



## Conscious Life presents

### First Responder Trauma and Moral Injury

**Guest: Jeremy Norton**

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#### **[00:00:09] Meagen Gibson**

Welcome to this interview. I'm Meagen Gibson, your conference co-host. Today I'm speaking with Jeremy Norton, a native of Washington DC, with degrees in literature and writing from Boston area universities. Since 2000, he's been a firefighter EMT for the Minneapolis Fire department. His book, *Trauma Sponges: Dispatches from the Scarred Heart of Emergency Response*, was published by the University of Minnesota Press in 2023. Jeremy Norton, thank you so much for being with us today.

#### **Jeremy Norton**

Meagen, thank you so much for having me. I'm psyched.

#### **Meagen Gibson**

It's been a personal goal to interview first responders as part of our trauma conferences, especially after the last four years but I want to say first that we have a very worldwide audience in these conferences, and so we have to do just a little bit of housekeeping understanding for our global audience and even educate our US audience as well.

#### **Jeremy Norton**

Absolutely.

#### **Meagen Gibson**

So can you describe for me the most common misconceptions about what firefighters and EMTs do in the United States emergency response system and why so many emergency personnel show up to emergency calls?

#### **Jeremy Norton**

Outstanding. It's almost as if someone should write a book about that. So one of the things that people don't understand, and I'll say cities other than pretty much New York City, is that when you

call 911 since about the late 1970s, any medical emergency has generally triggered a fire, EMS, and then also ambulance response. Some cities and their fire departments have paramedics connected, but most of us, many city firefighters or fire departments have firefighter EMTs. And so we are emergency medical technicians or firefighter paramedics.

**[00:01:58]**

And so the idea is fire stations are located centrally and strategically around a city so that we can respond to any sort of emergency, but originally fires quickly so we can get to you all. So we're centrally located. And because ambulances, various ambulance systems, they're kind of swirling constantly. It's so many hours just moving to cover because when an ambulance goes to 5th street, the ambulance on 35th street might have to come over. So they're trying to kind of play whack a mole.

And in each city, the fire stations are set. And so if you call 911 for chest pain, for a broken ankle, for any of that, the closest medical rig, so the fire station and the ambulance will be sent at once. And very often firefighters respond first. So that's the general. And I've been a firefighter since 2000. I started trying out in 96.

One of the biggest misconceptions for people getting on the fire department is that they're going to be fighting fires every day, and it's nothing but backdraft and Chicago fire and the reality of it is we do our greatest service helping the public with EMS calls. And that's what we spend most of our, like, almost 80% sometimes of our time is spent responding to 911 medical emergency calls. So that's the loose background or the general background.

**Meagen Gibson**

Fantastic. I love that kind of as a base because as you say in the book, *Trauma Sponges*, I think most people, even in the US, haven't kind of clocked how emergency medical systems have changed and adapted in the last 30, 40 years. And who responds, why, and the shock that people get when they're like, I hurt my ankle, why is there a huge fire engine here? And you're like, because this is what we do. This is how the system is set up. And I am of the generation that definitely watched backdraft 100 times when I was a kid.

**Jeremy Norton**

Right.

**Meagen Gibson**

And that's what we imagine. So thank you for kind of setting the scene for us. So what was your intention in writing this book, and how did that change as you changed over the last four years?

**Jeremy Norton**

Well, that's a great question. But one of the key things... I started writing because I was curious, and I do have a background in literature and in creative writing, and so the opportunities for examining human behavior and human narratives through what we do, it's inescapable. And that's also kind of how just my nerdy mind works. So I was always looking for the texture and the fiber

and the cause of what we were doing, period. I was also trying to make sense of what we were seeing and doing on a daily basis.

**[00:04:57]**

They said, you're going to go and see people who struggle, but it's vague, right, you don't understand and a lot of us kind of uncritically take what we're given as, well, that's just who they are. And very often in most departments, it's primarily men and primarily white men responding to communities of color and separately or connectedly poorer communities, struggling communities. And so you've got all this material, all this texture of sociological data points, kind of, if you notice them and if you don't, it's just those are that's them and we are we. Period.

And then the third reason was to explain to all the well meaning people who call 911 with a question, not understanding that they are starting a massive emergency response, semicolon, all the people who don't understand that when they call for a stomach ache, headache, mild finger sprain, that we will arrive first, and also for a broken leg, a heart attack, all the real stuff, all the significant stuff, that we will arrive because we can get there faster. And I'm not qualified to shoot meds into you or do an EKG, but I can keep you alive really well until the people who do it better than I do, who also have a way to get you somewhere, because we don't have transport potential.

