

# Amy Loughren - Episode 814

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nurse, work, patient, life, trauma, charles, people, person, understand, hospital, nursing, abuse, years, love, journey, started, mental health, part, knew, called

## SPEAKERS

Amy Loughren, James Geering

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**J** James Geering 00:00

Welcome to the Behind the Shield podcast. As always, my name is James Geering. And this week is my absolute honor to welcome on the show. Amy Loughren. So for those of you who aren't familiar with the story, a good nurse, Amy was a trauma nurse and unbeknownst to her, her colleague and good friend Charles Cullen, was revealed to be a notorious serial killing nurse. So we discuss a host of topics from her early life, her journey into medicine, the power of healing, the betrayal of trust, not only from Charles Cullen, but also her employer, how she navigated shame, guilt and grief after that incident, her journey into becoming a metaphysical healer, her experience making the film about her life and so much more. Now, before we get to this incredibly powerful conversation, as I say, every week, please just take a moment, go to whichever app you listen to the song, subscribe to the show, leave feedback and leave a rating. Every single five star rating truly does elevate this podcast, therefore making it easier for others to find. And this is a free library of well over 800 episodes now. So all I ask in return is that you help share these incredible men and women's stories. So I can get them to every single person on planet earth who needs to hear them. So with that being said, I introduce to you Amy Loughren enjoy. A meal, I want to start by saying, Thank you so much for taking the time to come on the podcast, I learned about your story, as I'm sure a lot of people did through the Netflix film that they made. But then when I, you know, dove into it myself, I realized well that obviously that one chapter is very powerful. But your journey prior to that what you've done and the book that you've written since that, that there's a huge amount of that we're going to discuss and then sadly, the timing of this podcast. In England, we just found out that we had a serial killer, who was a nurse who was actually murdering babies. So the timing seems to be pertinent to bring this conversation the trust that people have in the medical profession to the forefront again. So welcome to the show today.

**A** Amy Loughren 02:34

Thank you. Thank you for inviting me.

**J** James Geering 02:37

**J** James Geering 02:37

So very first question where on planet earth are we finding you today?

**A** Amy Loughren 02:42

I am in Florida. So am I Where are you? Land Land of the fascist. I am in DeLand, most of the time. But I traveled so much. It seems like I'm only there about six months out of the year. And I leave for Australia in a couple of days. I'll be there for a month, I believe. And I also have a nice little RV. And so I am going to the month of December I have decided that I am going to live at the beach.

**J** James Geering 03:23

Beautiful. Well, I mean, there are amazing human beings in the United States. I would say that some of the people that I have even chosen the right word have weaseled their way into leadership positions may be not the people that we want speaking for our entire state or country. But that being said, I mean, I adore living in Florida. What is it that drew you here?

**i** 03:45

The only reason that I'm here is because both of my daughters ended up here. So my oldest daughter went to college in London. She went to the she attended the regents American College of London, and really couldn't, couldn't handle the weather anymore. I ended up transferring to Florida, met her husband, and then my other daughter followed her down only because there's beaches. So they both ended up down here. And I'm just happy that they're both together. And they only live about 20 minutes from each other. So I moved down so that I could be with both of them.

**J** James Geering 04:29

Beautiful. Yeah, I've always told me why I love the UK. I mean, I spent 26 years there before I moved apart from some time in Japan, and I love the culture. I'm so proud of where I was born. But the unending gloom I'm kind of like a solar panel. You know, when it's sunny at home, you know in England, whether it's sunny here, I have a lot of energy when we have the cloudy days and I just don't have as much so moving to a state where the sun shines a lot more. And you're very close to some of the best beaches in the world. I mean, it's It's hard to argue with that.

**i** 05:01

So where are you in Florida?

**J** James Geering 05:04

I live in Ocala. So I'm right. If you look at your map, you stick a pin right in the middle. That's where I am. So each beach is about an hour and a half from me. But the good thing is when the

where I am. So each beach is about an hour and a half from me. But the good thing is when the hurricanes come, we're buffered to so

 05:16

I used to live in the Ocala forest on the 100 mile equestrian trail. When I first moved down here, I moved my three horse Well, my two horses down here and acquired another one and lived there so that I could ride in the forest. However, there's something called Banana spiders here. Yes. It was like riding through a Harry Potter scene.

 James Geering 05:42

Yeah. Or an Indiana Jones movie? Yes, yes. All right, well, then I want to get to the beginning of your timeline. So tell me where you were born. And tell me a little bit about your family dynamic, what your parents did, and how many siblings.

 05:58

So I was born in a very small town in upstate New York, which was thriving then. There was a lot of industry there called Norwich, New York. And I just had my 40th class reunion. I was the homecoming queen. And then I moved to Utica, where I went to nursing school. And then from there, I just worked in ers ICUs local hospitals. Until I Oh, I guess you want to hear about my actual childhood.

 James Geering 06:39

Yeah, I mean, we will get to further on. But absolutely. I love to hear, you know, kind of what made you, for example, even want to go to nursing. So what what were your parents doing profession wise? What were you exposed to from their careers?

 06:51

I had a pretty challenging upbringing. My parents were very young when they married, my mother was only 16. And my father was 19. When they married, my mother had three children by the time she was 21. So they definitely struggled. And we struggled along with them. I did fairly well in school. Although I was I can't say that I was rebellious. I was just a little bit wild. I discovered boys very early on. And I yeah, I struggled a little bit. I have a brother and a sister who I'm not super close with. And that's okay. They're wonderful people, and they are who they are. We're just not very close. And I don't know if that's just because we went through so much trauma as children. I became a nurse because I had decided to become a psychiatrist or psychologist. And I ran out of college money after my first year in college, and I started working at a nursing home. And I witnessed one of the residents being abused. I turned in that particular nurse. And my supervisor told us that or told me that it was a personality conflict. And there was something in me that was so angry. And maybe because I was not protected as

a child. Knowing that I I felt powerless and protecting these very vulnerable people. I decided to go to nursing school. And that's what I did. So my reasoning behind going to nursing school was because I wanted to protect the vulnerable. So when

**J** James Geering 08:57

you were in the high school age, were you already thinking about psychology psychiatry at that point. Was there something else on your mind apart from boys?

 09:06

High? Right, I definitely wanted to become a psychologist. I was actually very interested in the metaphysical which, back in that day, it was called parapsychology. And I really wanted to be a Paris psychologist but it now we could probably do that because they have all of the fun Ghostbusters thing that is so popular in television. There wasn't really any place for me to go with that my grandmother was a huge lover of all things metaphysical UFOs the pyramids, she gave me my first book on Edgar Casey, which I devoured in high school. And yeah, so that's really what I wanted to do. And I guess the universe had another Your idea?

**J** James Geering 10:01

So you couldn't go down that road route specifically, what was it that drove you to psychology and or psychiatry? What what what made you stay on that summit Road, even though you kind of weren't able to hang on to the metaphysical side specifically,

 10:16

I had some pretty challenging mental health crises in high school. And I was I was abused as a child, and really didn't know how to deal with that. I remember, I used my own money and went to the local mental health clinic so that I could start therapy because I knew I was, I was in trouble. And no one had the verbiage in my family to even be able to talk about those things. And it was you just, you just deny everything that happens in the family, you just move on. And I couldn't do that. So I had a wonderful therapist who, when I was 14, I believe she charged me \$1 an hour. Wow. And yeah, she was she was she was absolutely instrumental in me at least being able to live a pretty much normal, pretty mentally healthy life, even though I have struggled mental with my mental health. She she gave me a platform to be able to do something different than what my family had done.

