

Beau Porter - Episode 794

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SPEAKERS

Beau Porter, James Geering

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, veteran la firefighter and the man behind firefight mentality Bo Porter. So in this conversation, we discuss a host of topics from following his grandfather and father's footsteps into the fire service, working in one of the busiest stations in LA homelessness, addiction, his unique experience during the COVID crisis, losing one of his brother firefighters to COVID, his own powerful mental health story, how Bo decided to become part of the solution when it came to the mental health of his department, sleep deprivation, firefighter, families, and so much more. Now, before we get to this incredible 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 with that being said, I introduce to you, Bo Porter enjoy

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Well, Bo, I


J James Geering 01:43

want to start by saying Firstly, thank you to the grab lives podcast. That's where I first heard your conversation. So shout out to those guys. And secondly, I want to welcome you to the behind the show podcast today.

B Beau Porter 01:57

Oh, thanks. Thanks for having me. It's, it's an honor to be on with you. And just, you know,

experiencing this journey that I've that I've been on and then to find myself here now. It's it's it's an awesome journey. So I really appreciate the time.

 James Geering 02:14

So where on planet earth are we finding you today?

 02:17

Today I am in North Idaho. I'm at home, getting ready actually leave in a couple hours to go fly into Los Angeles where I work.

 James Geering 02:26

Brilliant. Yeah, she had some Anaheim firefighters I worked with lived in Idaho and worked in Anaheim as well. So it's a it's a popular place for California and firefighters to live.

 02:37

Yeah, for sure. So

 James Geering 02:39

I would love to start at the very beginning of your journey. 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?

 02:47

Okay, yeah, so it's sort of, you know, just for full disclosure, I'm 40 years old. I was born in Born California, Valencia, California, which is just outside of Los Angeles. Grew up, you know, middle class, third generation, Los Angeles City Fire to firefighter. So my grandfather and my father both work for Los Angeles City. And so for me, you know, growing up, I grew up in a little town. Well, it was little, it's huge now, just like every city in California, but in Temecula, which is the Southern wine country of California, I grew up, you know, playing baseball team sports, my dad was a huge wrestling coach, wrestler. And so grew up in that kind of environment, team sports, and, you know, it was pretty, pretty dead set, my dad never pushed me to get on the fire department was kind of like, it's up to you, you know, what you want to do. And then I was just drawn towards that career. Just kind of following in his footsteps, but making my own path at the same time. The main thing that really sealed it for me was the fact that he made it to a lot of my baseball games and travel ball, and it was like, Man, what a cool, cool, you know, job to have, where you're doing all this stuff. But then you also have that ability to take time off and be a part of your family. And then it's kind of, you know, very interesting now thinking about why I joined the fire department was because of the family aspect and then how it's become such a big part of me now of understanding that that's actually not really what it is. So it's very

interesting. But anyways, yes, I grew up doing that. And then about 1314 years old, I pretty much figured like, this is this is the job for me with a bunch of ride outs and explore programs through Los Angeles. I was like, Yeah, this is this is it. I like the team aspect of it. You know, the the Our merit driven kind of accomplishment basis that that was in it, I could, you know, drive or pulled straight from, you know, playing baseball and stuff like that of like, okay, well, best people when I get it. And so I really liked that. And that's what appealed to me. And so, yes, I started that process a lot younger than a lot of people. You know, everybody likes to call it, you know, the golden spoon effect, where you're handed the job and nepotism and all that stuff, which I absolutely hate that stigma, simply for the fact that, you know, I, I busted, I busted my butt, you know, weekends, I, you know, being afraid of the background check my entire time grown up, there was no weekend parties, there was no drinking with buddies, you know, because it was always like, oh, man, I'm gonna have to pass a background when I'm, when I get on. And I don't want to have to do have to deal with this. And so there was a lot of sacrifices that I made to get on I was hired when I was 20 years old. And, you know, I checked a lot of boxes for that. Everything from, you know, working one season with type two hand crew for the Cleveland National Forest, for the Forest Service. And then working as a basically shop helper at our maintenance facility that does all the maintenance on aerial trucks. And, and the triple pump, apparatus, the engines, and, and so there was a ton of that, you know, knowledge base going on. And that was since I was 18 years old. And so, I was an EMT, working for AMR in Riverside County, and then eventually, that led me to have the capabilities of going in that. Going into the the interview when I was, you know, I really graduated four months before my oral interview for the, for the job. And, you know, I went in there, as the one of the chief said on the oral board, you know, I wasn't, I wasn't I wasn't cocky, I was confident. But I was right on the border, he said, and that was the thing was, I was, you know, I you kind of like what you talked about in your book is that when you get to that level, where you're pushing yourself harder than any, anybody else is gonna push you like, that's where I was mentally, like I was like this is if I'm the best person in the room, then. Then there's no way that they can't hire me. And that was kind of my thing. And so yeah, so luckily, I was hired early on at 20. And then going through probation, I worked out in what they call the Valley for us, which is the out in LA was right on the border of Tacoma. Out in the Los Angeles Valley there over the hill, as we call it, over Mulholland Hollywood area, work there. And then I worked in Hollywood for four months as my second house. And then then I got introduced to a fire station that everybody knows on our on the Los Angeles City Fire Department is it's got a stigma. And it's one of the busier stations and more gung ho guys, it's nicknamed Fire City. And it's fire station 33 It's in South Los Angeles, down right between or what they call if you watch the cop shows itself of the 10 between watts, watts Inglewood and, and Compton in South Los Angeles, or South Central as they used to call it. And then I just fell in love, I fell in love with that place. Because the stigma that it has held true with everybody who went there and so it was just an easy place to you know, be driven outside of myself or outside of my comfort zone, I should say. And so it was I was able to really grow and you know, early on I my dad promoted early on his career. And so that was originally my my useful goal was I was like, Oh man, I'm gonna promote up through the ranks and you know, it's gonna be great. I'm gonna beat my dad to to engineer because he promoted engineer with four and a half years on and I'm like, oh, man, this is I'm gonna do it. And then I got there and I worked around with guys that had been longtime firemen and, and apparatus operators, which is a little different from some departments. Our apparatus operators are who drives the tiller truck And then we have engineers that drive the pumping trucks. So just a little background there. But so they I started working around guys that have been those jobs for a long time. And I was like, Man, there, there's no way there's too much to know. And, and so I just started, you know, trying to learn as much as I could, and then had a great bunch of guys around me just pushing, pushing me harder and harder. And, and I loved it. And I was, everybody always says, you know, man, you've been there forever. And I have, I

have been there almost 18 and a half years. And, and it's it's a young man's game, but I, you know, I pride myself on, you know, like you say, you know, staying fit, staying able, and then also driving to be a professional. My, my kind of spiel that guys will tell you that I say all the time is, you know, the name of the game is professional firefighter. And if you don't see, you know, you don't see any of the pros, you know, cutting practice, you know, you don't see, you know, Aaron Judge or, or Mike Trout, you know, not hitting batting practice, because they won the batting title last year, you know, they're still out there grinding. And it's like, for us, like, we do go to a lot of fires, we do go to a lot of incidents per day. And, but you can't rest on your laurels, and you kind of you got to keep moving forward. And so if you're going to be a professional firefighter than act like one don't make every time your first time. And so and don't act like that either. And so so for me, I just, you know, it, it kind of it just fueled the fire that was within, inside me of wanting to be always better. And so, you know, fast forward, you know, 18 and a half years. And it's, it's crazy how time flies, but about six years into it, of being there as just a firefighter. And so our our way that our staffing works is we have what were one of the departments that have their own ambulances. All right, so we don't have privates that that drive the ambulances, we have, we actually do it ourselves. So



12:21

which is good and bad, good for the fact that, you know, it's it's us handling everything, every aspect of it. But at the same time, we do all time too. So we, you know, we don't get to dump and run as a lot of companies that transport with privates. Do you know, we have to sit at the hospital for three, four or five hours until we get to bed? And so which I'll get into a little bit later about the mindset on that, but so yeah, so six years, I was doing half the time on the BLS ambulance and then half the time on the fire side, which we had at my station, we have an engine and what they call, you know, it's a Task Force station. So that's two engines in the truck or 10 people, and then an ALS or a paramedic ambulance, a BLS or an EMT ambulance. And then the battalion chief is there as well, who's in charge of seven stations in that look, in that area, are all housed in that in that station. So 16 Total people per day, we work 24 hour shifts, what they call the adjusted Kelly, I believe, is the fancy way of saying this schedule, but it's basically 24 on 24 off 24 on 24 off 24 on four days off, so it's a nine day schedule, which makes you work 72 hours every nine days. But then we can get into the whole staffing crisis but you know, we've been basically mandated to work up to 12 shifts a month now or 120 hours straight at any given time. So, but we can get into that later. But anyway, so So yeah, so that's that's kind of how Los Angeles city works. And then so after doing six years there half and half on the EMT ambulance and then as a firefighter as well. We, I got I was doing a controlled burn inside of a burn container. Training operate in the vent and just kind of one of the guys rolled over my leg as they were kind of going around inside the Level Level two, which is the flashover one where we do a little augmented flashover burned my foot had third degree burns, thermal burns and so I ended up having a skin graft yatta yatta yatta no big deal. The biggest thing was is they told me I can either do light duty which is like office work downtown, or I can go to paramedic school and I was like well, paramedic school it is.



James Geering 14:56

So that's one way of sending people to medical school.





14:59

Say Good. Exactly. So yeah, shut up the paramedic school on crutches the first first month. But But yeah, so and that just totally opened me up to a whole new thing. I mean, on our on our department specifically there's a stigma with paramedics, there always has been, you know, not as, you know, 111 Task Force Commander, which is in charge of the, of a fire station told me once he's like, you can be a good fireman, or you can be a good medic, you can't do both. And so that's kind of the overwhelming stigma. With the department, it's changed a lot because a lot of guys have come on as paramedics. But over over the course of my career, it's definitely been you know, that the standard, right. And so being, you know, for lack of better for us to go to paramedic school, it really opened up a whole new ball of wax for me, and really saw an opportunity to really dive into both sides of that argument. And don't get me wrong, I was a pretty disgruntled paramedic student, I was the guy in the back read magazines, whether everybody else was, you know, concerned about the new drug protocols. And, and so but as it grew, you know, and that professionalism grew and pulling a quote from your book, you know, the cookbook, Medic, that wasn't my jam, right? And so I dove into it. And then luckily, I was able to write back to the same station, right after I was done with my, my ride alongs for paramedic school, went right back to 30 threes, and was now 5050. Half the time on the paramedic rescue half the time on the on the truck or the engine. And so having now lived both sides. The one thing that's unique about our fire station, it's one of four in the city, we have 106 fire stations. So it's one of the one of four in the entire city where they they've developed this agreement, where the medics are guaranteed 50% on the firetruck and 50% on the rescue everywhere else, they can get detailed off. I mean, the guys can ride permanent rescue, it just really not really any protection for you. Where they basically pick the four busiest and worst medic spots, and they try to incentivize it, they go, oh, we'll make it 50% Guaranteed. And so that's 30 This is one of those. And so seeing that and and really kind of noticing how integral, the paramedic, we're at the fire station, and how were 50% of the team. It really I was really able to destigmatize it because I'd been on both sides. And so when you know, firemen started talking trash about, you know, medics, and now they don't do anything I would join right in the conversation be like, yeah, man, those guys suck. And then the guys had to turn and be like, Oh, well, not you. And I'm like, No, let's go, let's keep talking. So it really, really D stigmatized it to the point of now I was able to see it from both sides, and really show how integral the firemen and the medics could be and what a great team that could be, if everybody worked on the same page, because not only do we, you know, work well on EMS calls, but when we go to fires, we're the guys, you know, there to help you, you know, yeah, we're there for the people as well. But it's like, you want quality medics around you, because those are the guys that are going to, they're going to fix you and you're jacked up. And so and having that negative attitude towards them, nobody of quality is going to put up with that, you know, and so I'm really showing that the younger firefighters like how important it is to have that interval team to really drive everybody forward. And so that was you know, my main goal when I started as a paramedic there, and then obviously it's involved as I've kind of made my way into the the last probably, you know, five to six years with having more time on most of the guys that are assigned there and really, you know, accepting the bull firefighter role and helping guys promote through the ranks and do that stuff. It's really driven me to teach them about you know, leadership and stuff I mean, and it's so funny reading your book because a lot of the quotes that you pull from are the you know the fire station classics of Band of Brothers you know and Colonel winners and and listening to you know, guys like from World War Two and different commanders and how they talk about, you know, never putting yourself in a position to take away from your men. And that's that was the same kind of leadership style that I always think is like you never Put yourself in a position to take from somebody else only to give to them right? Never, never put yourself in a position to gain from you telling somebody

something rather than gains either for them or the entire team. And so that's kind of what I've my leadership style is, and always leading by example. That's what I do. And so that kind of led me to talking about chronologically here. chronologically, up to COVID.

J

James Geering 20:34

Yeah, let me jump in for a second that because there's so much I want to kind of unpack before we get to that point, because I know that's a very pivotal moment for you. And I think that you guys have a very important perspective of, you know, the actual death tolls that were happening because there were pockets and around the country that were really bad. And, and there were there were some that you know, had different perspectives, with the paramedic thing, specifically one of the kind of aha moments and I, when I got into the fire services a little bit older, I had zero family in there at all. The paramedic was part of what I wanted to do, I'd actually read an article in Muscle and Fitness. And it was a Miami Dade firefighter. And so to me, it was just a simple case of, well, I want to be as best trained in all the areas I can including, obviously the life saving. And I think one of the crazy things about our generation, because I'm pretty sure we started right at the same time now oh four was when I started, was Paramedicine was always already completely embedded in the fire service by that point, unless you were in the northeast, or somewhere where there was, you know, completely separate. But you make a you know, you make entry, you do a right hand search, you find someone, you pull them out into the front yard, and you leave them there steaming, that's, that's body removal, that's not rescue rescue was then the ability to Doff your gear and continue care. And make sure that person starts breathing again, their heart starts, you know, and then you carry on, and hopefully one day they'll walk out of the hospital. But this kind of myth of our generation, this chest beating that, oh, I'm not going to do the medic side. This is basically saying, I'm not going to you know, I'm only going to do roof ops, I'm not going to do Interior operations, you know, you just you're saying that you only want to know, part of the job. So I think that that mentality, I understand it from your grandfather's generation. But for you and me and the other men and women that came on in our time, there's zero weight to any argument saying I want to I want to, I want to only be skilled in these areas, I've got no interest in the life saving part of the fire service.

