

DD Finder - Episode 847

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SPEAKERS

DD Finder, James Geering



James Geering 00:00

This episode is sponsored by NuCalm. And as many of you know, I only bring sponsors onto the show whose products I truly swear by. Now we are an overworked and underslept population, especially those of us that wear a uniform for a living, and trying to reclaim some of the lost rest and recovery is imperative. Now the application of this product is as simple as putting on headphones and asleep mask. As you listen to music on each of the programs there is neuro acoustic software Beneath that is tapping into the actual frequencies of your brain, whether to up regulate your nervous system, or downregulate. Now for most of us that come off shift we are a exhausted and B do not want to bring what we've had to see and do back home to our loved ones. So one powerful application is using the program power nap, a 20 minute session that will not only feel like you've had two hours of sleep, but also downregulate from a hyper vigilant state, back into the role of mother or father, husband or wife. Now there are so many other applications and benefits from the software. So I urge you to go and listen to episode 806 with CEO Jim Poole, then download NuCalm and you see a LM from your app store and sign up for the seven day free trial. Not only will you have an understanding of the origin story and the four decades this science has spanned, but also see for yourself the incredible health impact of this life changing software. And you can find even more information on nucalm.com Welcome to the behind the shield podcast. As always, my name is James Geering. And this week is my absolute honor to welcome on the show, nurse and author DD finder. Now in this conversation, we discuss a host of topics from his journey into the Peace Corps, emergency medicine, becoming a flight nurse, his experience in the ICU during the COVID pandemic, his own powerful mental health journey, catharsis through writing his book, ready, left, ready, right, the power of sleep, and so much more. Now, before we get to this incredibly powerful conversation, as I say, every week, please just take a moment, go to whichever app you listen to this on, subscribe to the show, leave feedback and leave a rating. Every single five star rating truly does elevate this podcast therefore making it easier for other people to find. And this is a free library of almost 850 episodes now. So all I ask in return is that you help share these amazing 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 introduced to you DD finder enjoy Didi I want to start by saying Firstly, thank you so much for taking the time to come on the show you and I have gone

back and forth for quite a while now. And we waited deliberately for the book to be released. So here we are. But as an icebreaker, obviously DD is not your real name. You know you're not a a topless waitress in some bar in Vegas. So let's, let's unpack why. Why DD?



03:44

Yeah, Jared, again, thank you for having me on. First of all, I'm a longtime listener. first time caller. I've been listening to you since about 2018 2018. And this podcast has gotten me through some really tough and difficult times as a flight nurse, which I'm sure we'll go into a little bit later. But reason why I went with DD finder is I still work in profession as a nurse. And there was a lot of things that I wanted to write about that if I put my real name out there i i didn't feel comfortable with. That's the great thing about fiction is that you can incorporate all these different themes into a book that perhaps would be tough to incorporate into a non fictional but fiction you can go balls out. So hence the name DD Finder brilliant.



James Geering 04:31

Yeah, I think that's the thing. I heard you on the 911 Nonsense podcast. You know, and there was a conversation like, well, we're not gonna talk about names and companies that that's the big kind of barrier to entry. Like, it doesn't matter what department you work for the name of your hospital, whatever it is, it's the commonalities, the stories and when you get to them, circumnavigate, you know, HIPAA and all that kind of stuff by just fictionalizing some stuff that happened in real life, but you are Have a little spin to it to take away the the accuracy. All of a sudden the word world is your oyster when it comes to storytelling.



DD Finder 05:08

Yeah, then you can do it in a way that is entertaining as well. And I think what the great thing about this podcast and a lot of those other podcasts that are out there that are for first responders and nurses that even even non professional health care members can listen in to, is that we are advocating for our profession, we are educating about our profession. But I think the one thing that is missing, that you are also working on right now with your book is entertaining. Because if you look at our society, and how we have influenced people, it's an American culture and Americana and this idea of American is a lot of history or entertainment. You know, I think about like Michael Jordan in the 90s guy was awesome at basketball, you know, probably one of the best if not the best basketball player. But I got on his bandwagon because of Space Jam. And then I became a huge Michael Jordan fan add to that, about Schwarzenegger Schwarzenegger with all his movies. And then all sudden George Bush appoints and the chairman of the President's Council on Physical Fitness and Sports. And so now he is what goes from entertainment into politics. So I think entertainment is this venue that we nurses and first responders need to take advantage of so we can get our ideas or our voices and our themes out there. And some people are doing it. And you had a lot of guests in your shows that are doing that now. come to mind, I think of like Jason Patten he's putting out coffee out there right now. He's got the Instagram account was a critical fire department product Chronicle. Yeah. Now the guy selling coffee. Yeah, I'm gonna go buy his coffee. Because one i He's a firefighter and stealing great stuff. And he's hilarious on Instagram. So I

think the more entertainment that we we start putting out there. I think we're gonna make it further. As far as when a law or a bill comes around. That's time to vote on people who like yeah, we're gonna vote on that. We love first responders.

 James Geering 07:11

It's amazing how poorly we're represented not only in entertainment, but by our own professions. And I don't know so much about the nursing side, but from the fire paramedic side. I mean, you have a handful of shows and and literally an even smaller handful of films that were worth it down. And I know Steve Chicka rotors who is behind Chicago fire, he kind of very politically correctly implied Well, there's the script that we present them, and then it gets Hollywood eyes. And I think one of the worst examples of how mis represented we are is the film ambulance who actually ready at remya, the leaker who was on the show as a seal was was part of that production. But clearly, there was no one on the staff that was a paramedic, advising anything whatsoever. So you know, you'll see a uniform on the screen. But it's so superficial, that it's it you know, and then you add the fire service, lack of branding and education to the public and what we actually do, people still in 2023 believe that firefighters sit around stations smoking, cigars and petting dogs, and it's insane. So I think we need the real men and women, the storytellers of our professions to not just write a book but push it up, push Get it, get it everywhere, if you if you have the opportunity to make a TV show or a film or write songs or whatever it is because this this mythology that's been allowed to exist is now getting to the point where it's literally claiming our light.

 08:45

Totally, I think one of the actually I got a pretty funny story too about that. So I was an extra on a set of in plain sight. You ever heard that TV show? It's no longer playing?

 James Geering 08:57

I'm not sure if I so I did my unplug cable like 12 years ago. Yeah,

 09:00

it was I mean, it was one of those. It was one of those TV shows on like USA, you know, not a great not a great show, but it's still ran for like seven seasons. And so they were looking for EMTs and paramedics as extras and I was an EMT at the time so I got the job as be an extra on the set. And I had a pole in the main character Mary McConnell get how to say her last name, but she's she was like the main detective on the show. And the scene is she gets shot in the abdomen and I have to just wheel the stretcher with the camera right in front of me and to the VOR er er And so she's the process guys are trying to make her look all she's got like a bad bleeding abdomen and they're looking for advice about how to move the stretcher and like nobody on on the scene knew how to do it. So I was like the one EMT I'm like actually guys you need it. You know this is a put an assembly follow this. So you lift it up. And Mary's like this is

like realistic all together. That's pretty good. And now I remember the dialogue for that scene was they're able to detect that she had V fib. With no, no EKG as honor. No, it's lovely that she was she was in V fib,

 James Geering 10:16

where you can tell by pupil pupil size. Oh,

 10:19


yes. Yes. That's totally Yeah. Yeah. Is one bigger than the other. I, I've always want to ask the firefighter this. The show rescue me. With Dennis, Larry. Budget, not legit, to Hollywood.

 James Geering 10:36

I just had an interesting conversation for me the way and I didn't watch every single episode religiously. But what I saw it seemed like they started in a great place. And then it started getting really wonky. And someone was telling me it then if it's Bobby Baroque or not, and Chyna blanking on it now. Yeah, it was talking about, well, that's, that's showing the PTSD side. But I think they kind of lost other a lot of other people were like, Yeah, it kind of went really weird. And he's having sex in the middle of the structure, fire and stuff. So I think it had an amazing opportunity to educate. But then I'm sure it was the same polling oh, we need to make it more interesting. We need to make it more kind of clickbait esque. And I feel like it just kind of lost its way. There's two television shows in England, the bill, which showed place and then London's Burning that showed the fire, I felt that was a lot more gritty and realistic than pretty much anything I've seen in the States. So I mean, obviously, I don't know law enforcement side. But London burning was very matter of fact, and it was kind of kind of almost gray in some areas, because it's what we do, we sit around him and I sit around the sarong, we're putting in, there's a lot of calls that are very non emergent, and a lot of paperwork and fire inspections, and then you get an MCI, you know what I mean? And then you go back to the mundane, so I thought they did a pretty good job there. And that was God when I was young. So 30 years ago.

 11:59

Nursing world is very much like that, hey, look at Think about something in nursing and entertainment. You have Nurse Jackie, raging alcoholic, who stands up against doctors. And then you have porn. And I don't know about you, but in nursing school, they never taught me any of those things that are important. Like we're gonna

 James Geering 12:18

give give a good boy

 12:21

11 12:21

never learned. It was you know, IV starts pathophysiology. There's no, no, no, we were. And so it's repulsive to me, when I think about my profession, as a first responder and as a nurse about how we are portrayed in the media, and I think it's time you're doing it. And I'm, I'm trying to do it, that a few of us stand up to this bullshit and say, Guys, this is what the job is like. But to do so in an entertaining way, that perhaps not is just so in your fucking face about it, but perhaps is more subtle. Sheen is what I kind of hope that my novel does. And I'd be curious to see when when yours comes out as well. Because I know you talked about in your podcast, some of the themes that you're you're working into it like multi generational trauma, the past that trauma is passed down throughout generations. So, I mean, it's really important that we discuss it out. I had a friend that read my book, he's like, Dude, I had no idea. I had no idea some of the stuff that you guys do on the helicopter, or on the ambulance, like, yeah, that's, that's what it's like.

J James Geering 13:34

Well, I mean, I think the problem is, we take care of things while people sleep. We take care of things in the shadow, while people look in the other way. You know what I mean? So it's admirable, what a lot of these professionals do. But there's a certain point where you kind of need to grab people and make them look, you know what I mean? Because it's like that dignified, bullshit. Where? Oh, you know, it's the happiest place on earth. Have you been to Disney? It is not a fucking happy place. You know, it's a bunch of parents that have saved for years, that have to line up in the sun for three hours while their kids are screaming, and, but they still believe, Oh, it's Pixy dust and happiness. And it's not anti Disney conversation, but at what point? Can you just not ignore the truth that's right in front of you anymore. So I think rescue me at the beginning did a good job, I think, you know, louder. 49 and only the brave or phenomenon, the fireside, but we just need more of that. And we need, we need to actually advocate for our people. And like you said, it can be entertaining in fiction and in drama, and whatever it is, but if we let other people talk about our professions, this is exactly what's going to happen.

14:44

We will no longer have that voice or it'll be decided for us. I think that's really a good metaphor of what it's like to maybe be a nurse or a firefighter. Sometimes. I'm sorry, I shouldn't speak for the firefighting. Firefighters out there, but it's for flight nurses and nurses. But sometimes kind of feels like this character. You know, you put on the big old Mickey Mouse bays, walk into a patient's room, gay hands all clean. Hey guys, how you doing today. And then but deep down inside, you're, you're probably you're just the room next door just had patient one on end of life care and you help them pass. And now you have to put on your happy face go to the next room. And guess what you're getting an admin in 30 minutes, and it's death by 1000 cuts. You multiply that by a few years, it's like no wonder, a nursing profession just like first responders suicide risk rates are up divorce, insomnia, PTSD is the same shit. For this truth there is overlap. And I think that's the beauty about our professions is that we see the absolute best in humanity. Unfortunately, the absolute worse. So that's one of the great things about talking to you. It's just one of these commonalities.