**J** James Geering 11:38

This is such an important conversation. This is why I like early life, you know, parts of these interviews is just simply my professional fire and EMS. If I went to a mental health counselor that maybe wasn't culturally competent, maybe wasn't looking at the holistic human being, they will go, oh, James, you had that child killed in an accident, and that'd be it. And then you work on that you do EMDR for that. And then I'd be like, Well, I'm not getting any better,

though. It's not working. Well, when I was four years old, I was trapped in a house fire and almost killed, my sister got us out. That's kind of important. And that was, you know, my parents divorce and all these other things. So whether it's nursing or the military, or first responders, this is such an important part of the conversation. And if someone met you, two years ago, they'd be like, well, that's why you're struggling because you had that thing with the nurse, when that's just a small part of your overall life story.



12:35

I believe that. That's the reason why I was able to be so close with him is because I have my own darkness.



James Geering 12:46

So you're an incredible 14 year old girl that has the the foresight to get herself to a mental health counselor. What were the the mental health elements that you were struggling with? And what were some of the tools that she brought to you at that time,



13:04

I was probably a borderline in the making, I was headed down that road. I was I was cutting, and I was I was doing a lot of self injurious behaviors. I was binge drinking 14, and I was extremely suicidal, by the time I was 16. And I don't believe it was a I want to die. I think it was a I don't know how to live with these demons in my head. And so acting out or using alcohol really seemed to work for me, or I was the exact opposite. And I would go to church all the time. So it was either I was doing something to sort of mask my guilt and shame for being abused. Or I was acting out. And one of the ways that I would act out also is I would be an overachiever. You know, one semester I would have straight A's and the next semester, I couldn't even go to school. So and no one really noticed. And if they didn't notice, no one was even prepared to give me help.



James Geering 14:35

With the noticing element, I had one of my guests, Pasi Sahlberg, as an educator in Finland, which when we look at the kind of global success of educational styles, Finland is usually number one. And that was a huge thing. And I've heard so many people on the show that did slip through the cracks and they were younger and ended up homeless and you know, being abused at home, but their lens is on the holistic child. So rather than worrying about standardized testing grades, they are looking at the well being. And they're investing more in some of the poor areas, for example. So it's sad that I've heard this over and over again, that a young man or woman, young child, on paper, or they're doing fine, they've got these grades, but they're not doing fine. And we need to make you know, that's where the shift needs to be to catch these children that may be at home, you know, aren't doing well. And this is the thing with even the COVID thing. There was so much under reporting, because there are saviors really were the teachers that were paying attention. Yeah, yeah. So you get on the psychology

road, you get derailed because of finances. What was that like for you, you're on this path, you know, you're obviously wanting to self heal and assuming be part of the solution for others. Was that jarring? You know, on that educational road?



15:51

I don't think so. I, when I started in nursing school, I really thought that I was going to become a psychiatric nurse, work weekends, and then either go to medical school, get my PhD, whatever I was going to do, I saw that as a step in the direction of my academia. And when nursing school really planted the seeds of who I was meant to be. It was when I was working with the worst patients of all the burn victims, that the amputations, the traumas, the horrible ICU patients with 14 lines coming out of them, I wanted the worst. And I was never meant to do psych, I was really meant to be a trauma nurse. And every single time that I was put in a position where I could choose between a very complicated medical patient or a psych patient, I always felt more at home with the severe, severely ill patient. And in fact, when I was on the psych unit, as a nursing student, I started having pretty severe panic attacks. And it was interesting, because I would be reading their charts. And these were schizophrenics, they had been schizophrenic for most of their lives. And as I'm reading their charts, some of them had easier lives than I had. And I all of a sudden became extremely paranoid that I was going to become schizophrenic. I was, you know, a 20 year old girl. And that's really when they start to notice it was right in that time during college. And I had been smoking weed and I had been doing some drugs in school. So I had been doing some some psychotropics, and I started to become terrified of psych patients, terrified that somehow what they had and the way that I was talking to them that it would wake something up in me. And so I didn't want to go to clinicals. With the psych patients, I didn't want to be around the schizophrenics. And it was, it was surprising to me, it was just so surprising.



James Geering 18:56

There's a kind of dichotomy to the emergency medicine side where, on the one hand, you're part of the solution, you're saving lives. But the other hand, obviously, is the trauma that you're taking vicariously from the things that have happened, especially the reactions of the loved ones of that person, especially if they don't survive. What did you find within yourself when you switch to the trauma nursing? Was there an element of healing or was it a kind of a double edged sword for you?



19:27


I got to be a hero, when I saved someone, and I also was able to act out trauma, I could experience other people's trauma by not experiencing my own I could talk about something really awful that happened when I was taking care of them and be very dramatic about you know, these deaths and and as a young person and being around all of that, it was, it was just so gratifying for me because I had such self esteem issues, it helped me to feel more and more important in life. And I was really proud of myself. And it was a way for me to not only feel proud of myself, but I didn't need someone else to tell me that they were proud of me, I could do something, feel that experience right away. And I didn't need that from anyone else. So it was it was a good fit for me.

 James Geering 20:44

Now, I don't remember as a paramedic, ever getting any kind of training that this other than obviously the common sense, if something blatantly is happening that's wrong in front of you, then, you know, you have to report it, like you said, the abuse in the nursing home. What about these worst case scenarios that we're going to get into? Were there any case studies or anything in the world of nursing, because I mean, when when I'm dealing with someone on the side of the road, the opportunity for abuse is a lot smaller than someone who's working toward, you know, in an acute care. So what about that element from educational and then and then the education you got from your employers, the hospitals on that particular topic?

 21:27

Um, I think that what I was learning more than anything was how to dissociate from any of that dissociate from needing to describe what the culture of nursing was, that I could be a part of something and to be an insider to at all. And you really like soldiers. As I'm sure, as a paramedic, you experienced this, you know that there's things that co workers did that you just didn't talk about. And everyone knew, it wasn't right. We all knew it wasn't right. And whether it was the way that a nurse talked to a patient, or the way that nurses would use their power over that patient to not give them proper care, because they pissed them off. And I think of those things, and how, over and over again, I was becoming desensitized to it. And I didn't want to be desensitized to it. I just saw how big it was. And being that voice and speaking up, made you a target. And I didn't really want to be a target, and especially very early on in my career, I did not want to be I don't know if that answered your question, though. It

 James Geering 23:08

does. Absolutely. Actually, it brings a whole different thoughts in my mind. So the compassion fatigue that I see in my profession, you can, of course, point initially for the very small amount that they should never be in the job in the first place. You know, we're talking about people abusing patients, but then the majority to be fair, the job is set up for failure when it looks when you look at the hours and the work rate and the immense amount of trauma that we're exposed to. And so if you don't have the wellness initiatives, the rest and recovery that the proper work week, for example, that firefighter paramedic should have, then it's only a matter of time, some people have, again, through the good fortune of their upbringing and environment, have the fortitude to regain their compassion throughout their career. A lot of people it's more of a roller coaster ride of good days and bad days. When you look at nursing or the environment that you were working in earlier in your career, what were the factors because I'm sure those young men and women that were in nursing school, all that meant most of them had good hearts when they first you know, showed up for their first day. So what what are the factors that were creating that behavior in your nursing men and women that you worked alongside?

