

Andy Millar - Episode 775

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SPEAKERS

James Geering, Andy Millar

J James Geering 00:00

Welcome to the behind the shield podcast. As always, my name is James Geering. And this week, it is my absolute honor to welcome on the show, Andy Millar. Now Andy has spent his life in the world of social work, working from trauma ers through to hospice and everything in between. And he also has a very powerful personal story being diagnosed with leukemia at two years old, and getting treatments until he was 14. And then much later in life receiving a brain tumor diagnosis. So we discuss a host of topics from the impact of chemotherapy on our children and their development, his youth mental health story, his unique perspective in the world of social work and dealing with patients and their families, the incredible price tag that comes with a cancer diagnosis, his journey into CrossFit, I am Legion where I also train and coach the impact of his fitness on his recovery and survival from his brain tumor, 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 this on, 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 almost 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 that being said, I introduce to you, Andy Miller, enjoy. Andy, I want to start by saying thank you so much. We have talked about doing this conversation for a long time. You have an incredible journey. And I've known you for a few years now. And you have some amazing chapters in your life and you have driven to my home today to come sit down with me and do this conversation. So firstly, I want to welcome you to my home.

A Andy Millar 02:22

I appreciate it and looking forward to it.

J James Geering 02:25

So for people listening, where would we normally find you geographically?

 Andy Millar 02:29

Oh, here in Ocala, Florida, North Ocala, Florida, almost almost near Anthony Florida, about a mile away from Anthony Florida.

 James Geering 02:38

Beautiful. So I'd love to start at the very beginning of your chronological 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?

 02:48

Sure, sure. So I was born in Stamford, Connecticut, at Stamford Hospital. I think I lived in Stamford for I think maybe one or two years. And then my mom and dad moved us to Norwalk, Connecticut. And when I say us, it's myself, my mother, my father, and my sister. I have a sister, older sister, she's three years older than me. And so we moved there. I think we were there for maybe a couple years. And that's kind of a huge beginning to my story. Because at two and a half years old, I was actually diagnosed with Acute Lymphocytic Leukemia. And I underwent treatment, on and off for that. Until, by the time I was done with all of my treatment, and then all the after effects of my treatment, I was probably around 16

 James Geering 03:59

Oh my god. We were two and you gotta use it. Yeah, two and a half. Oh, my goodness.

 04:04

So that caused some, you know, I Well, I had two parents that were good in their own individual ways. And there were two people that it was just one of those situations. So my dad was in commercial design, and his job. Basically, he worked with pharmaceutical companies and designed all the packaging for the drugs, when they go into package and all the things that they give doctors, you know, you'll see maybe like a diagram or a 3d cut out of a big heart on a doctor's desk for cardiac medicine. My dad would design that kind of stuff. My mom spent her career as a secretary, start now. to a nursery school, and then she retired from a high school, and Norwalk, Connecticut, and my sister lives in Roanoke, Virginia. And she did further most of her career, she did freelance marketing, she worked, she lived in Maine for a long time, or not even a while. And she got into the Hannaford Supermarkets, and they would hire her as a special project person. So, and my parents divorced when I was about five, but they live close. So I would spend weekends at my dad's house, and a month out of the summer at my dad's house, and then just kind of go back and forth.

 James Geering 05:48

 James Geering 06:13

So talk to me about your kind of benchmarks, being a boy, when 90% of your life, you're, you're conscious of, you're having the battle this horrendous disease all the way through to basically becoming a man.

 06:06

Well, when I was a boy, I would say, you know, gosh, up until probably seven or eight, that was just the norm, like, I didn't know any different. I would, you know, I would get sick and go into the hospital for a little bit, and then I'd come back out and I'd have regular visits at the hospital, the hospital became my second family, like, we would get Christmas gifts for my doctors and the reception staff. Because you just got you knew them, you were there all the time. So they became like, literally, we would exchange Christmas gifts. And so it wasn't till I started getting older that it was like, you know, even though I missed a ton of school, in that two to eight year old, period, it was just kind of normal. Like, cuz you were just so enveloped in it, you know, but it was later on that it was on normal, you know, be just because you kind of felt that never fit in thing. You know. And then, um, so, let's see benchmark. So 16, I was kind of done with most of that stuff. I think my rebellious teenager phase was a little more rebellious. It's tangible, you know, just little bit of, you know, that normal teenage angst plus, you know, added added more, and not having the capacity or the mind to deal with it. You know,

 James Geering 08:03

now, firstly, what did you feel when you were getting sick? And then what impact did the treatments have on you? Whether it was you know, mentally, physically, you know, whatever it was? Yeah.

 08:16

Well, from what I'm told, because I got diagnosed at two and a half, so I don't remember pretty much any of that, but from what I was told was, that I was just, like, tired, a lot like fatigued a lot. A, and that's when my parents are like, Oh, what's, you know, kind of what's going on? He's, he's fatigued all the time. And tired all the time. He's not running around, like the, you know, other kids or, you know, just I think red flags went up for them. And so they brought me to the doctor's and everything, and then they just did blood tests, and then they saw my white count was sky high, you know, and then that's like, Well, that's it. So at that point in time, though, that was kind of it was. The AOL and leukemia now in children is like, there's regimented treatment. It was a very good survival rate. Back then, it was kind of we'll do what we can kind of situation so I was actually a guinea pig on a lot of like, you know, probably drugs that are out here now. So if it were to happen, it it came. It happened at the right time for me that they were able to treat me and I didn't become another statistic.

 James Geering 09:51

Now what about the as you're growing, growing up, I'll give you a absolute minute version of, you know, compare Since the years but when I was young, I had grommets in my ears. So I had issues with with my hearing. And so the little tubes that they put in, and that is basically an

open door to the inner ear, so you can't swim. So we used to swim all the time, and I'd have to, you know, sit on the side and watch the kids swimming. They ended up taking up squash of all things, which is kind of a whole different thing. But that's, I mean, absolutely my new comparison, but I felt out of the tribe, I felt different than the other kid, I

 10:28

definitely had that, you know, I would get, you know, LPs or spinal taps and things like that, or just get worn out by the chemo, you know, go into chemo. So missed a ton of school. So when you miss a ton of school in those formative years, you're not a part of the tribe when you come back, you know? Yeah. And that was kind of a thing. I was also because I was, you know, chemotherapy. It, it got me a Well, again, it got rid of the cancer, but you know, chemotherapy is poison. Basically, me, and it, I saw I was really, really tiny, like I was, you know, it stunted my growth, you know, like, you know, and so that was a big thing, too. So I was kind of not a part of the tribe, but also also was the runt of the tribe, too. And so, you know, you deal with that, too, as you go through

 James Geering 11:33

it. Yes, that's a really important point that most of us don't think I've shared. So many of those beautiful videos of, you know, young kids, like yourself ringing the bell, and they breed the cancer, usually not 16, you know, as it's younger. So you had I mean, God, such a horrendous journey, but we don't think about what impact does that radiation, what impact does their pharmaceuticals have? From now on? You know, is it going to affect their development? Is it going to give them some other disease down the road?

 12:04

Exactly, you know, and, you know, well, and but then again, what, you know, what do you do? You know, that was one of those things is like, well, let's hit him with everything, we have kind of a situation. So there were definitely some touching go moments to you know, that, you know, I think about my parents, you know, so like, you know, there were a few touch and go moments where I was in the hospital, because, you know, I contracted something that was, you know, destroying my immune system. And, you know, they don't know what's going on. And you know, I'm quarantined in a hospital, and I'm a kid. And so I think about them sometimes. And I'm like, wow, you know? Yeah. But we had some incredible physicians, I think, the one of the things was, that I went in for that, I think, from what I remember my dad saying, later, you know, when I was a little, it was very touching go. In a, you know, the doctors were real with them. And there was one doctor that stayed late one night, and just was like, I'm gonna figure this out. And it was basically the common cold. But because I had leukemia, and witch attacks your immune system, they just gotten so overblown that it was unrecognizable. But once but once he figured that out, then they were able to treat it, you know, and that was just one of those one guy decided spend a little longer work to try and figure this out, you know,

 James Geering 14:03

amazing. And what about the financial side? And where I grew up, you know, we had national

amazing. And what about the financial side? And where I grew up, you know, we had national health. And there's, it's sad, because the way that's portrayed in the US socialized medicine, like it's some sort of kind of, you know, straight out of communist Russia, but it's not it's an altruistic thing where we all pitch in and the people who really need health care. You don't, you're not asked for your social security number. The moment you walk through the doors, you're asked what's wrong? Yeah, let's, let's fix you. So what was the financial implication of having a child for receiving treatment for 14 years?

 14:38

Yeah, um, you know, luckily. My dad and my mom both had jobs and they had some kind of health insurance coverage.

 James Geering 14:51

Back when health insurance was still good. Yeah,

 14:53

yeah. And I do remember I do remember During some visits going to the office, like almost kind of like the financial office, the person that kind of helped people. And in meeting my mom meeting with the person, you know, okay, your Blue Cross covers, and I think probably what that was, is the hospital saying, okay, like, how much can you guys afford? And, you know, let's figure this out so he can get, you know, what he needs? We I think that's probably what that was.


 James Geering 15:34


I've got a friend who is one of the most amazing human beings I know. And his wife is another one of the most amazing human beings I know. And he's a firefighter, and she got cancer. His department, switched insurance companies, without even saying anything to him. And he would his her treatment would have been covered. And they switched to where it wasn't. Yeah. And immediately, they had hundreds of 1000s of dollars worth of bills to simply, you know, save his loved ones life. And they ended up creating this amazing thing called safer straps, which is a radio strap for firefighters that you can decontaminate. It doesn't absorb all the carcinogens. And obviously, the Biohazard, too. And he's done very well with that. And I hope now that's kind of helped offset it. But I mean, like I said, back home, it would have been, we've got this, you just focus on getting better. Yeah, over here. We're asking people to get better while they're thinking about losing their house. Sure. And I think it's disgusting.