J James Geering 16:01

Absolutely, well, I want to start your early life. And then we'll walk through and unpack some of those as we get into them. So tell me where you were born. And tell me a little bit about your family dynamic what your parents did, how many siblings



16:13

or born outside of Boston area, it makes me a Masshole. Proud, proud to be had an older brother, I have an older brother have an older sister. And you know the expression, it takes a village to raise a kid totally true in my case, and thank God for the village that are a town I grew up in because the house I was growing up and growing up in at the time was at times really rough. I had parents that were going through a divorce officially divorced when I was 18. But my dad moved out across town when I was around 11 or 12. So their marriage was in the shitter before then, so So my first memories were my parents screaming at each other and doors being slammed. So I always remember being really anxious. It's the 80s. So I think during the 80s growing up haircutting was a little bit more hands on, if you will, getting getting slapped in the face is perhaps a little bit more acceptable. And my mom, she a lot of the parenting, I think was on her. So with the issues that she had growing up, where she was raised by an alcoholic mother, and had her own issues that she never had the time, or never really went to therapy for that style parenting I think was brought on us. So my brother and sister, they especially my sister, she received a lot of that, that trauma onto her. And she tried to protect me from that. So the relationship to my sister and my mom was difficult. And I think my sister saved me from a lot of that abuse, but it still still came to me as well. Some of the forms of if you want to call it psychological abuse, she I think is interesting to talk about was I was locked in a basement for a lot of hours at a time. So if I acted up, I got locked in a basement and down the basement. We have these posters, motivational posters, still remember him quite clearly. One was like these cartoon characters from the 70s. The one said, always lend a helping hand. And it was this kid is about to fall on a pair of skates. He's being caught by another kid. And there's another poster that said, Don't put off tomorrow, what you can do today. And I think a lot of my anxiety, even today 40 plus years later, is having this fucking list of things that I need to get done in a day and not be able to relax. I think there's safety in service, being a firefighter and nurse. And a lot of the trauma that we have from childhood, we put on the backburner. And it's actually not until after I took off the uniform that I started to realize, hey, I'm still harboring some of the shit here. I'm still carrying some of the shit around Stein so recently that I'm actually starting to seek therapy for it. Just say, hey, you know, I don't think I'm all right. And that's okay. But it's time to do something about it. And when you first go into nursing or first responder world, you are just you're on a mission, you're on it, you are on a fucking mission to be the best firefighter or best nurse that you can be. And then the call started happening and you want to get another cert all these things you're you are put on the backburner for so many years, in some cases decades. And in my case, it's not until after I took off the uniform I was like, I'm going to work on myself a little bit. So grew up in Massachusetts area and slack Like I said, Thank God that it takes thank God to have the village around me because I have some great friends that lives right nearby. And I dove into sports sports was my my safe haven from from my house at times, I was able to get out, ride my bike everywhere. As my teenage years happened, I started what we call causing trouble, sorry, against a load more trouble with the law, and has some pretty big fuck ups. One that I'm still embarrassed about. But it put me on the right path. If you're a parent, and you're listening out there, and your teenage boys just fucked up. Just know that if you gave them good morals, that they'll probably turn around and they're going to be okay, now is what happened in my case. Had a pretty big fuckup got in some serious trouble. But even to this day, I It's like one of the low points in my life. And I want to say thank God for that. Because immediately I turned my shit around, start


studying more started really putting in the work and academics. And if it wasn't for that, I don't know. I don't know what would happen. But went to school, to go end up going to college, and got my first degree in environmental geoscience. And during the time in college, I had the opportunity to go study abroad in Ecuador. And that all sudden, drove me to really push myself Hey, what else can I do out there? What else is that? What else can I see? My world is not just Massachusetts, although it's great, great state. And eventually I ended up being in Peace Corps.

 James Geering 21:38

Firstly, with the sports you said that that was one of your your saving graces, what were you leaning into?

 21:45

Soccer was the big one. I played on multiple teams, indoor outdoor baseball, basketball to a certain extent, but soccer was the big one. I did some martial arts too. But soccer was God I love that sport grown up read a really good team actually, we won a state championship or senior year in high school or like top 50 in the nation. That was cool dealing with a bunch of guys that I have been playing soccer with since second and third grade. So kids that you have this 10 to 12 year relationship with just playing a sport become your brothers. And I look to them as a family. Until this day, some a few of them I'm still in great touch with and I don't think that's that's gonna go anyway, going away anywhere.

 James Geering 22:34

Well, it seems like you have some palpable shame and guilt about the mistakes that you made. Do you want to expand on that you don't have to if you don't want to, but is that something you want to talk about?

 22:48

I six years old, I got really drunk once and basically threatened a kid with a with a knife and just totally out of character. And I think it was at the time in my life where I just had a lot going on around at home. And I was looking out I was looking for but it was maybe I was trying to impress my friends. Maybe I was just being a total dick. Maybe I was a dick at that time. But something that I saw that a kid that I did that to I saw him about a year later. And we talked about a little bit but I can tell you that Karma is a bitch and has some stories from that. But it I went from a C to a D student right after the incident went to an A to B student. And I just started focusing on academics. For the first I want to say from like, fourth to eighth grade, I was I was out of it. When it came to academics. I could not concentrate at all at school. And you look back on it now it's clear, there's shit going on at home, that when I went to school, I just I could not concentrate. Because I had now sometimes I was afraid of being slapped or my sister is she was she is eight years older. My brother is seven years older and they moved out of the house. And that took away some of my support group when they moved out when I was around that age. So that mess with me as well. So that incident, just again turned me around because I

was so ashamed of that. My you know, as I had to give it to my parents too. They raised me better than that. Although they had things going on. They gave me a lot of good values and morals. And I was disappointed in them. But I was really disappointed myself.

J James Geering 24:43

When I was get this right in my head. Oh my goodness. How old was I? I mean, late teens I think it was I stole compulsively from my dad. Like I would literally army crawl in into their bedroom, get his debit card out of his pants, push my motorbike with the engine off. As far as I could turn it on go the ATM get money out, come back army crawl bag. I mean, I should have been a frickin seal or something, I was pretty good. And it just I couldn't stop. And when I unpack it now, you know, I see, my parents got divorced, there was a lot of inequity, when it came to love within the family, maybe other people existing outside our family that, you know, other families. And I think that was a subconscious realization. But that was a that was me lashing out. But I had so much guilt and shame about that part of my life as well. And it took years like, I turned it around, but I would say I'm 49 years out and years old now, it was probably only 1015 years ago that I saw that truss finally go back in my family. It was bizarre. So I just want to share, share that with you so that you know you will be invulnerable. But I think it's powerful. You know, you've been in that place, you know, you've had that these incidents, and there's a lot of guilt and shame. But it's never too late, you know, whether it's 16 or 60, it's never too late to say enough is enough. You know, I met this turning point. One of the things that seems to be very common in a lot of stories where people were struggling when they were younger was a mentor someone who or you know, a group of whom who were able to help that shift, obviously, the individual is gotta be willing to change. But there's other people that are facilitating it. Was there anyone around that time for you?

 26:40

Yeah, absolutely there. Oh, a sports I was playing. Some of those coaches became like second fathers for me. And my my older brother and older sister, they are just mentors for me as well, because they are in the same house. So see how they're trying to handle what was going on in my household. When I went to college, I met some great people. And also when I was in Peace Corps, so at an older age from 20, and on friends that were my age became mentors to me, because they came from a different background, whether there is from a farm, or on the west coast. So I had a lot of mentors growing up. But also when I became an adult, I think that just started to have this compound interests of mentors. And the mentors don't need to be the same. Like I said, no need to be older, they just be it can be the same age.

J James Geering 27:37

When you're in the high school age before you found the Peace Corps, what were you dreaming of becoming career wise?

 27:41

I had no idea. I sometimes I was just living day to day just trying to live here like survive being a teenager and a broken home. I had no dreams, no aspirations. I was I worked one summer on

a teenager and a broken home. I had no dreams, no aspirations. I was I worked one summer on a factory line, where I was putting a sticker in the same spot over and over again for eight hours at a time as water coolers and as they come down the assembly line and just put this one inspection sticker on there. I did that for a summer. I want to say I'll stick around 70 years old. And that on top of that incident I already talked about that transformed me say I need to get my shit together. I needed to go to school. And back then, and the mid to late 90s. College was the answer. I don't think so. As much now, there's just so much you can do without a college degree. But back then at least being in the northeast, going to college getting a degree and then you take it from there. So my goal quickly became let's go to college, but I didn't know what I wanted to be.

 James Geering 28:49

So walk me through how that took you to Ecuador and then the Peace Corps.

 28:55

Freshmen you year in college, I had a great Spanish teacher. It's crazy. I hated Spanish in high school. I mean, I fucking hated that topic. I was like one that you couldn't pay me to go and sit in a classroom and take Spanish. But I had an awesome instructor all sudden made it relevant, made it fun. And then the sophomore year, again, different instructor or a different professor. And he made it relevant and fun. And they planted the idea like you know, there's a whole other life out there that you can go explore. You can go live in Spain for a year if you wanted to. I had this friend his name's pitch pitch. Shout out to pitch, which was a year older than me. And he went to France and came back with some crazy stories. And when he came back and he's telling all my friends, all my friends we lived in, hung out in his basement we call the dude ranch. And so when he came back to the dude ranch, and started telling these hilarious French stories like that stuck with me and sometimes life is about having good stories and going out and and now who he is he's fluent in French, like that's pretty badass, like 1920 year old kid, he just, he wasn't fluent, he comes back fluent, and he's got great stories I need that I need to explore this. So because it pushed that influenced me to see what was out there. And Ecuador was a possibility. I put out the application got accepted was only supposed to go to one semester instead of going in second semester. And then I got a job as a summer intern did an internship in the summertime down there, and I came back, literally the day before I was supposed to go back to college for my senior year, I almost did not want to come back. I was having such an amazing time down there. eye opening experience learning Spanish living with an with a family with an Ecuadorian family was actually showing me this is what a family unit looks like. You spend time with your family, you go on vacations with your family, you eat with your family, you love your family, and I do on my family, but to see it in that setting. Was was a mentor ship in a way of what a family should look like.

 James Geering 31:08

With that lens, and we think of Ecuador, don't think of it as quite a wealthy nation as the US. But I am a huge proponent of finding all the good that different countries do. Some of us have a lot of resources, a lot of wealth, others, you know, maybe they're more in tune with nature. What about Ecuadorian culture? Apart from that one thing you've already highlighted? Would you take back and tell the American people wow, you know, we need to do this here.



31:39

This adds the importance of family. But that's where I learned that, that trying to help others. So I first got exposed to it. Besides from that fucking poster I had to stare at when I was a kid blocks in the basement for hours. But Ecuador was the first place that I saw that people weren't trying to hoard their resources. If they had some resources, they would give it to other people. And it could be poor as shit. And they'd be given the resources away. And there was some happiest people in that too. So that was something that that stuck with me. And then when I was in Peace Corps in Guatemala, that times 20, was what I saw down there, where you had some of the poorest people I've ever met, no running water, no electricity, would have to walk hours to get to anywhere and had smiles on their faces. And if they had something they would give that away as well, they would share here what happened during COVID Toilet paper being stocked up for so you could wipe your ass for years at a time. You know, that's I don't think that happened down there. During that time. I bet they gave their toilet paper away if they had any toilet paper.



James Geering 32:56

I find it such a hypocrisy that America postulates as a Christian nation, and obviously it's not we're a diverse mixture of all cultures and religions. But let's just pick on that for a moment. Because that's the one that's kind of thrust in our face the moment that you can stand on a foundation of Christianity, but I healthcare is, well if you haven't got insurance, then go fuck yourself. You know what I mean? That seems to be the furthest thing from community compassion, kindness. And my came from a country obviously, where it's not perfect, especially at the moment as they dismantle it and underfunded and don't staff it properly. But when the actual philosophy behind the NHS is, we're going to take care of everyone. And you know, if you have that mentality that drives you, not at the moment, but it should drive a country to go, man, let's make people as healthy as possible. So we don't use as much tax money. You know, I mean, so it's a beautiful system. And I find it so nauseating. When, you know, there's this talk of, you know, going to whatever religious place, but then our very the most Foundation, foundational principle of a tribal community is their, you know, their safety and their health. And we are absolutely fine with, you know, drug companies, insurance companies making hand over fist. Whilst many of our men and women have the audacity to get nailed by a car or get cancer, and they lose their fucking house. You know what I mean? I just find it so disgusting. And then you look at other countries that take care of their other people, other tribes to take care of the other people. We need to find truly that Christ like what would Jesus do? Jesus would not have a high deductible HMO.