 24:24

I saw most of the nurses I worked with, got into it because they wanted to make a difference because they wanted to care for people. As time went on, it became a career. And that doesn't

because they wanted to care for people. As time went on, it became a career. And that doesn't mean that the older nurse and I mean, I've been doing this for 35 years. So from back in the 80s. It was It wasn't paid as well as it is now. And so it If it really was truly a service industry, rather than it being seen as a profession, and you were part of labor, rather than being a professional, and when it switched, and it became more respected as a true profession, rather than this female dominated, servitude type of role. It also became capitalists capitalistic. And when we switched over from caring into how much money can I make, and how much am I going to be paid, and the degrees, even though that's wonderful and beautiful, and I'm so proud of the nurses that do those things. The farther and farther and farther away, you get away from patient care you become. And then those patients become \$1 sign, and those patients become a diagnosis rather than a human. That's what I have seen, that does not mean that we don't have beautiful people in our profession, I just know that it definitely has changed, everyone has missed Ultra, everyone can look back and say, Oh, back in the day, it was so different. But I had, I had definitely had that arc of understanding why I got into it, and why other people get into it, and that it is definitely changed. Now with the Gen Xers.

 James Geering 26:46

It's interesting with the fire service, because I think again, most people, you know, step up onto the diamond on the you know, the first day of the fire academy or EMS, because they do want to serve. But if you look at it, all of us as we get deeper into Korea, the conversation becomes about pensions and benefits and drop and instead well that's that shouldn't be the thing that you talk about most of the time, it should be ServiceNow, you should be paid the way you should be paid. And I advocate very hard for the working environment to be the same. But you know, it's it's the other myth, oh, firefighters have this wonderful schedule, they actually don't. But if we keep telling this myth, then people are going to keep believing it and coming in again, for the wrong reasons. I know firefighters that are actually real estate agents that do firefighting on the side, that's completely backwards. And you shouldn't be in this profession if this is an afterthought for you. And I think that parallels what you're talking about in nursing.

 27:40

On the other hand, if they are not using this as the way to support themselves, their passion may be even deeper than people who are using it just to support themselves and get a paycheck. Perhaps

 James Geering 27:56

Yeah, no, absolutely. There's that too if they if they're all in it so why am I want to go? Well, my area because you your career spans over three decades before we get to Charles column. One of the things that I've seen strain the core loads and therefore the first responders the you know, the the ER nurses and doctors and everyone else that makes that that organization work is the increasing ill health of our nation and the abuse of 911 and ers. What have you seen over 30 plus years through a nurse's eyes.

 28:31



I remember when I first started and I was shocked at someone using EMS using the ambulance to come to the ER for a paper cut for a headache for a sunburn for a stubbed toe for I want to go downtown and party and I don't have a ride. So I'm going to pretend that I have a stomachache and come to the ER and then sign out all the way to people not using EMS and because they don't want to abuse it and they're having a heart attack in my in my lobby and we can't even tell. So it's it's a very bizarre profession because you also become suspicious of literally every single patient that comes in that they may be faking their symptoms. And that abuse has changed nurses. I don't know what it was like before me when we started with actually having my codes back in the late 80s. It I didn't see those kinds of abuses. I did not it was completely different. A lot of drunks, a lot of a lot of people that a lot of a lot of dumps from, from nursing homes where they want to get rid of a particular type of patient, usually a dementia patient. And we definitely saw those, but the abuse has become so severe. The other thing that has become different are the level of overdoses. When I started, there were there weren't heroin overdoses, we, my last er that I worked in, we could have 10 a night. And that that piece of it has definitely flooded the ers now.

 James Geering 30:50

That's another person I want to get on the show is Beth Macy, who wrote the book that they made the show dope sick on, um, because there's another one called painkillers I've just watched on Netflix, which is good, but I think Dope Sick tells a story a lot better without the kind of Hollywood you know, effects that they kind of dove into and the other one, but this is a national crisis. And this is what's so frustrating, as is obesity as his cancer. You know, we have this, this pandemic for two years, whatever people's view, it was a Spotlight on Health, supposedly, in the well being of the nation. And then we come out and it's like, Alright, we're good. Now. We're not good. We have an opioid crisis, we have an obesity crisis. And this is the thing is the medical professionals and the first responders of the world are screaming this out. But it's not the buzzword of the week, so it doesn't get any airtime anymore.

 31:39

Agreed? Well, when I first started, it was the AIDS epidemic. And I remember we went from not even wearing gloves when we were suturing people because the nuns thought that if we wore gloves, then people would think that we assumed that they were dirty to being in complete hazmat suits, because someone had a cold. And it was yeah, it was definitely a different time. And the more that we learned about AIDS and HIV, of course, it loosened up. However, wow, it was bad back in the 80s and early 90s. Everyone was terrified of AIDS.

 James Geering 32:24

I remember being I must have been eight. And I got a book out from the library. And I think I was always destined to be in medicine in some capacity, because I was fascinated by it. And I grew up my dad was a vet, veterinary surgeon. So I'm sure that's a big part of it. But I remember reading this book on AIDS, being terrified that I'm gonna get AIDS, and I'm an eight year old child. So



32:45

I think that I was more afraid of schizophrenia.



James Geering 32:48

Yeah. Which is, like you said, a little bit more understandable than an eight year old child getting AIDS. So I think that was well founded. But when I did my very first clinical, as an EMT, and other paramedic, I think it was the tail end probably of most of the surge of our AIDS patients, cuz obviously a lot of them passed away. But I do remember in Orlando, in the hospital having about I think it was three or four people with, you know, just days from death. What was that whole period like for you, because I mean, sadly, it's kind of gone and forgotten now. And it's, you know, a huge disservice to a lot of the populations that were affected.



33:29

And also, it really inspired this intense homophobia and brought it to the forefront. Evangelicals saying that it was a way to punish the gay population. And that was, I think, the most heartbreaking is it's always been blamed on that population. Now, we're kind of going through it again, in a very strange way, not the AIDS piece of it, but they're coming up with new reasons to be upset about the rate and the rainbow community. And yes, I think it did remind me quite a bit of the AIDS epidemic when COVID hit. The challenge was, most people and young people did not see themselves if they were hetero normal. Then back in the day, they did not see themselves at risk. And I think we've also seen that with a certain population believing that COVID is not a risk if you're not on the front lines. So it it really mirrors that wave of misunderstanding.



James Geering 34:56

It's interesting watching the the pendulum swing and so far the other way at the moment, and then again, like you said, that's created a pushback, because you can't help but feel like it was made such an issue to be so pro now that it almost invited a pushback from a certain group, because I don't know if you feel the same way. Most people I know who are usually normal people are happily, you know, that's who you love is who you love. And yet we've got these extremist voices. And so I think the shopkeeper was just killed yesterday, I'm shocked because she had a pride flag outside her shop. You know, that's not how people normally think that's a sociopath with a gun. But I feel like now again, just like with masks and vaccines, and, you know, Black Lives Matter and all these things, it's rather than the common sense in the middle, which is this is an opportunistic virus. It is real, whether you choose to vaccinate is up to you, but the health of the individual is predominantly the most important conversation with this as well as like, well, if you're not putting, you know, pride flags on all your social media posts, then you're a homophobe, or all the way the other way, you know, so this is what's so maddening to me is there is a common, I think that the majority of the people sit squarely in the middle where it's like, okay, yeah, well, that's fine. If they love who they love. That's beautiful. So this is what I feel like it's been projected that it's a lot worse. And there are a lot more people with with hatred in their heart real prejudice than there actually are. I think it's a projection of our society.



36:31

Not in disagreement.



James Geering 36:34

Yeah. All right. Well, then, speaking of sociopaths, this gets to Charles Cullen. Segue.



36:42

I know one.



James Geering 36:45

So you mentioned about working in Utica, New York originally. So walk me through that journey and how it took to your your paths crossing.