 16:35


Yeah, it's insane. I have friends that are going through that right now. And, yeah, it's, it's been awful for them, you know, they've been going through it, she's been going through the issues with cancer and things like that. And all of the whole ball that goes with that, raising kids, their


oldest son's going off to college now, but she's been going through for, like, 15 years. And because of that, she's not able to work. And so my buddy, Jimmy, her husband, he works for the Postal Service in Massachusetts. That's their income, you know, to growing boys, you know, and and I remember having that conversation with him a few years ago, I went and visited. And he's, like, you know, how's that, and he goes, You know what he goes, I just don't stress about it, they call me. And he said, Go, this is how much I'm gonna give you. And they'll say, well, the bill says, He'll just laugh at them and said, Well, you know, you can't, there's no more


 James Geering 17:55
any more I deliver.

 17:57
So I had, you know, I'm the only person that you know, makes no money. And I have these people, you know, these other human beings, they need to support it. So, would you like this? Or would you not like anything? What he would tell them? And then he would kind of laugh it off? Because that's how he, you know, he dealt with it Do you want me to do?

 James Geering 18:18
Exactly, numbers are so astronomical. Yeah. You know, most people just can't. And this was so heartbreaking. Oh,

 18:24
you know, yeah, millions of dollars. Easily, quick, quickly.

 James Geering 18:28
Yeah. I mean, I know. So, you know, you see some of the things on these bills. Because our quote, unquote, health care has devolved, you know, an aspirin when you go down CVS down the road here and buy an entire bottle for \$4. And you get given one in the hospital and one pills, five bullets.

 18:45
It's a game basically, is what it is. So it's this game between insurance companies and hospitals and all this kind of stuff. And so, so that they'll, let's say, the surgery, or let's say the surgery costs \$250,000, right? Well, the hospital is going to bill 350 or four. And then we're going to see what they can get out of the insurance company. You know what I mean? And so how they build that as the itemized list, like make a Tylenol five bucks, make this this, now they're not gonna get what they bill, they're gonna get a portion of that. And then that's how the game works. So everything gets inflated. Instead of just being like, doing it, this is how much it cost,


how much it costs from the very, very beginning, but somewhere along the lines, everything gets, you know. We were in a capitalist capitalism, you know, is is the US, you know, and that's how we the government runs and everything like that, and that's fine and that works for some things, but once you capitalize medicine and pharmaceutical calls, I think that's when all of this time type of stuff happens. Yeah,

 James Geering 20:04

and I've talked about this a lot. When you have a profit based health care system, the impetus is to keep people sick. It just it's, you know, do I think that people wake up evil thinking, I'm going to make money out of sick people, no. But when you have shareholders, and it's businesses, and you know, profit margin margins, that's the thing. And that's what I'm not saying it's run well, at the moment, but the NHS at his, you know, the nucleus that the philosophy is you take care of the young, the old, the infirm, and then everyone else, you know, chips into the pot. Now, if it's run properly, you should see prevention being the absolute gold standard, I don't want you to get sick, we have x amount of taxpayers money, let's take care of pediatric cancer patients, let's take care of people are getting nailed in their car, whatever it is, and let's keep everyone else super healthy. They don't even want it because there'll be

 21:02

cheaper. Oh, and you have a fence, right? I mean, it would, it would probably be better for the insurance company, I mean, all the way around, because there's so much inflation and so much, like, I don't know, for lack of better word, I call it game playing in between either the healthcare system and the insurance systems, that if they would just be straight out and do preventative things, probably it would all work out the same way. Even now,

 James Geering 21:29

if you compare side by side, I remember it was it was a very reputable, it's like the times or something. And there was a side by sides there. And they were citing, you know, actual data from scientific reviews, or whatever it was. But side by side, the UK system was cheaper in every single field, and you know, a higher things a higher level of care to, except I think it was cancer. But again, we're talking about cancer being such an industry. Now, I don't think some of these areas exist in the UK, because we're not, you know, they're not, they're not chasing the dollar as much there. So even with the taxes, it was still a lot cheaper, there were more beds available there. You know, it was all the doctors were were very well paid. And so it's a lot of a lot of mythology around the NHS versus how we do it here. But that's the UK now imagine if we really drove home prevention and bolstered fitness and nutrition and, you know, community, you could have so much more money in that tax pot, and then you'd only be taking care of your friend, you know, if his wife gets cancer, or a two year old Andy, you know, and we're actually we got you, we're good. We're a community, we're a nation, don't worry about it. You just focus on getting well, we'll take care of you one day, I might need it. God, I hope I don't. And I'm more than happy to help take care of my fellow people that have worse luck than me. That's the way we should be thinking. And it's so maddening, because I think that's at the

core of most religions. But for some reason, within the walls of a church or a synagogue, or a mosque, people are all about it. They walk out the front door, and they're like, Yeah, fuck that. Yeah, I got mine. I'm not paying for someone else. Yeah, it's



23:10

really. Yeah. This system that we have, is, it definitely doesn't work the healthcare system, but the problem is, is so many people rely on it. And the only real way to change a system that is kind of as screwed up as ours is right now is to tear it down and start all over. But you can't. Because every there's so many people that are relying on the system. So if you tear it down, then no one has anything. So you can't you know, like this, that's the salt but you can't do that type of solves. So and then you have you have 1000 million trillion talking heads and lobbyists and you know, people



James Geering 24:00

more I will deviate in, you know, from that topic, but I think it's a very important topic to talk about, especially, you know, when you relied on American medicine for the first quarter of your lifespan,



24:12

and, uh, no recent.



James Geering 24:14


Yeah, we'll get to that too. We're gonna circle around again. Just one one more topic, though. So you, you fell outside the tribe, you know, you have some of the gross stunts and those elements in the kind of knock on effects from some of the pharmaceuticals that you were exposed to. Did you experience mainly kindness and compassion from other kids growing up? Because, you know, we we see a lot of these bully videos now they exist, but I think there's a lot of goodness in children too. Or were you in an environment where you were subjected to kind of some nastiness to,



24:46

um, I think, especially at that time, especially when I was little. I remember going out I always had a hat on because I had no hair and You can get away with that to a certain point. But then as you get a little older, you know, 567 it's noticeable. Hey, that little kid has got no hair. But I don't think, you know, that was back in the, you know, mid 70s. So there's not a lot of information out there and and so you definitely get people point. You know, you go, I remember being at a roller rink with my dad and, and I remember, like not wanting to go because I knew it was gonna happen. And, you know, my dad was like, Well, no, no, no, we're going anyway, we're gonna go and you're gonna have, we're gonna have fun, and it doesn't matter what they do. You don't know them. So why do you care what they think kind of attitude, you know? And,

and I'd remember, I'll never forget there, these two girls point and then laugh, like, you know, kind of like, but they there was no, you know, there was no education for them, or, you know, TV shows about it, or, you know, anything like that. So, but I do remember that in school and things like that. I don't remember really getting any kind of bullied or anything, but I was definitely like the outcast, like the kid that, oh, we have to be nice to him. Because we know, like, the teacher says, something's wrong with him. You know what I mean? Yeah, so it was like, so I didn't have I didn't, you know, I kind of went through that phase of things.

 James Geering 26:35

Because now I mean, I, again, my echo chamber is kindness and compassion. That's what my, you know, my Instagram looks like, I mean, of course, there's police and fire and military and other stuff to CrossFit. But, you know, I get I seek out the beautiful videos and the adaptive community now, whether it's, you know, literally kids going through chemo people born with with amputations, or losing legs, or you know, in a wheelchair 2023 is a beautiful time for all that now, I think the the war, sadly, the wars, brought home a lot of, you know, injured veterans, and that really opened our mind and our eyes to overcoming physical limitations as the mental health conversations. So I see some beautiful stories now of that, but I can imagine, I can think back to when I was, you know, in the 80s 90s, it wasn't, there was nothing, you know, and I think the UK, our television was actually very kind of compassionate. We had TV shows, and our news was, was digested for kids, it's like, here's what's happening. This is happening in Africa, like, we're gonna have a fundraiser, you know, go, you know, make cakes and sell them. And we're all get together. It was really, really amazing. But it wasn't the kind of movement that we're seeing now. So yeah, there's some nastiness out there. But I, I hope now that kids that are going through what you went through, are having a different experience than Yeah, generation.

 27:53

I would, you know, I would think so. You know, and there's so much social media out there. And, you know, all that. Yeah. But I don't remember getting bullied or anything. You know what I mean? Yeah.

 James Geering 28:06

Well, good. Excellent. So with that, you're going through this kind of, you know, undulation of of health and chemo. What were you playing? And what was your exercise level when you were going through the school ages?

 28:19


Oh, no, like, you know, playing out on the blacktop at recess and stuff like that, but nothing, nothing, nothing big because, you know, at any given time, I'd be whisked away or, you know, have a treatment or something like that. So not very, you know, not not a lot.

 James Geering 28:43

Were there any things that you wished you could do when you were going through that? Were there any sports that you were drawn to? But physically, you weren't able to do

 28:50

you know what, I don't think it was more like the thought of this is just kind of the way it is. This is like there was never a thought, Oh, I really want to do that. It was just like, oh, this is the way it is right now. You know, kind of just caught up in your reaction reality, the reality of, you know, of the whole thing.

 James Geering 29:17

Now, what about career aspirations? What were you dreaming of becoming? As you maybe it happened kind of as you got to the end of your treatments?