34:46

To three bankruptcies in this country I read or do because of medical bills. 40% of Americans are trying to pay off some type of medical bill right now. Yeah, our system is totally broken to say that this is working. And if you look at our outcomes, Our outcomes suck. I'm in health care. And I, I love my nurses, I love my doctors. But if you look at our health care, just look at statistics. Our health care system as it ranks in comparison to other peer nations is 1111 out of 11 Peer nations we are real asked. And we outspend everybody we have, I think our GDP on healthcare is approaching 4 trillion fucking dollars, 4 trillion. Or that is insane. England 900 900

billion is what they have. And their outcomes are way better than any other country. So to say that what we have is working now. But you also said something to our mentality in this country is we have two conflicting cultural norms here. United we stand and Don't tread on me. And when we have a Don't tread on me type of attitude, then we're not going to work together like we shared with the United we stand. Because the reality is, if we want to change something, we're going to have to get together on this. And sometimes it might involve paying more taxes, which nobody wants to. But if that is a potential solution, are we going to want to do that, I don't know, a single pay multi payer system. Kind of like what they have in Australia, could be one of the solutions to fix our broke healthcare. But somebody smarter than me can come up with that solution, all I can say is, from what I see, not just as a nurse, but as a patient. What we have is not great. To

J James Geering 36:39

me, it parallels the fire service beautifully. You have this up front, you know, all the way this is the right way of doing it. So for example, the fire service, the 2448, you know, system. But then you take a step back, and you look at how many first responders die from everything, by the way, because if you look at sleep deprivation, it's just whatever gets you for us. It might be addiction and suicide, it might be cancer or autoimmune disease. But then you look compare the American healthcare system or health, you know what disease management system, we have 70% of our population is obese or overweight, we consume 75% of the world's opiates. So if you are beating your chest and saying we have the greatest health care, we would be a bunch of svelte mentally healthy men, women and children running around with our, you know, smiles on our abs, but fucking not, you know what I mean? So this is what's crazy is that we're so hoodwinked by the clickbait shiny objects that we don't have the capacity to step back and go, Dude, no one, almost no one never say never. But children and other schools don't have to do code, red drills for practicing someone coming in their classroom to murder them. You know what I mean? There aren't gangs on the streets of many, many countries in the world. There are in some, you know, El Salvador is probably not a good example. You know, but, you know, there's so many places in the world where if there is an element of that it's minut, compared to what we have. So this greatest country in the world chsp in bullshit, is literally going to cause the demise of this country, but having humility to go, alright. There's some things we do really well. Health care, for example, is not one of them. What can we do because if you actually show the economy, the false economy of the fire services, just keep doing what we're doing. We bleed money on the back end, as we break our responders. It's the same with this country. If you do a side by side comparison, like you said, of the UK, and here, for example, and the UK now Saudi is a less good example because they disassembled a lot of the NHS and we're getting sicker there. But if you look at out of pocket, forget about tax out of pocket per household health care by health care, you realize that the British system the NHS is actually a lot cheaper, you're going to spend a lot less money for arguably better health care a lot of times because they're not being educated in medical school programs that are funded by drug companies in the UK it's a completely different system drug companies don't have commercials on TV, you know, so and again, take pieces of the UK take pieces of Sweden and Finland or Japan or whatever else and make the best version of World Health Care and make it American but if we just stick our head in the sand and go oh, we're the greatest country in the world you know, whilst people fucking wheel around Walmart in in motorized wheelchairs because they're so fucking obese and I hate to sound cruel. I'm not meaning that but this is what we see. It's a norm that a wheelchair in American hospital looks like one of those giant chairs that you take a picture of when you go to tourist spots. No, that's a real fucking wheelchair for Americans. You know this Here's the thing, we have to open our eyes. This is what goes back to the storytelling.

A nurse and a firefighter paramedic have a conversation and we're like we see it. But the problem is the rest of the world still has that Disney bullshit version. And again, you want to see morbid obesity go to Disney. It is fucking heartbreaking the men and women that are so sick, consuming, overpriced, you know, sugar and fat in that facility itself.

 40:29

As flight nurse, we, we would have met just like a weight limit, but like a girth limit, where there is people that are too big to get through the fixed wing, to our aircrafts. That's a fixed wing aircraft, they're there, we wouldn't have to cinch down their abdomen or up their abdomen to try to get them through there. It's crazy. You know, going back in El Salvador, have you ever heard the global safety index?

 James Geering 40:59

It sounds familiar, but I certainly can't recall what it is. So please educate me. Yeah.

 41:03

So global safety index, you can you can google searches, but basically says how stable your country is based off of crime politics, and it's pretty, it spits out a number, you know, where we rank?

 James Geering 41:18

The guests, it's not number one.

 41:20

It's nowhere near number one, I think there's about 165 countries or so that are on this list, maybe a little bit more. But we're we're in the 130s. We're like 131. And then you mentioned El Salvador, El Salvador is 122. So it's Central America, I spent a lot of time in and I've and I have some great stories from down there. Great. Not so great. is considered a safer country to be in than our country. That's really frustrating them.

 James Geering 41:54

It is. Well, they'll be the opposition to that, for example, the health thing is the whole you know, fat shaming hurt feelings. And the thing is, it's like, I taught my son when he was little bit younger about swearing. You know, swearing is really just an adjective. Ultimately, you know, if someone cuts you up in the car, first thing is, oh, my goodness, that gentleman just cause a near x and no, sucker. That's absolutely appropriate to that moment. Fucking asshole. But it's about the intention, you know what I mean? So I can use no swear words whatsoever and break someone's heart being an absolute disgusting, you know, just using polite English. Oh, you're

you're an obese slob, you know, and you can you can crush someone. It's the intention of the words. So if you're talking about obesity, coming from a place of kindness and compassion, because you yourself have put tubes down throats and pads on chest and watch someone die in your fucking arms. That is a place of love that you want that to stop that you want these young men and women to have decades more life before they go naturally, like we're supposed to. And so this is where this this conversation gets missed. is, you know, it's when obesity is discussed. It's almost ridiculed by people with ABS, or it's poo pood by people that are obese. And the answer is, you know, you don't have to look like fucking Action Man. But at the same time, there is absolutely a shortened lifespan from cigarettes and obesity and all these things. And a true leader is going to stand up and say enough is enough, we need to change but every four years, we get the same fucking asshole that seems to be completely unconcerned as the wrong word. But the IRS isn't concerned with not only that, like the same amount of deaths on our road every year, you know what I mean? All the things that actually matter. But as I've used this example, but the world loses his fucking mind, when there's a transgender model on a Bud Light can and that will take the airways for, for weeks.



44:03

Great smokescreen from like, the real issues that are going on there, that we can't have a sit down conversation about the things that really matter, but we're gonna care about that, like you said, or tiger King. Tiger King was great, Karen COVID. But there is so much dialogue that we missed her and COVID and I worked in the ICU during COVID, as we were talking about, before we got on the air like what was it like to work there? Was it was it really as bad as what the media said? Who are the patients that came in? I was I worked in ICU during COVID During the Delta variant. And what I saw from my perspective, I did not see somebody who you would think was in pretty good shape. In my unit, it was someone who was grossly overweight or a diabetic or had dialysis. So I had some type of renal insufficiency. If they didn't make it to my unit, people still got COVID. But they weren't in the ICU on life support. These were people that had some underlying medical disease. And we had a lot of good saves during COVID. During that during the Delta variant, yes, there is some death there, because I think you're asking me about that was it as bad as what the media portrayed it? What was not portrayed in the media, and we're really getting hairstyles, but it was not portrayed was how bad it was on the nursing staff. It was fucking horrible. That three to one ratio, when you have three patients that are prone, if your patient is prone, and on life support, I really should be a one to one. There's so much care that goes into that one patient yet really of those that sometimes you're running around, all shifts, good luck trying to get a bathroom break, or lunch break now. Right round to 95 mask on for 12 and a half hours, just putting out one fire out to the other. God forbid if you make a mistake to which I did during that time, I made a pretty big meta meta. I hung the wrong bag of fentanyl on a patient who is four times the amount and then the normal concentration. I didn't catch it. Because I had alarms going off into different rooms at the same time on prone patients. So I was I didn't catch the air. Luckily the patient was intubated. And that the fentanyl in that situation was he going to stop and breathe and because we're breathing for him. It's going to make him really constipated. So we had to counter that. But these are the type of mistakes that would happen during that time. And there's stress that you have from making a medical error, the stress that you have trying to take care of three patients at once that are crude, all critically sick. It burned me out man. After six months, I just couldn't have lasted eight months during that. That at that point in my career. I think I was about 14 years into it. Sorry, about 12 years into it as a nurse and I almost left the profession because it

was of how much stress it was and I had a pretty strong back going into it. And that was missed. We didn't talk about that really was kind of hinted like nurses having a tough time right now. No nurses were fucking suffering during that.

J

James Geering 47:21

How much is the hero's work here posters help you guys with staffing and pay and sleep?



47:28

You ever watch Animal House? ever see that movie? Yes. Zero will Animal House reference. Zero, fucking zero. Don't call me resilience. Get me help. Don't say I'm a healthcare hero. Because I go home and probably are going to be crying after the shifts. I need staffing. I need somebody to bring in fucking Costco tacos. We have one administrator. Oh, one administrator was like, Hey, I know it's rough. Right now I'll bring in Costco tacos. Take off your high heels, put on some shoes and get out there and help us. We are suffering. You are a nurse. You're a nurse administrator now, and I know you're working way up the clinical, that corporate ladder, but come on out and help us. And it was like that way for for a good while, you know, a few months back, you're like, alright, I understand it's gonna take a while back to the hiring process. And then you realize they're saying it's on the money here by not hiring nurses. This is great for them on a three to one ratio. What's the biggest budget budget on a bunch of what's the biggest line on a budget and a hospital is your nursing staff? What if the nurses are just taking on more patients hospital saving money this is fantastic for them.

J

James Geering 48:45

It was really heartbreaking watching the NHS again, this medical system that I adore when fully funded and staff because you had in that case specially mean NHS is the paramedics to so you know pre hospital hospital workers and the UK came out at five o'clock, and they were clap, and then they go back in and watch you know, EastEnders or whatever they were doing next and you know, to the person that just wants to try and help in some way shape or form. You know, that's I get it from the individuals point of view they feel like they were doing something but one of my guests a while ago now said you know what that did it just put the you know the the responsibility squarely on the responders. You know, we clap for you. All right, go go back to it. And what as you said what was needed was beds and staff and PPE and you know, an emphasis on rest and recovery and mental health and all these things. And I think why I was so angry about the way it was handled. Because everyone took it seriously for the first few weeks everyone the biggest naysayers in the world have held on here we're like at the beginning we were like oh shit, what is this? But once we realized, okay, this is actually this not that still bad for this group of people, large group of people. But, you know, we could have had so many more people out there helping run the country and protect the people that were truly vulnerable. You know what I mean, but it was just everyone go hide in your house. I mean, I'm not a microbiologist, but a lot of the stuff that was told, as a paramedic, and an exercise physiology major, I'm like, I have a basic basic level of understanding of micro organisms. And this goes against everything I've ever been taught. So this is what's so frustrating is with every one being taken out of the equation, it was just the people on the front line that were left to do everything and then fast forward a year. Now you want to take their fucking jobs because they

didn't have the vaccine. So now, two and a half years later, they're like, oh, yeah, we just want to forget about that. No, no, you don't get to forget about that. This is when everyone in our profession needs to stand the fuck up for everyone that was out there and advocate them and make sure that shit never happens again.



51:06

We, we use expired meds during that time. There is such a shortage of everything. So epinephrine. If there's medics out there, I guarantee there's medics out there and nurses out there that were fired for using expired meds and all sudden COVID happens. You can use expired meds right now. What about the medics and nurses that were fired for using all that shit? We can we rehire them. It's just amazing how when things went really south, and it came all on on us, the one the level of support that we didn't get, but also things that we would have been fired for before it was okay. And now it's starting to come back the litigation against nurses, Jesus. That's insane. It's one of the reasons why I think nurses are leaving the profession is that the amount of responsibility that we have, coupled with this unbelievable, insane cases that are going to court to hear about this disease, Filipino nurses and the 2000 I think six brought over to our country to help us out. And so before COVID Were basically had a domestic servitude, they're enslaved, they didn't have any rights. They signed some contracts and totally understands, and were work forced to work mandatory overtime. They couldn't speak up about these horrible conditions that they're working in here in our country, they finally won a lawsuit against them. Another one more recent. Just to highlight this was out of Wisconsin, for Medicare Regional Medical Center and probably mispronouncing it but the Medicare they had seven employees, their their IR and Cath Lab, an IR is where I work. So it's kind of dear to my heart. They found better jobs across the way at another hospital called ascension. Medicare blocked the seven workers from leaving. They brought it to the judge. And they were they say that you cannot leave this facility even though you have a better job that's going to pay you more. We are blocking you from leaving. And it eventually was reversed by another judge. But that sounds that doesn't sound like a capitalist society where you have found a better job anyway, I'm going to put in my two week notice unless you guys want to match it and they don't match it and you say I'm out of here and that and then a judge says now you can't leave. I only in health care. The Redonda Vaughn is particularly troubling for nurses case out of Tennessee, Redondo Vaughn was a nurse that tragically push back erroneous instead of our said so she constituted a paralytic pushed it and a patient coded an MRI. She, for the first few years she was fired, but her license was not revoked. And it was until a few years later with somebody called up the I think it was like the Tennessee Medicare reported her and then the court the case got brought to public and then she was to trial, then convicted a reckless homicide. She was going to spend three years in prison. Luckily, it was reduced to a negligent homicide. And so she's not in prison, but she is serving probation. She made a huge medical error. Yes. Should her license be revoked? Yes. It was mistake she should be put in jail for no. And these are the type of things that are happening now to nurses. It's like No wonder we're leaving the profession. I think the same can be said about firefighters in a different way. The amount of responsibility that's put on you guys People with your cameras now everything you guys do is under a microscope as well.