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22:38

Yeah, totally. Absolutely. And really, and it's funny, because I got that, you know, slap in the face, you know, probably the only way I would have gotten it because I was stuck in that mentality of, you know, to be the best at what we did was, you know, I couldn't be stuck on an ambulance. I had to be, you know, fire man all the time. But then once I really had that aha moment of being like, Well, exactly what you're talking about, like, I'm basically pigeonholing myself to 50% of the job and, and to be really honest, you're pigeon holing yourself till about 5% of the job. You know, let's take take the turnouts off for a second speak real but, but at the same time, it's like, you know, we have this thing where we were when we go to a fire, you know, the the ambulances are actually because it's us on the ambulances, we're, we're kind of an integral role in in the, in what we do. So like, when the EMT ambulance gets assigned to the fire, they, when they get on scene of the fire, they get assigned engine company or the roof, depending on where the bigger need is right small house, maybe they'll go the roof, maybe they get utilities, something like that. But they're an integral part as EMTs firefighters on to the ambulance, so they're still a part of it. We're on the ambulance. When we show up as

paramedics, we get assigned medical. And so that was always a negative because you don't get to go play with the boys. You got to stand out in the street with your Gurney, and be ready if they pull anybody out. And that was how it was always explained to me. So I'm like, oh, man, that's out. You know, we don't we don't care about what they do. Right. And so obviously, now putting myself in that position. I really took a different aspect simply for the fact that one of the times that I got hurt I went down at a fire and it took the the ambulance that was assigned medical 22 minutes to get to me because they were out pulling hose lines, and you know, jaw jacking or whatever on another exposure building. And it's took a 2020 minutes to get to me. And so that always stuck in my mind of like, man, that ain't right. And so then fast forward a couple years now I'm in that position and I'm able to do Explain to the younger guys. Like, hey, like, yeah, we're medical. But instead of that being a negative think of it as a positive because not only are we here when we pull people out, and I've rescued several people over my career, where the worst feeling to feel, for me was one of the one of the lowest moments is after you rescue someone, you pull them to the front porch. And there's no one there. And except for in this day and age 30 people with cell phone cameras, right, and now I pulled this person out, I have nowhere to hand them off to nobody to do anything. And then it's like, well, now what do I do? Right. And it's totally like what you're talking about where you're like, I just did a body recovery now, because I don't have the tools on my stuff I don't have. And it's like, I really need that medic to be there to do that handoff. And so then I'm starting to teach those younger members of like, Hey, man, don't think of it as a Boohoo. It's like, Nah, man, let's get up there as soon as possible. Basically, train as if every fire we go to, they're gonna pull someone out. And then full disclosure, my thing is, is if any of my guys get hurt, I want to be the medic on scene, I want it to be me, that helps that guy, I don't want anybody else to him, I want him to be mine. And so I go, if you have that mentality, that the reason you're getting assigned medical on that on that fire incident, is because they want you in case they're getting it in case they get hurt, they want you to be there to save them. And so that kind of mentality. And this was before you know, any of the mental health stuff. And then now looking back, it's like, oh, okay, I see what I was doing there. But but at the same time, it's like, you know, being the best at what you do. And that's, that's what it boils down, you know, everything that I kind of, you know, quote, unquote, preach. But everything that I that I've learned over the years and led me to this point, is the fact that if you're not going in every day trying to be the best and better than you were the day before, then that isn't a professional firefighter. Because you're not fulfilling that first board, right? There's a reason why it's not you know, firefighter who's a professional, it's a professional firefighter, it's that first part of it for a reason, because that's the most important, important part is that we do this for a living. And so you should act like it.

J

James Geering 27:35

So one thing that I've seen in myself and in so many of us is burning in our heart is a desire to serve. But there also becomes an ego if you're not careful. And instead, I'm guilty of it. I think we're all guilty of it at some point. And so you're standing there that says read, and you stand there with the RIP pack. And if you take in your job, seriously, you've at least got the right gear laid out on the top. But you want to be the guy or the girl in there searching, you want to be the one on the roof with a smile on your hand. But the only thing that's really the negative draw is about you. I want to I want to be that guy. I want everyone to see me work. And so you know, it's interesting. When I see that a lot on Instagram now, you know, the guy's leaning on the pipe poles in a selfie in front of a burned out house that was someone's home. But you feel compelled to let the world know what a fucking hero you are, by posting it on Instagram. You know what I mean? So with I think that takes the most humility to be an excellent medical on a fire to be an excellent read team ready with all the right tools thinking about you know, okay,

who's going in which side how many people we got in where they work in? Is anyone on the roof? And the same with a medical Have I got the right gear? Have I got my burn sheets ready? And my, my, my thinking about how would I doff a firefighter, and everything's still hot. That's, you know, that's now serving in that role as part of a team. And I think where a lot of us struggle when we're outside is I want to be in there. But you have to kind of take a step back and go right is that actually I want to be in there because that would make this whole scene better? Or is my ego struggling because I'm here in blues, and my friends are in their in bunker gear?



29:14

Yeah, no, net 100%. You know, one of the things we have is, you know, not everybody can be on the nozzle. Right. And it's about getting that bigger picture. And we have a little bit different with Los Angeles City as we have for our SOG is right so we have are standing operating guidelines. So every incident we go to we have a specific role for every single position on the rig and what you do preset, you know, first five minutes what you're supposed to be doing. And so because of that, there's a kind of an evolution that you get where you know, the probationary members ride what they call top, which is in the backseat of the truck. Not Once you call the doghouse or we call it a tiller bucket. But that's the most senior guys there. And then you work your way through the positions of. And with each one of those positions, you get a bigger and bigger picture of that incident, I've, you know, I started out, you know, as a probationary member you're looking through, you know, about the size of a penny. And then by the time you get about five years on, you're looking at about a 50 cent piece. Whereas, you know, the task force commander is looking, you know, through \$1, or a poster size, you know, and keep getting that bigger and bigger picture of what's going on, because you do want to be on the nozzle, right? You do want to be the one throwing the ladders to the roof. Right. But at the same time, is it not only the ego thing, but is that the only level of training you have? Right? Is the reason you want to be doing that because you're uncomfortable doing anything else? Or that you don't know about anything else? And so I think there's a there's a balance there of understanding. Yes, everybody wants to be the, you know, the fire Slayer on Instagram. But at the same time, it's like, well, am I pigeonholing myself into that rookie position? Because that's all I know, right? Or is there something else I could be doing? Is there an exposure? Right, the house next door taken off? As has the search been done already? Has the utilities been cut off? Has they done interior salvage work where we're trying to protect those things? So it doesn't become a parking lot? Right. And so all of those things is like, you know, I kind of I keep, you know, challenging and pushing them forward. Because the majority of the people that I get in my fire station, are you guys fresh off probation or probationary members themselves? And so, you know, that's, and that's a whole nother talk about the evolution of the probationary member, but it's, it's being able to really get into, you know, what drives you to be better, and then how to make that, you know, a fire ground relatable to where it's like, you know, don't you know, not everybody can have this on not everybody can be on the nozzle. And so don't pigeonhole yourself into the lowest form of training is those because anybody can put water on the fire? Anybody can cut a rectangle, right? But it's, it's about everything else. Right? And then that's the important part.



James Geering 32:18

Absolutely. Well, you talked about working in south central now, like I said, I was an anime firefighter for a few years actually got to be a tellement for a while, which I would argue is the

best seat in the fire service hands down, especially if you got a medic patch on your chair on your shoulder as well. But yeah, when I remember, think of Temecula, I think about further out east a little bit more suburban. And then I think about South Central as a little English farm boy, I was listening to a lot of albums where they mentioned south central and it was, you know, in the hip hop region. So talk to me about that, like, what were you seeing and it's obviously been almost two decades now. What has been the the evolution or devolution of that area in Los Angeles?



33:04

Yeah, so. And it's funny, because we really did almost come on the same time. I was December of oh three is when I got on. So both four lines up that perfectly so yeah. So, you know, back then it was predominantly African American. When I first got there. I first arrived at 30 threes in December of Oh, four. And, and so, you know, predominant black shootings. You know, just a different world. It was it was really everything I'd seen on TV and heard about in the rap songs. I mean, that's, that's what it was. It was it was absolute culture shock. But it was exciting. Absolutely, you know, just craziness, we call it mmd It's Murder, Mayhem, death and destruction every day. It's the craziest thing you've ever seen, the saddest thing you've ever seen. And, and it was, it was just all the time. And as a young kid with no, you know, no real filter to see the world through it was, you know, some of the funnest times in my life, you know, with guys the same age as me, and we're just, you know, not sleeping for three to four days and running around and it's crazy mayhem and it's time of your life. And because you really have no you know, nothing to compare it to because there there is no you know, life filter yet. And so, over the course of you know, just the years it's been it's gone from from that majority of the homes built around the turn of the century 1900 craftsmans. We call them shotgun analysis because basically if the shotgun and hit the front and the back door is are usually only 800 to 1000 square feet. Fun fires, man, they're, they're fun. And it's a great way to practice your craft all the time. And then as those burned down over the years, or got bought up and did destroyed, they started building what we see now is a lot of two storey four, two storey duplexes with transitional housing and you got, you know, 10 to 15 transitional living places where people are coming and going, not many, not really sure how many are in them. There are a lot of them are all sprinkler now. And then, you know, a ton of homeless there was when I first got to South Los Angeles, there was no homeless at all. We're now it's everywhere. And so a lot of our fires now, at least in the last two to three years are all if not all majority of them are from, you know, homeless and gammon fires and extending into commercial buildings. And so there are fire level is really gone up a lot based on that. But and then obviously, it's become a lot more Hispanic. So a lot more were before with fires and just talking about it from a fire standpoint, not a geopolitical one, but is you know, majority of the homes when it was predominantly African American, you'd have a mom and two to three children in a home where now they have multi generational living, where we will get that same 8000 square foot house where we have three outbuildings in the back and you have anywhere between, you know, 20 to 25 people living in and around that house fire. And so it's it's the, the saves have gone way up as far as pulling people out. Because with that, you know, comes electrical cords comes, you know, makeshift rooms, you know, a lot of just haphazard construction. And there's not really any oversight to it. So you get a lot more challenging fires, where before when it was original construction, original knob and tube wiring from the 1900s there was a kind of a kind of storybook that each fire followed because it was all still intact the patent lath and plaster walls. And so we're now it's a free for all, you have no idea what you're walking into, it could be scabbed on for, you know, two to three families, it could have drywall, it could have two roofs, or you talked about regroups it the boat, every every fire is different. And no matter how many

times you've been to that building, they could have redone it since the last time you were there. And so it's it's actually gotten more challenging, just based on the sheer population in that district. And so now it's, you know, a whole new kind of a whole new world as far as the level of new construction with all the sprinkler stuff, but then at the same time, the fact that everybody's trying to catch up. And so there's a lot of kind of Home Depot construction going on. Within that that's really challenging. So,

 James Geering 38:04

when I was at Anaheim, it seemed like a lot of the fires we went to were also caused by the candles from the Catholic shrines. Do you get a lot of those?

 38:11

Yep. Oh, yeah. Yeah, for sure. Especially, especially in the wintertime. No, around Christmas time. We get a lot. You know, both, you know, the cold weather plus the candle strains in the front, that the Catholics, the Hispanics have brought up from Latin America, they get a lot of candles in the house out front of the house. And so there's a lot of that going on, as well. Yeah, for sure.

 James Geering 38:40

Now, one of the things that I talk about quite a lot is trying to get to the nucleus of a lot of the problems that we see like, for example, you said there used to be a large African American population, a home would have usually a mother and three or four kids. Well, obviously, that's a perfect example of multi generational trauma and the impacts of previous generations creating these kind of broken homes and people will look down their nose and say, Well, if you know these people have family units and things will be better. Well, it's not as simple as that. You know, there's a lot of people of all colors and creeds that were born into a single family home. And there's nothing anyone can do about that they were born into that and that their mother or their father or their grandparent, whoever it is, is raising them is doing the best they can with their situation. My personal opinion having served in uniform in this country for 14 years, having come from another country, and seem with a kind of a different set of eyes than most people that were born and bred in the US is the ripple effects of the insane failure of drug prohibition that has driven all of our mentally, mentally ill and I use that in an affectionate term. People that are driven into addiction into the shadows into the hands of the underworld, empowering gangs and smugglers and the all these horrific things sort of happening across the border, when you have watched the streets of South Central for almost 20 years now? What is the impact of the drug industry amongst the underworld on the violence and the homelessness and some of the things that you witnessed from station? 33?

 40:19

I mean, I think the biggest radical change in the drug world has been fentanyl. I mean, 1,000%, because before you had, you know, the start, I mean, and historically speaking, the start of the crack epidemic happened in South Los Angeles, right? In my district, actually. And so, so you

had the generational crack cocaine industry that, you know, put people on the streets, you know, working in the streets, all that stuff. And then you had, you know, most of the heroin was always downtown Skid Row, downtown LA, but it was mostly, you know, crack cocaine. And then, you know, marijuana here and there, but it was, it wasn't until, you know, they opened up all the dispensaries, we had gang wars for a couple of years. With the dispensaries. That was kind of an interesting time where we had a huge Russian influence, all of a sudden, we see a ton of Russians in South Los Angeles, which was crazy. But that was a battle when they were going to legalize marijuana. That led to some great fires, because the the Mexican gangs and the Russians were battling for who would own the dispensaries. That was pretty fun. For us. And then yeah, and then and then since it's been legalized in Los Angeles, marijuana, that is, you've seen a huge uptick in pills. Pills are never a problem in South LA. I mean, that was more of a USC or I wouldn't say USC, I don't want to bad mouth them. It's more of just like college age is what I'm saying college age West Side problems where they're into the oxys and all that stuff, right. But then once marijuana got legalized, then all of a sudden, you seen this huge shift into the Oxy world. And then all of a sudden, it was it was the oxys it was the Vikings, and all of a sudden, it was like, wait, what? And then we all of a sudden, we started getting overdoses. And, and it was like, Well, no, they don't have the, you know, from paramedic school, they don't got the track marks on their arms. They don't have like, What do you mean, you're you overdose like, okay, you know, like, oh, no, I take Vikon and blah, blah, blah, and you're like, Okay, that's, that's kind of interesting, that's new. And then you kind of seen it grow and grow. And then over the last two, over the last two to three years, I'd say bad five years, probably. The fentanyl has been absolutely insane, where we can't stock enough Narcan on our rigs. And, like, I mean, it's literally in the door panels in the front doors, because we just grab it out of the door panel, and we get out because we can see him on the sidewalk already. And it's like, it's in everything. I mean, we've had, you know, grandmothers who go down to Mexico to get their blood pressure medication, because it's, you know, \$5,000 a month for them here. And so they go down to Mexico to get blood pressure medication. And all of a sudden you show up in an altered 60 year old lady in a nice house, you know, well kept and you're like, you know, asking questions like, oh, no, she just took her blood pressure medication she does every morning and you've all sudden you look at her and she's got pinpoint pupils and decrease stress and you're like, alright, well, let's try it. So all sudden, she wakes up, oh my gosh, would happen. You're like, what? And so there, it's in everything. It's in everything now. And so just that proliferation of fentanyl in everything. And then you know, obviously the new one where they're putting in the the tranquilizer in it. We had, we've had several of those come in through the harbor, through San Pedro, where we get that where it's they think they're taking fentanyl or oxy. And then it's got a tranquilizer that acts like fentanyl, that doesn't react to Narcan. And so we've we're starting to see that now. And it's just, it's wild. It's absolutely insane. What that you know, really did, because you see the the legalization of marijuana and so it takes it off the table and it just becomes norm the norm like can you talk about your book a little bit? And then all of a sudden, it's like, well, I still want to do something illegal. So let me do something else. Let me dive into this where I used to just and so it's weird how the laws kind of drive what is popular and it's all driven by the illegal, illegal illegality of the dealers, right? Because that's what they do. Right? They hustle so it's like if I can't sell weed anymore because the government sells it to him free down the street. worried, what else? Can I sell them? Oh, here, here's some pills you want to want to get. And so it's very strange on a emergency side of it, of seeing the effects of policies where, you know, obviously, policy holders don't have, you know, emergency services come in to help them decide if they want to legalize marijuana, but at the same time, all of those drugs are driven by the illegality of what they are, because they are the people that sell that and live that enterprise. That's what they, so it's always the next best thing. That's why there's always a new drug on the street, right, because they're salesmen, you know, and so it's just interesting from a medical side of it, seeing how that can really impact a community.