 29:23

Oh, I had no idea. I was kind of Yeah, I really didn't know what I wanted to do. Even even through my teenage years, I ended up getting into college, as quick as a kind of a fluke. I ran into an incur incredible situation where I had a buddy of mine who was a little bit older than me who had kind of, you know, done some had been down the wrong path. And in his, in his teens and late teens, and probably saw me going down that way and kind of just tried to change my direction. And through him, I met a gentleman who worked in a big giant building in New York City, as part of the partner of the New York Stock Exchange, and this man had done very well for himself. And my friend, Dan had worked, done an internship in this guy's in this guy's building, basically. And he formed a relationship with this guy, a friendship with this guy. And during this process, Dan would tell him about, oh, I'm trying to help my buddy. And so Lee decided a while I want to meet your buddy. And so Dan was like, Hey, my friend Lee, you know, wants to meet you. He's the guy that, you know, I interned in his building, I didn't intern for his business, but he would kind of just became kind of sort of a mentor. And I'm like, I'll go into the city and meet your buddy, because I lived in Connecticut at that time, and it was maybe a 45 minute ride into the city. So it wasn't that big of a deal. So I went into with Dan to meet his friend Lee. And I went in a couple times. And then Lee said, I'll never forget, he leaned across, he had this big office, this big desk, and he leaned across his desk. And he gave me his number, his phone number. And like, I don't know, 20 bucks or 30 bucks. And he said, I want you to come in by yourself next time, here's that here's a ticket for here's the money for the train. And so I was like, okay, you know, this kind of very well to do guy, you know, and, you know, I didn't grow up that way at all, you know, because, you know, divorced parents, and, you know, cancer and all that kind of stuff. There wasn't a lot of money to go around. We got what we needed. Absolutely. But, you know, just going into the city and going to the 40th floor of some giant building, and this guy's got this crazy desk. And, you know, so I went in, and he started asking me what I want to do, what do you want to do? What do you want to do? And, and he said, would you ever want to go to college? And I said, well, that's kind of off the off the list because I could never afford to do that. And he said, Well, I was going to like Community College at that time, you know, just because it was like, you had to take some, I remember, my mom made a deal with me, if you go take classes at community college, you can still live here.

You can still live here either way. But if you're not going to school or learning a trade, you can't just live here for nothing, you're going to have to pay rent. So I was like, wow, take some classes. And so I told him, basically, well, I can go to like a real college because that's I have questions is too much. And he goes, Well, what if you could? And so long story short, is he was like, Well, I've got a scholarship program. And if you want to go to school, you're just like me now. So my friend Dan, who introduced me to this gentleman went to a school, Gordon College. And his roommate and really good friend who also name was Andy was in admissions. And I wasn't really great in high school. I probably missed school. Didn't try very hard, because I didn't think I was going to go to college because I was it was kind of off my radar because I was like, well, I'll never be able to afford to go. So why should I try here? Well, Andy, in admissions, they would give the admissions counselor kind of one person to take a chance on. So you know, you're gonna go and get these people that have their good grades and their honors and all this kind of stuff. And then you get one person that you can throw the dice and say, I'm going to take a chance on this kid. So Dan talked to Andy And it took a chance, then had a friend that knew was also graduate of the same school and knew the former president of the school. And so, you know, he did what he could and they ended up getting me out. And so that's kind of a different story. That's amazing. Yeah. And so and then, then I, because I got there, like on a wing and a prayer, that's when I was like, Oh, I gotta try. Like, you know, this is like, I honor, I was still young, but smart enough to know, like, this was like, This is a gift, like you need to, you need to do this, right. And so while I was there, I didn't know what major I wanted to do. And so you have to pick a major. So I was like, Oh, I like reading short stories. I'll be an English major. And it's such a small campus, over 1200 students at this campus, my freshman year, 1200 total students, very small campus. So everybody, even if you had a professor, you weren't in their class, they knew your name. They knew who you were. And I was coming out of one of my English classes, and Professor, Sybil Coleman, who still is the chair of Social Work at Gordon College. Said, Hey, Andy, and took me aside and said, I've seen you around campus. And some of your friends are, as you know, social work majors. I want you to take my class. And that's the first time I think ever. In my, in my schooling, I had a teacher or professor say, I want you in my class. And so of course i i Okay. Yeah, absolutely. And so I remember the first day of social work one on one, the English class was on the right side, and the social work class was on the left side of the hallway. And I took a left to go into Dr. Coleman's class, and the English professor went no end, we're in here. And I was like, oh, no, I'm, I'm taking, you know, civil COVID glass. And he kind of looked at me and I was just like, it's just one on one. They, she asked me to take it. And that was the start of my social work. My whole social work career. It's just her, her, her seeing something in me and said, like, I there's something in you, I think you're gonna be good at this.

 James Geering 37:48

It's amazing how it started. That's the first time you've been said, I want you in my class. I got told many times. I don't want you in my right.

 37:55

Yeah. Well, I always like joke around. The reason I got i They passed me as my senior in high school is because they didn't want me to come back.



J James Geering 38:06

So you start down the Academic, Social Work side? Yeah. Talk to me about your journey into to applying that within the medical field, because I think it's quite a unique perspective that not many people have heard.

i 38:19

Yeah, so social work, in the undergrad level, did a lot of like community action type stuff. But ended up working for Department of Children Family Services in Lynn, Massachusetts. Lynn is a rough place, I call it Linlin the city of sin and never you never go out the way you came in. And, and I did that for about a year. And instantly knew that that's not the type of social work I could do. Like, I just, that's not for me. I ended up actually doing some other things. I did some social work part time, kind of more like community type stuff. I worked for health, kind of like what it was, it was called HTS. And it was kind of a community services where they would do support services for people and I had a client there who was an older schizophrenic man. And he had someone in his day program that had passed and they were worried that might set him off a little bit. And so I would go and spend some time kind of mentor program and we would do things and then I ended up thinking well, before I go full blast into into a master's program. I need to make sure I really want to do that. So I did some other things. I sold some boats boats. I worked at a marina I worked at a cubicle farm where we did mutual fund data entry. And then I decided that I wanted to go in to get my master's. And I always knew that if I was going to go into social work, then I had, it had to be medical. At first it was I thought, well, I want to be a pediatric social worker and give back. Now that was my big my first plan was, that's what I'm going to do. And I actually did an internship at Northshore Children's Hospital. But I did more of the therapy in my master's degree therapy and counseling for kids, families from five years old, all the way up until teenagers. And I did that. And then, in the middle of my master's program, I got involved with the Center for psychological trauma in Boston, through another schoolmate in the same master's program, and she I don't know how I can't remember what how she got in there. And then I got to be really good friends with the founder of it and his family. And so then I was learning all about different trauma techniques and all that kind of stuff. It was absolutely phenomenal trauma debriefings per week, call it trauma, inoculation, like, people that were in fields like firefighters, or even Headstart, or hospitals. And we would go and do these trauma inoculation classes to kind of prepare people that we're in kind of that field to help them so experience their lives in their workplaces.

J James Geering 41:55

What would that look like? Because I've had someone recently was talking about that it was it was a British firefighter saying why do we not kind of have some sort of exposure at the front door. So

i 42:05

we would do, we would call him trauma debriefings, where it was more of a discussing either a current or a past trauma. And we go from like, basically, we would have this philosophy where a lot of times you you feel your stress and your stuff in your stomach, when it's like that rawness of it. And so we'd kind of go from the stomach to the head, you know, to kind of more

conceptualize what's going on in your brain, things like that. A lot about adrenaline, and how adrenaline you can have an after you have your adrenaline rush and all of that. You have like that adrenaline dump. And all those chemicals are kind of turned into different chemicals and are kind of just sitting there and they're kind of like toxins in your body. And in learning how to like, stay hydrated, things like that. But we were discussed in a roundtable about maybe what just happened, and we'd go stomach, head, stomach head, and then kind of do. Gosh, they did everything they did so many different techniques, breathing techniques, movement techniques, music, you would go around and say, okay, acknowledge that you went through this, you know, because a lot of times, we'll just go, it didn't bother me, it didn't bother me. I'm good. I'm good, I'm good. But you have to acknowledge that it was a traumatic experience to acknowledge it and and what are you going to do in the next two days, and it doesn't have to be a big thing. It doesn't have to be, I'm gonna go on a six week vacation. It's, I'm gonna go home. And I'm going to have like, a glass of wine and listen to my favorite album. Or I'm going to drive home listening to my favorite album today. You know, just what are you going to do? So it's like, acknowledge that you've been through something or that you go through something in your workplace. And now what are you going to do to balance that balance? You know, a little self care, you know, and a lot of times when you're in fields where you're giving so much that you neglect yourself, because you're giving so much and so we did a lot of teaching about that kind of stuff. And so that really sparked a fire like I was like, Oh my gosh, I like this. And so then I ended up getting my degree and so I still wanted to be in medical somehow. And I ended up you know, sending the resume out to 300 places anything that was medical, social work, I sent it out. And Monroe Regional Medical Center called me up

 James Geering 45:00

We got interested. Now you're still up north

 45:03

up. It was in Massachusetts. I was in Salem, Massachusetts. Wow. And I was looking everywhere. And, and then they it was kind of like, well, this place, you know, I flew, I had like a couple phone interviews and flew down here. And they when I flew down here, they were like, well, you know, what's your decision? If you want to work here, we just wanted you to fly down here we'd meet you face to face take you around the place. So you're gonna get offered the job. And so then at that point, I was like, Well, no money and debt or, you know, money. And, you know, and so I was like, Okay, I moved. So two weeks later, I moved to Florida, like Ocala, Florida, sight unseen. Just Alright, here we go. And I was gonna live in Ocala for about a year because it was really there wasn't really anything in Ocala. Then it was 2004 there wasn't even a Dunkin Donuts because I remember one day I woke up was like, I'm just gonna go to Dunkin Donuts reminds me, Massachusetts. And I'm like, oh, there's there's no duck. And then I was I really when I when I moved here, I was like, Oh, I made a bad decision. But Ocala has a way of keeping you. You know it. And then what you thought, why you'd want to move because I want to move somewhere younger. Where here's, you know, more fun and cool bars and all that kind of stuff. It doesn't become as important anymore. The older you get. Yeah, this is the new people and friends and you create your your own your own tribe. Right. And, and then you're like, well, there's no point. You know, it becomes a home. It took a while. But finally I surrendered.

 James Geering 46:56

Yeah, I mean now we have I think we're we've got such an awesome downtown. But when I moved here oh my goodness. When was it? I worked Anaheim 208. So yeah, 2008 is when I moved. So that was you know, all the buildings have suddenly shot up for the three years prior to that and then we're right at the crash and now they're all vacant and everything so sadly, it wasn't the most vibrant time to move to Ocala but I've watched it you know now in what has it been 15 years go from dusting itself off to a pretty amazing we're in a huge boom now.