James Geering 55:06

Especially law enforcement, I put them ahead of us just because you know, I mean, for a lot of us, when we get on scene, people aren't trying to kill us usually sometimes they are. But when

you have law enforcement pull over a car with tinted windows, I mean, I'm amazed at the courage it takes to simply do a traffic stop in Florida that limousine tends to everywhere that you have no idea if there's a gun pointed at you, and that you're never going to go home again just because you pull someone over because of you know, a legitimate speeding, you know, tag whatever it was. And so you add in, you know, lack of training and some departments overwork in others, you know, and now you've got this perfect storm for mistakes. You know, and I want to ask you this, but you know, with your fentanyl mistake, for example, at that time were you getting ample rest and recovery or were you overworked and under slept



56:00

the ladder for sure. I was on Ambien for 10 years. I could not fall asleep the night before an ICU or a flight shifts because I was so nervous about what potentially could happen that part of that's on me I did not have good way to sound regulate my nervous system. I didn't know about any of that. I just tried to go to sleep, wake up, go to work. So I went to a doctor and he was like, You know what, considering what your profession is, was tried Trazodone Trazodone didn't work actually had a horrible side effects of Trazodone I'm hesitating to say that one that's kind of personal but so I tried to MBM instead. And I was on Ambien for 10 years and I had to take it before a night shifts. But you might I might as well have been drinking alcohol to knock myself out. If you're on Ambien, you're not really getting deep REM sleep. They're just knocking your shit out. So you can think you're sleeping your wake up. So no, I was never really rested. The stress though, of when you start your shifts at 630. In the morning, you have three problem patients and you have alarms going off in every one of your room. I can't. It's hard to describe. Because your angst up about the start of your shifts, and you have 12 and a half hours you're doing it. But then when you have critical alarms going off that you need to attend to, in different rooms, you are running around and you don't have resources. So yeah, you're under totally understand, I had nobody else to call everybody else is in a similar situation. There's a three to one ratio out there. There's no resource nurse. When I first worked in ICU years ago, we would have resource nurses, resource nurses, you come in for four hours now even a complete shifts. So you come in for four hours, you help out the floor, and then you leave you had no patients yourself, or resource nurse was fantastic. You get a little bit of bump in your pay. You're helping out your nurses. When when winwin but there was no resource nurse during COVID. And they got rid of the techs. There's the expression that nurses save doctors and doctors save lives while the tech save nurses. And there's no text on the floor because they ministrations side get rid of them because that was that helps the budget. Get rid of labs. So we're the ones that had dry labs. So it's all on the nurse. And no one else is going in that room. Yeah, so if something doesn't work in the room, we can't call like it to go in troubleshooted the nurse is gonna go in and try to figure out why the phone's broken. So yeah, I was always sure, very stressed. Definitely didn't have any help. Was I tired? Probably.



James Geering 58:48

I had a father on David Hughes, who lost his son drew, I think Drew was 14 my memory serves me right. He was out skateboarding hadn't worn his helmet that particular day, fell off his skateboard. And I think he was really he was found down on that. But anyway, fast forward, there's a sequence just kind of slew of really poor decisions. He's now in the hospital. He's you know, ao times four, but he's kind of anxious. But his parents aren't there. So you got this 14 year old kid, he's had this for he's around all these strangers. And so they order to have him.

Got God, why am I blanking on the term? RSI so intubated. So you've got this anxious child, they the medic gives him the paralytic, but doesn't give him for said and then into basis esophagus. And Drew was completely aware of the fact that he was suffocating. And that poor little boy died and I think it was just another anniversary of the day if I've got that right. I think six years now that they lost their son This is the point that you said that that mistake. When you pull in all these factors, it is so irresponsible to ask someone who is who is responsible for lives to work these insane hours. But that is what happens in so many professionals, especially mine, you know, these, these firefighter EMTs and paramedics at a minimum are working 56 hours a week. Now it's three, you know, not sleeping every third day for 1020 30 years, then you have mandatory overtime now you're in 80 plus hours a week. And you wonder why some of these mistakes happen. Now you also factor in lack of training and sometimes just hiring the wrong person in the first place. But it's crazy that there's so much diligence in some professions where it's just about making money. But so little diligence in professions where people's lives are at stake.



1:00:52

Yours your schedule as a firefighter, right as a nurse, it's insane. The amount of hours he has gone 24 hour shifts and then the whole Kelly schedule



1:01:04

you know, when I worked overnights it's always weird, because you're like, I work an overnight, I get off at 630 in the morning, and then I had the day off. No, you



1:01:14

just work six and a half hours no other profession. Have you worked six and a half hours, you know, like I have the day off. And then you're gonna go home, depending on what your what's going on in your life, you might catch two, three hours nap, wake up, feel totally hung over, and then try to do something with your family or even just go to the post office and do some errands. And then try to get back on a day schedule or you go back to sleep. It's it's difficult. But as a nurse, we do three twelves typically three twelves one nurses pick up overtime and three twelves sounds like a whole lot less hours and 80 hours and it is and so it's it's hard to complain to firefighters about hey, three tools are really hard 24 hour shifts, which I've done before as an EMT basic trying to sleep in an ambulance. That's pretty fucking hard to do. But the amount of stress that you have during those 12 hours, there is no break. And if you work at a busy firehouse, there's probably going to be absolutely no break for you guys either. But on the floor, 12 hour shifts it can wear on you. If you look at the average age of a nurse on the floor. They're not working while I'm in my mid 40s. So I went back to the ICU I was one of the oldest ones there is a reason because those those shifts are so hard. I think nurses are the world's worst athletes. Think firefighters were the guys get it right? Is that a lot of fire stations, you have a gym. And there's some culture there like you need to be in shape to be a firefighter. And there's a lot of overweight firefighters as well. But at least there is an underlying culture of like, you guys need to be ready to go. And the nursing world I don't think that really exists yet. And the nurses are the world's like I said World's Worst athletes because you don't even know that you're an athlete. As a nurse, you have to turn a patient every two hours that is comatose

and intubated. 98% of nurses have lower back injuries 98% study I just read 90% Man, we are we are amateur strongman athletes when we had to go in and turn a patient or help them up or twist or bends. Now we don't get any credit for your charting and then all sudden you're getting up and you had to go perform some some almost max lifts effort with no warm up. This UFC fighters come out all sweaty release batters get a batter's box nurses, they get to rub their hands with alcohol go in and perform some like some deadlifts and the equipment that you have, it's getting better, but it's not there yet, and also times a factor of two. So that's why back injuries is so prevalent around nurses. And I wish we would as a profession focus more on our physical well being, of course our emotional well being but also our physical well being because it is a physical job being up on your feet for 12 hours and then having go live to patient. It's a young man's game. It

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James Geering 1:04:17

extends to EMS as well. There seems to be the separation Well yeah. And if you're a firefighter, there's an acceptance in some of us that you need to be ready to do the job and don't get me wrong when it comes to the world of firefighting and the gear that we have to carry. It's another level completely but you know, go back to the single the single cert EMT and paramedic alright put them now in Vegas middle of shooting. You're required to you know, start pulling people out you know what I mean? These people that are dead weight you know, some of In short, you got to pick them up and get them on the stretcher you got to get them out your heart rates up, you know, take it another time. You've got a patient you know in London and the it's a shame Are you part of town and the the lifts don't work the elevators and you've got to stair chair someone you know six floors. This is what St insane. It's not like you're soldering some microchip in a factory, you need some you are a tactical athlete as well, maybe not to the same extreme as a firefighter. But the fact that so many of our EMTs are just a mean, obese, obese. And that's perfectly acceptable. And it's not because like you said, not only the lifting, but the stress, the sleep deprivation. That is, you know, cancer, again, heart disease, mental health issues, is everything just waiting to happen. So we can't again, just say, Oh, well, you know, a Navy SEAL needs to be fit, but an Air Force regular army guy doesn't bullshit, we all need to be fit, which goes back to again, that entire national culture. One of my friends is a pilot was telling me a story, this, this wasn't this is like secondhand story. But he said, a friend of his was flying. And his navigator behind him was, you know, very, very big. And they had an issue in emergency. And the pilot said, we need to eject and the guy behind them goes, we can't. I'm too heavy for the ejection seat. And so by some miracle, the pilot was able to land with this, you know, mechanical failure, and save them both. But you think about that, now you became a fucking liability that could have killed both of you, you know, so it's not again, about fat shaming or anything. It's like, there is no downside. You can be a healthier nurse, you can do these lifts, you know, without hurting your back the average patients is smaller because Americans aren't so fat anymore, because we've actually done it culturally, you know what I mean? And now these people can have long, healthy retirements as well. So that's what's so crazy is there is zero downside to focusing on improving health in this country and our professions.

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1:06:58

How do you go through nursing school, I mean, I was EMT as well, and EMT, ergonomics, they didn't really go over. I probably left and I remember the old stair chair, worked in the greater Boston area, I'd had to use that stair chair to navigate around those little colonial stairs and it

sucks. But they'd really teach you that on the job, like, Hey, you want to engage transverse abdominus muscle, you want to use these muscles, they're not the most muscles. And I wish they would teach us that. I fired police police I have so much responsibility. And they got to be good shooters, they got to be walking lawyers, they got to be basically an EMT, on the streets. They got to know martial arts, and they could nursing I think first responders too, is that we are not trained or we don't see ourselves like we just had to be good at medicine. And I don't think that's necessarily the case, I think we need to be good at other things, too. We need to have some type of strength as a nurse or as a first responder to be able to lift up patients and equipment. Because like you said, one thing when you're doing it your job, but when you retire from the job, you want to be able to lift up your kids or your grandkids and that because you suffered horrible back injuries as a nurse. And workplace violence to is also huge too. It's not just you're suffering on a job because you lifted patients but you could get injured on job because of workplace violence. Workplace Violence right now. It's kind of a hot topic in nursing. There's a study I read recently about like eight to 30% of all healthcare workers are up to 30% of all healthcare workers are like experience workplace violence, and it's larger than that that's reported. But there's a nurse right now in Rhode Island that's critically in the ICU because he was critically injured at work from a site patient. What if you're a nursing school besides the escalation techniques, but they can actually teach you a little bit of jujitsu, but EMTs they learn a little bit of that as well. There's things that we're not doing out there that can help protect our nurses and first responders may be a cool idea. You don't need to be a black belt. Just even one or two stripe white belt, I think would help you tremendously on the streets or even in, even in the hospital.

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James Geering 1:09:19

I will credit the College of Central Florida here in Ocala. And when I went to medical school, I didn't do EMT with them. We did a I think it was two day detec class. And we literally have combative patients, you know what I mean? It was on the stretcher off the stretcher. And there was some great techniques, you know, just I mean, nothing. You know, when you're showing something for two days, you're not going to be a master of it. But there were times I use some of the pressure points, you know, when we had some of the because as you know, like hyperglycemia POSTECH PT or, you know, there's there's certain things where you know, once you get them stabilized, they're going to be calm again, but in that point, they're fighting you and So just having some of those restraint techniques versus getting into a boxing match with a patient, which never looks good on their face. You know, it was it was invaluable. And you know, it was it comprehensive No, but was it at least an attempt to try and give us a few tools for that incident? Absolutely. And I've had combative patients, actually, I'm writing about one of my EMC clinical in my book now that, you know, people will see that unfold. But, you know, there's times where I've been with a bunch of people and we're fighting kind of partly for our lives with this combative patient, you know, when you got poses half tide, and you'd like back trying to sit, you know, trying to draw up the meds, the cocktail and knock them out. And, yeah, it's it's sketchy, which, again, is where the fitness comes in. You know, I mean, look at that poor. I think she's, she's EMT, or an actual paramedic, but there was stabbed in New York a few months ago. You know, it can go from zero to 100. And even, you know, one thing that I was always aware of, is teaching medics and EMTs to think about patting down the patient in a way that it looks like a you know, Head to Toe Survey. But you're also looking for knives, guns, whatever. Because, you know, the NT jumps in the front, now, it's you and crazy Steve in the back, and now you're fighting for your life, you know, so they'll just having that situation, situational awareness, built into a program and then reinforced by your agency. I agree. 100%, it should be even the basic things like don't stand in front of a door when you knock on a

medical call. I was taught that very, very early, you know, so, you don't think about that when you're a bright eyed student. But yeah, someone could be a 95 year old Vietnam vet with dementia, who thinks she coming to get him and he shoots through the door, you know, I mean, he didn't do anything wrong. He's confused. But now you're lying on the porch bleeding, wondering what the fuck has happened.