And as small as mine is, like, so 33 is what we call a first in District is 3.3 square miles. Right. And so it's a pretty small area. I mean, yeah, and we go to a lot of incidents outside of that area, which is called our greater alarm. But our first is 3.3 square miles. And so I've basically lived more than half my life for the last 20 years, in that 3.3 square mile area. And, and I take a lot of pride in it, and, and to see how much of an impact those types of things can have on that tiny little microcosm of a of a place is really interesting. And so that's why, you know, even from your book, you know, drawing on the legality of drugs and how that impacts scenario, you totally see it, you know, and totally see the change of legalizing marijuana and what that did to that little area.

J

James Geering 46:42

Well, I think the, the what I have seen because this conversation comes up a lot. And you know, through the Mexican eyes, they're like, Well, you know, we legalize cannabis, and now they're growing opium, you know, now, obviously, the the Chinese with the fentanyl, and this is what happens when you piecemeal. It's like I come from a country where we consider the greatest medical program on the planet, the NHS when fully funded and staffed properly. The idea that you take care of your weak, the young, the old, and the infirm is a beautiful, altruistic way of doing medicine that you will summon into a hospital and the first thing they ask is their name, not their social security number, you know, and then hopefully, you would push them for a healthy country to use that as little as possible. At but the Obama care, as you know, affectionately, affectionately known is was nothing like that. It was a it was an absolute shitty attempt at some sort of version that ended up being terrible. And it's the same with this conversation. Will we did was they said, Oh, we legalize marijuana. Okay, well, I mean, that's a that's a step. And you know, it's not a drug that I personally enjoy. I love CBD. I think it's amazing. But with the THC side, it's not my thing. But I know a lot of people that versus alcohol, it's 1000 times healthier than the alternative. But we're talking about the criminalization of addiction. So that means all of the drugs. And if you do all of the drugs, not doesn't mean you sell them in the store, it means that if you're caught, you and I are caught, and we got a personal use of X or Y, we don't go to prison, we get fat, we actually get educated. In this, you know, all these things are available to us, the stigma is removed, the fear of arrest is removed. And now you're far more likely to start getting help, it won't fix everyone, some people are too far gone. This is the problem, we point at the anomalies and say, See, it doesn't work. But if you give a lot of these people, and we're going to obviously parallel this conversation with our brothers and sisters in uniform, who are also struggling and leaning into alcohol and illicit drugs and gambling and social media and food and everything else, that we have a mental health crisis. And if you can create an altruistic problem, that absolute altruistic solution that doesn't demonize your poor coping mechanisms, and you remove all of those customers from the underworld. Now, they're not going to have anything to sell. They'll still be other crimes, of course, but a lot of people will find themselves have been forced to go into a more legal route for their unsurprised. And I would argue a lot of them are a great salesman, they could probably sell cars or coffee or whatever the next thing is, but the problem is, is that people look at marijuana and go see. And it's like, no, it's not see because it was never done properly. If you look at Portugal, which I talked about in the book and other countries, you're missing the point. It's about taking someone who is struggling, who has found themselves in addiction, putting your arm around him and saying, look, we've got these tools for you. We're gonna get you back to where you need to be. Versus You're a piece of shit. We just caught you with this. You're going to prison so it's interesting, you know, the the marijuana thing is held as Oh, we

tried decriminalization. Now we fucking didn't. Not even close. You just legalize marijuana, which I think it should never be illegal in the first place. However, that is not decriminalizing addiction.



50:06

Yeah, no, for sure. And it's interesting that he talked about the correlation between the two. It's very interesting even on my journey through mental health and going through the My department and and destigmatize Dacian of it is, it is always the person that's, you know, wanting to talk about it, but not really is the one that they always reach to the extremes, right? Like, oh, we can't have you talk about mental health, because we don't want anybody to kill themselves. And you're like, wait, what? Like, what do you what do you mean, you know, and then in the, the story that came up the other day was when I was trying to give a drill about it. And, and it was like, you know, if I go out in the backyard and give a drill on the rotary saw, say, and then the rookie feels inspired and cuts his leg off. Am I liable? No. Right, versus what what is the difference between this like that it has no bearing of, but they want to just go to the extreme, you know, and so that's, it's, it's very, you know, they talk about in in relationships, they talk about, you know, conversation starters, and conversation, Enders, right, and when you go to extremes, on a relationship standpoint, it's a conversation Ender every time, right? It's the same as if you were talking with your wife, and then she says, You always do this. And it's like, well, there it is, the conversation is over now, because we that's now you're just speaking in, in a grand jury that isn't arguable, right? Or even approachable in a conversation. It's the same thing with with all of these problems. And I think that's when you start to understand relationships, and you talk touch on it, is about the human aspect, right? of dealing with with people, and not numbers, not graphs, not statistics, or polls or whatever, just dealing with a person. Right. And that's, that's really the human aspect of all of these problems, whether it's mental health, whether it's drug addiction, alcohol, all those ones you listed. That's where you really have to we get we have to get back to is dealing with actual human beings.



James Geering 52:25

One thing I've learned in this whole journey, is the favorite phrase of the coward is old, but it's complicated. Oh, yeah, for sure. That's the perfect way to discount actually having the balls to step up and try and change things.



52:40

100% Yeah. And it's funny, because that's a lot of the answer that I've gotten just in the short journey that I've been on. And it's, it's very interesting and very telling at the same at the same time.



James Geering 52:55

Absolutely. Well, I want to get to COVID. And then we'll kind of move forward from there. But just before we do, I mean, like you said, a hugely high up tempo of that area of that part of the city in the US up to there. What were some of the what you consider career fires or calls

leading into COVID? What did you had prior to them?



53:19

I mean, one of the most notable ones that I can think of offhand is we had a a fire where it was it was actually during our heyday of we had you know, the same guys for seven years. All of us together same crew. It was awesome. I mean, you want to talk about hitting on all cylinders? It was that was it and so yes, we had we had a fire see how in depth you want me to go but basically it was a it was a it was a fire about Levin o'clock at night, we pull up it's a two storey apartment house. Or I'm sorry, two duplex, single storey on fire. Firestone ports people trapped. And so me and another firefighter from the engine or from the truck I was on the engine, we go running up, do forcible entry. And the entire front room of this duplex is is fully involved where you can't make entry and so we go over and Windows kind of high. And so he talks about not not everybody can be on the nozzle same type of approach that I took on this one, so I help help my buddy hop in there. And before he went in the cabinet told them Hey, wait for the hose line. And and it was it was just one of those ones where you're, you're pretty sure there's someone in there, you know, you get the ones where it's like yeah, I haven't seen Johnny in a while I think he's in there, you know, kind of deal, or you're still gonna go in and do a search on stuff. But this one was the mom's out front screaming, my kids are in there, you know, and so you know, they're in there. And, and so, so yeah, so we threw him in the window, pretty smoky in there. And, and so the, you know, getting the bigger picture, I took my my turnout light off and dropped it to the bottom of the inside of the window. So we could see that was the one of those supportive roles, right? I knew that if I jumped in there with him, there would be two of us in there with nobody to carry them out, right, because now we're both in the window. And so I stood at the window, and dropped my flashlight on the inside of the window. So we knew where the window was in in smoky conditions, because there's zero visibility in there. And we ended up pulling four kids out from the ages of two to seven. And we got all of them, and one at a time came out through the window. And so we handed them off, and ended up where we ran out of medics. By the second one. And so the third one came out, passing them off to one of the other firemen. And then I took the fourth one and ran out and basically grabbed my equipment off the engine and threw it in the back of one of the EMT ambulances and said, Take me, I got the seven year old girl, she's burned pretty bad in her face ended up. We don't do child invasions in in LA County. So ended up Vagner. And the all four kids made a full recovery. And so which brings me to the point on that fire was we all just handled it. As far as the incident itself, like we just did, what we were trained to do and what we rehearsed 1000 times. And it is a feat of funny interview of the guy went in and actually got the Medal of Valor for that one. But as a famous interview, because they've interviewed him in the back of 30 threes, and they asked him you know, you know, what, what do you feel? What do you what do you you know, what do you think, you know, how are you feeling now, you know, you're a hero of all blah, and he goes, I'm just doing my job. This is what these guys are trained me to do is my job. And that's my job. And that's what I did. I'm no special, I'm nobody special. And, and so it's it's been a kind of a running joke, because this was about eight years ago. But, but that's the kind of mindset that we had. And at the time, it was yeah, it was it was awesome. You know, it was it was a great save and everything and high fives all around and all that stuff and but then you just kind of put it away. And it goes in the you know, the Rolodex on the good side. Right, you got the good side and you got the bad side. And so you you've checked that one up and it's like okay, yeah, that's awesome. You know, it makes up hopefully for some of the bad on the on the scale. Hands down. The worst call I've ever been on in my mind is and actually had to go to court for it. And that's that it just made it even worse, but basically show up. And it's actually my, my partner on the ambulance at that time. Was my my buddy that

died from COVID that we can get into later but so we were partners at that time and a classmate of mine and we get this call is burn a nine year old girl is all it says right? So and so we're like, okay, you know, no big deal. Probably the old you know, pot on the stove trick or you know, the usual burns that we get in our district which is usually you know, the boiling water on the stove for the hair. Because they do for the weave, they burn the wax in it and they knock it over all the time. And so that's what we're thinking mindset, you know, you immediately go to what you know, but this could be start going kind of through your your Rolodex, right. And this to say we show up and there's a nine year old girl stand in front of the single family. And she's she's smoldering. She's standing there with their arms kind of in a in a T shape, right and and arms are out it out stretched and she's got skin and shirt hanging from both arms. And her her hair's smoldering. And she's standing out in the front yard. No, no real expression on her face. Just I mean, I can still see her face to this day. And this was shoot probably 12 years ago, I would say and so we show up. We're like Holy smokes, we get out. Get out, you know, cokes or over, and alls I can hear his screaming from the from the house and yelling in their customer up and down, you know you, you stupid this and that you could have burned the house down. And we're like what in the world and so anyways, my partner, we get her in the back, didn't back in the ambulance wrapped around the burnt sheets because she's been basically from chest up is all second and third. And so we're just you know, trying to wrap her so she doesn't stick to anything and you know trying to talk to her and she's super calm. And then they come out, sir keep yelling at her and we've tried to get information from them and everything. And so I go in the house, look around and kind of get the story and basically what the story was at the time was that she was trying to warm up over the stove. So she had the burners on in the stoves on with all the all the burners trying to heat the heat the house. And so she was on a chair over the top of the burners with their with their pajamas, kind of waving it over the flames of the of the stove, just trying to get warm. The silly things you do when you're a kid, you know, you feel the hot air go up your shirt because it kind of waving it over the top of the stove. And



1:01:18

her pajamas caught fire. And then she went her pajamas caught fire, they caught the the drapes on fire. And then they were more concerned about the house burning down and the little girl burning in the middle of the house. And so they've just told her to get outside. And then she proceeded to burn on the front porch with nobody giving her water or trying to put her out or telling her to stop drop and roll or nothing like that. She just stood there and burned herself out in the front yard. And so unfortunately, you know, the situation fortunately enough, she was she had been through that for nine years of her life, and she was pretty numb to it. And so we were trying to talk to her on the way to the article explain to her what was going to happen. And so anyways, and we did you know, the most, you know, thought thoughtful and compassionate transport we could do with with a nine year old girl. And that was one of the times that I you know, I usually try to pride myself on, you know, calming one of the parents down Sandra, you know, they can't really do anything to her until you're there. And, and so and trying to get the conscious parent to go with us. So they can help calm the child because I was hurt when I was a young child. I was in a bicycle accident when I was nine years old and 70 stitches in my face. And I'll never forget, the nurse told me if you don't stop crying, I'm gonna send your mom away. And, and luckily, my mom basically almost decked the nurse in the face. But But Nina said, that's always stuck with me, right? And so I've always been the guy, you know, calm with the parents, hey, I want you to be in there. I want you to be with them. But I need you to be strong for your kid. Right? Because that always plays in my head. Well, in this scenario, we didn't take the parents not it wasn't even a question like me and my partner just looked at he's like, nope, and we just left because it was nothing good was coming out of them.

So anyways, so we thought we did a good job. You know, the, we asked the doctors, we did the follow up, like you talked about doing, you know, we did the follow up, hey, how they doing? And? And they're like, Oh, yes, she's gonna make it and we're like, Wow, that's awesome. You know, and sure enough, you know, I get the subpoena, you know, six months later, and the family is suing because she said, you know, they're suing for millions and millions of dollars because they, you know, the stove blew up, the pressure to gas pressure was too high. The the jammies weren't the pajamas weren't flame retardant. Like they were supposed to be all this hoopla. Right? So and that that's neither here nor there. But the big thing was, is when we walked into the, the, the courtroom I asked the mom because I saw her and been about a year and a half and I said hey, you know, how's how's she doing? And she wouldn't, she wouldn't even tell me. She was just like, she's going through a lot of pain and suffering. And I was like, all right. And it was just like one of those things where it's just like that little knife edge where you you know, you're trying to do the right thing. And you're you're looking for I don't want to say kudos or, you know, because I don't do the job, you know, to impress anybody else or, you know, for for the hero badge or the fireman sticker on the back of the truck. It's, you know, it was just like you're looking for some sort of, you know, purpose right Right. And that's and I get into that with my mental health stuff, but it's like, you're looking for purpose. So it's like, hey, you know, yeah, she's, she's doing great, like, okay, I can mentally check that off of like, that was a, you know, a good call, it had a good outcome. But it was just something that that she took from me, you know, in that in that sense. And so not to end on a bad one. Me and that same partner had a full arrest, a cardiac arrest, where it happened right in front of us. And, and so and I was I was young, I'd probably been a paramedic, like maybe three months, at this time. And so we get there, we do a full evaluation on this lady, she's 67 years old. And do the full evaluation is our protocol state, you know, we have to do a full eval before we can kick the engine loose, because we usually get the engine company with four guys on it with us to on the paramedic ambulance. And so once we do a full assessment deem that it's, you know, not a high level call, we can kick the engine loose, no big deal. And so on this specific call we did, we did a full evaluation, you know, the grandma didn't want to go there. Grandchildren wanted her to go because she wasn't, you know, she was a little weaker than normal and wasn't acting herself. And she said, No, I'm fine. I'm fine. I'm fine. And so we did the whole evaluation, everything was fine. And so you know, she was more concerned with going to the bathroom, right and and so we kicked the engine loose, we take her go to the bathroom. Get her you know, finally convinced her to go, we'll take you to your favorite hospital like the whole bit, right and, and so good. Like probably 555 to seven minutes go by we get her all loaded up the back of the ambulance, everybody's happy. And all of a sudden, I'm standing on my back to the back doors of the ambulance, and all sudden, I see the face on the sudden change. And I, as I'm talking to him, explain them how to get to the hospital. And I turned around and I see my partner drop the back of the head of the gurney and start fumbling in the BVM compartment. I'm like, okay, sir, hold on one second. And so I jumped in the back. And, and we do our thing. And so we ended up you know, we ended up shocking her 12 times. And, and she, we ended up charging her 12 times through the course of it. After the first shock, she wakes up, sits back up what the hell happened and started explaining it to her, she goes back out. And then we ended up shocking her 12 times in the course of the way to the hospital had to reattach the energy company to drive us the whole bit, right? Well, the good news of that whole story is she came and made us lunch about six months later. And so you've talked about the the true saves, because I've had a lot of sales, we bring them back. But, you know, they, you know, they're going to be an invalid because of the lack of oxygen for the rest of their lives. But true sales are where they actually walk out of the hospital after you after you they've had a full arrest. And so that was one of one of my full assays which actually came in made major launch. And so through the course of all of that and not to sound too paramedic II because my to my stories were medics and only one was a fire but at the same time, it's because the fires all kind of

blend together and simply for the fact is, and you kind of talked about in your book is you know, the fires are a job well done. And a fire is a quick, you know, after action report, clean up the gear and on to the next thing you know. And so it's the people that really affect you more in their faces, and the situation's and stuff like that. And so I think those are the ones that are more memorable or the ones more memorable to me that that really stick out through the course of that long career and many sleepless nights.