 47:29

Oh, yeah. When I when I moved here, downtown was there was Harry's

 47:35

and the bar was tin cup. It was there might have been another bar. But that was about

 James Geering 47:42

O'Malley's it seems

 47:44

O'Malley's has been here since Ocala start where I met my wife on our first date. So it was kind of one of those things where I was like, Oh, no. So that

 James Geering 47:54

was that trauma, then your trauma side of Monroe that you began well,

 47:57

they didn't try the Monroe never had trauma. So I was like a medical social worker. You know, discharge planning. I did some peds they had a really small peds department there at that time. But I did work a lot in the emergency room and the ICU. And so I did a lot of work there. And then I ended up I ended up actually working for a company that owned a bunch of skilled nurse, I did medical marketing for a little bit, I started, like when I moved here. There were a lot of other physicians that were my age that moved here at the same time. And so we all kind of a lot of us became friends, you know. And so I ended up kind of a friend of mine worked for this company that owned a bunch of skilled facilities and, and things like that, you know, and I was like, Well, I, you know, we could really use you just, you know, change the face of our facilities and all this kind of stuff. Would you be interested? And I was like, Well, yeah, you know, like, I could definitely, you know, I know some of these people and have good relationships with

them. And that might be something interesting to do. And, you know, hey, why not, you know, take out your friends to restaurants and, you know, somebody else's damn sure. So I did that for a little bit. And while I was doing that, I became friends with a director of case management for West Marin, right in your backyard. And she was she at one point I was I had gone to assess a patient and I would always go and see her. And we would talk about deadly sketching Whatever, because we were both fans of that. And she and I said, what's going on? It's just like, oh, yeah, well, you know, our sister facility Ocala regional, is, you know, gearing up to to be a trauma center. And I looked at her and I was just like what? And I told her about all my trauma work. And that's when that all started happening. And she called the director of the whole social work department and said, I got a guy that I've known for a little bit now. And he's got experience with trauma. And so I kind of got in on the ground floor that and ended up being the very first trauma social worker at Ocala, regional.

J

James Geering 50:48

So talk to me about that role, when I think of the ER. Firstly, the kind of death notification element is horrendous. And a lot of times it's on us or you know, a nurse or a doctor. And I would say one of my most haunting memories, I had a 20 was 27 just dropped out, he was dropping his dog off to go to a local theme park and it'd be too specific, collapsed, dropping the dog off. And we worked him right there. And the code went as good as any code I've ever seen. Yeah, it was so well orchestrated. What was nauseating is that particular place was still checking people in while we're working this poor guy in their frickin front office, which makes me angry to this day. But so this family had, you know, saved as we talked before, we hit record 1000s of dollars to come have their dream. Yeah. And then this happens. And then, so I'm working, we're working this guy on the way to the hospital, we call it when we get there. Because it was ended up being a bleed brain bleed aneurysm. And then I'm doing my report. And from, you know, from me to that door there, that's where the parent the grieving family were, and I'm here just typing away to hearing the whales. And yes, and you know, that's what a lot of us say, it's not the death, it's the people left behind that haunts us. But you know, that whole conversation as a paramedic, as a doctor, like how, how do you deliver that kind of news? And then what is the mental health impact not only on the family, but also if someone survives that injury that you know, that wreck, so kind of talk to me about the kind of scope of practice that the skills that you brought to that role? Yeah, so

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52:32

I'll just take you through like an alert. So you know, we basically get a trauma alert. You don't, they don't get very much information. Because it's so quick, you know, the biggest thing is, get them as stable as you can get them in the hospital. And so there's not a lot of information that comes comes or we had in our hospital for phones that you would get like a little message on, you know, trauma alert male 35 MVC. That's it. So you would go down there, as part of the team, I was in the trauma bay as well. So I could kind of hear kind of what was going on before the patient actually got there. So I'd know a little bit of information. And then when the patient got there, I would actually be still be in the trauma bay. And a lot of times I would be, I would gather their clothes. And I would go through and see if we could get a name. Sometimes people carry a med list in their wallets, all that kind of stuff. So that was what I was looking for. I was looking for name. You know how old they were, if they had a med list, or any kind of medical anything. So I could then tell the surgeons and the crew that was working on the patient, like,

hey, look, I got a med list. I got you know, data, or I got a doctor that card, it's in there and I could go and call the doctor's office or whatever. But I was also in there so I could kind of learn more about what was going on. I could hear what they were doing. I could see if there was a broken bone, and kind of things like that. So I would kind of stay tuned in tune to that. So so when the family got there, I was usually the first person that would come out. So I would come out and say okay, your loved one just got here. The they you know, they have the the best of the best trauma, you know, trauma surgeons working there. Trauma extenders, you've got you know, your respiratory department is like everybody is they're trying to do what they can to help your loved one. That's why they're not out here talking to you. And then I would kind of go through and set it x dictation is kind of like they're going to be in in there for as long as it takes to stabilize your loved one to work on them. And then they will, they will then move that patient, most likely to a CT scan or something like that afterwards. So it's going to be a while before you see them, I can come back and check in with you just to let you know how things are going. And, you know, and then I could always also ask, like pertinent questions, you know, have they had any person surgery, you know what I mean? These are things that the surgeons would want to know, the doctors want to know. Now. And, you know, a lot of times they would ask me, Well, how did they look? And at that point, you know, you say, Well, you know, I'm, I'm for not brutal truth, but um, for truth. I think the biggest thing for families, when they come in that situation is the unknown. That's the scariest thing, there. And then when they come in, and they don't have anyone to talk to, they're just sitting there with the unknown. And that's horrible. So I would say, well, when they came in, you know, I would say they were alert, or, well, they weren't alert, you know, you know, but you know, you've got the greatest, you've got the best doctors here that you could possibly get, you have the best of the best working on. So I kind of let them go with that. If it goes bad, they would take them to a room or they had a later in my time there, they had a little, I guess a little sanctuary. And you would take them there if it went bad. And then the surgeon would come in. And I think the only way you can do it, it's going to hurt no matter what, there's no easy way to give a notification. There's no easy way to do it. The the best way that I've seen from watching some of these surgeons is when they they tell the story, when they came this happen, and this happen. And this happen. These are things we did, but I'm so sorry. Unfortunately, we could not, we could not save them. And then they would leave and then I then would try and help them kind of contain the crisis situation, and then offer the next expectation of what happens now, more often than that there would be a family member that would say, Well, what do we do now. And then that's the point person at that point, because everybody else is still in shock or having a hard time. So you go to that person say, Well, if it was an auto accident or something like that, you would say, well, now they're going to take them to the medical examiner is going to come and pick them up. And then once the medical examiner does their examination, they will call you. And when they call you, they're going to want to know what to do, you know, if you've had any services, so then I would help them you know, with, you know, start that conversation about, you know, cremation services, or this or that and kind of help them kind of along that way. We then we could always, a lot of times it would take a little bit them, he's not going to be there in 10 minutes, you know, so if it was something that the family was like, I really need to see them, I have to see them, we would actually set up a room, I could, you know, I would run out and let the you know, the charge nurse or no, okay, that's this family, like, they really this person really needs to see this person. And so we'd set them up. And then I would also actually walk them in and on my walk, I would say, Look, this isn't the, this isn't going to be the person look like the person that you know, there's going to be tubes, there's going to be things like that. I just want you to know that that's what you're gonna walk into. And I also want to make sure you're ready for that. Because I don't want this to be your last image of that person. I would rather have you think about that best picture on your, you know, on your mantel of that person, oh, that was such a fun trip or whatever. I'd rather that be in your in your visual of your memory. So I would

kind of have that conversation with them too. And then sometimes they did go well, maybe I don't. And then other times they'd say No, I have to. Yeah, and then I would be with them kind of a little bit through that process. And then you know kind of help them through that. And then on the other side of the coin, let's say they did make it. But you know, they've got broken legs, or they was a really bad car wreck or horse accidents, which happens a lot. And they're really, you know, broke up. Then I would be up on the trauma floor on this trauma stepdown floor, after they get out of the ICU, there's a trauma Stefan floor. And I would do like discharge planning and things like that. So I would start getting, you know, the patient and the family ready. Okay, here's going to be our next step. You know, let's look for this or whatever you need, you know, is it home healthcare that you need just a little bit? Or is this something we're going to have to go through traumatic brain injury or spinal cord, you know, specialized rehab, or what kind of rehab you know, because there's different variations, rehab and kind of go through that, too. So it's kind of an all encompassing position.

J James Geering 1:01:07

Beautiful. Now, that's important for us to hear, because, I mean, I had one guest, Alex Jaber, who was a paramedic, but she really got pulled into that side of it, you know, the kind of death notification and that whole element that we're just not taught as paramedics. So you know, she one of the things she said is your loved ones died. Don't use fluffy terms. Like, I'm sorry, but they died that way. There's no question they passed on, they moved on right now just and it was it was true. Because, you know, as you said, it's the unknown is the worst moment you've done that you've now turned the page and that chapter now I'm in as you said, you know, the grief stage the, you know, the logistics of what do we do now as far as funerals and stuff, but it's horrible, but it's yet there's no no other way. But it's so easy for us and I grew up in, in the fire service, not the beginning of my career, I ultimately raised towards the end, where I saw a lot of cowardice by that department and paramedics where they would just work the person anyway and take them to hospital. So they didn't have to tell the family. Well, that's a disservice to everyone. The hospital bed, you've led the family on, you've given them a shitload of medical bills now, versus saying and try this for 20 minutes, we did this, this and this hope. Exactly. That's

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like the biggest you gave them fall. So like, oh, they took them away they ambulance so they're probably going to be okay. Exactly when they already knew that we're taking that person to hospital right now.

J James Geering 1:02:37

Okay, I want to hit one more area before we get into CrossFit. And then you know, your cancer round two, is it as if you didn't have it hard enough in the entire childhood? That same kind of lens? Now you find yourself in the hospice setting? Yeah, what is the shift to the skill set then?