36:53

So I was in Utica, I was also in, I spent most of my career in Oneonta, New York, which everyone calls Estonia into New York, because that's where all of the stoners go to college. And we had a huge college population there. So I decided I was going to become a travel nurse, because I wanted to only work weekends. And during that it was very early on in that huge wave of travel nurses being paid a lot of money. And I saw an ad for a \$10,000 sign on bonus, a \$10,000 Completion bonus, and \$55 an hour with I believe you could do 72 hours a week. So it was crazy money during that time. I said that was right around 2000 2001. And so I got a weekend contract. And I would drop the girls off, I was co parenting at the time. So I would drop the girls off at school for their weekend with their dads, I would then on Friday drive down to New Jersey. And I would stay in the hospital for the weekend and then drive back home on Monday. And then I would pick them up from school after I had had a little bit of a nap. So they thought that I was a stay at home mom. And it really worked out beautifully for me. Until I realized how sick I was. I was extremely ill i i ended up being diagnosed with an electrical cardiomyopathy, and it started to affect my ejection fraction. And my ejection fraction plummeted from normal. I believe it was around 6570, which I had done stress tests and echoes, because I knew that I was having some dysrhythmias and it plummeted from that down to about 40. And I was exhausted and I was not functioning well. However, I needed to work to be able to have insurance. And because I was a travel nurse, I could only miss a certain amount of shifts to make sure that that contract wasn't deleted it because they can say you're done out and if it was not something that I could that was within my contract, I would actually have to pay back any of the bonuses I had received. So it was terrifying to me if I missed more than one shift. And I needed a pacemaker I needed I needed at that time, they had said, If I don't have some type of remapping at that point of my electrical system that I was going to end up on the transplant list, which I did. So it was pretty scary, it was a pretty scary time.

**J** James Geering 40:39

It's I mean, to do all that traveling and have that cardiac issue at the same time. And I think, sadly, it underlines the issues we have with health care in this country, I come from a country where the National Health is not perfect at the moment, you know, but the philosophy when staffed well, when when funded, is that you just go get the help you just go, you know, get the procedures and you get your pacemaker or god forbid you get on a transplant list. But you don't have to worry about the financial side. You don't have to drive all that time, because I need my insurance, you know, and there's people, you see these elderly people in grocery stores, some of them, I'm sure just want to be around people and they enjoy their job. But how many are there simply because that's the only way they can maintain their insurance.

 41:24

I know it's just heart wrenching. And when, when I was really it was, it was so challenging, because I was too sick to work. And yet, I had to work sick. I, I actually ended up taking a Friday off taking a Friday or a full weekend, I switched around a full weekend so that I could get my pacemaker be off for the weekend, and then go back to work so that I had more time. So I ended up getting a pacemaker and was back at work two days later.

**J** James Geering 42:08

Crazy. Now when you were when nursing, were you doing nights or days usually

 42:12

nights because it was a huge stipend. So with the amount of money that I was, I think at one point I was making upwards of \$70 an hour back in 2000.

**J** James Geering 42:26

Because this is the thing we were oblivious to this conversation of as you sleep medicine was almost not even around back when you first started. But now in this journey I've been through and learning the huge detriments of, of shift work, especially, you know, sleep deprivation, working night shifts, is related to everything. And I'm interesting forensic ly if you went back through your life, if that was a big compounding elements of why you ended up with arrhythmia in the first place.

 42:51

I often wondered that and there's no way that they're ever going to be able to say why I ended up with six sinus syndrome and electrical cardiomyopathy, I did have a virus at one point, they believe that that was part of it, I ended up with an endocarditis. But I had also had a severe car accident, a pretty serious car accident. And I fractured my sternum. And so that could have been part of it there. There's really no way of knowing it's sort of a guess everybody sort of

guesses why I ended up with that. Was it? Was it hereditary? Was it because I did drugs back when I was in college? Who knows? We don't really know. I usually say it's because I caught a virus just because that's the easiest way to explain it. But we really truly don't know.

 James Geering 43:49

Yeah. And then probably the answer is a little bit of everything. It's usually the case. Yeah, yeah.

 43:55

Exactly. And I do think that that's what it is, is that there was you know, it was an irritation within my electrical system. It got turned on and we couldn't turn it back off.

 James Geering 44:11

So you're traveling nursing, obviously, you know, behind the scenes, you're dealing with this health issue. Talk to me about when you first met Charles Cullen.

 44:21

Well, I was what I remember watching him. He was he was going through orientation with a particular nurse that I know was not going to give him the best orientation. And I could see the way that he was trying really hard to just appease her she was she was not the easiest nurse to deal with. So I I felt like I just wanted to talk to him and make him feel comfortable and welcome. And that's what I did. I the first time that I talked to him, I made a little joke. And he, he used his humor right back. And it was very self deprecating. And we really became close very quickly. And one of the reasons I know that I could have gotten close to him was because there was no boy boy girl stuff going on. I think he knew his limitations. But he was. He was a very, very interesting person he was really fun to talk to. He was really fun to work with. He was and he really took care of me. And he could tell when I was struggling, and he would help me when I was struggling. So yeah, he was he was a great nurse, I thought.

 James Geering 45:57

So as you become friends, I mean, with this 2023 lens. Now, knowing what we're about to talk about happened, did he ever kind of give any glimmers as to his early life and what may have contributed to this kind of homicidal behavior that ended up developing?

 46:18

He did talk a little bit about his upbringing, because I was very open with him and vocal, full vocal about my own upbringing. And he would occasionally throw something in there about his own trauma, his trauma about being having death in his family very early on about his mother,

the hospital had lost his mother. And we didn't really go that deeply into it at work, because we had other things to do. And normally, we would only talk about what was happening in the moment. And what was happening with is very tumultuous girlfriend the relationship.

**J** James Geering 47:09

So I'm trying to remember because I know we were going to talk a little while ago. So it's been more time since I've seen the show. But I know that there was discussion of maybe some wrongdoings in a previous place that he worked was that before you started noticing that things that your own hospital was after.

**i** 47:31

I didn't notice anything at my hospital. There were other things that were going on. I did not think that they had anything to do with Charlie. There were there were multiple incidents, I remember of extremely low blood sugars. And every morning, there would be 789 10 phone calls of low blood sugars. And so we started to assume there was something wrong with the lab, either there was a lab tech that wasn't doing it correctly. No one thought that every single person had low blood sugar. And of course, looking back, it, it seems like perhaps there would have been some things sinister, it's not where your mind goes, you don't go from, okay, there's a lot of low blood sugars to Oh, shit. I wonder if somebody's murdering people. Like, that's just so it didn't even come into my mind. And we were coding a lot of people, but I worked in an ICU. So to me, it was, oh, geez, you know, I just have those nights where I'm the person everybody knows that, you know, we're the people that there's always going to be a code happening. We there was, there was no one that was thinking that there was anything sinister going on. And I did not know that there was anything sinister going on, embarrassingly enough.

**J** James Geering 49:06

So when did the information that there'd been some unusual happenings in his other hospitals start getting into the story?

**i** 49:16

Not until he was fired. And no one knew no one had any idea I did not know. And when. When I started, it was when I started working with the detectives that I found that out. I did not know how many though I did not know how awful it was, until Charles Draper's book came out.

**J** James Geering 49:43

So let's kind of walk through now you have this kind of, you know, third person perspective, what was actually happening what was he doing unbeknownst to so many people around? Because again, you know, like you said, you work with a bunch of professionals we have the most immense trust me as a paramedic, you know, they're lying there. are unconscious hoping

that I'm going to do the right procedure or push the right med? So everyone has this trust from the outside looking in. He's a great nurse and became a good friend what was actually happening behind the scenes?