 James Geering 1:08:49

Well, you mentioned your partner, Jose Perez. I know that that was a pivotal thing losing him during COVID. But when I looked into who he was, seemed like he was an incredible man did so many altruistic things prior to the COVID in a pandemic, and we'll get to that, talk to me about who he was and what he did for other people even outside of the uniform.

 1:09:14

Oh man, I'm glad you kicked off the video. I can hide my tears here. But no, yeah. Hoser so he was a classmate of mine. So we came on together. He was actually in the same rotation as me so we went to the same fire stations during our probation. He was just on the other shift. But early on, even in the in the jewel tower. You could tell that that guy had just wore his heart on his sleeve was was the guy always looking around to help somebody out? And, and always, you know, would literally give his shirt off of his back to anybody who needed it. And so, going through probation with him, he started to struggle, he didn't come from much at all, I mean, he used to collect cans for his mom growing up in in East LA, or east of LA, you know, I didn't come from anything. And, you know, the fire service was his dream job. And so he didn't really know a lot. He didn't know about roof construction or building construction, he had no background in any, you know, really mechanical skills. And so I would stay over, I would stay over, I'm on my off shift to help him out. And, and it was we just kind of formed a bond, we're always, you know, kind of laughing and scratching and, and he's just, you know, the guy everyone loved. And so, having always been assigned to the same fire station is him. He, he was a paramedic coming on. And so when we got to 30, threes, after probation was over, he went to the ambulance on my shift. And so we got to keep working together. And, and he was always the guy who was a step ahead on every medical call. And so it was always he was always the gold standard, we would go on a call, and he would say, Hey, you want to know how good a, a, an EMS call goes? He goes, When you get to the hospital, he goes, walk down the row of ambulances and look inside the back. Because you can tell by how clean the back is when they unload the patient, and how well that incident what and so he was the one that taught me that just because it's a full arrest or just because it's a shooting doesn't mean that you have to you know, tear the package of the of the abdominal pad open and throw it on the ground or touch everything with your bloody hands. Because you've been there 1000 times and you should act like it. And so his rigs were always pristine. Like we would have the craziest call. I mean, I'm multiple times that we had ones where they were loading goes where it was just me and him on an incident where we had, you know, it was gang territory, we picked up multiple gunshot wound victim, we just threw him in the back and he's like, just go, I got it. And we'd show up to the hospital. And he'd wiped down the shears, the guys that you've got bilateral IVs hang in, you know, all the meds given the whole bit. And it's like we just showed up to work that there's not a drop of blood on the ground. And that was his thing that he taught me. And I mean, he taught me 1000 things. But that was the way he was was he was that, that much of a perfectionist in the fact that and

how calm he was all the time. And so fast forward a little bit of kind of seeing him as an EMT, just be that way. And then when I became a paramedic, I got the opportunity to be his partner, he was my first partner. And I'll tell you what, it was probably one of the most. I want to say the steepest learning curves I've had my entire life. And the reason why was because being the perfectionist that I am with, with all that stuff and thinking that I know sometimes more than I do, or at least acting like it with him, there was no, there was no hiding it. And so he would and the way that he would present it wasn't that in a demeaning way, it was always in a loving way. And what I mean by that is as the district changed, and it became more Hispanic, he spoke fluent Spanish. And and so one day, he said, goes, Hey, he goes, You know, I do most of the talking on the runs. And you don't know what I'm saying or anything you just kind of do the you know, you do all the the assessment, machine wise, but you don't really know what's going on he goes, how much better could you serve the people if you could talk to them? Oh, my God, you know, I took a couple years of Spanish in high school. You know, I don't really know. And he goes, how about this? How about we do one phrase every week, just going down our patient care report. Just one phrase a week. And, and we'll get you there? Well, needless to say, over the course of about a year, I became fluent in Spanish because of him. And the way that he had presented it to me of not just like oh man, you know, you should learn Spanish hahaha, you know, in passing was the fact that he put it on you that you could be better if you did this. And so and that was kind of how he approached a lot of the things that he did and it was always about doing the best for people that have less than you. You know, one of the famous stories is a guy's trip down to Mexico. Were you'd always, I mean, he was, we always call him the mayor. Because no matter where he went, he knew everyone, or at least everyone wanted to know Him. And so we would go down to these small towns in Mexico. These are back, you know, the days of doing, you know, Baja runs with motorcycles and stuff like that. And so we'd be in the small towns in Mexico, in Baja. And we'd show up and, and, you know, be the kids selling Chiclets and he noticed that they didn't have shoes. But he wouldn't say anything. Like we would just in passing, you know, hey, let's go the next tacos down or whatever. And all of a sudden, he's like, hey, I'll be right back. Like, okay, man. Yeah, whatever. And so, all of a sudden, he shows back up about 30 minutes later, and he's got a bunch of bags with him. We're like, oh, man, would you you know, pick up some swag while you're down here. You know, don't you, you know, standard fireman talk. Like, don't you have all the ponchos already? Like all these like, and then he's like, you know, totally make you feel like a dick. And he's like, No, these are shoes. Like shoes for what? He's like, Oh, for those kids that were selling Chiclets, run it back over to him. And you're like, what? Right is you're having your fourth beer and your fifth round of tacos? And you're like, okay, yeah, I think we're done here. You know, and so then you go over there, and he starts handing out these shoes. And he goes in, and he talks to the families and, and, and you the way that he approached things, was always like that. It was always he didn't ask you to help. But he did it in a way that you realized how insignificant whatever you were doing is, and so whether it was and he did this with all you know, and guys, you know, laughingly joked, like, dude, at this rate, we're never going to make it back to us. And because we were we were buying everybody everything, we were buying shoes and blankets, and you name it. And we're just on this, this missionary trip that was not that at all 15 minutes prior. And and so and that was the way he was on incidents to you know, you see the old lady and her husband sick, and then you would come back later on. And you're like, we're going Hoser he's like, Ah, we're going to go on a little field trip. We'll be back. All right. And so sure enough, we pull back up the house and we mow her yard. And we, you know, we take out her trash, or we cook her dinner, or, you know, give the old man a shower. We mean, so many times, you know, there's so many different nicknames he had from so many different people, because that's what he would do. And he would always, whatever call he was on, it was the most important thing in the world to him. And that was just, we're closer. Now home Hoser he had a family of his own. And he had a sister's family. And then he had his parents bought them

all houses. And he supported all of them. And nobody knew. Nobody knew. And he just went about smartly. And you're like, Oh, what are you doing? I gotta pick up a TV. I got I thought you got a TV last month, like, oh, no, this isn't for me. It's for my mom. Okay, no big deal. And then when overtime would dry up, he would get a job as a truck driver, dump truck driver to help support his mom or his sister's kids. And then he ended up adopting both of his sister's kids. And, and it was just like that, that's how he lived every day. You know, and it was always for other people. Never for himself. But you try to Oh, man, he tried to get something for him. Nope. And then the way he did it, oh, this is another good one, get Hoser story, but he is the way he went about his daily life. Like if you really wanted to do something, and other people didn't want to do it. And so he would, he would go back to a conversation you may have had with him two, three months earlier, where you're like, oh, man, I'm looking at these, these fishing poles, you know, or just in passing a normal fireman, you know, flipping through the internet on whatever today's you know, distraction is right. Well, he'd remember back to the three months earlier. And all of a sudden, you'd show up and be like, Oh, I



1:19:12

do this for you. I bought it for you. You're like, what is this dude saying? Oh, I see a fishing pole you talked about like, do what? Why did you why did you give me this? This is on my birthday or anything's? I don't know, Buddy, don't worry about it. I got you. Cuz I was just saying like, they would say that all the time, buddy. I got you. And then pretty soon, 30 minutes later to be like, hey, so about that thing I was talking about that I wanted to do to the rig or to the station. Yeah, man, whatever. And that's how we would do it. It was the he was the mayor. And and so that was just who he was and how he impacted my life in so many different ways and taught me so many lessons over the years. But the biggest ones were you know, humility, compassion. Understanding and just really, you know, taking the job and what we do to a whole different level, as far as, you know, not just serving the people, but actually having compassion, and really making their lives better. Rather than just, you know, checking the box of the run and moving on to the next one.



James Geering 1:20:24

Well, firstly, thank you for sharing his story. And I have to put my hand on my heart and say, I wasn't at that level, as a medic, I remember many times when we came out the ER after dropping someone off, and like a yard sale on the backs, I think I would have had a lot to learn from it myself.



1:20:40

Oh, yeah. No, and it did man, it really tells you to a higher standard of of understanding, because then you, you get to that, are you, you know, you, he sets that benchmark? And then you're like, okay, there is there is a higher level, you know, and, yeah, it was, it was, it was, it was insane. And really, this whole, this whole mental health thing. And doing what I do now, you know, in my beliefs, I truly believe it's, you know, with his help along the whole kind of journey now, especially the outreach stuff that I've been doing, with people and really diving into just helping each other out. It really comes from from him and his, I got you buddy mentality?

J James Geering 1:21:35

Well, let's kind of walk through COVID, then. So obviously, you're in LA, a very, very densely populated city, I would I would assume, just like the urban areas, I worked out the the hospitals are probably already struggling at that point. And then we have this virus starts to sweep over the world, and obviously our country, so walk me through kind of early 2020 through your eyes, and then obviously, we can we can get into losing Jose as well.

i 1:22:03

Ya know? So yeah, so early, you know, early 2020, nobody knows nothing. And, and the kind of one more, you know, Lego on the castle was the fact that I, you know, I, I fly to and from, because living in North Idaho, you know, I rely heavily on air travel. And, and I also do blocks of work, I go to work for eight days, and I come home for 10 days. And so with COVID, right off the bat, because nobody knew anything. It was, at first it was like, Well, I'm just going to be here indefinitely, like, I'm just going to stay here. Because, you know, I don't know, when I can come home. I don't know about quarantining, I don't know. If they're gonna allow me to fly or the, you know, I have no idea, you know, it's just kind of those things. And it reminded, you know, my wife and I both, like have the early, or the brush seasons every year that that we get where it's like, you know, they the cities burning down again, like, I'll see you when I see a kind of deal. And so that's kind of where we were on early on, in, in the whole pandemic, when it was just started out. And then as, and then just from a first responder point, I mean, you have all this craziness going on in the news. And then, you know, our department comes out with, you know, the best of the day, which is, you know, some masks they found in the back room, and some trash bags that we should put on before we go into the most deadly virus ever, you know what I mean? And it was like, I guess, you know, this is what we should do. And so and we did it anyways. And that was the thing was, like, I had worked through Ebola, when Ebola was was prevalent, and there was people that refuse to go on those calls. Right there. There was some documented things where people and who never actually was, obviously, but there was documented cases where people were like, you know, a homeless person has Ebola, puking vomit every or blood everywhere. Yeah, I'm not going you can show us any V I'm going on. But COVID wasn't like that. Everybody just kept going, you know, and we kept putting on the trash bags and kept going out and, and deal with all that. And it was it was just like, that part was strange, in a sense, but also the way that it impacted LA was too because the first people that we saw, having it was the rich people, believe it or not, I was working a day in Brentwood as an overtime day and that was the first time I'd even heard of it. In Los Angeles was one The business members, rich businessman in Brentwood area was like, Hey, man, you know, I just got off the phone with my private doctor. He says, I got this thing, like, I don't know what to do. And I'm like, Well, I don't know what to tell you to do. I go, just go with whatever he says, I go, we have no idea. And then also backing up just a bit. And one thing that the Department changed pretty quickly was our, our transportation policy, because we have a transportation policy, that we take everyone who wants to go, regardless of complaint. Right? And so pretty quickly, like you're talking about what the hospitals, the hospitals were overwhelmed. I mean, it looked like, you know, Puerto Prince, Haiti, post earthquake, at the hospitals, they had the military tents, they were running out oxygen. I mean, it was absolute chaos pretty quickly. And so they changed our dispatch policy, or I'm in our transportation policy, to where we didn't have to take anybody, unless they met a smaller criteria. That was very small. And it was like, crazy to us. But it was like, alright, yeah, we can just tell people, you know, we don't have to

have them sign anything. It was nothing. It was like, Hey, man, your vitals are good. See you later. Good luck. And that's what we were doing early on. And it and it was just weird. And so as it started to spread, and become more prevalent of what we were going on pretty much all calls, we started seeing that kind of, I think I have COVID to the real COVID patients, what we call it like real COVID. And those are the ones when the medic side of my mind started to go a little haywire because we were going on these calls, and none of it made any sense. No Western medicine sense. You would go on a call of a person who normally anything less than I would say 90% to 88%, oxygen saturation, they're breathing pretty hard. You know, one to one to two word sentences. You know, they got, you know, either some cardiac stuff going on with CHF with fluid buildup, or they got asthma or COPD, some sort of combination of those things, but they're working. But all of a sudden, we started going on these people with 60%, less than 50%. And they're sitting in their favorite sofa chair having a conversation with you. And it was like, wait a minute, this thing must be jacked up because the oxygen pulse ox machine is gotta be broken. You know, and you're listening to their lungs, and they're clear, and you're like, Okay, well, here, let me put you on some oxygen. It's like, Nope, that doesn't work. Alright, well, let me put me on more oxygen. No, that doesn't work. But let me put you on CPAP. Because that'll cure anything. I mean, shoving it down there. No, doesn't change anything. You're like, huh, all right, well, let's go to the hospital. I don't know what's going on. And then they get to the hospital and they give him an O to tank. They send them back home, tell him to come back when it runs out. You're like, what is happening here? You know, and it's like, and they're giving you a Oh, and then that was another thing that wasn't making sense. You know, because naturally as firemen and then more as paramedics too is we're problem solvers. Right? We, we take our natural flow charts that we've been trained on in our brain, and we start to put it in boxes, right? Like, just pain, boom, go to chest pain protocol, yada, yada, yada, yada, yada. Oh, it Nope, you got chest pain and difficulty breathing. Okay, which one is it? What flowchart? Do I go down all that stuff, right. And just by deduction, we get to a certain protocol well on this. None of that made any sense. And so as a person who cares generally cares about the job that they do? And the problem solving aspect you're like, so let me get this straight is supposed to be a virus, they go to the hospital, and they give them antibiotics. That's for bacterial infections, not for viruses. Okay, that doesn't make any sense. Okay, but then we see these people have z packs, and they're not getting any better. They just get worse. And then it's like, well, that doesn't make any sense either. And so there was this whole time period, basically, from really like, the end of February, like being of June, where it was just like, What is going on? Like, none of this makes any sense. Not to mention the sudden the sudden heart attack that we were seeing where, you know, one of the first ones I went on, of the 1000s that had turned out to be was a 19 year old 19 year old kid, security guard, probably 653 150 pounds. And he was like, he's like, yeah, man, I got off work. And my chest is just feeling like tight. And he's like, you know, it feels like I got hit he's I played football in high school. It feels like I got hit in the chest, you know, spirit or something. Alright, cool. Man would check them out. Everything's looking good. His oxygen saturation is a little low. It's like in the 70s, where we're like, hey, everybody's got COVID right now, no big deal. You know, what do you want to do. And while we're talking to him, he sits there. And literally, right in front of us goes from talking was just like that lays back on the couch. I look over. And he's in asystole, which is flatline for the people not, you know, cardiac, cardiac educated. But yeah, so it's all said, and I'm like, What in the world? And I look at the patches and like, sir, sir. And so your IV given epi. And normally, like, pretty much even a 98 year old heart, you're gonna get some type of reaction when you give them the epinephrine and B IV, right? Whether whether you get back any type of muscle contraction, you're gonna get something, right, some type of electrical activity, and it's nothing, and it just stays that way. And all of us on seeing there's four medics on scene. And we're working this guy up. And the way that the COVID policies were written was we worked them up, we gave them I don't think where we at the epi shortage yet? Not not at

that point. So yeah, so we gave them our three MPs. And we worked in 20 minutes. And then we're like, no change at all. And we're like, how do I call this 19 year old kid, like, there's, there's nothing here. And so that went on of just not making any sense, all of the Western medicine, we've been taught all the things that I've been at that time training for, you know, 10 to 15 years as a paramedic, none of it worked, didn't like just cold turkey, like not that it trailed off or became less effective. It just didn't work. And so so that was just kind of a strange thing. And then granted,