 1:02:56

So I ended up going into hospice. I guess we don't really go to the My job at the hospital kind of

So I ended up going into hospice, I guess we don't really go to the my job at the hospital kind of change to that. The reason I went in was for the work that I just described, but it because of numbers and, you know, trying to throughput people, it just became more of a discharge planner, you know, at that point. And that's not It's not what I wanted to do. That's not you know, why I struggled to get my masters because the studying and all that does, that doesn't come easy to me. So it was a real, you know, a real struggle to get it. So, like last night, when I put all that work in is to, you know, walk in there and go what kind of Walker Do you want. And so, because of that job, you really got to I really got to know how the local hospice worked hospice in Marin County, you know, I got to know the medical director, while two different medical directors and the staff that would come in to talk to the patients once they got referred and all that kind of stuff. And I was like, wow, this is something like, this is something I could do because a lot of that skill set and talking with families, at their worst time, can easily be slid over to hospice. And so yeah, it was a good fit. I really enjoy I enjoyed working with the families, with the patients that I could work with and the families and kind of helping them through that whole journey, that whole process and how that works. Some Education and yeah, really kind of really interesting. Good work hard work. You know, hard not to take some of those days home. But I was taught a long time ago, while I was doing my internship at Northshore Children's Hospital, there was a counselor there. And she always would have like, the really tough cases, you know, and I remember having a conversation with her one day, and I said, How do you not take this stuff home with you, you get like some of the worst stuff. And she's, well, I can't tell you how to do you know how you, you can do it, I will tell you what I do. For that 15 minutes that I see that patient, she said, I give them 100% 100% of my focus. So I know, when they leave, I did. I, I gave them all I had at that period of time. And so I kind of, I kind of took that to heart. And so that's kind of how I did everything, you know, with the traumas, and even with the hospice patients, for that time period, I'm that their house, there have 100% of my attention.

J

James Geering 1:06:25

Now staying on that topic, because I wanted to ask you this very thing. We talked about self care a little bit earlier. What do you do, you know, you are counseling these firefighters, you say, Okay, for this acute event, you know, go home and you know, listen to music, have a glass of wine, whatever, you're healthy, whatever, have the whole

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1:06:44

bottle of wine, or wine or whatever.

J

James Geering 1:06:46

So what what has been yours, you still have these acute events that you're giving everything to so that wouldn't maybe be any, like, reduce some of the guilt and shame and worry, but you still are absorbing, I always use the cell, The Green Mile as an example.

i

1:07:00

Yeah, one acknowledge it. You know, wow, that one hit me today. Acknowledge that it hits you.

That's the biggest thing, don't brush it off and be like, I'm professional. I can I can handle it. You can handle it, but handle it the right way. So it doesn't come out later. Because it will, it will come out. And so I would know I would go Okay, today, today hit me a little bit. So I would definitely plan vacations, like know that. You know, even if it's a long weekend, I would try and do something once a quarter. So every quarter, I would have something to look forward to. That's one thing. And it doesn't have to be a big deal. Or even even if it's not an A B local, you know, go to the beach, go to Daytona for two days. You know, and or, or at the very least go for a day. Just just plan one Saturday and say I am I'm not doing any adulting you know, and I'm going there for the day

 James Geering 1:08:16

and I'm doing the beach this Sunday with him. Yeah, that very reason.

 1:08:19

And I think that's important. But while I was in the hospital, in the hospital working as drama social worker, I got to be friends with Kevin noon.

 James Geering 1:08:36

No, brilliant, and our oh geez across but yeah,

 1:08:39

and and I was doing, you know, the gym thing that I call it planet fatness, I would go to Planet fatness, you know, a few times a week and do the stuff I felt comfortable with. You know what I mean? But yeah, I'd jog on the treadmill for a little bit. And I'd go through the machines in the row, you know, you do all those things, which which was good. It was good. But But we would have conversations and I would say, you know, oh, I go to Planet Fitness fitness every, you know, I try and do that four to five days a week. And we would have discussions and then one day he was like, Well, you know, I go to this CrossFit gym. That's really cool. And it's really close. It's right down the road from the hospital. And I'm gonna go CrossFit. Like, I'm not I need to be the whole the whole, I need to be in better shape before

 James Geering 1:09:36

I tried that. The mythology of CrossFit, you know, oh, well, I

 1:09:41

can't do that. So he was like, well just come to a Saturday we have these cool Saturday classes come I'll do the class with you. You know, and so he actually is the one that got me to go to a Saturday class after like, man, he was awesome. He he stayed with Ben he He's really worked

on me for a while to get me to go. And so finally I was like, Okay, I'll go I'll go in the Saturday class I went to it's just funny I told this to who was it? Oh, Wayne the other day that it was one of those. One of those like deadlifting Saturdays, and then you had to carry that you take the weight off, and then split the weight and carry it and do a lap. You know, as partner thing? Yeah. Well, I'd never done deadlifts. So I or act myself wrecked myself. Like really my back like I could barely walk for like two weeks. And but instead of like being like, I'm never going back there. In my brain. I was like, I was getting I can't remember who was there at the time. But somebody was texting me from, from iron legions and like, oh, well put some ice on it. Oh, you know. And I more took it in almost like, Oh, I'm sorry, that happened kind of a thing. And I'm like, No, I'm like, I'm the one that, you know, didn't ask for help. Or didn't you know what I mean? didn't call anyone over, I didn't call the coach over. This was kind of on me. I just remember going. I have a few more conversations with Kevin and then go on, like, well, I need to learn how to do these things better. And so then, it was a point where it was like, I need to learn how to do these things. And I was like, so Well, I'm gonna heal up. But then I'll think about probably join in and then it was probably six months more of Kevin, just being on me like, well, when you come back, where do you come back? Come on. This is awesome. It's a good place your Wally like it, you know? And then I went in one day with the whole thing. And John was there actually, then. And John took me around. And Dan, I was like, Okay, let's do it. Yeah. So yeah, that's

J

James Geering 1:12:03

the problem with with the Saturdays is, you know, you all the other days, your coach, we go through the movements and everything, but the Saturday is kind of like the actual bonus workout where everyone kind of descends. And we'll talk people through it. But, I mean, there's a lot of people and



1:12:17

there's a lot of people know me, the coaches are working out with you to your eye, and they don't know what you know, or don't know. And, you know, so they don't know.

J

James Geering 1:12:24

I mean, that's, that's the thing when you got a new face, but so you start CrossFit. So talk to me about your experience for CrossFit. And then the beginning of the pandemic through your eyes. Okay. And then we'll obviously we'll get to your diagnosis, and then how that



1:12:45

yeah, definitely, first. First Days of CrossFit from the very first Saturday class on I was super intimidated, cuz you see some of these best athletes, you know what I mean, when you walk in, you notice the beasts athletes, more than the people that look like you, for some reason, you walk in there, and you see them and you're like, Oh, I'm in the wrong place. But I think what, what kept me is, I would learn something new. And I'm like, Oh, my God, like, I didn't think I could do this. Because I was like, 40 years old, starting CrossFit. Like, you know, I was like, Oh,

I'm probably too old to start this right now. And then I'm like, wow, I can actually get stronger at 40. You know, oh, wow, I can actually get more flexible, I can actually do these things that I never done. You know, I've never done a clean, I've never done kettlebells I've never done any of that stuff. And learning how to do it, and then being able to do it, you know, you know, you learn and you're not doing it quite right. But you're almost right. And then all of a sudden, it starts clicking, and then you can do that move. It's like, Wow, that's so cool. You know? And then you're, you're, you're super crazy sore. The next you know, the next two days, but you you know, you go back because you're learning you're, you're learning you're like oh my god, I can't believe I can do some of this stuff. You know, I've never really done much with barbells before. It's like oh my god, I'm learning barbells like how crazy is that? So I think that was a lot of it in the fact that at first of course I was looking around at what everybody else was doing and really feeling like oh my god, like I'm so far you know, below what they're doing almost kind of like oh, like demoralizing, demoralizing, but then you know, talking to coaches and stuff like that, it's just like run your own race man, one day, don't care what you're doing, because they're so concentrated on what they're doing. They're not even look at it, you look kinda like you get over yourself, because they don't even care what you're doing.

 James Geering 1:15:23

I used to tell when I coach the regular CrossFit class, like so, you see those medals on the shelf, everyone looks so confused. And like there aren't any other. So stop worrying about, you know, winning and all this stuff. If you're laying down next to each other tired, and one of you had 1000 pounds, and one of you had 10 pounds, you had the same experience. Yeah,

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I remember, something Ted told me. I was like, super frustrated with not being able to get it was probably the clean to do it. Right. And I was super frustrated. And, and you could see it like it was evident. I was like, frustrated and mad. And I remember Ted, saying, what do you what do you what do you feel frustrated about? Like, I just can't get this? Like, why can't I can't Why can't my brain do this? Like I can't. And and he'll be like, well, one, you overthink everything. Because you'll sit there for ever overthinking it, and then you do it wrong. Because there are a lot of different. There's a lot of processes and those things, especially when you're new. And so you're trying to think of all these different things that you have to do. And you're going to miss one or two, and

 James Geering 1:16:42

you got to put all those all those things have to go together what point so I was just

 1:16:46

kind of overthink, and I was all wonky. And so I was super frustrated. And he was like, Well, what are you so frustrated? I was like, Well, I just I'm so mad, I can't get this. I've been trying this for you know, I don't know how many, you know, weeks now. And I can't do it. And he looked at me and he said, Well, are you going to the Olympics next week? I looked at him and I

smiled. I was like no, and he goes, you have an event you have to do now. He's like, so why does it matter? How long is it takes you? What's the rush? Just, you know, he's like, if we have to we'll do it in steps, we'll do these first or that first or modify this or modify that. And then we'll get you there. But, you know, there's no rush. You know, it's just the process. And so then, you know, then you get that move. And it's like, amazing, you know, you feel great. Like, oh, I finally got this, you know, when that first time that that bar floats up? You know, why didn't you do it? Right? And you're like, I didn't feel the weight for that second? Oh, my God, I did it. Right, you know? And then that's what kind of kept me going those things. It's like, oh, wow, wow. Now at first I could could barely run around the building. Hey, now I can do run around. Now I can do the Saturday 800 meter run. You know,