So trying to explain to the general public, period, so then on one part, the book is intended to offer an educational insight for the general public to understand the emergency system. I'm advocating for my coworkers because across America, the safety net is frayed. Our healthcare system is almost an abomination, and there's nothing really in place in any city other than the emergency services. So police, fire, and paramedics are your safety net, or what's below your safety net, really.

And we are not intended by definition and job title or even training to be the ones to respond to people in crisis. And yet that is essentially what we do. Right. And then that leads to the other part, which is a lot of what I would call both the moral trauma that responders face, because we don't even know what we're getting into, and there's that dissonance between what we think we're doing. Meanwhile, we're getting flayed over one year, five years, 25 years, with all the really challenging aspects of human nature.

And then I think that what I said before is that disconnect, that not seeing, I think, sets us up often to fail so that we have this notion of who we're supposed to be and we're not going to win. Like, every day I go to work, and all of my coworkers, all my peers across the country, we see people struggling, having a bad day or their last day, a career of that can break you if you have some notion that you're going to solve or save everyone. And so that leads to what we're seeing much more now is a recognition that drinking, drugs, being a jerk to everyone, are not really productive.

Those are maladaptive coping mechanisms. And now we're trying to figure out how you can do this. So you asked about the past four years. So I've been wrestling with this stuff for 24 years now, since the beginning of COVID, so basically the beginning of 2020. I've seen all the things that I had already been, I've been working on this book since 2000, so this is not a new book, and there are sentences in there that are 23 years old. I have to say.

The issues that I'd been trying to address, trying to raise and wrestling with for 23 years were concentrated and clarified with COVID with the kind of weaponizing of ignorance and this sense that facts are malleable, facts are subjective. And also the way that denial and despair are, I think,

the twin pillars of degradation of our humanity. And the way the denial played out. And then shifting over to the kind of the racial unrest, all the stuff that has been going on for generations that we as kind of the general, larger, predominantly white mainstream have been able to tolerate and ignore, that was brought home to us.

**[00:09:44]**

And shockingly, for people who haven't been paying attention. But I'd already been writing about similar calls that did not generate the same anger and the same response. And part of the reason why the response was so significant in 2020 was because the city, the state, the organizations, had never addressed what had happened previously.

**Meagen Gibson**

Sorry, I didn't mean to interrupt you at all.

**Jeremy Norton**

No, go ahead.

**Meagen Gibson**

Just to give everybody a little bit of context. Your fire department, in case we haven't mentioned it yet, I can't remember, you're in Minneapolis, right?

**Jeremy Norton**

Yes, ma'am.

**Meagen Gibson**

And to give everybody kind of a latch into what we're referring to here, obviously, every city, and I would say there's worldwide racial unrest, it doesn't matter where you go, there's racial disparity, but in the US, it has become much more prominent for the first time for white folks since the 60s and Minneapolis is where George Floyd lived. And to give everybody the context, your engine, and you personally, were one of the first responders to that situation as it was happening. Am I correct?

**Jeremy Norton**

Yes. My crew was called, and we joined the paramedics who had already started working to try to resuscitate him. Yes.

**Meagen Gibson**

Yeah. And so even though you've been noting all of this in your city and in cities across America for years and years and years, it was this situation that I think really gave you the ability to write about it in a way that everyone could relate to, because this was an incident that everyone heard about, everyone was following, everybody.

**[00:11:26]**

So not only did kind of the overall situation, stress and overwhelm of COVID give all of us kind of this united traumatic experience, like a taste of what everyone experiencing the same kind of traumatic experience is like, but you were also able to say there's been all of this disparity, and our social systems are failing particular types of people in underserved communities, and here's where we're going to see the most significant example that everyone also can relate to and has seen and knows what I'm talking about.

### **Jeremy Norton**

Right. And I think within that, I'm quick to say I am certainly not alone, I'm certainly not original in any of these thoughts, but I also think, I am, as I present, I'm a gravelly voiced middle aged white guy, straight white guy, that I'm not saying anything new and I'm not saying anything better. And one of the points I make in the book is it's self evident with a little bit of reflection, how these things are connected and how deep the problems are, but also how, on some level, simple the problems are. We've just ignored all the consequences of our structural racism.