1:31:45

with that, June, was when it hit downtown, the hardest, it started hitting all of the convalescent hospitals downtown. And so at this point, I had, you know, we're policies were all over the place with the department on where you can work when you can work. You know, what you could do how you were supposed to check in, or quarantine or whatever. And so I just told, told my wife, I said, I'm just gonna work until this is over. Because it doesn't make any sense for me to come home and expose you guys, you know, they were living their best life appeared no mas, no, nothing, you know, and I was like, I'm not gonna bring this home or potential or whatever. And so I just kept working, I worked, I end up working for 3030 days straight. And during those 30 days, I, you know, I can't even tell you how many it was on average of six to eight. Eight fourteens is the reference for determination of death. There's probably eight, I'd say six to eight a day of these that we would do and it was. And a lot of them, they would just die right in front of you. And that would be it. And you were just like, Okay, well, we don't we don't work on these people anymore. And so they're dead, I guess. And so just medically, it didn't really make a lot of sense. And so that was kind of frustrating. But we were just kind of going through the motions at that point. And it was very frustrating. Because we were short on oxygen, we were short on epinephrine, we were shorter. And it was like, Oh, well, we don't do adult VMs because we're short run on. So use the use the kid ones. Yeah, they're fine, they're dead. It's normal, you know, or don't do compressions anymore. If they're asystole just don't touch them, you know, and it was just a lot of it didn't make any sense. And so that really started to break down that purpose of life, really, and I see it as a foundation, or a pillar, that that really makes you who you are, as there's a pillar of home and a pillar at work. And that and that really started to start to crumble that pillar of purpose at work, when all of the things that you were supposed to be doing to help people aren't working anymore. And so then that leads to July. So July, I fly in from I had gone home for two weeks. And then I came back in and I get a phone call from one of my other buddies. And they go hey, do you hear you know, hoses in the hospital? I was like, what was in the hospital for what? And they're like, Oh, I you know, I guess he's got I guess he's got COVID And I'm like, what were we talking about? And so I started gathering some information and basically poser being Hoser I guess he'd gotten gotten sick or whatever. And so he knew he was feeling kind of under the weather because he was doing kind of the same thing is that you know, everybody else just kind of working days on end. And and so he had sent his family away to Palm Springs and he was sitting in a house by himself. And it just trying to get through it. And so we, you know, basically said like, hey, you know what I'm wheezing a little bit, I'm gonna go to this little dinky community hospital and get a breathing treatment real quick and it'll make me feel better. And then I can sleep a little bit. And, and so he walked into this community hospital and said, Hey, look, I'm a paramedic, I just need a breathing treatment. And, you know, maybe a shot of steroids, and I'll be on my way, I'm just wheezing a little bit. And so he came back tested positive for COVID. You know, they ended up putting them behind a couple of plastic sheets, and forgetting about them. And so we're trying to get more information. And you know, we're trying to text them and guys are going over there trying to get into the thing, you can't go in there. It's COVID. You know, because, as you will

know, we're going to COVID the patient advocacy during COVID was a joke, because Absolutely, it was a sham, you know, because your family can't be there. There's nobody, it's like, Oh, I'm sorry, you know, you can't go back there, or they're dead. Sorry. And you're like, What just happened right now. And so we were trying to get more information. And so finally, we got a phone into him. We got a phone into him, and then we were able to talk to them. And as the course of it went on, it was like, hey, you know, there's, they're telling me, I should get this shot? What do you think I should get this medicine or they're talking about? And it's a he goes, I don't really know, it's kind of they say it's, you know, it's it's not really tested, but it could help me. And we're like, why, what, what is going on, you know, and we're just getting kind of mixed signals. And nobody really knew the names of anything, because it was remdesivir. And it was like, you know, trying to google it yourself. And nobody had any info. And so it was just kind of all over the place. And then all of a sudden, he goes, Hey, I think because the whole week, they wanted to innovate him the whole week. They're like, Hey, we got to innovate you, we're gonna put you up, innovate you and he's like, I'm sitting here talking to you, you're not putting you're not innovating. And and so, finally, day four, he goes, Hey, I've been on the CPAP for 24 hours. I think I'm gonna let them innovate me. They say it could be beneficial. And we're like, don't do it, man. And, and, and so glassed, the last conversation he had with one of my other buddies, is he called him and he said, I don't think I'm going to make it. And he's, I just take care of my family. And so and, and that was it. The last we knew is that they they went to intubate them, and any, any coded is what they said. But being in the hospitals during that time, I knew exactly what had happened. Because I'd seen it firsthand, where we would bring out bring in a patient that we had saved, or that we had intubated. And what happens is, is they, they go in, and they'd go, okay, yeah, let's get ready for intubation. And then they go out, they put their scuba suits on, they had all their fancy equipment for COVID. And the patient sits there for 10 minutes with no oxygen, and then they come in, and they pronounce them. And we saw it time and time again. And I know that's what happened to him. And so that moment in time, what really kicked in, was obviously not emotion, whose frustration and anger and the problem solving aspect, right? Because obviously, at the time, it was, you know, I was I was in the mental mode of just, you know, problem solve, bury it, move on. And so that's what I did, I, you know, immediately went to his family, and started, you know, trying to organize everything we could for him and his family. You know, he had three young kids and a wife and, and so it was just an absolute shitshow the entire thing was a shit show, from trying to get his funeral trying to get down there, where we basically had administration telling us like, No, we can't, we can't let you go. And we end up just saying, forget it. We're all begging and sick right now. Because the wife had called me back and they said that they'd rent out a room and they're COVID in their COVID department, and so we needed to come get his body. And, and so and this is about three hours after we had heard that he had died. And I was working at the time, as well as a couple other guys were on shift. And so we basically were like, We're done with all this. And so, luckily, we had some higher ups that that knew of us and we said, hey, we're we're going to take the fire engine and we're going to go And they're like, well, so nobody calls the cops on you, like, let me at least put you down. And so they did. And so we went there. And the problem was, is the family had just been diagnosed with COVID as well. And so nobody wanted to, to be around them. And, and all of us that were close to him said, We don't care, we don't care. And so we were able to be with them there and get him to a mortuary. And that was another thing was none of the mortuaries were taking anybody because we were full. And so just trying to find a place to take him. And so just everything just kind of was just one more problem to hide the emotion is what I'm getting at. Right, it was the went right into the problem solving mode, and was like, Okay, let's split all this stuff up, we got a ton of stuff to handle, each of us take apart, and we just did it that way. And did it the best we could. And and so you know, moving forward after that. There was a ton of guilt, and not, you know, and obviously, at the time, I



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wasn't dealing with it, I just buried it. But it was guilt of you know, was there something more I could have done? Was there something, you know, something that we could have, you know, told them to do, or, or take or drive them to Arizona to get treatment, or one of the five hospitals in California that were actually doing experimental care, or wasn't just shove oxygen in the face until they stopped breathing. You know, all this guilt of just, you know, knowing the emergency medicine side of it, and being unable to help your friend, and none of it making any sense. And then as the time went on, and more and more things came out. It was just more and more just pain, frustration. And just piled on top of not understanding more calls, more dead bodies. And which really led me to kind of my breaking point that I talked about a little bit in the grab lies podcast was the night that we walked in on a patient. And this was kind of I don't want to say my breaking it was when it finally affected me, I should say where I finally let it show, I guess. But yeah, we walked in on a patient. And she was mid mid 30s. And we walked in and the first thing she says is, I know you. And so that obviously caught me off guard because I don't don't live where I work. And so I go Excuse me. And she goes, Yeah, I'm the one of the the registration and one of the hospitals. And I'm like, Oh, yeah. And so I look at the monitor, as I'm kind of chit chatting with her. And I see that she's, you know, down in the 60s, and her pulse ox and she's on a little nasal cannula. And I see all the classic signs, she's got the fever, she's got everything. And and so, you know, the routine that we've been doing, you know, 100 times before that day was okay, you know, that's low job. And then we go to we transfer to the gurney, they die and we lay him on the ground, and we pronounced them in the in the house. That was what we were doing over and over and over again. And so finally on this call, I said no, no more. And I go, you know, good guys, kind of we're getting ready to do that the captain was in there from the engine company. And I said, No, I go Hold on a second. And it wasn't because I knew her. It wasn't the fact it was just, it was I'd had enough. I'd had enough. And and so I go I go, No, I go, we're gonna do this one a little different. And so I basically walked out and I told her family because they were all there. Because he'd already been to the hospital twice. And like I mentioned before, what they were doing at that point was they were literally people would go to the hospital. And if you weren't in the protocol box of innovation, or ventilators, then you would be given a small oxygen tank and told to go home until the oxygen tank ran out, and then come back. Right. And so that's she'd already done that twice. Right. And so the optimism this call was was not good. And so I went out there and I told their family I said listen, I go I don't want to give you false hope. I go because you guys have been going through this I go so what I would like to do is I would like you to guys to go in there and say your goodbyes to her. While she's talking she's able to talk and give you the opportunity that I didn't have and and then we're going to take her to the hospital and so we and and I'll never forget the look on the cabinets face. He was like you're gonna do what And I go on camp, I got this, I got this. And and so is the family family rotated through and said their goodbyes, you know, and as, as I, you know, we took her off the day and got her in the back of the ambulance and, and she maintained to the hospital. And I don't know if she made it or not. But that was kind of my defining moment of COVID where I was done with it. And from then on, there was that compassion, where I just stopped treating people like numbers and started treating them like human beings and how I would, you know, how I would want it to have gone with Hoser. And that's what I started doing. And, and so then that really started wearing on me, because at that point, I was really going against the grain just with everyone else. And then obviously the venting and stuff at the fire stations were through the roof. And so I just kind of became isolated and I would I would hold it in and and not say much at work. No, we weren't training back then there was no, you know, there was no training, you know, that all got canceled. We weren't, you know, working on fire stuff anymore. We weren't drilling with guys guys weren't

getting certified in position, it was just kind of like everybody just stared at the wall. Because it was so busy. I mean, we were doing 30 to 35 calls in a 24 hour shift on every apparatus, and it was just absolute chaos. And, and so like one Captain famously told the chief, you know, Chief stopped by, you know, because they were all, you know, the chiefs that work eight hour days. And, you know, they stopped by like, Oh, how's everybody doing? You know, we got we brought you lunch and, and a famous TFC, you know, told one of these chiefs, he said looks and he goes look at my guys, because look at their faces is all they're not at a day at the station, they're at war right now. They're in the trenches, I go there and complete shell shock. They don't know what way is up. And because during COVID, that's when they started to initiate these things called recalls, where they were basically forcing guys to continue to work until the spot could be filled by somebody. And so because we have what we have constant staffing, is what our department does. And so basically, you can't go home until the person who leaves you another person. Well, the problem during COVID was so many guys were off with COVID. And we're so short staffed normally, that there was nobody coming. So you just keep working. And so there were guys that had been there, you know, five, six days and five, five days was the max 120 hours, where they had never worked more than a 24 hour shift, or 48 hour shift in their career. And now they're working five days straight with no sleep. And, and it was like, and that went on and continues to go on to this day. Because they never, you know, once they take something they never give it back. Right? They never go i Thanks for the great work, we're gonna go back to the old way. It was like, Well, no, this is working. And so it just continues to go on it, it happens a little less, because we've hired about 400 500 people since then. But with attrition, that it's going to be right back to the same thing. So that's obviously you know, the sleep thing is huge. And we'll get into that, but it's like, that's what happened, right, and you just had that thing. So that's where I was stuck. And I was doing these long stints because of the COVID aspect and take it bringing it home and I was just like, just gonna keep plowing forward. And so it's it's slowly just began to eat me away to where when I would come home, I would, I would just stare at the wall. And I would use you know, alcohol. And, and, you know, I talked to guys about about alcohol and how it it's not a you know, we always see the extremes of alcohol, you know, you know, we go on the drunks on the sidewalk, have been doing it for years, and they got societies and liver problems and all that stuff. And you never think that's going to be you. You know, and then all of a sudden, you know, you start with the you know, where your usual routine. And this is where the coping mechanisms aspect really comes into play because up until COVID There was a mental health crisis 100 bit percent right and, and the whole stigma that you know, this is a new age problem and these, these new generations are weak, and that's what's causing all these mental health problems is 100% of false and because I can I can vouch and I mentioned this a little bit on the on the grab lives podcast, but I can vouch for a lot of heroes of mine and absolute fire Gods when I was coming up that are now retired, divorced, broken. Kids have kids have disowned them and they live in one room Some apartments by themselves, all because they didn't address their mental health. And they didn't address their families. And it's like, and that's my thing