 James Geering 1:18:12

and that's what I love about it is, you know, it's one thing putting a pin down from 11 to 12. In an on a machine. Yeah, when you get your first hands down a rope climb or, you know, whatever it is you actually able to do a snatch with an empty bar. Yeah, and catch it in a squat position. These are actual human achievements. You know, so

 1:18:33

in the machines over it, like the gym, you know, the Planet Fitness is and stuff like that, what do you do, you tend to go to the ones you know what to do. So you only do the stuff you're comfortable with? Yeah, you do some you get on the leg machine, you do a couple of those at a weight that you know you can do. That's not super challenging. It's hard, but it's not challenging. You know, and then you do that with all the settings, you know, you don't, you know, just do enough to be like, Oh, I felt stronger there. And you only do the stuff that you feel comfortable with. So you're not getting taken out of your comfort zone. You're not learning anything new. And that was the biggest thing. And so, you know, I had that with CrossFit. And I mean, I don't know if our CrossFit are the same, but I think I think we have a special place. You know, Ted and Karen and all the coaches like genuinely care and want to see you do well. And, and that was a big part of this next segment. Yeah,

 James Geering 1:19:46

I agree completely. So So kind of walking through because obviously I was in I'm still coaching to this day there but I'm an athlete there as well. So, the pandemic hits, just like everyone, they met a single person didn't say at first, we were worried, everyone was worried and we will shut down and we did what we were told to do. Luckily, we're in a state where they opened it a bit, they assessed, okay, they opened it some more, we got, you know, lauded by other states. But I would say that we probably do one of the best of anyone in the country. But you had this thing all you got to stay six feet apart? Well, if you go to a CrossFit gym, if you get any closer than six feet, you're gonna get a kettlebell to the face. So that's always been a thing for us.

 1:20:29

Because the barbells are, you've got to be six feet apart with a barbell anyway. Exactly.

 James Geering 1:20:33

And even just that toaster bar, and then you don't, there's a lot of flailing around the nail with. And then we have a beautiful outside space as well. So we shut us down, we did everything we were told to. But then we were able to start being imaginative open outdoor areas, and ultimately, then, so you talked about the speakeasy gym. So after we closed, and it was the very thing that was actually very healing for you. Talk to me about how you were able to stop. Keep training when we were close. When in and then we'll obviously Yeah, so the

 1:21:04

tumor, one of the things that that they did, which was fantastic is Alex, who was a coach at the time, would do a live YouTube class every morning. And you could actually go and sign out equipment from Karen like library, and you know, a kettlebell or a dumbbell or AB mat, or wall ball or whatever you need to you could sign that stuff out. Because they wanted everyone to be able to continue their, their CrossFit their health, you know. And so, and then, because he did it live on YouTube, even if you couldn't do it that morning, at nine o'clock, you could do it on the weekend, or whatever. Because it was on YouTube. So they created a way for us to continue to be working out. Even through that COVID You know, time and so, yes, it was a lot more up to you to go out there and find a space to do it. But, but you could do it. I remember they did all those deck of cards workouts, which I really liked. Because you could spread the cards out at the end, and you had this sense of accomplishment that you did this whole deck, you know, and, and then they started the outside classes at the back of the gym, and I just called the speakeasy class. It was because it was kind of like we cannot not, yeah, we're closed. But we were still six feet apart. We were still away from each other. We'd go in one by one, grab the equipment come back out. Next person would go in, grab whatever equipment and wipe everything down, wipe, everything got wiped down. Constantly.

 James Geering 1:23:16

But you have community.

 1:23:19

We had an that's what, that's when we had community back. And I know when I was going there was maybe there was four of us. But it was the same for you know, every time. And yeah, that definitely. Gosh, did I think back on it now and like how needed that was? You know, cuz I was still working in hospitals and things like that, and having, having having that release, you know, and still being able to go and exercise and

 James Geering 1:23:58

do that. And the environment you're working in was even more oppressive. Normal, but yeah, restrictions. Yeah.



1:24:03

So that was fun. That was actually fantastic. Really, really amazing. And amazing that they were able to get it organized and get a system where we could still sign out equipment and things like that. That really was impressive to me that we could sign out equipment and take it home.



James Geering 1:24:25

Ya know that I mean, they they're all we've always been coming from a good place. You know, that's why I've stayed with that gym for the whole time.



1:24:31

You know, then what a trusting. Yeah, okay, that could have gone wrong. Really, really quick. But yeah. So that was really impressive to me. That that they figured it playing out. So to keep us all going because it'd be so easy to give up. And then so hard to go back.



James Geering 1:24:53

Well, exactly. And that's the thing, they maintain that momentum,



1:24:56

you know, so it is hard to go back what you You know, you go on vacation for a week



James Geering 1:25:03

I talked about this just with someone the other day



1:25:05

and the Gremlin start talking in your head.



James Geering 1:25:08

Well, you have your, you know, like you said, the, the probably the beasts that you saw, when you walk through, you have those people that you know are going to work out, come Hello, hi, we'll just make a release. Yeah, Armageddon will come, they'll still be on a death bike, you know, somewhere getting getting calories in before Satan comes and takes us all. But then you have the other side, you've got no intention ever of exercising, but the middle group, you know,

it's kind of a can sway the way and what really made me sad is there are a lot of people that have finally found that determination that finally listen to their Kevin Nunes, and I've got this momentum, and then COVID comes in, and then everything shuts down. And you just, you know, the very resilience that we needed for something like that. The you know, was taken away.



1:25:52

It was like, when you have a blow up a balloon and let it go, you know, let it go. Yeah, you know what I mean? It just took that. All they're all built up there ready to go? And then what do you do after that? Yeah.



James Geering 1:26:10

Well, you say, you we close, you know, you do the virtual working out. Now we're back in the gym again. And we get to me 2021. Yeah, talk to me about



1:26:20

so. So that'll be two years ago, this coming May I started noticing just weird things with I think it probably started with my right arm during workouts and things like that. Maybe week, maybe tingly. Like I would do something and I'm like, Oh, my arms, like almost like pins and needles. And I remember, you know, I remember talking to Ted one day, and, you know, school, you know, might might a pinch something or, you know, you might just want to take it easy. And you know, like, go later, you know, somebody, you don't think the worst, you think I'm working out a lot more than I've ever worked out that things happen. And then it kind of just started progressing a little more, I was getting more pins and needles in the evenings of my arm and my right arm and my right leg. And it was more and more consistent. It was still not every day, but it was getting more and more consistent. And I was starting to think I was like, Well, I'm in my 40s Maybe this is part of fit, you know. And I kind of started kept going, but then it got to a point. I did have a worse getting worse and worse. And I had a doctor kind of looking into it. But I think I think they were just maybe a little over their head. They didn't know what they were looking for. One of my friends called it like shooting zebras. It was almost like pulling things out of thin air and being like, maybe it's this or maybe it's this or maybe it's this. But then I was I just started a hospice. I wasn't even there six months. And but I still knew all the trauma folks, you know, they were all my friends. And so i i One day I called up, Jason Clark was one of the trauma surgeons. And I said, Hey, I need to run something by and he's like, Yeah, you know, sure, buddy. And I said, this is what's going on. And, you know, will the doctor thinking like, maybe it's a thyroid issue, or, you know, any? And I said, but there's something that's telling me that that's not it, you know, and I said, you know, and I'm not a doctor or anything, but I've been around for a number of years in the healthcare business. And I think I know enough to where I'm thinking like, I just needed to talk to somebody else to see what their what their thoughts are. And he said, Well, I'm never one to say another doctor is wrong, but let's do this. Like assist systematic assists, well, systematic, systematic, systematic, kind of scientific way. And so he said, Come to the office, I think it was a Monday. And he said, Come to the office on Monday, I had Monday off I think, for some reason. And he said, and I said, but I don't think you're working that week. He goes, Oh, I always have he goes, I always have stuff to work. So

come to come Monday at Eight o'clock in the morning, I'm gonna drop my kids off at school. And then I'll come to the office and meet me there. And we'll kind of talk about things and maybe run, run a few, you know, office tests that we can do. And so that's what we did. I got there, you had me walk, he took those, like, prickly instruments on my feet, and my hands and arms and color tests. And I mean, he ran the gamut of all sorts of things. Really systematically done. And then, you know, he's like, Well, we definitely kind of have this, he goes, we definitely have an issue. But let's do things by let's rule out the big dogs first. That's what we do. You rule out all the big things first. And then you go from there, and then you start whittling down, you know, he said, It sounds like that doctor, before was hunting for zebras. And let's, let's, let's look at things more systematically. So he scheduled me for a MRI. And so going back to the whole healthcare thing, it took two weeks for my insurance to Okay, the approved that, alright. With the things like, by the time I got to Dr. Clark, I had dropped foot. So my gait was changed by that time. So I shouldn't even been driving, and I was still working and driving by and I knew something was really bad because my gait was wrong, you know, I would drop things on my right hand and things like that. And so I drove myself to the MRI, on that Friday, two weeks later, and the plan was okay, you're gonna get the MRI, and they'll give me the results on Monday, and I'll call you. That was the plan. So I go get the MRI, midday. That point in time, I was really having a hard time walking. And then that was a Friday. And he was supposed to get with me on Monday, because he was gonna get the results. I get a call from Dr. Clark. My phone rings, and his name pops up that day, that Friday, at around six or seven o'clock at night. So immediately, I know someone called him from the MRI. Because he wasn't supposed to get anything until Monday. So immediately, I knew something bad's about to happen. So I looked at the phone, I see his name. And I kind of had this short. This short moment where I went, Well, if I don't answer the phone, nothing bad's happened. So, but I picked up the phone because there's no point in in pushing it off. So I picked up the phone, and I went hey, man. And I said, you know, the only reason why you're calling is it's it's not good. Because you must have gotten a call from the MRI because otherwise you wouldn't be calling me. And he said, Amy, I don't know how to tell you this. And I said just I said rip it off like a band aid. That's all you can do

 James Geering 1:33:37

spend your life telling other people so you know how you want to be told.