1:11:54

For us, as a victim of workplace violence, I got punched I guess as you can call me victim I can find a more humorous story as punched in the balls by a world war two that they're trying to get up. Like, am I going to press charges against this guy now and he was often lala land. But shame on me for not, uh, he that's he nailed me. That was really impressive. He just gotta be square in the nuts. It that that put me out for I was I was on the ground that hurt. The second time that this is more legit was I had a patient in the ICU that was using jail for something. And it was an office, even with an officer in the room. I was around, I was walking around the bed, trying to silence and alarms. And he just got right up. And he started swinging at me. And I had to close the gap and take him down on the bed. But that's where some martial art training came in. Where I'm not going to stance in the red zone, I'm either going to back away, but my instinct was actually just get close to him real close, like my, my head's buried inside this to his chest. And now I'm taken to the bed while the officer all sudden jumps on him or we're calling for help. We can put some restraints on this guy and give him some medications given the B 52. Some held on Benadryl and Ativan and put them in lala land. But thank God for a little bit of martial arts training in that. And you know, if you're a nurse, and you're going into a room and you have some de escalation techniques, that's great. But sometimes trying to talk down a family member, or talk down a patient, it's not going to work. You got to know what's your plan B, what's your plan C. And if you get trapped in a room, I hope you're near the code button. That's a good one. If you're a nurse and you're into violent, potentially violent situation, to not put yourself between the patient and the door, you want to be near the door. And if you are be writing your that code as a great way to get people in that room really quickly.



James Geering 1:14:06

Well, I want to go back to your journey. So you were in Ecuador, you got back just before your final semester. What took you into the Peace Corps and then talk to me about your exposure to medicine.



1:14:22

So I got a great, great story about my first experience in medicine but as a patient. Well, when I was in, I was in Ecuador. I went out to speech once with a program director. He brought us down there to his like little beach house. And we're all sitting around having a beer on this beautiful isolated beach that if you gave me a map, I didn't know where we were. And I thought we were all kind of being I was pretty badass. We're in the middle of nowhere having a beer there. Program Director bunch of gringos is pretty cool and As the night is coming upon us this white dude starts walking down the beach out of nowhere. Wait what is this guy doing any any breaks out perfect Spanish. So some of those for a second where we're thinking as we're hanging out this is actually his little bar right next to the program directors house so he says

freaking out is great Spanish and and then we realize like aren't you Aren't you from the States? You know you kind of look like a white dude. And then he so we asked him like you probably United States like you asked you I'm from Chicago. So what are you doing here say I'm busy my girlfriend's in Peace Corps. And that idea of this just guy walking down the beach and mill tonight on the backpack in the middle of nowhere, just like it's stuck with me that idea. I went back to the States seeing a year of graduate from college. First year i college, I wasn't doing much. And I was that idea of being in the Peace Corps it stuck with me. And maybe it was us posters being locked in a basement always help always lend a helping hand. So I applied for a Peace Corps that's about a year long process. And I wanted to originally go back to Ecuador. But if you score you don't select what country you go to, you can select what region so in this situation, I wanted to go to Latin America, but you can't choose between Central or South. It's just Latin America, I think first time around they gave me Bolivia, which I didn't want to go to landlocked country. And I was like, I really want to go back to Ecuador. Can you What's your second option? And they said Guatemala, Guatemala it is? A year later 2001 When p scoring Guatemalan Peace Corps Guatemala you take chicken bus rates down there. If you ever seen what a chicken buses but it's basically was US school bus. You know the kids ride around on and when they go into retirement. The school buses they don't go to like a yard junkyard they get sent down to Latin America and they become public transport buses down there. And they're decked out and they read they you'll never see. You'll see a school bus down there. They'll have like Jesus with the crown of Thrones. And next to it. There'll be like Jessica Rabbit. So he's like, the decorations on these buses is just so insane. And they call it chicken buses because where you store the luggage sometimes there's chickens like right above your head. So you have people there, rams and these these chicken buses. And I always had I was reading Stephen King line at that time. And I was thinking if this chicken bus goes off a cliff into some weird Stephen King vortex and then all sudden we're like the last ones on earth. What do I bring to this table? Like I don't know shit about shit and all the people that surrounds me that are on the same bus. They're all farmers they know how to work that land they have something that they can give to the world I have nothing I can look stuff up in the answer net. And that's it right now. So that idea started to percolate a little bit more that I want to be able I want to have some something to give to people Well my favorite books today is Cider House Rules and Homer and Cider House Rules he he wanted to be his quote was I want to be useful. So the Stephen King vortex and Cider House Rules I want to be useful just kind of going around my head. Then I woke up one day and pee score. And I had this horrible abdominal pain and basically it felt like I just had to take bad shit or fart and it was just going to be alleviated. And Danny go away. And it turns out as the day went on, the Donald payments just getting worse and worse. So I call the Peace Corps nurse Kathy. So Kathy, I'm doing pretty bad right now. It's like five or six o'clock at nighttime I have this horrible domino pain. And so she tells me I need you to come in the you come into the hospital right now. I think this is pretty serious as Kathy the buses are not running. I'll see you tomorrow. She's like no, you're coming in right now. You call the firefighters you get you're asking to the hospital. So at a site me Peace Corps, you have other volunteers that sometimes are nearby and I call my site man. It's like Hey, Robin, I need to go to the hospital. And so she calls the local firefighters may come by in his Chevy truck with this blood soaked stretch here. And they want me to get into it. Like now I'm not getting on your world war two like I thought I was I'll sit in the front. So I actually sat in the front of the their ambulance and we drove to the hospital an hour and a half. And when I got there Kathy was there. And Kathy's like hey, you really need really needed surgery and just like comfort of Kathy being there just meant a lot. To me. I think that kind of stuck with me as well. Where I started thinking alright, healthcare. I can do this. I should look into this a little bit more. So yeah, that story I think I think you heard when I when the doctor came in the room did my their prostate exam on me and then walked out. So I'm 2022 23 years old, I just had my first prostate exam so this guy walks in. He's like, I need to check your prostate checks my prostate

box app surgeon walks in the room does the rebound tests on me i screaming pains like you needed hernia surgery. I was like, What the fuck was that finger in the butt a few minutes ago doctor. That

 James Geering 1:20:42

was that was the billing department they were getting you know, your American,

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which I really think is appropriate for your first introduction to healthcare is a finger in the butt. So then it will be back into surgery. And the first the last song I heard as I'm getting put out, is Eric Clapton tears and I think they were trying to be nice and like let's have some music that has English lyrics. And it's was you know, my

 James Geering 1:21:12

father then lost his child out of a window that sounds perfect.

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As you're being drugged, dude, like absolutely horrible song to hear as you're going out. But that was my miles. My first real introduction into medicine was a finger in the bud with Eric Clapton and a helping hands.

 James Geering 1:21:30

I don't know unsolicited angel sounds like a pretty good prep to the life in the medical profession. So I

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would think that it'd be day one EMS.

 James Geering 1:21:41

So you down in Guatemala doing the Peace Corps? How does that take you into the world of EMS specifically then.

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So then after XRP score, well, np score, I started working closely with this nonprofit

organization, where we provide surgical services to Guatemalans that could not afford it. So cleft lip, cleft palate, cataracts, a whole slew of other surgeries. This profit, this nonprofit would provide the bridge that would bring patients into the hospital or all these other nonprofits would go to from Canada, US, Spain, Cuba, provide these surgical services almost free. And then the nonprofit would bring them back out to their village. As a Peace Corps, I got hired on as a director for that. And then I continued to live in Latin America for about four more years. I started climbing started, I started getting I guess, having more power, in a sense, was making these big decisions down there. And I had no medical background, to the point where I remember I was in Honduras, because the job eventually led me to Honduras. And I saw this little kid walk out in front of me, he had this big bloated stomach, and he was like half naked, and the mother is running after him. And I just remember having this epiphany that if the mother picked up the kid and looked at me and said, my baby needs help, I wouldn't know what to do. Even though I am the director of this nonprofit organization. And I know all these important people making these big decisions, I own a shit about medicine. And that just stopped me in my tracks, like I need to go back and study medicine. So I, very shortly after I came back to United States and started, I wanted to pursue either nursing or PA. But I needed a, I needed a gut check, I needed to make sure that I was going to be able to handle it. And for me, the best way to get into medicine with the least amount of effort and least amount of time and resources become EMT basic. EMT basic course it's a few months, it's expensive, but it's not as expensive as med school or nursing school or PA school. And very quickly, you're going to find out if you can be cut out for this profession or not. At least the emergency side of it. If you want to go into oncology, or outpatient stuff, then I don't know if you really need to become an EMT. But in EMT, you're quickly realized, yeah, this is gonna be a profession for you or not. So I became an EMT in the greater Boston area. And about six to eight months into it, I realized, yeah, I can handle this. So then I started pursuing nursing after that.

 James Geering 1:24:26

So you're born and raised in America, you go to Latin America, you have these experiences in Ecuador and Guatemala. Were there any aha moments when you got to see behind the curtain in your own country have some of the things that we see in pre hospital care

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and the resources down there and Latin America or you know, the ER is down there are basically like, like a, like a mash hut like huge open room, people on cots, and like, wow, this is This is incredible. I don't know how people survive this type of health care system. Em are one of the hospitals where family members would have to actually go out to the pharmacy across the street to buy normal bag of saline and bring it back into the hospital. Wow. That's, that's pretty nice. As far as like, Aha moments, though, uh, you the reverse culture shock of coming back to this country, I think was was more upsetting than seeing that down there. I always thought that you should be very quick to observe and slow to judge and anything you do, you go to a new fire department, you go to a new hospital, you're very quick to observe, mouth is kind of close for a little while, go to observes, slow to judge. But when you come back to this country, and you get reverse culture shock, you're not expecting the things that that you thought were safe and no longer are.

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James Geering 1:25:59

So were there any examples of that? Because I mean, I talk about this a lot. I grew up on a farm in England, you know, we had sheep and I took care of all the ducks and the chickens and the geese. And, you know, then I come over here and I lifeguard for a while. But again, most of us that lifeguard in places other than the beach, we don't really see that much. Because if you're a good lifeguard in a pool, or, you know, a waterpark, you do your job, people are normally okay, because you're very proactive. Now you work in this job where you are in a central location, and people call you when shit has already hit the fan. It's a very different dynamic. And you go from rural England to inner city, Hialeah, or Orange County or Anaheim, very fucking different worlds. So it was jarring to me. I mean, again, like you said, I was like, Oh, I seem to be able to do this. But to two completely different worlds. From the one I grew up into the one I found myself in

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Latin America, I would be going out to very faraway villages. Like I said, they had no running water or electricity. And I remember one girl Her name is Maria, Maria had this cleft lip. And she was like 15 years old. And she did not go to school because she was so embarrassed with their cleft lip. And so we were able to provide the family surgery and all sudden she's she started have the courage to go back to school again, at 1516 years old, where before she was just hit in her little hut. So you have that experience. And then about a year later on working on the back of an ambulance, and Revia and Chelsea, Massachusetts, going into people's homes and dealing with, you know what you deal with EMS. And it was a huge culture shock. Or now you're running on drunks. Now you're working on heart attacks. Now you're working on people who they're not always happy to see you. Thanks, I would, I would say the majority of times work and it's the cause I ran, they weren't necessarily happy to see us it was more of this sense of entitlement. Always bowl Shakeology ran as an EMT, or they literally walking out to your truck. And you're able to walk up into the ambulance and want to go to the hospital. Because they have a headache, but the 70 of time in a week. That's your like, man, if you if you just see what I see him like a year ago, but one thing I learned, nobody fucking cares. They didn't have that experience that I had down there. When I came back, I was on a high horse for a while, you know, down in Guatemala, they don't have 30 different milks in the grocery store. Do you know they don't have sidewalks? And people like to we didn't have your experience, man, like, Get off your high horse. That's great thing about being from Massachusetts. I mean, people very quickly tell you what they're what they feel and what they're thinking. I'm gonna sugarcoat thanks. So in a sense, I, I didn't want to Yeah, I just had to accept what it was where it was. And keep those those memories back. My mind just kind of smiled myself sometimes.

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James Geering 1:29:14

I forget the quote. So butcher it if I try to think about it, but there's something there's a quote that I love by a person who was famous as how terrible my memory is. But it talks about you know, if you want to eradicate or ignorance, travel, something like that, you know, because when you go around the world, it completely recalibrates your, your entire barometer, you know what I mean? And so, if you've only ever worked for one fire department, you've only lived in one or two towns. That's your entire reality is all you know. But when you've done different careers, and you've worked in different places, especially different countries, and you've traveled not only are you like, wow, you know, some of the things that we do here don't

seem to make any sense. But then positively, but I know systems that have the solution to that. And that is what's so frustrating. You know, when people like, wow, this way we've always done it, you know, I don't have any answers. It's like what people fucking do. But you need the humility to actually look around you and go, Hey, you know, and I use these examples all the time Finland, tell me about your your school system, your Norway prisons, Portugal, drug policy, UK health care, and on and on and on. And then vice versa, America, teach us about X, Y, and Zed, that rising tide raises all ships or lifts all ships. But if we stay stuck in our little myopic world, which is getting even fucking smaller with cell phones, and you know, dumb phones, we're forgetting that there's people that have already done it, and we waste so much energy and money reinventing the wheel, even the fire service. So we're gonna start a mental health program. There's, they're already out there. And there's some amazing ones, just ask someone who's already done it. And then that way, you can use other resources, do other things. So that's what's so maddening. And I get it. When you've seen other places, it gives you a different lens. And then you come back and you're faced with, for lack of a better word, ignorance and empathy are no apathy, no empathy, apathy. It does, it makes you fucking angry. That's what it does.