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is, is it's not that it's a new problem, it's that we're actually fine. Finally, realizing, well, what's going on here? And I think what really tapped into that was COVID. Because nothing made any sense. And so as this went on, you know, you, sorry, I digress back to alcohol, but yeah, so normally, you have your normal coping mechanism that gets you through every day, right? You go work, you know, okay, you know, come back, have some beers, you know, have fun, whatever at home, and then you go back into work and do the daily grind. And that's how you go and deal with all your stress as you go through life. With COVID it was, it was an overload

with stress at work. And then also at home, because you had, you know, your, your, your loved one might have been laid off or started working from home, the kids were stuck at home, trying to figure out computer and all this stuff, and then and just totally throwing home life into a total you know, hurricane. And so then you know, that whole two pillar system where you know it before where if home sucked and go to work and hang out with the boys and then that would make home better, or vice versa for work sucked, you go home, hang out with the fam, then you forget about work, all that started to crumble simultaneously, because work sucked and home sucked. And it was like the all the regular coping mechanisms that you had in place of going to the gym, or you know, riding you know, riding your bike, or, you know, doing your peloton or whatever, just lost its luster or you didn't have time to do it anymore, or didn't want to do it because you're too tired to go to the gym. Yeah, and gyms were closed, and you couldn't exactly and so it started. You know, the one thing going through this process that there really was my aha moment was the fact of the fact that, you know, when I will let me continue to store and I'll get to that point of my aha moment, but so I just started to spiral. I started to spiral. And obviously, I kept up the work. Costume pretty well, I mean, to the fact that not even when I do this now and tell my story, you know, really close friends of mine at the firehouse would, you know, go, you know, try to apologize to me and say, Man, I'm sorry, I didn't, I didn't know. And I go, that's, that's not on you, man. I go, I'm a good faker. I can act with the best of them. And that was the thing is I, I could always fall back into that role of, of, of playing firemen. You know, and it was, it wasn't anybody's fault, but my own. And so it really started to weigh on my home life. And, and this, finally, the straw that broke the camel's back was when my wife told me that she didn't want me around my daughter anymore. And I had at the time, I had an eight year old daughter, that was my world. And she didn't want me to run my daughter anymore, because I was scaring her. And, and that was it for me. That was that was the straw that broke the camel's back. And because up until that point, I was, you know, constantly angry, constantly, you know, tired, didn't want to do anything, but couldn't sleep constantly had this white noise in the back of my head, that wouldn't go away. Just, it was like the old televisions just being stuck on channel three, and just that white noise just all the time, just never shut off. I didn't sleep, the little sleep that I did get was, you know, post 12 pack of beer for about 45 minutes. And so it was, it was just this day where I was absolutely miserable, and didn't know what was wrong with me. And the only coping mechanisms that ever been taught by the fire service was to drink and to work out. And that's it. That's, that's that's where it ends. If you can't solve it with those two things, then something must be seriously wrong with you. And so that's where I was stuck and the the lack of purpose where it was, you know, work doesn't matter. You know, my family doesn't want me around. And this gets into my, my suicide bit a little bit as far as what I believe. Now looking back, the difference with us is and I talk about this in my my PowerPoint that I give now. But it's and I'll talk about that in a second. But just in that moment, it was it was the fact that there was nothing I could do to stop it. And finally at that moment I was when I finally told, finally told my wife like, this is, this is it, I need, I need help. And luckily, we had, we had been going to a marriage counselor through our marriage just not just as a kind of checkup kind of thing. And so we were able to reach out to her as an MFT. And start down the long arduous process of pulling all those skeletons out of the closet. Which leads me to how I got here today, talking to you is the fact that after going through that process, and and I really credit my family for sticking, sticking it out with me, because it was not pretty, it wasn't like a magical fix where I went in took two pills and was great in the morning. It was a long, year and a half of not good times, of really struggling through it and and just trying trying these new things of understanding what was going on with me. And once I came out the other side, the aha moment was that I can't believe nobody else is talking about this, like how have I never heard any of these things? And they're so simple. How have I never heard in 20 years on the fire service. I've never heard any of this. And I'm pretty, you know, apt to talk about things at the kitchen table. And you know, I know a bunch of

different people at different ranks and everything like that. And then I hadn't heard any of it. And it was like hat, how have we been going through all this and never heard any of this stuff. And so I did, I did what I knew how to do and it was to do a drill. And so I started writing this PowerPoint, and just explaining the basics of what, you know what the difference between behavioral health and mental health is, what are what is a coping strategy, what is a coping mechanism, what are good stress and bad stress? What are stress relieving activities that you can do to aid your coping strategies, and then what to do when those start to fail, and what that feels like and what makes us different as firefighters that causes that reach out to be different than the average nine to five office worker and how that's, you know, hard to, if you don't go to a clinician, when you do reach out that understands us, then it's even more frustrating because then you walk into a clinician that is used to a nine to five office job and have they have the best intentions. But you spend the first two weeks and five grand, explain to them what a 24 hour shift is, and why you can't go to a different job. And so and that's frustrating a lot of times when guys, you know, kind of check the box and like blind reaching out again, because if that's it, I don't want a part of that. And so and, and really during that time when I was building this PowerPoint, and talking to family, friends that are that are doctors in psychology, and really diving into this thing and trying to really bring it into firefighter speak of all this psychology, jargon into just us and what makes us tick. And you figure out that those two things that make us tick, have hyper vigilance and resilience, of being turned up to 11 all the time. And then all that the health problems and just how it's all interconnected with everything from you know, sleep to mood, and, and how regulating yourself and being self aware of that is the first step to really solving the problem of, of both, you know, being you know, mentally healthy, physically healthy, as well as, you know, my my thing of, of having a healthy family life as well, you know, and so during this PowerPoint, as I started doing it, just on my own it I started to get approached with you know, guys are like, Oh, why are you doing this man? Are you trying to promote or anything? And it was like no. And they're like, Well, you know, are you trying to you know, you have a business on the side trying to make money and I'm like, No, I'm just trying to help people. And it kind of pissed me off, to be honest, like the beginning because I'm like, I thought that'd be pretty obvious, like why I'm doing this, but it wasn't. And so then I kind of thought about it and really dove into why I was doing it. And, and my main thing is, yes, do I do it to prevent suicide? 100% obviously, like that's the biggest, hugest thing, right. But at the same point, that's a lot of that is out of my purview. That's professional help stuff like way over my paygrade. My thing is, is the basic education, the basic level of both having an understanding of how you work as as a



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first responder, law enforcement and first responders, law enforcement and military professional are all the kind of the same way kind of person or psyche kind of go into those fields. But also my biggest thing is to find joy at work, and joy at home. And so, and guys kind of like snicker at that they're like, Really, dude. And I'm like, No, I'm serious. And you know, and I challenged guys with, you know, when's the last time you felt joy at home? And they're like, oh, you know, the other day I was at home, you know, playing with the kid. I'm like, no, no, not happiness, joy. And so they kind of stopped for a second. I'm like, Yeah, my joy is reciprocal. Right? It's not that you have a smile on your face is that your smile? brings a smile to the other person's face. Right to joy. And they're like, oh, oh, probably, you know, my, my kids birthday, you know, six months ago. Okay, cool. And then I did I hit him with the hard one was last time you had joy at work? And they're like, oh, I don't even know, I have no idea. And I'm like, No, I'm, I'm serious, like, really think hard. And for a lot of guys, it's, it's super hard to find that. And so that's, that's really what I'm trying to do with all of this is just have people be able to not

only help themselves, but help their buddies next to them. Because like I, you know, kind of coined is nobody, nobody knows better what you're going through than the guy sitting next to you, whether that's in the ambulance, whether that's in the truck, the engine, because they're, they're going through the same thing. And the more open that you become, and as I've gone through this over the last two years, of giving the PowerPoint and talking to people and put myself out there is you find that it's not one person, it's not a couple of crazies, okay? It's, it's everyone, everyone's going through this at some level, even if it is, you know, having problems, talking to their loved ones, or trying to come home. And one thing that's kind of come up recently, that I've really noticed is, you know, not taking anything away from our military members, or what they do and what they experience in their life. But millions of dollars, hundreds of millions of dollars are dedicated every year, to a transition that they make one time when they come home from war, right. And then obviously, multiple deployments multiple times, right. But we do hundreds of those a year, and nobody's ever taught us how to do a transition from work to home, right, and nobody's ever, you know, get \$100 million study on the best ways to come down from a 24 hour shift of not sleeping, or a 72 hour shift, or five days not sleeping, and that understanding and awareness of what it can do to your body, what it can do to your mind. And then what ultimately it does to your family and your coworkers. And then you as a person, and, and as an employee is truly, you know, detrimental to all of those things, ultimately leading to the elephant in the room, which is suicide. And so just quickly, I want to get on the suicide thing real quick. And this is really what I drive home is, is the fact that, you know, we being all encompassing first responders, we go on mental health problems all the time, right, and we see the extremes we see, you know, the person that's on the side of the bridge are on the top of the building, or, you know, just in the comfort of their home saying that they want to kill themselves, right. And so we know what that looks like in our mind. But having, having talked to both real world people, and now first responders in crisis, gait, there's one jarring difference that I've I've really found, and that jarring differences is when we go on the patients, and we get them where they're suicidal, their statement is, I don't want to be here anymore. I just want to kill myself. Right? And it's like, okay, you know, that's obviously somebody that's given up. Whereas when I hear first responders in crisis, they say, I don't know why I'm even here.



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I want to kill myself. And so to most people, that sounds the same, it's like, oh, they're suicidal, you know, done deal. Right. But having uttered these words myself, I can tell you that there's a stark difference.



2:04:21

And that stark difference is, is that second one, that first responder, that military member that law enforcement personnel. All they're doing is looking for a purpose. And if I can give them a purpose, way earlier on an understanding to find that purpose, when it starts to get lost, then I can prevent them from ever getting to that position. And that's, that's really it. It's about that lack of purpose that we need in our lives every day, and understanding how important that purpose is and that they're not alone. And that, that there's plenty of that they're not, you know, broken. They're not, you know, one one of a kind as far as like, they're, you know, nobody understands them that, you know, nobody's going through what they're going through that, that they're, you know, a broke batch of goods, that they can't help anybody anymore. I'm

telling you, that's all. That's all on your mind. It's not true at all. And that's the one thing that that's really driven me to do this and really focus on you know, what, what else are you would tell me with, you know, it's, it's, it's that I've got you, buddy my mentality?

J

James Geering 2:05:46

Well, firstly, I want to thank you for walking us through who Jose was. I just did an interview with the chief, Joe de Bernardo, and he lost his son, Joey in the 178 fire in New York, which is known as a Black Sunday fire, even though the people involved hate that name. But you know, when we've lost someone, we get to hear about who they were rather than just, you know, a name up on the memorial wall, as it were, you also touched on the sense of purpose. I'm going to kind of not load this question yet. When when I started this podcast, the conversation was very much you know, suicide is cowardly, how could they do that? It's so selfish, etc, etc. And then you listen to people who have been there, hundreds of people who have been there, and then you realize, there's two kind of resounding common denominators, one is clearly and wanting and suffering to end, you know, they're in turmoil, and they want it to stop. But the other thing that I don't think most people hear, and certainly not any of the kind of suicide awareness posters is there's this true belief that they are a burden to the world that they are a burden to their family. A prime example, which is tragic, is we had two police officers in Florida here last year, I think, was last year, early this year. Both take their lives within about a week of each other. They were they were partners, and they had a little newborn baby. So from the outside looking in with a healthy mind, they're like, Well, how could they do that? Well, you know, that's so selfish is so cowardly, etc. When you understand how miswired the brain gets through all the compounding elements that we've discussed about already childhood trauma, and you know, organizational stress and betrayal, and, you know, the things that we see in doing our job, the sleep deprivation, and you have this compounding element, your brain is broken, it is when you herniated disc, or you you know, you break or risk falling on concrete. And I don't think you'd be like, Well, what James, why can't you pick up that can of Coke? Well, my fucking wrist is broken, I can't grip well, why can you not see that your family love you or because my brain is broken? So that's, that's the kind of aha moment I've had through seven years of these kinds of conversations. Talk to me about through your eyes, if that was, you know, an element and also all the men and women you've interacted with, since you've become holding the torch when it comes to mental health?

i

2:08:17

Yeah, so this is kind of a big, you know, I think in the, in the PowerPoint, I do, it's, you know, I call it the elephant the room, right? They talk about, you know, the, the line of duty deaths being surpassed by suicide in the last few years. And it's just a crazy thing to even think about, right? And you talk about, you know, the, you know, before I went through this, the thought of suicide was just so foreign to me, right? Because you think of all of those, you know, misnomers of, you know, oh, man, I can't I can't believe they did that to their family and stuff like that. And, well, it's really interesting now being, having gone through it, being to the edge and back. It's, it's this thing called flooding. And it's, you know, it took me, you know, still ongoing, but it took me a long time with my therapists to get to the point where I could describe it, and the best way I can describe it now, looking back, is this this static noise, you know, from the, the 1980s You know, white noise on your TV when you're on channel three, and it's just an overbearing, just noise that doesn't shut off. And, and the frustration of having any noise

turned on that you can't turn off. It just, you know, for lack of better term makes you go crazy. I mean, it literally just blocks out every other emotion that you can have. And so what's been interesting to me I'm, is now putting myself out there as a peer support member for my department. And then just giving out my number in general, for, you know, anybody looking to call is I've had interactions with people in crisis. And, and what's very interesting to me as, as the first responder aspect of it is we, we go on people in crisis all the time now 911 call for for a behavioral health or, you know, they, they come in as suicidal ideation, what have you. And so what kind of has just been an observation for me, is going on these calls for many years, you know, you'd always get there, and it'd be, you know, somebody's going through crisis, and their main kind of motto that they would keep repeating was, I don't want to be here. I just want to die. And so if you, you know, obviously tried to, you know, comfort them and get them the help that they need. But what was interesting to me, the difference was was, was that one to me sounds like, you know, somebody giving up right? Completely, you know, just doesn't want to be there. Well, when I started, started hearing from other people, when they were in crisis, or close to it, and then having to replay the thoughts that I had, in my mind, it's something very different and not that kind of reoccurring theme is, is the fact that you go to a place where your purpose starts to be questioned. And what the reoccurring saying that you hear over and over and over again, is, I don't even know why I'm here. Why am I even here? And, and that, to me, is completely different than the first one. And what I mean by that is the fact that US is first responders and the the people and types of mentalities that are called to, you know, the, the big three, which is law enforcement, military, and fire department, right? So those three are the selfless occupations, right? Where you are a person that finds joy in helping other people and putting yourself last, right? And so, with that, when you get into crisis, it's when those pillars have fallen down, right, those pillars that hold your your life up, which is work and family have crumbled down and have left you feeling like, you have no purpose, right? Where, where you're saying, you know, you're, you're, you're not doing a good job at work, or things at work have been called in question, whether it's, you know, the call load or your performance, or just the fact that, you know, you kind of given up at work, because you're like, it doesn't matter anyways, and it just starts this, this whirlwind of, you know, of things not making sense, right. And so you come home, and then you're angry, or frustrated or tired and, and you're not processing these, these events that are happening at work. And so you start taking it out on your family, and you start tearing that apart, and then basically everything kind of implodes on itself. And it leads you to this part of, of not understanding your purpose anymore. And that's one of the biggest things that that I really kind of start, you know, because obviously, I'm not a mental health professional, right. You know, like, I always joke around and say that I take the State Farm approach, right, I know a few things is I've seen a few things. And, and that's where I kind of come in is not from a clinician standpoint of, you know, trying to, you know, stop people from, from committing suicide. Absolutely. That's 100% You know, I have a goal. Absolutely, but but kind of my niche is, is getting people to start understanding these things that we've never been taught before. Because that was the kind of aha moment when I came out the other side of working with a clinician and hours and hours of of therapy is I was, it became so simple and I was like, why, why hasn't anybody ever told me about any of these things, whether it be coping mechanisms, whether it be stress relieving activities, whether it be you know, different ways of, of becoming self aware and really kind of self managing yourself and where you're at And so that's what led me into the PowerPoint and, and really just the introduction to you know, you know, one making it okay, but also giving us the tools to have the purpose to treat ourselves and take time for ourselves because that's, that's one of the biggest detriments to our personality. And I say our just as a general overview, I don't want to pigeonhole anybody. But it's, is the fact that we always put ourselves last right? We always that resiliency is is a detriment to us, if we don't manage it, because we can drive ourselves right off. Right off the cliff, because we always put ourselves last Oh, you know, I'll, I'll sleep next

week, I'll just keep, you know, keep plugging on. And, and to be able to introduce people to this world, I think I said it the other day, I was talking to somebody and I said it would be like me telling somebody who's never played baseball before. Hey, I want you to try baseball out but I want you to go practice with a professional team. Right? And that, that gap of talent, or, or know how, is is absolutely, you know, frightening for us, because we're in a business where we have to know what we're doing all the time, right, we constantly get better, and we have to have an answer for every problem. And, and so to tell someone that you're going to go pro right away, without even ever touching a baseball is, is absolutely, you know, frightening to even think and so, but we use that in the same sense, as you've ever heard of mental health before, you've never heard of any of these terms before. And now I want you to go talk to us, like, for somebody who's always in that lane of understanding and knowing what to do, and you're going to tell them like, hey, let's just let's just jump the gun here and go full boat. And it's like, well, that's, that's not going to, that's not something that I'm going to entertain, because I'm not going to put myself out there, unless I have some type of, of understanding. And so that's that's kind of the niche that I've kind of fallen in, is introducing people into this world of, of mental health and what it is what it looks like, you know, and then just be able to relate it to some of the guys that don't know, because that was my thing is I didn't know what was happening. I didn't know what was going on. I didn't know what these feelings were. And I just kept with that resiliency, and I just kept plugging forward and Oh, it'll it'll fix itself. Eventually, I'll get over it. And and what that does is it just starts you down that cascade of, of just not not.



