worked with and deployed with and spent time with that are having medical problems that won't go and get seen for it. Cause they don't want to ruin their chances of getting their retirement. And that's a horrible, like horrible thing to be hanging over the heads of guys that have worked almost an entire career for their country and now are being so stigmatized that they're so scared to even get medical help because they don't want to have their retirement taken away from them. Because of their medical problems from their deployment. I mean that, to me – to me that's, I mean, yeah, my condition's bad, but these guys won't even go

get help. I had to go get help. I was going to die if I didn't get help. You know, and these guys might very well be dying too and are too scared to go get the help. So, yeah, it's something that needs to change.

DAN SULLIVAN:

Yeah, something needs to change and I think that it's time for the American people to decide that it's time to change things. And to go to members of congress and insist that the Department of Defense be held accountable for taking care of service members after they come back and treat people for occupational environmental illnesses rather than withhold care in the way that's being done right now. And I think that just us talking today I'm hoping will – and pushing this out there and asking people to share this story, Dan's story, and actually read your blog, too, so that they can get a sense of what this – the situation is bad, the situation is affecting a lot of people and everyone in America is responsible for this failure to provide care to people who served the United States of America. And, yes, we can – I think we can change this because I believe and have faith that when people know the torture that – the suffering that is being caused by the current state of affairs, I have faith that they will, that they will ask for change.

DAN MEYER:

Yeah, absolutely.

DAN SULLIVAN:

So, Dan, we've kind of run out of – we've gone a little bit over time, but I really appreciate, I really appreciate this time, your work after you – or your service now and your service in the past and I really, really appreciate this opportunity to talk to you.

DAN MEYER:

Yeah, absolutely. Well, thank you guys for – thank you for the opportunity to be able to do this and hopefully the, you know, the Defense Health Board will, you know, realize that this needs to, you know, people need help.

DAN SULLIVAN:

That's the hope. At least they're going to have your story in their minds when they make their decision. So –

DAN MEYER:

Well, that's good.

DAN SULLIVAN:

All right, thanks Dan.

DAN MEYER:

Yep. Thank you.

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