50:13

Yeah, it's interesting because as you were saying that I'm, I'm always shocked at how I started to get emotional about this because I do still carry some guilt. And my understanding of it was he would take his cocktail, whatever it was for the night, it could be phenol, Efrain nitroprusside, Vecchio, Chronium, insulin, potassium digoxin, whatever it was, and he would inject the IV bags that were laying out on the counter, they were labeled from the pharmacy, I would pick them up. Everyone would, we would pick them up, check the label, this is for my patient, this is the medicated IV bag. And we would go and hang it. So we were delivering his poisons. And that's, that's a piece of it. And then he was mainlining other patients, usually with digoxin. I don't know if he was mainlining. Insulin, I believe that was just in the drips that we had, I don't really know. And I'm glad that I don't know the things that I do know, are heartbreaking, just heartbreaking. There were so many times where I would walk into a situation where he was injecting someone. There was one particular patient, where he was injecting them with lidocaine because we had a patient that went into the TAC. And I was not aware that she was allergic to lidocaine. I was the CO team leader that night. And I was I remember being interested of why this brilliant nurse would be using lidocaine. It wasn't wrong. Lidocaine was, at that time, we were using only amiodarone lidocaine was out of fashion. Even though that was what we used to use for the attack. It wasn't a wrong decision. It was the knowing afterward that he was injecting someone who he was very well aware that she was allergic to lidocaine and severely allergic and she did die.



James Geering 53:06

I mean, they will get to, obviously, the mental health journey. But the the realization that you miss something is something I've talked about. I've had a few guests recently talking about human trafficking, and again, the reality of human trafficking, not the movie version. And when I think back to calls were especially involving sex workers, you know, yes, there was a patient at that time, and I did my best to take care of her. But we missed the fact that that needed to be reported, because those young ladies would probably be in traffic. Well, that's all well and good. I didn't have the education to even make that understanding back then. But the guilt now of looking back and going so many calls I missed because I didn't have that information. It's something that's going to stay with you whether it's, you know, a mild version, which minor is or the fact that you literally was standing there witnessing the murder with no one no realization, because you didn't have the tools to, to acknowledge it.



54:03

Yes, and no matter how deep the work at that I do in dealing with the PTSD of that, and the guilt of it. I have very deep rooted guilt from my childhood. And so it is, it's definitely a trigger. And I'm always surprised when it pops up. And on the other hand, I'm glad that it's still emotional for me. I don't want it to not be emotional, I can deal with these emotions. I think

that they're very, very normal. And it was when I wasn't feeling these motion, emotions back being a trauma nurse when I was extremely burnt out where I wasn't feeling that was when it was scarier. This is I am so grateful that I can feel this I'm so Oh, great.

**J** James Geering 55:01

Yeah, I mean, it's the normal human reaction to an atrocity.

**i** 55:05

Yes, exactly. Exactly. Now, when he

**J** James Geering 55:09

was spiking the bags, was that still deliberately that medication to that patient? Or was there almost McCobb Russian Roulette going on?

**i** 55:18

I understand from his, just from his testimony during his confession, it was Russian roulette.

**J** James Geering 55:32

Yeah. So again, and here, we are talking now. And there's a British nurse just been sentenced to life without parole for doing this to infants. And it was insulin, it was I think they even said fed the milk. So I don't know if that means that it was cow's milk that was, you know, fatal to that particular child. I don't even understand fully what happened. But, you know, the irony, like I said, that we're having this conversation that we had we done it when we originally planned, we never got discussed this, but this is the level of trust that our profession has. And again, now in 2023, hopefully myself and people listening, when we go back to work in whatever capacity it is, will have a slightly different lens and little bit more education than, you know, obviously yourself and that woman's colleagues at the time as well.

**i** 56:19

Yeah, I'm, I'm proud of her colleagues for not backing down. I am really, I'm just so proud of them. Because it is not easy. It's not easy to go up against the hospital, when you know that they just want to shove it down. And I, I really, I'm, I'm so grateful for that. I'm so proud of them.

**J** James Geering 56:41

Well, let's talk about that for a second. Because you, you know, it's blatantly obvious that there



is a financial element to healthcare in the US. And within that structure, there are some incredible human beings that are just trying to do the right thing in the world of medicine. But then there's obviously the, you know, the other side, the profit side, when things started, you know, coming out whether it was in front of your eyes, whether it was other people realizing it, what was the resistance from the hospital in this surfacing initially.



57:17

Um, so the initial response was to just not talk about it. And when I had someone discussing anything with me, it was more about coaching, of what to not necessarily what to say, they coached me to be afraid of some of the detectives, they wanted me to fear, the possible ramifications for me and my family. And I didn't really believe any of that. Once I met the detectives, and once I started working with them, of course, in there was that place in me because I've watched television, like, well, maybe they're just setting me up. Or maybe I, you know, I certainly went through that paranoid thought process of what if, what if they're just trying to pin this on me, and I just remember thinking, if that's what is supposed to happen in my life, that's pretty messed up. Like I, I trust that I would not do that to myself. And I trust that where this is going, I'm being given an opportunity. And no matter how much fear I have, no matter how much fear someone, because I certainly didn't share that I was working with the detectives. No matter how much fear the hospital tried to instill in me. I was more afraid of the hospital than I was at the detectives.



James Geering 59:06

So this is just an interesting, important point that I'm sure there's so many good people that, like you said, would have stepped up and we'd be like, doesn't matter about the money does we need to make this right. But sadly, there are people in the world who whether they're chiefs of fire departments or heads of tobacco companies that you Oxycontin, you name it, there are certain individuals that if they find themselves in that place, the well being of others is not at their nucleus. And these need these kinds of perspectives and stories need to be here heard, especially when the longer that a nurse for example, remains on a ward, the more people that die.



59:43

I just remember finding out that the hospital knew he was murdering people they knew it wasn't just their their assists. vicious, they had a name, they understood that it was Charles Cullen. And they did not pull him off of the ward. They did not fire him. They didn't have to fire him, they could have pulled him off the ward, and pulled him off the floor while an investigation went on. And they left him there with us with family members that were, it's just, it just goes beyond understanding. And it doesn't matter. If I had been an administrator, I would not have been there to protect the hospital. And I don't have that in me. I have it in me to only protect those people that I am meant to protect. I am not there to protect a corporation. And there are some real moral mental health crisis going on moral crisis, ethical crisis going on. And administrative corporations bureaucracies with health care. And that was 20 years ago, it hasn't really changed.

 James Geering 1:01:11

I've made that that observation. There was a guest John Joe Rogan's podcast and then said guru, and he's just that he's a guru, you know, kind of Indian, I believe, you know, philosopher, etc. And they were going back and forth. And Joe said something about, you know, yeah, but but the big pharma, you know, they're, they're the real evil ones, I forget how he put it. And he said, No, they're suffering too. And I've never thought about it that way until this is probably six months ago. Like, of course, like we're expecting, for example, these prime these presidents or prime ministers, to fight for the health and well being and education of this country. But if that person is a raging narcissist, or has got their own mental health crises, that compassion isn't there, if someone can sleep at night, owning a tobacco company, knowing that 10s of 1000s of Americans, for example, are dying from their product. That's not a healthy mine. So I agree with you completely. It's just a kind of aha moment, I had somewhat recently that we always focus on the Fentanyl crisis. Well, it extends, you know, there's no socio economic bracket that you belong to you can be, you know, you have to be mentally unwell to know that, for example, your product or C Contin is killing people all over the country, and you're just worried about the money you're making?

 1:02:37

Yes. And that tells me Yes, they have a mental health problem. They do. And whether it is born of capitalism, or just this, this this hustle mentality that we have pushed forward? I don't know. I don't know.

 James Geering 1:03:02

But going back to Charles Cullen then kind of walk me through from the the legal side, how, how were they first alerted? And then you know, what was that like that journey like? And when were you brought in to start working with Texas?