2:18:10

And you get into that role. I'm not good at anything anymore. I don't understand why I'm even here. And then that's, that's really the the reoccurring theme that I that I kind of went through, and have seen people since go through that. And it really drives home the point of just how purpose full our lives have to be for us to find happiness.



James Geering 2:18:41

Well, I think what I was thinking about this morning is if you think of purpose on a linear scale, the other end would be burden. So most people are kind of in the middle, you know, they're taking care of their, their wife and their kids. Or maybe their profession isn't making a huge dent in the world. But you know, they're in status quo. You have the responders, the teachers, the military members, you know, the doctors, the nurses, people that are actually their work is making someone's life better. And that's on the service side. That's a really strong sense of purpose. We're now you slide that scale all the way back where responder has lost that purpose, and that's their very DNA is to serve and to try and make people's days better, and now they slip back to being a perceiving that they're a burden a recipient of service. I think that's what makes it so crushing when someone who's wearing a uniform, finds himself you know, with not just no purpose but feeling like a burden. Is that the other end of the scale?



2:19:45

Yeah, I want 100% And it really is it really is interesting when you start you know, diving into the research of it and how the brain works and everything like that and and being able to relate it to the fire service directly, and showing people, you know how, how those little moments

where you used to find joy and things, as you know, like the kitchen table or, you know, working out with your buddies, or, you know, the things that you do for fun at home, and all those things, and they, you see them start to slowly fade away, as you go down this road towards burden, like you're saying, and, and that's, that's where I've really kind of, you know, put myself, you know, in that, that realm of, you know, helping people find joy in their home life again, and finding joy at work again, and really, you know, getting out of that negative headspace of, you know, just kind of changing the way that we think, or, you know, what cognitive restructuring is the fancy word for it, but it's, it's really kind of setting yourself up for success at work, rather than getting stuck in that negative headspace. Or just, you know, it's so easy to do, especially with, you know, just the negativity in the world as a whole. You know, or, like, I, I joke around guys getting stuck in the scroll hole, which is, you know, just the social media stuff, and then just, you know, it just piles on that negativity every day. I mean, if it's, if you want to find it, it's there, you can, you can find the negative about everything, and just getting guys out of that headspace to that, that constant negativity, and really starting to find, you know, full joy at home, because that's where, you know, like, I tell, guys, it's, that's what we do all this for, right? Like, you know, yes, we enjoy the job. But at the end of the day, we're getting paid for providing a service to provide for our family, and that and that's the forefront of what we started doing in the first place. And when that gets disconnected, and we start not really having a purpose, because, you know, it's, it's causing negative thoughts at work negative thoughts at home, and it just kind of all starts to crumble, you know, it's really focusing on that purpose. Because that's what drives us. And so that's what we really have to be able to identify. Because your, your purpose may change, you know, just like when you were a single, single guy, you know, 2020 years or older, so, and you know, the sky's the limit, and you don't really have any goals or priorities, because it's just, you know, flying by the seat of your pants. And then as you grow older, and you get more more things that rely on you, you change, you shift your, your priorities and your goals, and your purpose. And so, really, understanding and identifying that purpose, and being able to find joy in that purpose, I think is a lot of times what ends up happening is because they get you get stuck in that negative headspace, and then it's just a deep dark hole that's hard to get out of just in this this world that we live in, and what you know, unfortunately, what what clickbait that you see every day on the social media sites is usually all negative, it's hard to find some positivity in that and and it's when you go down that road of disengaging from people. That's the road that invites you in is that that negative you know stream and and so it's it's just really important for people to stay self aware and be you know, able to identify where they're at and what they're doing

J

James Geering 2:23:51

so I want to get to firefight mentality specifically and how people can access you know your work from outside your your department, but just before we do on the grab lives podcast, you talked about some of the red tape you got some support from some of the people were in bugles and then you got some opposition from some the other members of the agency and what I've seen more often than not, and it's very, very heartbreaking is people will pay lip service towards being a solution for this but when it comes time for the rubber meet the road, there's a lot of scurrying involved. And they're just looking to check a box and move on and actually, you know, truly do the work. So talk to me about you know, the highs and the lows of your journey trying to get it from your mind to the men and women in uniform and LA.

o

2:24:41

Yeah, so, you know, starting off with with the PowerPoint and just going around, I mean, it's, it's, it was really just, you know, my thoughts on on a paper or a PowerPoint that I'd done the research to figure it out and how to how to relate it in So I started just giving it around to the fire stations and, and so it started gaining some traction and there was, you know, some positive things to guys, you know, reaching out to me and saying, hey, you know, this helped me out. And that was kind of the the really what I thought was like, Okay, this is cool. And then what started to happen because my, my focus group, when I started all this was the guy's similar amount of time with me, you know, 15 to 25 years on the job kind of rundown, had a couple of things happened during COVID. So you're kind of, you know, lacking purpose, and that's kind of what I was focusing at. But what I started to see was that the younger members were, were reaching out to me as well, and I had a really tough time relating to them simply for, you know, call a generational gap, call it you know, just a different, you know, upbringing and, and just experience level. And so that's when the podcasts kind of came into my world is because one of the guys that would reach out to me said, Hey, you got to check out this podcast, and I go, Hey, these are a couple younger guys. And and I was like, hey, maybe this could work. I've never done a podcast before, you know, maybe this could be the kind of the, the conduit between the, the old and the young. And so what's really crazy as is up until the podcast, I had just been kind of a traveling roadshow, you know, I had my little PowerPoint on a, on a thumb drive, and I was going from station to station, and it was kind of, you know, I'd had some pushback from the department on, you know, Hey, you don't, you don't really have any, like, clinician background, or training or anything like that. And, and so I just kind of, kind of took it with a grain of salt and just kept doing my thing. And, and so, until I had gotten the blessing of the actual fire chief, she was very awesome and said, whatever you want, let's do this thing. And then obviously, it fell into the bureaucracy after that, as big departments often do, you know, it kind of just, it falls into the world of approval, I guess you would say, you know, where it's, Oh, I gotta get so and so's approval, and this approval, and I'll email you and it just kind of gets, you know, convoluted and lost. And that's kind of what happened. And so I kind of, you know, just kept plugging along, and, and trying different avenues. And then this, this podcast, hit, and it says, you know, shout out to the grab lives podcast, and they really, it took me beyond that, that really goal of just reaching out to the guise of my fire department, and just took it, you know, nationally, and obviously, I'm sitting here and talking to you today, which is absolutely insane. To me, I just got done. Helping a guy from Saskatchewan Fire Rescue, you know, put a PowerPoint together for his department. And it's really just, you know, turning the purpose up to 11. And it really, you know, showed me that, you know, maybe my, my suitcase of, of widgets is, is worth something. And, and so, yeah, I've just been plugging away. And what's funny is, from that same bureaucracy, since it's gotten bigger, I've had some calls, where, you know, they're reaching back out to me, like, Oh, hey, you know, I wanted to get with you, I've been meaning to call you kind of thing and, and I just, you know, like I said, I take it with a grain of salt, because I know, I've been around long enough to understand how that bureaucracy works and how that world works. And it's, you know, the flavor of the week stuff and they got 1000 different things to deal with. And I totally get that. And so that's why I'm, I'm so thankful for the people that have stepped out of out of their comfort zone or out of their, you know, perceived roles and really taken a chance on me because there has been some chiefs the you know, the gold lads level that have that have taken taking some shots and put me out there and said, thank you to all them and it's just continuing to grow. I actually, next month in July. I've got a couple of days at the union hall doing the presentation that they okayed me to do and it's just like I said, it's a slow, low, slow process, but as More and more people, you know, get the message and start to share it on their own. Because that's the thing too, is that, you know, I've forwarded my PowerPoint all over the country. Because it's, you know, I always say, it's, I'm not the, I'm not the messenger message, like, it's not me, Bo Porter out there, you know, slang and sank snake oil. It's the fact that I want to empower people to be able to share

this with their own department, because every department, whether it's, you know, your specific entity of military service, or law enforcement or fire department volunteer, it's the fact that you're going to have your own niche that you're going to be able to, to do and connect with your people. And so if, you know, the research that I've done, and the PowerPoint that I put together, aid you in doing that, I'm all for it. And it's, you know, the the reason I don't, you know, put my name on the PowerPoint, I don't, you know, claim to, you know, have any, you know, quotes or anything like that on the PowerPoint is strictly just information, it's all bibliographic. Because I think it's so important. The one thing that I've always told, the clinicians that have helped me along the way, is, I've always been self doubting as far as, like, Why me like, What makes me so special. And, and they'd always told me, like, you don't understand how much you're worth until somebody puts a price tag on you. Right. And I didn't really understand that when they first told me that until this thing started rolling. And I started having people reach out to me and say, you know, I can't believe I thought I was the only one, you know, the same feeling that I had. And, and it's like, it just, it just drives you, which I'm sure you could speak to, as far as you know, 700 podcasts deep. You know, you just, you don't know, the impact you can make until you put yourself out there. And just keep driving forward, no matter how many people tell you no, you know, knowing the importance of it, and knowing that something's got to change. Because, you know, and I talked about it a little bit on the previous podcast, but it was that that feeling that I had where it was, you just keep getting these roadblocks put in front of you. And it's like, the importance level that I've felt this entire time was it was like, I just need people to know that they're not alone, that this feeling that you get when you're at your, your lowest and darkest is that feeling that you're the only one that you're the only one that's ever felt like this the only person that's, you know, nobody else is going to understand. And, and the thing I want to put out there is the fact that I do understand I have been there. And there are people just like you and really bring home, you know that that's so called brotherhood that, that we've been let down by, in whatever headspace that we're at. Just redefining that into, you know, waiting for that special, you know, whether you call it whatever your department and puts it, you know, a special notice or, or department bulletin of, oh my gosh, they're going to take this mental health stuff seriously, right? That's never going to come. And because it's so convoluted with that bureaucracy of, you know, of, of, you know, approval to where, you know, the the only people the best person that knows what you're going through is the person sitting next to you, and if you can have that availability to talk to them. And you know, they've been on the same calls you've been on, they've experienced the same things you have, and really start opening up the conversation and knowing what to say or what not to say. And really making it okay to talk to the people that you care about the most and being able to share and not be I don't want to say not be afraid of of the results, but it's more of the fact that you start to develop a



2:34:30

knowledge base in it the fact that it's like, oh, this is okay, you know, and the stress relieving activities are okay, you know, it's okay to go to the station and talk about the yoga that I did on the off day or, or, you know, the cold plunging or the sauna that I just bought to help me with this. And it's like, breaking through that barrier of, of making yourself better. And being self aware, I think is the biggest thing. All that I want to bring to the table is, is the fact that you make it okay to want to make yourself better and, and just break down, you know, the walls that have been put up over the years because just really quick I want to touch on the fact that the new the new problem mindset, right, like, the old timers, they always want to talk about like, Oh man, this New Age stuff, you know, these, these new guys, they bring all these problems, you know, they got mental health issues and all this stuff and, and I, at first in early

on in this journey, I was one of those 100%, I can tell you, like, you know, I really did have that mindset. But as I went into this, the research of it and looking at it, and being, you know, third generation firefighter and having having that kind of history lesson to look at, I realized that this is not a new problem. What's new is the awareness of it. Because too often, and I can, you know, think of a couple guys right now that, that were truly fire gods to me early on in my career, like just absolutely could walk on water, they were the all knowing, you know, all seeing and, and to see them now fast forwarding 20 years of having that old mindset of just plowing forward, you know, being alcoholics being abusive, being, you know, distant from their families, and then you see them come into that retirement age, and have, you know, no wife or on their fifth wife or having five, you know, alimony payments, that they can't stop working, or the kids have alienated themselves from them. And, and it's like, this is the same problem. It's just the acceptance level of dealing with it, and the fact that it used to be okay for people in the military, or law enforcement or first responders, or, or, you know, doctors, nurses, like bring up, it was okay to be an alcoholic, it was okay to be abusive, and it's like, oh, that's just the way they are, you know, they're crazy. And it's like, until the last, you know, 10 or 15 years, when it really started, you know, diving into this mental health thing. And realizing that we can be better we can, we can be aware of what we're doing. And there's, there's things out there to help us live a better life, be better at work be more than empathetic, to the patients we go on. And also, the glaring thing is be more joyful at home and be more engaged with our families, and our co workers and really bring back that brotherhood that used to fall on just, you know, go into fires and hanging out with the boys and all that stuff, to where we can bring back the Brotherhood where we're we're really focused on each other. You know, living living joyful lives at work and at home, and really just thriving through life, rather than just surviving the day in and day out.

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James Geering 2:38:26

But what you said about it's been there the whole time, if you actually look in history, I mean, I believe I forget is now but but mentions of an element of PTSD go back 1000s of years, there was a certain time a long, long time ago, we're in the text of the scripture from there, they talk about that, but you listen to you know, 1000 Yard Stare a soldier's heart, shell shock, those terms have been there the whole time, you can't see and do some of the horrific things that people do in our profession or in the military, without affecting you, only a sociopath wouldn't be affected and you're already broken. So it's still the same thing. But that also what you touched on is that it's for me, it's that sense of urgency. I feel like in a lot of places, it's not like someone maliciously goes, you know, wakes up and goes, I'm going to oppose all wellness initiatives. But that's just the way we've devolved. I don't think our national union has done a very good job. I mean, the work week is a perfect example. You know, it was 2023 and we've got the corporate side realizing that a four day week is equally as productive. And we got first responders work in 80 hours because of mandatory it apps to the fucking insane but for me, the analogy would be someone trapped under a car. All right, hold on. It's got a line on the ground everyone where a traffic vest Okay, we got to get the airbags we got to crib someone's time. You just got to fucking four of you grab the side of the car, take the slack out suspension and drag the personnel. You know what I mean? The same way as a cop runs towards a burning car and just smashes it with their baton and drags him out. You know, it's not an SOP. But when The check every box, you know, redundancy element might cause more harm than good. Sometimes it's time to go. Alright, we've got to do it a different way. And what I see more often than not, is it's not organizations, it's people like you like me like the Navy Seals and the SES and police officers and all those that I've had on the show, who were just wearing the uniform. But they looked around waiting for things to get better, and they didn't. So then they grabbed

the torch themselves, and was like, Well, fuck it, if no one else is going to do it, I guess I'm going to be one of the people that does because people still keep dying. So this is the, you know that the element of red tape and box checking that drives me crazy, is the longer we wait, the more funerals we go to the more people that believe that they are weak, and they are alone. And the next thing you know, there's a there's a coffin with an American flag, or a British flag and Australian flag, you know, a lot of people full of regret, well, it's too fucking late then. So I think, you know, this is what's Admiral about what you've done, you know, we're all servants. But some of us look around and go, the way the way is happening, it just isn't working, it is not working, there's all this money, all these bugles, or, you know, executive titles, or whatever it is, but people are still dying. So you know, it, we need all these people to take up the fight and think the other thing that we need is for all these people that are fighting to communicate with each other. So we can circumnavigate the fragmented elements of the American fire service, and have a united fight and actually really, really, you know, make a difference. So the more pieces of the jigsaw puzzle, whether it's you, or Lionel, in Canada, or all these amazing, you know, people that had that have been through their own trauma and decided to be part of the solution. If we can start interlocking those pieces, we can actually envelop the entire profession.