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But it gives you a sense of like, I can talk to anybody. If there's one thing I learned down there, it's, you learn the skill of being a bullshitter with anybody. And that is huge in EMS. And that's huge in nursing to be able to go in a room, especially my current job, my current job, the ABCs, for the most part are pretty much covered. The ABCD ease whatever, you know, it's working interventional, radiologists were rays, radiology department. So we're not picking up people from sail Road, people are coming in mostly as outpatient. And they're just anxious about stuff. And so the ability to connect to people because of that diverse background, I have way more empathy now. Because now I know. I think about what they're potentially going through what it's like for them to walk through those doors. And maybe that's because I'm older as well. And I have aging parents. And I have a wife and you know, there's situations where I can, I can imagine what it's like to be in their situation. But also just having a worldly view, really able to zoom yourself out. look from above, and say, Okay, I might be having a crappy day right now, because I had to get up and go to work. But what's this person going through right now? How can I make them more comfortable? I think that's what Latin America has helped me the most with is being able to have empathy for people.



James Geering 1:32:46

So you're working as an EMT, walk me through your journey into nursing and ultimately fight



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flight nursing. The anti gay for almost a year, and I moved from Massachusetts down in New Mexico, I had a friend and Peace Corps. So he got check out Albuquerque. It's beautiful spot. So one of my journeys I actually traveled from Guatemala all the way up to Albuquerque took about two months, taking different buses traveling through Mexico. So one of the best times my life I did a month with the friends that one month without a friend crazy stories great times. And so I did visit Albuquerque. Before I I went back to Massachusetts become an EMT basic. So

when I was an EMT in Boston area, so I can get my foot in the door. I'm hanging out with my my friends for a little bit getting readjusted to American culture, and almost relearning English. For a while my English My English isn't great to begin with. But my English when I came back was was horrible. I was taking conjugated. I would conjugate verbs in Spanish into English, like output an ing ending on a verb in Spanish. So I had to work that out. That's, that's cool. But I eventually decided that Albuquerque I wanted to try Albuquerque. I wanted to get out of Massachusetts again, after being there for a little while. It's like ads I needed see what else is out there. So I went down Albuquerque, New Mexico, went to nursing school there and started my, my medical career as a nurse at University of New Mexico hospital came an ICU nurse down there to become a flight nurse lighteners. If you today decide you want to be a flight nurse. That's nine years. And so you can step on a helicopter basically, four years, get your nursing degree, maybe you can do a little bit faster. Let's pending on your prereqs. And then if you get a job right out of the gate, working in the ER ICU, you need at least five years of experience. So that's crazy to think like today I want to be a flight nurse and you have no background. It's going to take at least nine years. But Albuquerque was part of that. journey where as your nursing school, went to the step down unit for about a year and then went to the ICU for about five years. So I qualified to become a flight nurse. And then I did flight nursing down there for a while, and eventually moved up to Colorado, where I continue to be a flight nurse for a few more years.

 James Geering 1:35:17

So contrast, the word of nursing from a war to a helicopter. I mean, what again, the some kind of career stories and aha moments for you.

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Lots of good as some pretty good saves in the helicopter, one of my favorite helicopter saves was there as you know, you can do you can do drugs, and you can hang out with strangers. And you can go and take hikes near cliffs. But when you combine all three together, that's never a good goal. When you decide to do cocaine with complete strangers and walk near a cliff, never a good idea. And with the sun setting, never a good idea. So that was a call that went on. And Albuquerque Fire Department is trying to find this patient out on the west end of Albuquerque, if you move to get out of the city of Albuquerque is beautiful. By the way, it's such an underrated city. Yeah, there's a lot of crime there. But right now, especially during the fall time, during bloom Fiesta green chili mazing city, Sandy has a gorgeous, every sunset there. It's just unbelievable. But on the west side, there's these like canyons that people go for for Whelan. And there are Mesa I should say it's like a mesa down there. And it's pretty fast, and you're gonna get lost if you don't know where you are pretty quick. And trying to find somebody there's like a needle in a haystack. So A call came out of Quick Fire Department trying to find locate this patient. And all we know is that the patient potentially has some drugs on board. And it's off cliff, and he's with the friends. And they're calling 911. So we got sent out there. They can't locate the patient yet. But the patient's still on, on the phone with the 911 dispatcher, the 911 dispatcher was able to log the call in or splice the call into my pilots headset. So now my pilot is talking to the friends. And he's asking him, alright, do you see us? Yes. Do we need to go right or left and a bit? There's a little bit of a delay. So the friend on the ground say okay, I see you guys, you need to take a right and then we would take a right? And he's like No, no, I mean kind of be take a left. So we're doing this for about like a half an hour

trying to factor in where this patient was. And it's getting dark. But this works to our advantage because now we asked them Do you have a light on your cell phone? And he said yeah, so he started up flashes light. And I caught in the corner. My eye caught this little light at toma Pilar like two o'clock. Hello. I think I got him. So we start circling we get closer insurance. Shin Mary was fire departments nor near because where they were saying where they were, they were telling me one dispatch, it was nowhere near where these. This patient was. We we landed on this little little plateau and when the helicopter on it's just, it's the pilot, myself, my partner. And this friends and the patient, there is no other help. And this guy stumbled down a little cliff that was probably about 20 feet. It wasn't straight Cliff it was one of those cliffs at an angle so you just kind of took it all the way down and then was pinned up against the boulder. Luckily like his head wasn't cracked out or how he didn't fuck his head or anything really major up and he had a pretty bad late fracture and hip fracture. That was that those little a fracture that was obvious. And I got to I'm still conscious. Like, holy shit. This guy's actually doing pretty good, but he's huge. He's like, 250 and it's just three of us, you know? So he started asking me drugs on board. He's like, Yeah, it's just some cocaine right before I stumbled down the clip. I'm like, Man, cocaine. And the friend was hired to so we asked the pilot Hey, do you mind shutting down a running helicopters or working helicopter shutting helicopter down in the middle of nowhere. There's a little risk factor

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to that because you just don't know if that helicopter is gonna start back home. So I asked my pilot Randy feel good chatter knows that. Yeah,

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I feel good. Birds running good. Let's shut down. So we needed all the lifting help, we can get go out, stabilize, lay fractures so you could put them on the collar. And then we we get them out from this boulder. And we have to elicit the help of this friend who's cocaine to help us out. So four of us put him on our little stretch here and we're covering dirt at this point. Our call was so much fun in that regards. Just work in EMS Sound middle of nowhere, he's your flights. He's getting covering nerves. That was fun. Getting back into the helicopter. And now the friends like you can't leave me out alone. It's getting dark. It's getting cold down there. But to time cocaine man like, I don't know if I want to put him in the helicopter. Pilot myself and I, we made a collective decision we could put this guy in the front seat was in Augusta, so he was a co pilot. And then the medic and I are in the back. And so we put him in the front seat. And I feel like that was a safe too, because I don't know if that guy would have gotten out. We flew him into the hospital. I threaten that dude, right before we get in. I was like, if you touch any fucking thing, right, and we're good. Now, if you fucking touch anything, though, it's just going to be a different story. And he just sat there with his hands in his lap. As we flew into the hospital, patient did find as soon as we landed, and we got to the ER his friend took off. Like a good friend would just runs right out in the middle of Albuquerque. But I thought that was a great save though.

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We had another way another call or a guy was walked into an ER and a Podunk



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little hospital out in one of the reservations. And outside Albuquerque walked in with some TVs holding T and it just collapsed right there. So he had this weird epiglottis that epiglottitis Wait, it's just it's airway got all swollen, and they had a trach right there in the ER department. But it was a small hospital. So they didn't have all of the supplies they really needed. I think they had this huge like 5.0 ET tube, like that was it. So they made this huge incision through and like the CT to the cricothyroid membrane, and then call us and to transport them to Albuquerque. So when we get there, we see this huge patient, he was tall, like he was like 6364. And with a ET tube going into his throat and a taped up his mouth. Because the air was leaking out of his mouth, because he was in a proper fit. Like, oh, this is gonna be a fun ride. Here we go. We put them on our our Hamilton ventilator. And all the alarms are sounding because we have low pressure ventilation. And this is the cool thing about like, light nurses in flight medics. What a flight nurse lacks a flight medic has and what a flight medic lacks. A flight nurse has an on that call, like I know my ventilator really well. When it comes to like when it comes to seeing calls, though I rely heavily on my medics. That was a great call because we got to play with all the different parameters of what ventilator can or can't do. We ultimately just had a bag the patient though, because there's just such low alarm pressures. He was leaking out from the mouth, there was blood spurting out from the hole that they put in because the hole was massive. And so we had bagged them for about 40 minute helicopter ride and that patient ended up living. So that was another great call.



James Geering 1:43:07

That's one of the most terrifying things I've had to do in my career. Because if you think about Paramedicine specifically, I mean, you learn a lot of these skills in the critical care medic courses, but paramedic we don't. I remember going on one thing I've told this before, came in as an 18 year old difficulty breathing. There's kind of you know, some some groans and someones thinking, Okay, it's gonna be a hype event. Well, this poor young man had, I think it was muscular dystrophy. And so he was now fuck, 70 pounds, maybe pictures of him as a high school athlete. You know, when he was younger, this big strapping kid, and now he's just bones so fucking sad. But he was on a vent in his room. But it wasn't a mobile event. And so we had to transport and bagging the whole time. And you talk about stress when you're, I mean, obviously we know how to bag but it's not a cardiac arrest where you're bagging, but they're not going to complain. I mean, they're, they're, they're basically dead. You know, this is a person who is completely AIO times four. And you're like, Wow, this this gentleman is going to die if I don't ventilate properly, and it's basic and it's the empty skill but I remember thinking it's just such a unique skill that your world does really well but our worlds only once in a while that will bag for a conscious patient, you know what I mean? So yeah, that that call really resonates with me firstly, the tragedy of that disease but secondly, the responsibility to make sure that you bag perfectly for this conscious, you know, young man that's got respiratory distress, but it's still completely aware.



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That's where you put your ego to the side you can say, How's my bag and and I bet you were like, you let me know if this is too much. Because they probably know better than you in the ICU when you're doing A spontaneous breathing trial. And you have a patient that's been

too when you're doing a spontaneous breathing trial. And you have a patient that's been intubated for a while and you want to wake them up, you want to activate them. First thing you do is you put them on a spontaneous breathing trial, you start off, shut off all the meds, shut off the fan over said, wake them up. And then you put, typically they're on the say, pressure control volume control, and you switch them on to just suppress your support. So they're actually doing all the breathing or sucking through an ET tube. And you're looking at their tidal volumes to see if like, yeah, this patient's X, debatable or not. So you get to have some interesting moments with an awake patient that has a ETSU harpoons deep into their, their lungs. And a lot of times they fail, meaning that they're just not ready. And we had to put him back onto the volume and pressure control and sedate him again, and there's a whole formula you follow. But you get to have those interactions. And I remember, a lot of patients that have helped activate, you're trying to coach them through it. And then other times, they're just, they're just not ready to be excavated, but they're still awake, you're not going to snow them again, because you snow a patient. Although that it makes your shifts easier as a nurse, because they're not, they're going to do his term every two hours, it's not the best for the patient. So you kind of want to have like sedation, you're going to plenty of interactions with people. And I would, well, you're not like I would try to get patients up and moving called early mobility protocol, where you get a patient up and moving that is still intubated, and on like a volume control a little bit of phenol a little bit of versus maybe a little bit of profile, but they are still with it. And it's so gratifying to be able to do that too. You're walking a patient on the hallway that's on life support. It's crazy. But those are some of my best memories work in the ICU, walking patients in the hallway, when they're on life support. See, imagine feeling that you you have all this shit going on. But at least he got out of bed today. And you have all the reasons to stay in bed, your life support. But you got up and moving like that, that sense of accomplishment those patients must feel and how that can carry them to the next day. And then the next day, and when they get extra beat. And when they get out of the hospital and they start their road to recovery. They had something so fucking hard, where you actually walked while you're in life support, like that's just going to set them up for success in all the research is out there that supports early mobility protocols to