 1:03:18

My understanding is he was fired. They were already doing a pretty intense investigation behind the scenes, they already had I, I believe they had already even exhumed a body at that point. So when I was brought in, they they had a lot, what they did not have was a smoking gun. And I was brought in, because I was so close with Charlie, I was brought in, because I had already talked to Charlie, and they really didn't know how to get close enough to him, because it would be really challenging for them to prove medical homicide. They had the evidence, there really wasn't at that point enough to put him behind bars. And a confession would be it. So I know that that's really why they brought me in so that they had an opportunity, more of an opportunity to possibly just get him to confess. And so I was brought in, kind of on the tail end of everything. And when I got brought in, I really was at that point, already pushing myself mentally, physically, emotionally, and my level of stress was so high Oh Ready, that I really didn't know whether I was going to survive the investigation. I was truly putting myself at risk. And doing those things, working with them, knowing that I was putting myself at such risk and perhaps even having Charlie, find out that I was working with the detectives, I didn't know whether he was just killing people at the hospital. What if he was killing people outside of the

hospital as well. And that did go through my mind. And being a single mom, and living there with my two young children. I was happy that I lived so far away from the hospital. And yet I, she still knew where I lived. When, when we really delved into the possibility of me wearing a wire, we were at that crossroads where he had already gotten another job. And we felt like the detectives really made it very clear that this could be an hour, never thing.

 James Geering 1:06:13

So before we get to the wire, as you said, this was a nurse that you trusted. This is someone who became a good friend. What was that moment like for you when the reality of what was actually going on was presented in it to you in a way that you're completely unaware of before but now is irrefutable because of this investigation that have been going on.

 1:06:35

When they showed me the evidence, it was a complete paradigm shift. And I've, I've heard about this from other people, when they dissociate, when they're in the middle of trauma, whether it's because they are in an accident, or if it's just something so severe that happens, where it's like they leave their body. And it felt like that it felt like I could not grasp on to what was real, like my, I felt this intense paradigm shift to the point of I don't really remember driving home, this. So it was it was utter terror and fear and this intensity of trying to understand how I got into this, how I ended up being so close with, I didn't know he was a serial killer at that time. We were just looking at one patient. But when I saw the list of things that he was taking out of the Pyxis I knew I knew it wasn't just one person I knew. So I was grieving also grieving this amazing person that I thought that I knew and he never existed.

 James Geering 1:08:09

Now I want to get to your journey out of that. But just before we do you have the previous hospital you had your hospital, what was the final known death toll of what became a serial murderer.

 1:08:21

The known death toll of just my hospital. I don't know I believe it was 40 patients at my hospital. And total from Charles scrapers work that he did on the book is anywhere between 400 and 1000 patients who murdered

 James Geering 1:08:49

before we get to your emotional journey, just one kind of, I guess, educational point you have what could possibly be 1000 patients murdered by a nurse? What did you observe from the nursing profession after that happened? Was there a lessons learned we need to change? Or was there a sweeping under the rug and I've seen both in the fire service depending on the department, of course.

 1:09:15

I don't believe it was necessary, necessarily that they swept it under the rug. They just wanted us to forget. And they did now they changed a couple of laws. Those particular laws like Collins law, but it it really is not a great law. And it it now targets people and especially young nurses and unseasoned nurses who are making can make mistakes and be fired from somewhere. And that's not what Collins law was meant to do. It was meant to prevent having another Charles Cullen and it's not doing that it it's harming nurses who are just making mistakes, not not going out of their way to murder people. So that did happen. The design of the Pyxis also changed, and it became much more safe. And people are watching it. But again, it's 20 years later, I, I, we become complacent. And we just numb out. I don't, I don't believe that anything really changed. And I think that, as you can tell from the UK, we still have this going on. It's the people that have not been caught. Are there are people out there? I know that are doing this.

 James Geering 1:10:53

Yeah, we have one when I was younger, Dr. Harold Shipman, who was a physician in the UK, and I don't know, I think it was kind of maybe presented as part euthanasia. But I don't think his particular case was when he when you dive in, but yeah, I mean, there were I forget, I think it was in the hundreds as well of patients because you know, you've got a physician or nurse and whether either they're very elderly, or like you said, an ICU where maybe outcomes aren't as high expected outcomes. You know, it's we need these safeguards to make sure it doesn't happen, and 99.9% of us are going to be hopefully very good at our job. But how do we find that point? 1%.

 1:11:32

There is a case right now I saw it, was it on Netflix, Hulu, I don't remember, it was a clinic. It was an infertility clinic, and a nurse was stealing all of the pain medicine. And these patients, because they had been through so much. And because especially women, women are really shamed for expressing pain. They were given saline rather than pain medicine during egg retrievals. Oh my god. Yeah. And so the nurse and I think that there were over 200 patients that were essentially given absolutely no anesthetic at all, for a very, very painful procedure. egg retrieval is one of the most painful procedures that you can go go through as a woman. And they just didn't want to complain, because it they had worked so hard to get to that point, that they were being shamed for saying that their pain level was a 10. So yeah, it was it's disturbing. And to think that, yes, another nurse.

 James Geering 1:12:53

Well, another one again, I thought the one you were gonna be talking about, there was a I think it was an infertility clinic. And the physician who owned the clinic, was putting his own semen into all these sperm banks. And there's like a whole town full of people that are related to each other.



1:13:11

Yes. What? Yeah, disturbing. And again, what is the basis for all of this? It's always mental health. It's always lack of mental health.



James Geering 1:13:26

Absolutely. Well, I skipped over the the one part that want to hit before we go to your healing journey. As you mentioned, you asked to wear a wire when you're trying to get the smoking gun, the confession walked me through that because you've got this person that you you loved and trusted and admired. Now you've had this horrendous kind of realization of what's going on. Now, you're trying to pretend to be the same friend that you were before. But you're actually trying to capture evidence to put this person away, say don't kill anyone else.



1:13:57

I was really afraid that I wouldn't be able to do that. And I am not one that can pretend I my facial expressions that my energy is so big, that I can't fake liking someone enjoying someone loving someone, I don't have it in me. And so I needed to find a way to go to a place within myself that could still connect with him. And I allowed myself to see him as that nurse i i blocked out that he was a murderer. I didn't know the murderer. I only knew my friend. And I only knew that man who I saw that very first night that I met him, who was sweet and kind and who saved my life. And I could go to that place within myself. And when I did wear the wire, I was very scared at first that he would notice that there was, there was a contraption on my back that was taped to me. And we had never hugged or been physical in any way before. And that day, he hugged me. And I thought for sure he was going to feel that box at the small of my back, and he didn't. But I did get a type of confession out of him. He didn't say I did it. He just did not deny it when we were talking about it. And he said he wanted to go down fighting. So she was arrested, I was okay, this is over. And then we find out that the wire malfunctioned. So we had to go back in and it was doing it all over again. And I was determined, I was so determined to get to the murderer. It was really the first time that I realized I didn't want to talk to my friend, I wanted to talk to the murderer. I wanted to, I wanted to allow him to carry on this role, this mask that he was a hero. And that was what put him over the edge is that he needed to be my hero. And that was why he confessed.



James Geering 1:16:50

Now when people psychoanalyze his behavior, what did they hypothesize was the reason that he was doing this, you know, obviously, is to fill a void. We know there's a clear mental health issue. But what was his perception of himself justifying this act?