2:41:55

Yeah, absolutely. Like I tell guys all the time, I have the worst business model ever, right? I'm not in it for the money, and I want my purpose to go away in time by empowering other people. You know, yeah, I hope that my phone never stops ringing because it's, it's always on, and I'm here for whoever needs me. But at the same time, like the empowerment aspect of, you know, empowering other people to do the work and be okay with it. You know, that's, that's what I'm going for is to make it okay, on the other side.



James Geering 2:42:33

So for people listening, how can they contact you? And you know, and as you mentioned, get the PowerPoint sent to them with an understanding of how to present it in their department.



2:42:44

Oh, yeah. So it's, it's crazy to even think about, but I, the best way I found was firefight mentality is, um, is my Instagram, you can give me there anytime I try to, you know, set up things to cool things that I hear guys that are that are experiencing things, you know, stress relieving activities, what have you, I tried to put those up on there. And just kind of, you know, chronologically, as, as I go through this journey, included on there, but you can get, get me on there anytime. And whether it's questions, whether it's for the PowerPoint, that I can email it to you, help you get through something that you're going through with your department. You know, I'm open all the time. And so that's, that's the best way to get a hold of me and kind of start, just like I did with you, you know, start the dialogue. And then fast forward. Here we are. So yeah.



James Geering 2:43:45

Beautiful. Well, I want to throw some quick closing questions at you. Before we go. I mean, that as I will say in the intro, this is a combination of two, two conversations put together. So I think on total now, we've been talking for over two and a half hours, which is amazing. So the first question, is there a book or other books that you love to recommend? It can be related to our discussion today, or completely unrelated?

 2:44:11

Well, obviously, I'm going to recommend your book was awesome. Thank you. Yeah. But not it really was because you, you do touch on a ton of stuff that really drives home the point here. But as far as a book that I've not that I can name offhand. I mean, obviously, I'm a nerd for all the military leadership books and then taking that and what I urge people to do if they do get into the military leadership books and read them. Really, really put mental health in there with all the other bravado and if you're going forward and you're promoting to captain or Lieutenant, as other departments call it, and moving up the ladder, or just want to be that locker room leader, and you read those books, really focus on adding that mental health aspect and the, the emotional intelligence aspect to your leadership style. And it may as awkward as it is the first couple of times that you do it, whether you're, you know, a newly promoted captain or a an old, salty dog. If you start asking people how they are, and not just the basic, you know, are how are you doing today? Good cap, yeah, okay, on On you go. But really, you know, sit them down and ask them, hey, you know, how's home life has, how's your time off, you know, and you will see a dramatic change very quickly, because a lot of times all people need is just a little nudge, or the opportunity to share, and then just have that act of listening. And so really, like any of the books, you can apply to any of those leadership books that are out there, and just adding emotional intelligence into it. And just being able to be an active listener for your guys.

 James Geering 2:46:15

One of the things I've heard many, many times now is, you ask, you know, how are you doing? But never ask it just once? Because it's amazing. When you follow that when they're like younger? No, no, how are you really doing? And like you said, if you know, there's a thing that's been troubling them, how's things with your wife, how's things with you, your son at the moment, that it just takes that bolt that that wall down, because the first time you can brush it off? The second time, it's almost like subconsciously, like, oh, okay, I actually have to engage in this conversation. So I found that over and over and over again, you know, and then the other philosophy that I love, and it really kind of, again, deconstruct some of the prejudice and stigma is rather than what's wrong with you, let's say the angry guy, you know, we've all been there fucking burned out and pissed off and, you know, throwing things, you know, not what's wrong with you? What happened to you? That will actually humanize, you know, your anger, your whatever is the the side effect is the response to a thing. And so what happened to you, and it might be, it happened today, it might be happened when you were six. But opening that door as well, I think is a very powerful way of initiating, you know, a vulnerable conversation.

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That's awesome. Yeah. I love that. That's good.

J James Geering 2:47:35

All right, well, then what about films and documentaries, any of those that you love to recommend?

2:47:42

As far as that I've kind of helped me through, you know, kind of relating, and whatnot. Really, I just, it's interesting, once you dive into this world, you start to notice how much mental health is out there. And the one show that I think the TV show that I really thought took it to the next level was the show navy seals on initially was on CBS, but they went to Paramount. And over the last two seasons, they have really dove headlong into the mental health aspect of it. It's called SEAL team is actually what's the name of it is but they've dove headlong into suicide, just through the military. And I think the the real message in that show is just been just really well done. And so it was very interesting to me, because it when it was on CBS, it didn't really dive into it, you know, the corporate world. But the minute it went to Paramount, they were able to dive headlong, and you could tell that they were really whoever they were talking to. was in it because the things that they touched on the feelings, the emotions. The isolation, was just really, really good, how they how they did it.

J James Geering 2:49:09

I had one of the actors, Justin melanic, who plays the canine handler and that show on so it's kind of interesting hearing from a production point of view. But I also know there's many actual navy seals that are contributing and in that community, the psychedelic Ibogaine element is really really gaining traction. So I think now you know, the what were the quiet professionals and there's, there's a time to be quiet, and there's a time to advocate for your people. And I think it's great that that community is having a voice, sometimes as you know, a narcissistic element depending on which particular person as a fire services, law enforcement, but as a community opening up about that particular topic, I think it's amazing because now your average dude, just taking men for a second. Congo. Oh, you know, talking about mental health. That's what policies do. Well, you're telling me a knee The seal is a pussy. I don't think so you know what I mean? So it's debunking that kind of two dimensional Rambo Terminator masculinity that we were raised with.

2:50:10

Yeah, absolutely. And I've, I've had that experience as well, just on my job with that old school mentality of, you know, come on bow really, you know what, I can't believe you're doing this. And really going right at them, you know, and, and calling them out for their BS. And it's a pretty interesting conversation. Because it's, you know, I have clout, just from from my, you know, where I've worked and stuff like that. And so it's, it's funny when you take that wall and start to really break it down. How uncomfortable they get real quick, because usually the ones that are most outspoken against it are the ones most in need of it.

J James Geering 2:50:54

100% And I've seen the same thing, because that's that that kind of hyper triggered reflex is usually coming from anxiety and depression within. Yeah, absolutely. Well, the next question, speaking of people, is there a person that you would recommend to come on this podcast as a guest to speak to the first responders, military and associated professions of the world?

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Oh, man, I think the best person is actually one of my buddies, wives. She does. She's a clinician, she's a doctor in psychology, and she does a she runs what three offices now of marriage, family therapists. And she, being a wife of a of a firefighter, and having that kind of inner inner pocket. You know, a lot of a clinicians that she employs are all directly correlated, rather than, you know, taking a class or something to to deal with us as first responders. The fact that there's even a class is hilarious to me, because it shows like how, how truly special we are. Yeah, exactly. But, but yeah, she's been, you know, just a huge, huge influence. For me, you know, not only, you know, finding me, a therapist early on, but then also just been a great sounding board during this whole journey. For me, and obviously, she doesn't even know that I'm recommending it right now. But, but she's going to, but, but she's just been awesome to sound board about, you know, whether it was the PowerPoint, you know, getting off the ground, as things come up with people that reach out to me, and just being able to a person that I trust, when guys are hurting, to send them to send them her way. Because she's, she's the real deal, when it comes to, you know, getting in front of this stuff and helping guys. And so I would think having her on here and being able to talk nationally, would be just absolutely great, because she's got a lot of experience dealing with us. And then, and then also being directly correlated with the fire service as far as not just being a clinician in the field, but actually being the

J James Geering 2:53:17

wife of a firefighter as well. Now, most of the name,

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Lindy vernasca, is her name Li NDEV, nos TA, and I can send her your I can send your information to

J James Geering 2:53:32

that'd be great. Thank you. Now, I mean, that's an interesting dynamic to be a spouse and the clinician, a culturally competent clinician, that'd be a fascinating conversation.

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Yeah, yeah, that would definitely be a big one for sure.

J James Geering 2:53:45

All right. Well, then the very last question before we underline how people can find you what you do to decompress.

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Yeah, so this is a this is a fairly new new one for me. Now, only doing this, you know, close to a year and a half, two years. As as it the uptick of people calling me and, and, you know, podcasts and presentations and all that stuff. It's been new for me to be able to kind of shed it, you know, and see myself because I had somebody asked me the other day, you know, how how do you you know, how do you deal with all of this, you know, people calling you and asking for help and all that stuff and, and my thing is, is I see myself as that middleman of of helping people get the help that they need, rather than the Savior mentality and really keeping myself out of that headspace of, you know, taking it all on and being the one to help that person and being you know, taking it Yeah, just taking it all on myself. And so that helps Oops. And then obviously, I'm a huge proponent in contrast therapy with the sauna and the cold plunge that has really, I mean, just groundbreaking to the point that I, you know, went out and bought it all from my house because I was like, you know, it's a big deal for me for sleep. That's the biggest thing that I find it helpful is, you know, before I go to bed, I hop in the sauna. And then do the cold plunge and drift off to sleep faster than ever before.

J James Geering 2:55:32

In the Copeland's That sounds dangerous.

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Oh, no. Yeah, yeah, depending on the day No, no, I just the contrast between the sauna and the cold plunge 15 minutes and two minutes. And it really helps bring down the day and kind of just clear out everything. I also, you know, as far as stress relieving activities, everything from earthing to I've done the float pods, a lot of guys find solace in those, the salt, salt, water flow pods. That a guys you know, I'm a big proponent for for yoga, I found Hatha Yoga is my favorite personally, simply because of the order of it. Being an OCD guy, like I am I like order. And, and and so with Hatha Yoga, it's the exact same thing every single time. They also call it 26, to 26 poses and to breathing exercises, every single class. And so in my OCD mind, that made a lot more sense than some of the other ones. You know, practices as far as you know, whether it's vinyasa, whether it's power, they kind of are all over the place, depending on the teacher. And you know, my thing is, if you find solace in it, do it. And then that's really, you know, my thing is like, before, it was always, you know, an even still you go to the kitchen table, and you're, you're talking about what you did on the four day or or, you know, your days off, and guys kind of snickered and laughed, or, you know, like you're doing what? And and it's funny now because being able to get out there and talk about that stuff. You know, yeah, you may be the butt of, of a couple of jokes, you know, as we all do, and when we hear something different, but at the same time, you know, I've heard from guys, and it's been my experience, as well as you may start off with a couple of beers and jokes and all that stuff. And then next thing you know, the guys coming up to you going, Hey, dude, we're where do you pick up that sauna that you

got. And so it's just, it's funny how that works. And just, you know that that natural instinct of, of joking and jeering when something different comes in. But then when you when you start telling guys how useful it could be, they, they turn around real quick. So it's pretty funny. So

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James Geering 2:57:58

well, I just want to touch on something that you mentioned a second ago. And this is what I observed when I first started this. So one of my early guests, Dustin Hawkins, for example, who's his department's chaplain, he has extremely powerful, you know, mental health story himself, probably one of the first ones that really kind of bore his soul to the audience. And he ended up changing his number because of the number of phone calls that he got. And it kind of mirrors what I did the analogy I used in my book, which was *The Green Mile*, you know, Michael Clarke Duncan, taken on everyone's pain, and ultimately, it kills him. And so this is I think, why these conversations are so important is you do find that one person becomes a beacon, and then everyone goes to them. And I'm not saying for a second that you shouldn't, if you're hurting, and that's the one person you feel that understands, reach out, but the more of us that start to have this awakening, the more of us will be able to help others when we're doing okay, because it's a, it's a seesaw, some days, you know, you're having a good day, some days, I'm having a good day. And the goal is to kind of lift each other up, when you're the strong one and someone else is struggling. So I think this is a really important point, we do find that some of the kind of figures in in that space, get, you know, like Blake from next rung, they get they get all these calls from people, the more of us that are able to have the courage to shift into this mindset, be vulnerable ourselves, tell our own story, and then be there. For other people, the less less of a weight it's going to put on these individual figures that have already done that. So for me, again, that service element, the more of us that can step up and say, Here's my story, it's not as bad as Steve over there. But here's, you know, when I was struggling, I didn't put a gun in my mouth, but I thought my marriage was over. I thought I was gonna lose my kid or whatever it was. And now you have an army of people. So now you only have two or three people leaning on you because everyone is there for each other?

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3:00:03

Yeah, and I think it's, it's really important to get that, that honesty and that, that connectivity from individuals to like, you know, it's, I think the way our departments work and how close knit we are, in whatever unit we're in, whether it's military, law enforcement, fire service, what have you, you know, we have a very, you know, one, it's our department walls, and then even our station walls, right, whether wherever we work, whatever Station we're at, we know, you have that kind of close knit community, and safeguarded things. So that's why it's so important for people to share their story. Because that one person that can connect to that person inside those walls, you know, that that should be the person that empowers themselves and puts themselves out there. Because it, you know, as the more I should say, the more specialized your job is in what you do. The smaller that close knit gets to where you can be effective, right? Because you you listen to, you know, somebody's talking there, and, you know, wherever, and you go, Oh, that ain't like me, that's something different, and you may not be able to, you know, hit that person. And so that's why, you know, being that, that conduit, and kind of niche that I've kind of filled, is really empowering other people, you know, I'll send you the PowerPoint, I'll do whatever. Because, because you just like you think that I'm, you know, something for doing this, I think you're something for even reaching out to me, and you should

be the one go forward. Because just like I used to say, you know, who am I, who am I to talk like this, and it could be, you know, you be the next one that that assists your, you know, department, your station, your friends, and really that self empowerment to really help each other on an individual basis, every day. And, you know, be aware, you know, like, the military talks about self aid buddy aid, right? Where you get injured, you know, you treat yourself and then you treat your buddies, well, the same thing goes with this, right? Treat yourself, get yourself right, and then help out your buddies. And, and, and that's what, you know, the one thing and I could say, weeding through all of the bureaucracy of everything is it's, it's up to us, you know, and like that famous, you know, PJ saying of, you know, nobody's coming, you know, or 30 seconds out aspect of it is like if we deal with it ourselves on an individual basis, and then help fix our team. And then our team helps fix our department. And our department helps fix the entire fire service and on and on and on. You know, it's it's about that, that helping out your buddies. And really, I think that's the most genuine, honest evaluation you can do is get yourself right, and then get your buddies, right.

 James Geering 3:03:24

I couldn't agree more. Well, I just want to reiterate again, where people can find you online. So firefight mentality on Instagram is the best

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place. That is correct. Yes, firefight mentality.

 James Geering 3:03:37

Brilliant. Well, Bo, I want to say thank you. I know we had to break this up. Because as people listening to this now realize this is a three hour conversation in the end, and we had some things that we had to take care of at the end of the last conversation. But I want to thank you so much for being so generous with your time and so courageous with your story today.

 3:03:57

Thanks. Thanks again, James. I really appreciate you you know, for what you do. The book is incredible if everybody listening, go read his book. It's legit. And it touches on a lot of stuff that's that's prevalent, nationwide, if not worldwide. It's really good.