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James Geering 1:47:22

well on that topic. So I wanted to hit that before we go the kind of your mental health journey and we'll unpack that too. But one of my friends Steph cross them came on long time ago. And right before we recorded she she'd kind of brought up a perspective and she's a nurse and ICU nurse as well. And I'd never thought about this. And then as we progress forward and understand, you know, the power of sleep and some of these other things, it makes more and more sense. But when you think of the way hospitals are set up a lot of times there's you know, blood pressure checks or vitals, checks, you know, every X amount of minutes or hours. You know, you've got lights, you've got artificial lights, you've got noise in the hallway, all these things. And you realize, wow, you know, the people that are sickest get the worst sleep when they're in ICU and and even you know, a lot of the other wards, ers, etc. And so she talks about the term ICU psychosis. So talk to me about that. And again, king for a day, how could we maybe restructure some I get some of these patients just are going to have to have it all going on. And they might be unconscious anyway. But in in the hospital setting as sterile and clinical as it is how can we maybe infuse some of these holistic elements to allow the body to heal a little bit more on its own as well. Yeah,

no

1:48:38

that's, that's a great topic. I know that as picks PCs, post intensive care syndrome. So somebody comes into the hospital with let's just say pneumonia, and then they leave with a whole myriad of other problems like they because they weren't getting asleep. So now they're leaving with mental issues, physical issues, because they didn't get up and up and out of bed or sleep sucked. So something that we need to do as nurses is try to get them the best rest as possible, try to minimize the alarms in the room, but there's so many fucking alarms in the room. And I think we're getting better at that. That's when litigation comes in, is that you're afraid that if you miss something, if you miss something, and alarms going off, you don't hear it and that kind of falls on you. So being experienced and setting your alarm parameters to a comfortable level, for example, instead of 92% maybe setting your alarms to 90% or whatever your hospital institution would allow. But that's that is something that if you are working in a hospital and you're on what's called a shared governance committee, you on the unit can have some power of saying what are our alarms going to be set at, but alarm fatigue is huge, because we're constantly waking up patients. The big as far as getting them off of fentanyl and Merced Gan it's like maybe on Ambien for 10 years if they're being knocked out and they're on life support. Do you want to make them comfortable with doing these spontaneous breathing trials, where we're lessening of sedation, seeing if they're ready to get off of life support, I think that's made a huge difference as far as trying to get people back one off life support, but back into a sleeping routine. I think about the patients that aren't necessarily nice you, but the ones that are awake, like on a step down unit, where we had to go in and check vitals every four hours, you know, we had to wake up, are you in any pain, had to check your vitals, and I tried to get some sleep, and you're waking them up while you're doing these interventions. So clustering your care. And these are things that nurses know, but really clustering your care to give your patient maximum sleep. So you go in, let's say, it's eight or nine o'clock at night, you're gonna give them your eight o'clock, nine o'clock meds, you're gonna do your assessment, you're gonna do your vitals. And then hopefully, the issue is that you had to go in and three or four hours, and take a look at their vitals. And that might mean waking them up. I don't know how to do our job without necessarily waking them up. I mean, sometimes they're on telemetry and you don't need to, but they're all entangled into wires and everything, it'd be nice to have some type of baby king for a day, really invest into some type of wireless technology, where they're not hooked up to things where they can actually move around that a little bit more, that'd be nice. It'd be nice to darken the room as much as possible, there's so much LED light in there, it'd be nice to maybe keep the room at under 70 degrees, 69 degrees, kind of ideal temperature, and then has some type fans in there, that that block out the sounds to be other rooms. These are all things I do in my house have some type of sound at night, because a lot of a lot of the patients, they're going to hear the noise that's coming from the nurse's station or they're going to hear what's going on next next door so they can have some type of famine there that's blocking out sound. I mean, that sounds like a good idea. It's a hospital is not a place to go to rest. It's my want to get out as soon as possible.

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James Geering 1:52:06

This is one of the big things that I think is really exciting about the infusion of telehealth and the 911 system. And it's still largely unheard of. And I'm trying to actually be pretty honest, I'm trying to get a sponsor on from that realm. So I can share it more on here as well. But you get some of these less acute calls that we run on that you ran on as an EMT, you know, and you've got a child who's got a fever and they throw it once and the parents are freaking out thinking they're going to die of dehydration. Firstly, you so they call 911. They said they realize, okay, it's not an acute call, specifically, we have two options for you. We can send an ambulance or

we can give you a video conference with an ER physician, which one would you want? Well, nine out of 100 are going to say what doctor that sounds even better. They consult they tell them you know, okay, we're gonna, you know, shed some of the clothes, we're gonna give them Tylenol, whatever it is, you know, if x y Zed happens, call us back, we'll send an ambulance. Now, not only is that child that elderly, you know, man or woman, whatever it is got to stay in their own bed. But now you've haven't woken up an EMS crew, and you freed up a bed in an ER for a truly emergent patient. So I love that whole system. But the underlying thing and I saw this a lot, my last place because we basically worked in Disney is you have these parents and then they fucking so irresponsibly would say, do you want us to send you an alpha unit, they wouldn't say do you want to call 911 Because that's what they were doing. So the call then alpha unit and other wanqi dignified version of, we're going to wake up a crew of emergency firefighter paramedics and send them to your hotel room. That's what they needed to say. Anyway, so we get a lot of people that we just kind of a piece, and we walk them through everything, but they didn't need fucking 911 A lot of them wanted a title now whatever it was, so this little child is in this very comfortable hotel room. If they need to go to hospital they need to go to hospital but more often than not their parents is some reassurance they had you know, your these days, you can get meds and all kinds of stuff sent to two rooms with Uber meds or whatever the hell it is. So it was really just reassurance we check them out their temperature is this if you you know, you've got this massive blankets on them. If you take those off, turn the fan on, you know, and if there's any if there's symptom, A, B, or C, just call us back, we'll take them no problem at all. 99 times out of 100 we never hear from him again, because that child got to sleep in a comfortable bed without a drunk on one side and a sight patient on the other. And so they got better. You know what I mean? So this is the thing. The hospital absolutely has a place we can take some of the creature comforts of home and try and use that principle in the hospital. But also, I think that's how we help the EMS and hospital communities. do is stop sending everyone to the ER, because your medical directors that oh, just send them cover your ass like you said litigation. Well, you have to have be a big boy and a big girl. And that's you got to make grown up decisions. And if someone doesn't need to go to the ER, they fucking don't need to go and er, and you know, you've given these people 1000s of dollars of medical bills, because you're too scared to say, You know what, this is the flu that's going around, you've got all the symptoms, call me back if you need to, but you do not need to go to the ER right now, you will do much better trying to sleep it off in your own home.



1:55:37

I love that idea. By the time they get to my unit, though, and they're, they're far past that. But anything that we can do in the community, to help prevent them from spending a night in the hospital, and the family to you know, if they're if their kids coming into the hospital or their loved one, their wife, their husband, they're going to want to stay there, they're also not going to get sleep. And that becomes a huge stress in the family as well. We have caretaker distress, stay in the hospital, even though they're not directly caring for the patient at that time. But when they get discharged and they're already setting themselves up, because they've been sleeping in the hospital for the last day or two. I do think that the hospitals are trying are becoming more aware of that other things are starting to become incorporated, whether if it's music therapy, or aromatherapy, other things, that's kind of some woowoo. But I saw a difference in my practice, music is huge in my life. And I would try to have music on in the room. During the daytime and nighttime, some patients we had something called the care channel, and we would play like the soothing music to help patients. And I think sometimes it helps as well. But the big three things when it comes to sleep, our sounds, temperature and light. What we can do to minimize those three, whether if it's a patient or our own lives, we're

going to get better sleep more profound sleep, if we can have the temperature cold in the room, under 70 degrees. Read 65 to 69 degrees. Pretty cool. Sounds so for me, I need some type of sound, no sounds like I'm not going to sleep. So some type of fan sound, some type of white noise. And third one is as dark as possible. And in the hospital, there is so much LED lights in there. And LED lights, they prevent the release of melatonin. So even you think of like your TV screen, for example. Yeah, but even the lights on in your kitchen. Now those LED lights that's going to suppress the release of melatonin. So those LED lights that are in the hospital as well, that is preventing patients from sleeping sometimes. Give them Ambien and Trazodone. Those are your usual PRN meds. But that's just knocking your patient out. That's not helping. Well,

 James Geering 1:57:56

that is a beautiful spoon fed segue to your journey then. So 10 years of Ambien, as you said, That's unconscious, that's not deep sleep. Walk me through your kind of mental health challenges, I mean, outside of just sleep just overall. And then you know some of the tools and solutions that you found

 1:58:16

working as a flight nurse. And in my last job as a flight nurse. Over the last few years, I started realizing that the divorce rate was huge among my co workers, and I was just recently married. So we recently get married. Divorce is something that you want to try to avoid. And the common denominator, I'm working with these amazing men and women that I just think are the some of the best people I've ever met. I think someone who's worked in the fire department or nursing or lighteners. You're just surrounded by incredible people. And to see that in their personal lives. They're affected by divorce, what's the common denominator, it's the job. So that was starting to weigh on me a little bit. So I was at a job was toxic work environment. It was not, it was a place where you couldn't speak up, we're being micromanaged. And there is a sense that if we were to ask for help, Matt, we were I know, if you were to ask for help or something, you were gonna get yelled at that causing additional stress on top of just having trouble sleeping, but now it's what if I fucked up on a call, if you do mess up on a call sometimes, or if you need a call for a medical direction to get help, and you're gonna get yelled at because you're calling medical direction because you need an extra set of eyes on a problem. You need. Someone who's got more knowledge than you and you're about to work outside your scope of practice, you need help, and you're gonna yell that and so that just just causes uneasiness. So I felt like I was slipping. And if I was going to continue to work in that environment, I need to be 100 2% all the time, every call. And I just felt like I was starting to slip a little bit. I decided that I needed to leave that environment and possibly the profession, but especially that work environment. So I left and went back to what I knew what I knew at a time was the ICU. And that was during the Delta variant of COVID. So went back to the ICU and just burned myself out. They're still on Ambien at that point. I made a huge decision. But alas, at that point, it was I want to say, over 14 years, my life was dedicated to critical emergency care medicine. That was my passion. And my mental health was degrading, I was really moody around the house, I felt like I was an asshole. I was tired all the time. I took a step back and said I need to find a less stressful job. And luckily, I found one because I was about to leave the nursing profession. And then this job at interventional radiology popped up. Luckily, I got it. And that's why I'm still working. Now. Two years later, as I started working in IR, I started unpacking

all the shit that I've been harboring over the last few years, last few decades, whether it's some of that childhood trauma, but I really wanted to get off Ambien. And I just stopped taking it and reached out to Robert Sweet and who's been on your podcast. He is Navy SEAL that started sleep genius on his Instagram count, but 62 Roamio reached out to him and I went through the six week program. And I started learning shit that we all know. But it was put in a way those that stuck with me. He started going over meditation techniques, breathing techniques, what are the three things you need to look for when you're going to sleep at nighttime, like I said, the temperature the sounds and, and light really started diving into meditation and saw taking Ambien and my sleep. Although it's better now the program has significantly improved my sleep, there's still those nights where anxiety or something comes up. But now at least I have techniques to help Lisa and now I have knowledge where before I didn't. One of the big things that's helped me out is a routine. Going to bed at the same time every night waking up the same time even on the weekdays or a weekend, sorry. So it's the weekend you want to sleep. And by getting up, I usually get up around 4:45 Try to get to jujitsu class at 6am before I go to work. Even if it's the weekend now, or 4:50 Get up at that time. Alcohol has been you know minimizing alcohol. I like drinking, I like to kill it. I love the craftsmanship of the good bourbon, but the flux with your sleep so much that I just don't want to have it, it's going to be one and it's going to be during the daytime. It's not going to be after 5pm. So if we're going to have happy hour, it's going to be really early. But I can't really have more than one or two. And if it's going to mess with my sleep, I can't I am so protective of that. Now, I think you can relate. Have you worked in a firehouse for as many years as you did, I think was 14. And you know what it's like to run all night. And so now you're going to bed and you're trying to get the most out of that. So some of the other things though, besides sleep Bell is just starting to work on my own mental health thing. Actually going into therapy, starting to writing has always been huge now. All the tragic calls, and I've been through some in Guatemala, I should live in Guatemala. Like nurse ICU. What I didn't know what I was doing was something called what exposure therapy. It was a cool study that came out that compared wet writing exposure therapy versus prolonged exposure therapy, like cognitive behavioral therapy, as like 178. That's that went through this, this one program. So half were given the wet protocol and the other half were given the prolonged exposure therapy protocol. The vets that went through the Korean exposure therapy, they had the same amount of success rate as those that went through the prolonged exposure therapy. But the cool thing was is that it took half as long and the attrition rate was the dropout rate was less for those who went through the writing social therapy. All these years I was doing that. So all the shit that I went through every time something tragic would happen. I would write that down. I put that in a journal. And some of it I would continue to write about and others I was just, it was just being a journal somewhere. And man, I didn't know that that's what I was doing. But that made a huge difference, at least for me. If you're not doing that, if you're a first responder or nurse, it's free. You can do that anywhere at any time. And I'm not saying you should do that in lieu of going to a therapist. But something that's free, something that you can do anywhere. Something that you can just put on some music, and just start writing about something that is affecting you has had a huge impact on my life. I've hurt myself a lot, lot physical injuries from from sports. And I've noticed or I realized that to overcome like a shoulder injury, I fucked up shoulder but overcome a shoulder injury, it's not just about going to physical therapy. A lot of it is though, but for me, it's you know, sometimes acupuncture, sometimes chiropractors, sometimes it's massage therapy, it's all these modalities of therapy. Writing is one of those modalities of therapy. If you want to make a good pizza, you need good ingredients. It's not just one ingredient. So sometimes when you're trying to recover from a traumatic incident, maybe writing is the missing ingredient that nurses and first responders need. So if you're out there and listening, you're going through some shit. Try writing on top of everything else he already doing.