1:17:09

He himself tried to make people believe he was a mercy killer that he just wanted to help people. And that just wasn't true. And you can see even in his confession, when, if you've watched capturing the killer nurse, you can see part of his confession, and he's very

performative. And that is not who he is. He is very egocentric, he can be very smug. And that was all performance. He's never truly, as far as I know, he has never truly talked to anyone who is a psychiatric professional. And he has no interest in doing that. He doesn't want to be studied. He doesn't want to have someone understand him or put him in the category of the other serial killers. So all we can do is surmise. I believe it was an obsessive compulsive disorder that had gone wrong. I believe he just had a he was compelled to kill, he was compelled to continue that. That adrenaline rush, and that, that feeling that he had power or someone and he just obsessed about it. That's my opinion. It's not a professional opinion. I only guessing.

 James Geering 1:18:49

Yeah. Well, I mean, you hear that a lot from you know, I think even the serial killers that it's that that you said that power. I mean, that that domination, that fear and some of the more violent ones, but again, the concept that you and you alone, decide if that patient lives or dies, there's got to be a kind of, you know, psychotic god complex to that, that maybe he, for whatever elements of his childhood felt powerless when he was young it manifested in this distorted way to where he became the power.

 1:19:21

The person to talk to about this would be Charles Graber, who wrote the good nurse because he spent the most time with him. He actually spent more time with him than I did. And even though we spent time together working, we didn't spend all of that time together one on one chatting, Charles Graber, really and Charlie Graber where, you know, we talk every week, he he has an insight into Charles Cullen like no one else, and he is and I love the way that he describes him because he can and put it into focus in ways that I cannot because he is removed from it. And he just he has he definitely, he definitely has that inside knowing of who Charles Cullen is. And he's probably the only person that does.

 James Geering 1:20:21

Well, one of my closing questions is normally suggesting guests for the show. So I think Charles would be a great person to try and get on here.

 1:20:30

He is so much fun to talk to. Really, really interesting guy.

 James Geering 1:20:35

Beautiful work, if you're able to help, I'd love to make that happen.

 1:20:30

11 1:20:39

Oh, yeah, absolutely.

J James Geering 1:20:41

So you talked about childhood trauma, then you become a trauma nurse. So you have all that trauma you're exposed to in your profession yourself, then you find out that one of your closest friends is a serial killer, then you have to wear a wire twice, because the first time it didn't go through, I would argue that there's quite a lot of trauma there. By the time you get to the back end of this case, aside from the fact that you also have the cardiac issues, physiologically or physically and psychologically, what has been that journey of healing for you the highs and the lows?

i 1:21:15

Well, that certainly was my dark night of the soul, and dealing with something that truly dark, what I believed was dark, I wanted to understand why I had aligned energetically with a serial killer. I was so close to him and protected him. And what was it within me that I wanted to protect a serial killer, obviously, I did not know he was a serial killer at that time. But there had to have been a place within me that understood his darkness, there had to have been why were we able to bond so deeply. And that took me on a quest of, I didn't want to be in nursing anymore. I became a Hypnotherapist. And during one particular it was it was a timeline regression. During that timeline regression, I was regressed back to a traumatic event in my childhood. And it really brought me to the understanding of where I was in my growth, and why I chose that piece of it for my growth. And again, these are my, this was my journey, I believe. And I, I know that this can be very challenging for people, I believe I chose this situation for myself for this type of growth for this type of experience. And I don't I don't want anyone to believe that. I think that when they go through Tom trauma, that somehow they bring that on themselves. I I don't want anyone to believe that I would think that I do for myself and my own journey, believe that I wanted to have this type of experience. And what I found through my experiences and starting to feel energy and experience different energies of flowers and inanimate objects, and, and being able to talk to my guides, and using tarot decks, those are things that I would never have talked about in the past too, because I really felt like people would not take me seriously as a scientific person. And now with the way that quantum physics is, it's showing that Oracle's do have that type of energy, and you can actually measure it now. So being able to experience those things and feel those things. It is much more mainstream than it was before. So now I understand that yes, Charlie and I had similar energy. And that energy I just used for light and he avoided the light. We could have gone in the same direction. He could have been on the light side. Certainly they I believe his mother wanted him to be poor. least at one time, so I know that he delved into his his own ideas of what spiritual life is. So that was my, that was my journey afterwards. Am I healed? I don't know if there is such a thing. I don't believe that anyone is broken. I believe that we're just on a journey. I believe that we're in this beautiful video game, and I leveled up by facing a monster. And that monster wasn't Charles Cullen, that monster was myself.

J James Geering 1:25:39

It's such a powerful insight and I would have not had much to come back with as far as the

hypnotherapy if we'd had this conversation we originally did. I have been connected through a mutual friend who hypnotherapist called Courtney Starkey. I don't know if you've ever come across her before. But she has put me through two sessions so far. We're supposed to do another one this Sunday. Oh, that's so exciting. Yeah. And it's been amazing. And it wasn't specifically for a trauma it was and I think that's the beautiful thing about it. It kind of goes where it goes. But opening your mind as wide as possible to the possibility of multiple lives parallel universes, you know, previous lives. She talks about genius being the the spirit guides, the other the original terma genius has helped her I think she said, so. Yeah, that's another entire realm that is new to my mental health conversations as well. You have hypnotherapy. What's fascinating to me is where you are now in this field, which circles all the way back to your desire to be in the metaphysical when you were young



1:26:45

and darkly. Exactly. My grandma. And to know that I came full circle is amazing that I get to do this now that I get to do exactly what I wanted to do when I was younger.



James Geering 1:27:05

Yeah, love. It's inspiring. And again, like you said, The Dark Night of the Soul. This is an undulation there is no heal, there is no broken. I couldn't agree more. There's this journey. But with each trauma that you overcome, you grow from, in my opinion, and that's what resilience is. That's what superpower Yeah, absolutely, yes,



1:27:25

it's a superpower. It is like if you if you play video games, that's what you do, you get better and better at it. And then a new challenge comes at you. Now you have all of these things in your toolbox that you've been working with. And it's you know, that doesn't mean that I don't get knocked down. That doesn't mean that i However, if you think about a video game, that's exactly what happens. You get your ass kicked. And then you come back and you're like, Oh, I remember this. Now. I remember this.



James Geering 1:27:58

Yeah, absolutely. Well, so you've got on this healing journey, you found these tools, which again, ironically, circled around to early life, so that all the bad things of early life, but also there was that, I guess, childhood, knowing the whole time that that was part of the healing journey. But then more recently, a book is written and then again, they make the television film of your story. What was that experience like for you? What would the pros and cons of having this, you know, kind of dragged up again and be living in?



1:28:30

Um, it was it was a long road getting the movie to the screen. And when I first saw it, when I



saw Jessica playing me, it was the very first time I truly forgave myself because I could forgive her. I saw the character of AMI play out, I saw the gentleness of AMI play out. And I was able to embrace forgiveness. I was able to embrace who I was 20 years ago. And I'm just like, I was kind of a badass. So it was very healing. It was healing. The most challenging part was Eddie Redmayne truly embodying who Charlie was, and then being, being around him, watching the movie and being able to hold on to those moments, those friendship moments and having Charlie back with me for a little bit. That was, it was really healing, healing. It was really a beautiful experience. It was beautiful.

**J** James Geering 1:29:50

Well, they both did such a great job and Eddie, who played Stephen Hawking as well it was phenomenal and man. It was the perfect balance between endearing the character and the fear, especially when he's sitting with your children and that one scene and it was just phenomenal because it wasn't like, you know, Freddy Krueger well that of course I hate him, he comes to my dreams and slices me open with his hands. Very, very two dimensional, but they the ability of this person was actually more dangerous than Freddy Krueger and a lot of notorious killers, but still had that, that element where you believed that you could, you know, become friends with that person and trust them as a nurse. So I thought they did a great job telling that story.