 1:33:41

Any any says you have a baseball sized brain tumor in the back of your head.

 1:33:49

And then I went fuck. And so then I pause for a little bit tried to get funny, I say this word every time I tell the story, but that's what I said. I said, I gotta get my head around this.

 James Geering 1:34:05

Nope.

 1:34:07

And and so then I said, What do we do now? And where do we go from here? And he said, well we worked with Dr. Tooley who's the trauma neuro brain surgeon. He said, I've already given her the images. And she's waiting, waiting for your phone call. And he was like, anything you need you call me. You know, whatever you need. Any you know, I'm so sorry, man. You know, but we'll work well, you know, we're working on this. So then I called Dr. To Lee, who was fantastic and awesome. And such a good person to talk to at that moment and a good friend. She was a friend first and then a neurosurgeon after that. And you know for She was like, Oh, I'm so sorry to hear this. But, you know, I've already looked at the images. And I will. It's, it's, it's a baseball size. But she goes, I am 99.999% sure that it's benign, it's not cancerous. She goes, I can tell by the way it's formed.

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And so she's like, and I said, Okay, so what now? And she said, Well,

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that, as you know, you know, like, I do, I focused and concentrated on traumatic brain injury. That's what I do. Tumor resection is something that is she said, it's in my wheelhouse, but I do not, I will be honest, I do not do these every day. This is not something I do. It's rare that I would do something like that. I can. But I'd wanted to be upfront with you and let you know. And she said, and the other thing that I need to let you know, is you're my friend. And that adds a lot of pressure to me. And I just wanted to let you know, I just needed to let you know, I will do whatever you need me to do. She came from Brigham and Women's in Boston. And she said I can get you second opinions. What what, what do you need me to do as your friend? I will do it. So I have the phone with her. And then for a brief period of time, Dr. Krupa was one of our trauma neurosurgeons. And he had left, he had just had a baby, his first. And being a trauma surgeon of any kind, is a huge time and life commitment. And he wanted to do something where he could have more time with his his new baby. And so he ended up leaving, and then he actually ended up coming back across the street to Advent hospital doing his neurosurgery. So he was my second, my second call. So I called him and he thought I was still working for trauma. And I need to descend a patient over or something like that. And so he gave me a bunch of shit like, oh, you Ocala regional people always trying to send your patients and push them off on me. Just being funny, and, and I said, How, Hey, man, this is actually for me. And then his tone completely changed. He went, because he knows what he does for a living. I'd be calling him and any wit, any what's going on? What's the matter? And I told him, and he was like, Oh, my, you know, I'm so sorry to hear that. You know, what can I do? Well, how can I help? And I said, Well, I've already talked to Dr Tulley. It's baseball size. She thinks that from the way it's formed, that it's not cancerous. And he said, do this. So he said, Come to my office Friday, after you get out of work, I won't have any patients down. And I bring your desk, and we'll sit down and he goes, You're not my patient, you're my friend. And we'll just sit down and we'll talk. And so I went to his office, and we sat down. I don't know how long he's been a long time, he took that MRI and sliced it in every way shape and form and twisted it around. And he gave me a very honest opinion of, okay, these are the things that could go wrong. The these are the percentages of this going wrong that going wrong? These are some of the

complications that you could have this. I mean, he just ran down the gamut of things for me. And he said the same. He said the same thing. He's like, I'm your friend, what, whatever you need me to do. He came from UF where he was trained, and he said, I can get you second opinions. I could do anything. So I asked him and I said, Is this something you do? And he said, Yeah, actually, I do a lot of these. I do quite a bit of this, you know, type of surgery. Yours is a little more complicated. It's very big. There was a main vein that was feeding it. That was pretty big and it was close to it. some dangerous territory and he said these are things I'm concerned about as a surgeon. So my whole kind of support network is here in Ocala. It just so happens that one of my really good buddies is a triple boarded physician. He's critical care, ICU medicine, internal medicine and pulmonology. And then I have some really good friends who he is a psychiatrist. So rehab medicine, pain management, and she's actually a trained speech therapist. She doesn't do speech therapy anymore. She runs, helps runs the run the practice and take care of the kids. But she's that so and speech therapy, you do a lot of cognitive work. So pretty good backup team. And so, of course, I wanted to be team group via team SK. And I'm like, let's, let's, let's do this. I'm, you know, I want to be on your team. I want, I want you to help me and he was amazing. He said, you know, Andy, I've known you for a few years now. And I'm going to treat you like you're my own family member. Like, and I said, I was no doubt that you wouldn't.

 James Geering 1:41:25

Would you like your family? First? Well, yeah.

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So my next question was, How soon do I need this to happen? Is this an emergency? Like, we need to call the emergency room right now? And I get, you know, admitted? Or do I have some time to get some things together? And he said, Well, you, you, you could probably take, like, a couple months to get things done. But probably I wouldn't wait more than that as what he said. And so I said, Well, what's the soonest we could get this done? Get this out of my head. He said two weeks. And I said, Let's do two weeks. So then, because of my amazing friends. Raj, Andy and Amy. At that point, he, you know, Dr. Cooper was like, Did you drive here? I was like, no, yeah. And he goes, Okay, no more driving, you can't be driving. So between Raj, Amy and Andy, I had arrived to everything. We did a chat text thing. So anytime I would have an appointment, I would put it on, and then one of them would take care of it. So either Andy or Amy or Raj would drive me. So I had a ride to all my pre op stuff, all my doctor's appointments, everything was I would just put it out there went saw a lawyer because I had to get you know, prepare for the worst. So got a will got power of attorney got healthcare surrogacy went through all my everything anything finance related, you know, and made sure that there were there were people assigned, you know, if something happened to me. Yeah. And did all my pre op in two weeks. So set my whole life up in two weeks. I wanted to do it, so I didn't have time to think about it.

 James Geering 1:43:41

Well, I think if I had a tumor, I wouldn't be like, yeah, we can we can wait a month.



1:43:46

You know, and it's just like, I just wanted to get it. Work on that. So. So two weeks later, it was right in the middle of May. I want to say it was the 13th is when I went in and then I spent four days in the ICU. Let's go back a second. So I wake up and this is all something that was discussed with Dr. Sk sk Right with Dr. Krupa. He wore me he said, Look when you wake up after surgery, there might be a chance because your brain swelling because we just went in there and we we cut around your and so that's going to your brain is going to be swelling. There is a possibility that when you wake up, you're going to be right side paralyzed. You know, so when I woke up, actually, the first thing I did was wiggle my foot because I had a foot drop. And I was like, oh wait a minute. I don't want to foot drop sets. The first thing I did, and then I am right handed, I went to move my hand, my right arm and hand for something, then it didn't work. So I was like partially paralyzed in my late right leg. And completely, my right arm was gone. Like it was just a big weighty thing that didn't move. And my head was sore. There was no way to sleep. That didn't hurt. So I spent about I think it was four days in the ICU total. And then went to cute hospital rehab. And I went at night, I went it like six or seven o'clock at night. And I'll never forget, having that experience that I'd sent so many patients on this same experience of getting picked up from by a transport company on a stretcher, being loaded up into the back and then be taken to a facility at night. No staff really around down a lonely hallway and put into a room.



James Geering 1:46:24

It's interesting, because those rehab facilities as a paramedic, yeah, some of them not saying that you went to are just awful places as well. I mean, you know, and it's such a mix, you might have an 18 year old that's, you know, recovering after a motorcycle crash. And then you might have, you know,



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a nice, man like, Dan, it was kind of, you know, for your four days in ICU, I was in and out of pain medicine. I was, you know what I mean? It was kind of a blur. Man, but I had cash. So I just had so much support. It was ridiculous. So, my buddy, that's the ICU doctor, his whole his whole. All his partners came and saw me, you know what I mean? Like, you know, so that was pretty awesome. To have them come in. And it was interesting, because one, my buddy, nurses are a little intimidated by him because he can be pretty intense. And so they would see him come in. And he came in every day. He he saw me every day, my hospital, and everyday rehab. And, and it was funny, because I remember one time one of the nurses came in, they're like, So, Dr. Toe, so Raj and his like, you know, some of his group have come and visited you. And they're not on your chart. And you know, and you know, this person came and saw you and they're not on your chart. And they were like, who are you? That was really funny. And I was like, oh, you know, it's their friends. Their friends of mine. And I did have a nurse funny in the ICU at Advent that I worked with when I was worked at Monroe. And that was interesting. And then I go to this rehab hospital, I was supposed to be there for 14 days. But I was able to stand on my own for, like 20 seconds after seven days. So it's time to go home. Now, that criteria



James Geering 1:48:47

James Seering 1:10:12

at any point of this, people said the training that you had done before, had helped