 James Geering 2:06:17


Well, I know I found it incredibly cathartic. And I didn't journal at all. So all that stuff was just held in there. But I think what's been a great outlet for me are these conversations. So I tell people, I have therapy three times a week, you know, each of these interviews that I do, because you do you get to hear stories you get to impart some definitely are a huge weight that you're adding, sometimes you get to kind of, you know, converse a little bit more, and even offload some stuff to talk about some things that you haven't for a while. But the writing was very cathartic. The first book, and even with this one, I'm trying to infuse some of my stories in this fictional way. And it's bringing up more like they said the one, the one I'm writing about where we had a very, very combative patient, I was like, fuck, I totally forgotten about that. So this is what's beautiful, too. The more you write, the more real doors open up. So your book is ready, left, ready, right, talk to me about how those journals became a novel for you.

 2:07:17

When I left the profession, I've always wanted to get back to it. Because I worked with some giants in the field, some of the most amazing men and women that I wanted to pay homage to them, and I didn't know how. So as I was continuing to journal, and also just doing some short stories, some some fictional short stories. I didn't send them off anywhere I was just writing, I noticed that you know, what, I think would make a pretty good novel if I were to just fictionalize everything and Wednesdays altogether. And I can add some themes into this. That'd be really entertaining. And this is my way of paying homage to all these badass men and women who are still working this day, who is still like, I feel this, this enormous desire to help them somehow writing a novel that encapsulates their passion, their dedication, their sacrifice is my way of saying, Thank you. A portion of the proceeds of every book I sell will also go to three nonprofit organizations that are helping out nurses and first responders for the life of the book, because it's just that important to me. But that's how I basically did it was just looking at some, these these journal entries and some of the fictional stories I was writing at the time and linking them together. Were my favorite movies is Dumb and Dumber. And I heard the Farley brothers, what they do is they just write really funny scenes, and then they figure out how to link them together. And so I use that for this book saying, Okay, I'm not going to incorporate all these stories together where it flows in a particular way. Hopefully I did that. And more importantly, I hope it makes the first responders and nurses out there proud because in a way, this is their story.

 James Geering 2:09:15

So talk to me about the three nonprofits give them some exposure. Yeah,

 2:09:19

would love to. So three nonprofits. First one, we already talked a little bit about 62 Romeo, Robert Sweetman, who is on your podcast and see what absolutely he's on 376. He runs that nonprofit, and it's a six week program for first responders and military and it goes over sleep

environment behavior, chemical physiology, security and rhythms. And what it is if you can go on their website, and you sign up for the six week program, and they'll go through it. It changed my life. I now have a game plan. I now know when I'm having my sleepless nights, what's going on what I can do the book out there, Matthew Walker, why we sleep, the six week program goes into that. So if you're, you know, if you just want to jump on that, jump on it right now, if you read that book, you'll get a lot of ideas that are in that program. But I love what 62 Romi is doing. And then of all these nonprofits, if you can't afford it, if you reach out to them, they'll give you some type of scholarship and 60 Romeo's is I want to be able to help them out. So if somebody's reaching out to him, and they, they can't afford it, hopefully the this book sells enough where we're able to help an individual through that program. So that's one of the nonprofit's the other one is Overwatch collective. Greg Grogan, who's a first responder he's caught he was in the military as well, I believe it was a Marines and he still serves. But Overwatch Collective is a nonprofit dedicated to bouncing, providing therapy sessions to first responders right now what they do is they set out therapists and different states, they have 21 contracted therapists. So if you're a first responder or military family member, it's really important that you go to a therapist that knows our language that knows what we're dealing with. If you're telling some tragic story, you don't want your therapist to break down and cry because the story is so tragic. You want somebody that that knows what our life and our job is like. And so they do the groundwork for you, they'll be able to be somebody out for you. The other quarterly thing that they do is that if you are in financially, again, with them, just you can, you can send out an application. And they will pay 100% of the first three sessions 60% of the the next five sessions and then 50% for the next five, and then there's a tier system after that. Awesome, really cool stuff. They also have a an app, the Overwatch collective app that you can go, they have this incognito mode, which is really cool. So you can go on to this app. And you can hook up with other first responders. If you're going through some shit, you might be able to get some help just just by the app itself, which is free. The third nonprofit, is called debriefing the frontlines, and is a nurse led nonprofit that provides mental health therapy to two nurses for a single incident or something that's called CCT or cumulative care. Taking trauma, if you will, cumulative caretaking trauma, it's that concept of death by 1000 cuts. So as nurses, sometimes it's not just one big massive incident, it's all the little shit that we see. And this nonprofit, which is a nurse and actually veteran founded, they'll provide these sessions, where it'll help you start down regulating your nervous system when it comes to these these issues. Whether through talking or reading techniques. I absolutely love what they're doing. The the providers that they have, are not just nurses, but some of the men through some pretty serious shit in their own personal lives. So I love what Casey and Tara Michelle are doing in that nonprofit. So I'm fired up to be helping out these three nonprofits.

 James Geering 2:13:25

Beautiful. Well, that being said, then where can people find the book?

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Book right now was on Amazon, I went through Amazon KDP. And it's only there right now. If the book gains popularity, maybe we'll look at some other places. But yeah, if you go to Amazon put in, ready, left, ready, right. If you go to my website, DD finder.com. It'll give you a link to Amazon. But Amazon is where you can find it.

J

James Geering 2:13:48

Brilliant. Well, that's your book. First of the closing questions. Is there a book written by someone else that you'd love to recommend? It can be related to our conversation today or completely unrelated?



2:14:01

I, this is going to be an annoying answer. Because you're asking so many reads a lot and author like give me a list of some books. So I'm sorry to be that dude. But no, give me a list please. And that's a kiss your ass. But your book is fantastic. By the way. One more like chapter three. Just Chapter Three alone, Chapter three talks about sleep deprivation. Everybody should fucking read that chapter is just so beautifully well written about. So when I worked with on the flight company, one of the things that really pissed me off was that they the quote was if you're sleeping, you're stealing from the company. And how backwards thinking that is. And chapter three of your book is I just wanted to give them that chapter. Please read this. And tell me about your policy and then get back to me. But I thought one more light was absolutely fantastic. If you're looking for books that are like paramedic, or flight nursing related rescues from the sky as good ones but it's Archer that used to fly In the Coast Guard blanking on the name now eight from above he's a good one to a guy named Curtis Bell wrote about his story as a as a flight nurse SARS classic books go kind of new classics obstacles the way Ryan Holiday, everybody. I think that's been mentioned multiple times on this show, which is fantastic. We're looking for some more like fun reads. So they're not too serious. You want to get away from medicine, history of the world in six classes by Tom state Standage it breaks down or it goes into human civilization how we developed as a society through that the lens of six different six different drinks, coffee, tea, beer, wine, liquor and think Coca Cola and water might have been seven but really fun book to read. If you're looking for more of like something that's kind of out there totally different. If you like a paranormal adventure mystery, like if you if you want a murder mystery with werewolves really fun read is shadow in the valley by Gregory Haley. Actually, I know Greg, who's my editor, he wrote a book, and he writes his book while I'm trying to edit our own book. And when this book comes out, my book is now delayed by a month because I'm reading his book, which is so fucking good luck, Greg. You suck, man. Like shadow is such a fun read. Yeah, so there's a there's a few and I think I mentioned before side house rules is one of my all time favorites. I'm not so much into sci fi. Or probably my favorite sci fi book is Ender's Game by Orson Scott Card. Ender's Game and in the follow up to that is Ender's shadow on those are just really fun fast reads. And based off your recommendation, I just got show got in the mail. Oh,

J

James Geering 2:17:01

God, love that book. You're gonna love it. It's the I mean, just get so immersed. And it's such a beautiful insight into I mean, firstly, Japanese culture, which I adore, but secondly, coming in, as you will see, the person is regarded lower than dirt and he works his way to earn the respect and you know, the, the acceptance of the people and yeah, I don't know, I don't want to ruin it for you as a very big books. I'm not going to but beautiful, beautiful writing.



2:17:33

Yeah, it's a thick book. That's gonna take a while. Yeah, but I'm looking forward to attacking that.

J James Geering 2:17:38

So what about films and documentaries, any of those? Yeah.

 2:17:45

My wife's gonna laugh at me and make fun of me. I can't stop watching the last dance on Netflix. Like if we don't know what to watch, and like, let's just put on the last dance, the Michael Jordan documentary. It's just so inspirational that like, this is what it takes to be really good at what you're doing. Like, we use it. You know, we, like I say we my wife and I wish to do jujitsu together. And the 6am class is a bit of a sacrifice getting up and going to do that. But you put on the last dance. Yeah, we're going tomorrow morning. It has nothing to do with jujitsu, but it's just it motivates you to be the best version of yourself. That's why I take out of it. 14 peaks kind of along the same line. 14 peaks is about the Nepalese climber that he climbs 14 If the highest peaks in record time out there's a line in it. He's like, when you think you're fucked, you're only 40% Fox. So sometimes I save say let's myself during a hard workout. I think I'm fine now I'm only about 40% Fox right now.

J James Geering 2:18:43

I had NIMS on the show NIMS day and it was I think it was right before the documentary came out. So it was beautiful. So I kind of got to hear some of that before but I mean that his journey from you know trying to get into the Gurkhas to being the very first SBS now as is which is crazy because that's the waterside to you know the smashing these records and now I think he's trying to but not mistaken I think he's trying to do the same thing. But not with the oxygen without the oxygen this time to actually truly challenge the way it was done prior to him.

 2:19:17

You know, before I came on the show I did about a five minute row and the concept to rower trying to push myself a little bit bigger or badass and then I hear that like, Man, I got a lot more training. That's, that's, that's a badass right there.

J James Geering 2:19:30

Absolutely. All right. Well then speak in Nevada says, Is there a person that you recommend to come on this podcast as a guest to speak to the first responders, military and associated professionals of the world?

 2:19:43

Great Grogan from the Overwatch collective. The work that he's doing with the Overwatch collective, I think you're gonna dig. His background is fascinating. I got his contact. I'll just send it out to the show. I reached out to him. I was like, Hey, man. So if I talk to you, he's like, yeah, absolutely. So he would love to come on the show as well.

 2:20:05

Greg would be great. And there's a few other ones out there. But I think I think Greg would be fantastic and show. Brilliant.

 James Geering 2:20:13

Let's make it happen. All right. All right. Well, then the very last question before we make sure everyone knows where to find you, what'd you do to decompress?

 2:20:23

That's evolving. But some of the things I do. jujitsu I think is a great way of decompressing you're not really thinking much when someone's trying to do all the stuff that's going on in your head and you're trying to get out of our triangle is that you're thinking just about that triangle choke and that is meditation. Gardening, believe it or not getting outside early in the morning. First, light therapy is extremely important to help regulate your sleep patterns. But getting outside getting your hands dirty. I think it I think it helps me a lot. Archery is another one too, when we're trying to put a stick in a little target downrange. Again, my mind's not really thinking much about lifting weights. I've been lifting weights since I was about 14. So that's still one of my go twos to help, decompress, walking outside in nature, of course, writing music therapy, as well. Music therapy for me is just blasting some heavy metal while I'm lifting weights. I absolutely love doing that. Those I think are pretty common among some of your guests, exercise, some type of meditation getting outside for the street, there's overlap and what works for the others has been working for me. So

 James Geering 2:21:40

that's why I asked that question. So many commonalities. It's usually it's the same thing time with family nature, exercise, mindfulness, art, I mean, all these things writing obviously, it's a big one. So the very last question then you said DD find a.com as a website, where can people find you on social media? only place

 2:21:59

I'm right now is on Instagram, DD finder, delta delta finder, on Instagram. Any other place, I really need to get my ASPI computer right the second novel, so I tried to spend that too much time on on social media, but I am on Instagram now. Beautiful.



James Geering 2:22:14

Well, I want to say thank you so much. It's been an amazing conversation. You have such a unique journey with the obviously several different hats along the way. And then you know, the vulnerability of your own, you know, struggles and the tools that you use to navigate your way out. So I want to thank you so much. Firstly, for being the most prepared guests have ever had you have notes for everything. And secondly, for coming on the vine, the shield podcast today.



2:22:39

James, thank you so much for having me on the show. The show has been a huge help for me. My time as a first responder. I was saying that there's times where if I can make it through the shifts, gets listened to a guest on the way home and I've had some long drives home. So they've come back on now almost full circle. It's just been a huge honor for me. So thank you and I look forward to hear more episodes down the line. Great work, man strong word