 1:30:37

Yeah, to be as Lindhome amazing director, the screenplay writer, Christie Wilson, Karen. So we, we've known each other now for what 10 years, we've been working on it. So she and I, she she knew me I think sometimes so much better than myself. And I, I loved seeing myself through her eyes and allowing myself to love myself and love who I was

**J** James Geering 1:31:07

amazing. Well, just one more area. I had Josh Brolin on the show a long time we actually became friends because he's an amazing human being. But he did a film called only the brave, which told the story of the Prescott 19, the 19 firefighters that were killed in Arizona, and he played the supervisor. So one of the guys that was killed in the show and their real life, Eric Marsh, his widow, Amanda spent a lot of time with Eric to really, you know, help him learn who those are. I spent lots of time with Josh, excuse me to help him learn who Eric really was, and make sure that he portrayed in the way that that, you know, was justified. With Jessica, did you spend a lot of time working on your character, so she was able to portray you that way?

 1:31:53

No, I didn't want her to. I wanted her to play the character. I didn't want her to play me. And, and I think to be us, and I had that conversation as well. That the person she would meet was 20 years out from that the person she read in the good nurse, and the person that she became in the movie was the me from 20 years ago. And I am so grateful that we spent more time afterwards so that she she could see that arc, and we could experience things together. After

we spent, we certainly talked on Zoom we sent you know, we were on set together. But I am so glad that we didn't spend that much time together because it wasn't me she was playing it was the old me.

J

James Geering 1:32:56

Love it such an interesting perspective. Well, I want to get to some closing questions and be mindful of your time. But one more area. People listening to this, I'm sure, hopefully a horrified you know, but also, again, you know, inspired by the growth and some of the other things that we've discussed. What is your message to the medical world? What can we learn from your story, this story. And if it isn't being done yet, we can push for change towards, you know, an environment that maybe will make this a little less easy for the next potential serial killer out there.

o

1:33:34

We're not going to change the corporation we're not it's it's too political is too big. The only place that we can make a difference is within our own mental health. And that's it. And if you see someone struggling, if you see that they are focusing on burnout, and they're working too much they're working night shift, you notice that they are not experiencing their emotions in a way that is healthy. It doesn't mean that you have to say something to them. What you can do is ask simply, which is something no one did for me. Are you okay? Are you okay? And how can I help? So, that's what we can do. There's so many resources out there now. I didn't have those 20 years ago. And people are there's huge conversations now with health care workers about our mental health and our mental wellness. Use those resources and if you need a mental health day, take it take it

J

James Geering 1:34:51

Beautiful I couldn't have said it better myself. I mean, you know the as you said the resources are there. The people struggling there and we are the conduit between to them unless we create an environment that encourages people to ask for help unless we're vulnerable and telling our own story, which opens the door for other people to come out. We're never going to connect the two.

o

1:35:12

Yes. And thank you for doing that. Thank you for being a voice for that. And thank you for talking about my childhood and bringing those things up. That was really, really cool. Thank you.

J

James Geering 1:35:26

Beautiful with that. I mean, you have an amazing story. So thank you for coming on and telling it. I want to throw a few closing questions at you before we let you go. That's okay. Go for it. All right, very first one, is there a book or other books that you'd love to recommend? It can be

right, very first one, is there a book or other books that you'd love to recommend? It can be related to our discussion today? Or completely unrelated?

 1:35:47

I would, I would say, Byron, Katie. She, she is my one of my gurus. So loving what it offers a very easy way to meditate through your thought process. And anything by Jack Kornfield. Anything by Jack Kornfield. He's he is that the easiest way to learn how to meditate?

 James Geering 1:36:19

Brilliant. What about a movie and or a documentary that you love?

 1:36:27

Guy? I would say ye you know that the different series on Gaia that I have been watching recently, I would say just go on Gaia and open something up because it will open up your mind. So gaia.com is a channel I don't know if you've ever been on gaia.com

 James Geering 1:36:53

I have I love or used to love Rodney E and his yoga series. So that was kind of what took me there.

 1:36:59

Yes. So I really feel like they have always been in the forefront of moving us forward. So really anything on Gaia? Samadhi. There is a I think it's a three part series on Samadhi. And that opens up your mind and allows you to not take yourself so seriously.

 James Geering 1:37:25

Perfect. Well thank you for that. All right, well, the next question and we talked about Charles Graver, is there anyone else that you would recommend that come on this podcast as a guest to speak to the first responders, military and associated professionals of the world?

 1:37:40

I would say there's there's some wonderful nurses that are out there that are making strides. Um Don't clock out. They have a bunch of nurses on there. They started they started their journey because one of their co workers left and I believe, killed themselves. And so they started this journey called Don't clock out. And there's another one that is debriefing the

frontlines, and she is working with health care workers and nurses who have turned to substances and it helps them on a path to not just sobriety but support even if you're not ready for sobriety.

 James Geering 1:38:45

Beautiful I just actually have a friend who has a family member that is in the medical profession and is has been struggling with addiction was found out and from what I understand so far, that particular employer has taken a very open minded progressive view and trying to get them back on track rather than destroying their career because of one mistake.

 1:39:09

Now have fun person that I suggest you have on because she is so cool. Her job is amazing. She's it cytopathology just she she her name is Nicole and Jimmy and she does the gross room. And she has like 2 million followers I think because people love the gross stuff that she has, but she does autopsies and talks about them and puts these really really cool it's it's like you actually get to see what people look like when they fall off a roof for when they you know it's really cool stuff that she has found a way to be able to put online And the way that she talks about it because she has such passion and it's fun to talk about. So she is awesome.

 James Geering 1:40:08

Brilliant, I'm have to look her up, because actually pathology is the world that I've wanted to get actually, Dr. G, who's had the TV show for a long time, she was my medical examiner when I was a firefighter in Orlando. But I think she, she cut all ties after that career, I think, and she was part of the Casey Anthony case, too. So the poor woman was dragged into that nightmare. But um, but that's another world, you know, not only the acute cases, like the traumas, but also talk to me about the obesity epidemic, you know, as of the end, what are you seeing the very, very end, you know, and then the mental health? I mean, everyone that comes to you is dead. That's got to take a toll as well.

 1:40:45

Yeah. Well, yes. She would be the first person I would say, Nicole and jemmye. She is and she's so cool. In interviews. She's so fun to talk to.

 James Geering 1:40:55

Brilliant. Well, I appreciate that. I will reach out to her as well. Please do. All right. Well, speaking of offloading vicarious trauma, the very last question before we make sure everyone knows where to find you, what do you do to decompress these days?

 1:41:08

1:41:00

I meditate. I travel, I scuba dive. And I spend time with my two and a half year old granddaughter who puts me in my place every single day. And reminds me that life is not fair. Because she is she is an absolute power house. And she will cheat at any game. And if she doesn't like a book, she just throws it at my head. And you know, she does everything that all of us really want to do. She's just like, pure emotion. And I love that about her. I just love it. She could be

J James Geering 1:41:53

the next president with no no control over a temper in the mind of a two year old, the last two of him

1:41:59

the same way. That's right.

J James Geering 1:42:02

All right. Well, for people listening. Where can they find you? Like you said, you're doing hypnotherapy now? Where are the best places online and social media to reach out to you and maybe even try and book a consult with you?

1:42:14

Amy The good nurse. So it's is Amy the good nurse.com and on Instagram. It's a minute good news.

J James Geering 1:42:26

Brilliant. Well, Amy, I want to say thank you so much. Like I said I was I was blown away by the show, which was kind of my gateway drug into your life. But as someone who works in pre hospital for a long time. You know, there's so much to it. Obviously, the mental health side, there's the medical professional side, and it's been a phenomenal, phenomenal conversation. So I want to thank you so much for being so generous with your time. Thank you