1:48:50

Expo. Yes, absolutely. Good point. Thanks for bringing that up. So one of the things that Dr. Cooper brought up a little bit later after I had kind of gotten out of rehab. And I was actually Andy and Amy took me in because there was really no way I was going to make it on my own at home. So they took me in and then I had home health care during that. And during this whole process even at rehab, Dr. Croupier was texting me, how are things going? Can you have the nurse take a picture of your head? How's it healing, you know, that kind of stuff. So he was kind of on board the whole time. And so then I was be telling him what I'm doing. So, home health care comes once to two times a week. Usually once they come in, they teach you some things and then it's on you to do it until they come back next week. Right And, but because I had already kind of, you'd learn how to work out. I've learned I already kind of learned how to work out, I learned how hard I could push myself from CrossFit from Iron Legion. And I one point I did ask, ask am I like, how hard can I push myself? Like, is there a limit? Do I need to watch my blood pressure? Be wary of a stroke or anything like I can't. And he said, No, you, you can push your health selfless as hard as you want. And so I would do the exercises that I was taught. But even before I got out, I got out of the rehab in seven days before I even went to the, to the house. And I think it's important. At one point, I was in the rehab gym with my walker doing partial squats. And one of the physical therapists walked by and said, I've never seen that ever before in this job ever. And then I ended up going to Andy Amy's house and had the physical therapy calm the home health physical therapist. But I did remember going, okay, like I could barely walk at that point, like, walking was very short distance, and really slow. But I remember just doing little goals, you know, I, the the physical therapist that I had from the home health care company, who luckily, I knew the owner of the home health care company. I'll give him a shout out because he didn't knew the need to do what he did. Mono from Helping Hands home health care. I know him for a long time. And when I was in rehab, I said I'm going to need home health care, you know, Can you hook me up and I knew he didn't really take my insurance at the time, but I just I was going to also pick his brain do you know anyone good that you would recommend? You know, that takes my insurance? And he says, Oh no, Andy, I'm going to, I'm going to help you out. I'll bill for the six visits that they're gonna get me but you can have as much physical therapy as you want. You just let me know when you're done. And so thanks mono for that. And so I would do things like he would teach me to do some things holding on to the countertop, he would, you know, teach me all bunch of things. But I always I made a made a plan that I would work out five days a week and take Saturdays and Sundays off his rest. And so I would do little things of maybe I can do one pushup today. So then that one push up. Next, I'm gonna do push ups, I gotta see if I can do two or I can walk you know, halfway around the kitchen wall I'm gonna try and go all the way around the kitchen, you know, and then where I was at, they had a pool outside pool and a big pool deck and then it became I can walk one leg one half length and walk back now I can walk a link and walk back now I can do three push ups and five squats you know and now I can do this and now I could and I just kept going going knowing where that that edge was you know I would wear out really easy you know like a day for me was wake up, get some breakfasts and usually fall asleep and then wake up and I have to do my exercises whatever they may be for far as however long I can and then out then wake up eat lunch you know and then that's what it was for a little bit because body was just in wrecked you know I dropped down to like I think it was like 120 pounds. There Yeah, I was skin and bones. And but I would just push a little bit more and a little bit more. And then the more you were able to do, the more motivated, you were to do a little better the next time. And then


it got to the point where I ended up getting going home. And the PT person was coming to my house. And I also got to the point where I was getting better and better at squats, and we, and better and better at push ups and those things, and that the PT guy would be like, you know, what I didn't work out today, I'll go, I'll work with you. And so then he was doing the squats, the push ups in the things that he was teaching me to. And then you know, at one point in time, he's just like, you're good. Like, you know, he's like, I know, you're not fully, you know, 100%. But he's like, You know what you're doing? There's no, you know, no point in me, you know, keep him calm and stuff. So. So then I ended up making a deal with myself lying there in the ICU after surgery, and after asking Dr. Krupa about how hard can I work out at that point in time is when I made the deal with myself that, okay, it's May, my plan is to be back at work by my birthday, which is September 14, and back to the gym, by my birthday, which is September 14. So I ended up back working again on September 3 13. And back at the gym on September 14. But during that time, thinking about going back to our initial conversation about medical bills and insurance. So one of the other hiccups that happen, or one of the hiccups that happen was, I had not been at my job for six months. So there's no FMLA. And they were at a point where they were busting at the seams with patients and not enough staff. So after I got out of rehab, they had to let me go. And so I kind of lost my position at that point in time. Luckily, the surgery is paid for hospital stay was paid for. And my rehab. My seven days in rehab was paid for thank God. But then after that, everything was out of pocket. Until for from the would you say the end of May, basically, until, you know, beginning of April, probably until till September. So that was kind of a hard, you know, it's like, Okay, now, like what you said, not only you're going through this stuff, but you still owe us money. So it was kind of, or anything that insurance didn't cover at the hospital, you know, deductibles and all that kind of stuff that happened to but the best thing was I I ended up getting my job back basically on a different team, but they had an opening, which actually was closer to my house and closer to my territory. Then so that was amazing. So I kind of got my job back and everything.



1:58:47

And yeah, I just remember going into the gym, letting Karen Ted know what was what had gone on and what was happening. And they're like 1,000% behind me, they they, they sat all the coaches down there kind of knew me. And they they told them all this is what Andy's going through. He's coming back after this. Keep an eye on him. A close eye. Like if it was a run outside of the building. There was a coach outside the building, you know, you know, making sure I made it around. And, you know, modifications with everything. Katie, who usually taught the six o'clock class that I would go to Design designs many of the workouts and she did her own research on people recovering from brain surgery and started doing like, you know, unilateral workouts and things like that and making that to work out. And that's pretty amazing. Yeah, I've definitely feel like everybody was behind my recovery. You know, I don't think I would have made as good a recovery as I did without that Jim and Dr. Ska would probably say the same thing he's like, because you were in great shape. Prior to going in, you already knew how to work out. You know, you were up, doing your best even in the ICU, when the PT would come and see would say, Okay, I'll go, I'll do it. Even right before I went to rehab, it was late in the afternoon, because I didn't go until like six, one of the PTS, who I knew from working at Monroe. All those years, he came in, he saw me and he said, Let's go for as much of a walk as you can do before you go to rehab. So we went for, you know, a walk, right before I went to rehab, a small walk because I couldn't walk very far or very well. I needed support and stuff. But um, but he definitely asked, I definitely said if, if your shape your being in shape was a key in your recovery. And then about 15 months after my surgery, my goal when I got back to the gym, was to do the Murph. Is, is, is there any way shape or form that I could, if I had to do a

half a one, I would do it, you know, but I just needed to, I needed another goal. I needed something else. And so I missed the Memorial Day, Murph because I had that awful cold and couldn't do it. And then so I did it in July. And and I ended up completing the whole thing. You know, you came right after it was done. Yep. That's when we started talking about this podcast. And, and I got that done. But my neurosurgeon and of course have been back to the office, and he's just like, you by far are one of my most, you know, best recovery stories. I remember when I went in for my year. And, and I walked in, and like, even the people that I hadn't seen before in that office knew who I was, like, Oh, your ad, like Tasha croupier talks about you all the time. And anytime I would do something like a Murph or, I remember when I did, even before that I did the 12 days of Christmas. And I texted him that day. And I said, I just did this 12 Days of Christmas workout, and this is what you know, and it took a picture of it, you know, and showed him what it was. And he would just send me like, that's amazing, you're absolutely incredible, you know, I'm so happy for you, you know, and, and he's like, you've really worked hard, you know, your effort is definitely your recovery. But when you work in the medical field, for as long as I did, especially on floors, trauma floors, and, and even other floors. You see it every day in the hospital, that the people you know, your body's gonna break, we're not met, we're not meant to live forever. We're meant to break, we're going to break it at some point time. But the people that come in, that were healthy and strong, both in mind, and, you know, had some kind of exercise on a regular basis. Majority of time, heal better and get out quicker, or get out quicker and have less, you know, might not have to go to an inpatient rehab and can go home with some home care, or something like that. And so I remember, you know, at a certain point in time in my career going like, well, I'd be an idiot not to learn from this. And so I remember, you know, I remember, there was a point in time and I think my mid 30s, where I was like, Well, I gotta get my act together, and I got to start doing something. And then when I got into CrossFit, it was even more, you know, and so, I remember it kind of takes me back to my diagnosis when that phone call from Dr. Clark I have going, I have to give this everything I can, because whatever is going to happen is going to happen. If it turns out that I don't walk again, if it turns out, I lose my right arm, you know, or, you know, I don't make as a recovery that, that I really want to make, you know, but I did everything I could to that point, that'll be okay. But if I don't try as hard as I can, and put all my effort into my recovery, and I slack off on it thinking like, I'll do that later. And then I end up with these deficits. I don't want to end up with I don't want to have these horrible regrets, like, Oh, my God, I if I would have just done more if I would have just, you know, not taking so many days off where and I, you know, feel sorry for myself or I'm too tired or not pushed myself, and then ended up with with deficits. And literally that regret where I could have done something that kill me. But if I did everything I could, and I ended up with deficits. Well, I did everything I could, you know, and it turned out even better than I would have thought, you know, now I have some deficit in my hand, but I can finally do box jumps again, I just started getting those back. I did a record deadlift the other day,


 James Geering 2:06:29
when can you back up?

 2:06:30
Yeah, without jacking me so back up, you know, I can run I remember. I remember the first time I was doing of quick walk, because couldn't run yet my brain couldn't figure it out. And, and then all of a sudden, it turned into my legs open up and my stride open up. Or one time I

was doing a press and down on the floor. First time I ever did a press after surgery. And it was eight presses each side and left side eight times went up staring straight at the wall, you know, and I picked up the dumbbell on the right side. And I could see it and then I stared straight at the wall. And because my brain couldn't see my hand, my hand didn't exist, it dropped the number. And then about halfway through the workout as I was kind of helping my right hand with my left hand and staring at my arm. It read network that and I could do the press again.

 James Geering 2:07:24

Amazing. Amazing. Well, I want to be very mindful of your time. We've been chatting for over two hours. Sorry, man. No, no, sorry. It's been a phenomenal conversation. But what an incredible journey you know, and I think one of the real takeaways aside from your resilience and your physical journey is we talked about how medicine that true desire to serve can be kind of muddled by the financial side. But what incredible members of the medical community that you found yourself surrounded by absolutely, that was never an issue. They just wanted to help you. So I want to thank you so much for for telling your stories.

 2:08:02

Thank you for letting me tell my story.

 James Geering 2:08:05

And I think I do I think there's a lot of people I know sad these strokes are quite regular now in in younger firefighters. So I'm sure there's a lot of people are going to listen to this. And I hope it gives them hope because I mean, it's a it's a traumatic brain injury, no matter how you look at it. Yeah. And to hear people that maybe you've never had one, maybe that will spurn them into actually controlling their health a little bit more. And then people that have had one or about to have the surgery to think okay, you know, there's this road and I know this guy that was back in CrossFit doing 12 days, and Murph, you know, after having this so again, phenomenal story. Thank you so, so much for coming. Appreciate it. Thank you so much.