But I also know that there are a lot of people, and I do go into trying to explain what happened. And it's more complicated than simply saying there was a racist cop who did one bad thing, because, and one of the things I wrestle with and I try to address and examine throughout the book is there are structures, there's a systemic issue, there's a structural issue, and then there are individuals within that. And I talk about that within the 911 system, within the emergency response system, within police, fire, paramedic, separate, like, siloed organizations and then the members within them.

Right. And so it is more complicated than a lot of people shorthand, whether you're a police defender who, like, there are idiots out there now who are saying Derek Chauvin was framed. It's like the people saying Joe Biden's a lizard. The degree to which we will warp reality to fit something which does none of us any good but to learn and move forward and say, how can we start to find a way, without throwing everything in this country out, to move forward?

But also it's recognizing that any of us who were once young boys and teenage men, young men, were generally pricks at one point. We were jerks at one point. Own it, change your behavior, acknowledge harm, and then move on. I'm not going to cut my own head off. And the best way I can serve people is to acknowledge it, understand it, try to change my behavior and embrace a larger framework.

### **Meagen Gibson**

Yeah. And you do a great job of making sure that you are describing the way that you're modeling that behavior and making that effort and it's an uphill battle in these environments. And also I just want to acknowledge, because really the focus of this interview that I'm hoping for, and we've kind of gone off on a tangent because I really feel like the whole landscape is important to kind of name because the book does such a great job of it as well, but, really, I want to talk about the moral injury and the impacts of trauma on firefighters.

### **Jeremy Norton**

Absolutely.

**[00:14:53] Meagen Gibson**

Because it's significant. And also all of the things that we've been talking about so far are not in any way, shape or form part of EMS and fire training. Right? So these are all things that you are forced to deal with, that you are forced to see, that you are forced to grapple with, that stay with you after the calls are over, in addition to all of the people that you're helping, that you may or may not be able to save, help, or you pass them off to the ambulance drivers and then you never see them again and don't know what happens to them.

So it's not only all of this systemic stuff that you have to deal with that you aren't trained to deal with, it's also actual patient and public relations that seeps into what you carry home and what you deal with yourself. Right?

**Jeremy Norton**

Absolutely. And just to make sure I give a shout out, I am untrained, but I can drive an ambulance, a paramedic, if I turn somebody over to the paramedics, unless it's a transport, they are actually doing life saving stuff. A lot of people get dismissive and say, I just want to ride to the hospital, ambulance driver, so it's treating it like an Uber where really understanding that, and it really started in, I mean, it's just a quick history thing, with the Freedom House in Pittsburgh, was the first sustained US attempt at doing pre hospital care.

Because if I have a heart attack now, it used to be they would... Basically they're using a hearse. They'd throw me in and drive me. And this incredible doctor in the 60s and 70s started doing pre-hospital care. And ironically it was basically a bunch of black men who weren't able to get doctor jobs who started as the first kind of incorporated US ambulance crew. But it's funny because people still say, I just want to ride. Why are you asking me these questions?

And related to the George Floyd issue, one of the things that detractors and backseat quarterbacks or backseat drivers, Monday morning quarterbacks said, why did the paramedics pull over? That killed him. And it's to clarify, the man was dead because the police knelt on him till he died. The paramedics found him and they were called to someone with a mouth injury. They found a man who was still being restrained and unresponsive. They got him loaded up and started resuscitation attempts shorthanded because my fire crew had not been called.

They pulled over so that the two of them could work together to start advanced life saving, and that's where we jumped in. So if I'm shot or if I get hit by a car and I have internal injuries, my only hope is to be saved at the hospital, so that's where they'll drive wicked fast to the hospital while also trying to do what they can, one of them shorthanded in the ambulance. If it's a cardiac or respiratory failure, you can save a life on scene by getting the drugs flowing, getting the airways safe.

And that's one of those things like the informational pieces that the general public and the Internet, armchair experts, or keyboard experts, I suppose, don't understand. So that's one of the things I point out, it's like the skills that paramedics have that are squandered by these endless transport calls and the misapprehension of the general public of what they actually do and when.

**[00:18:14] Meagen Gibson**

And it's interesting because as you're talking, I'm remembering part of the book where you said that one of the first things they teach you at fire training school is not to rush.

**Jeremy Norton**

Right.

**Meagen Gibson**

And so many people who are attracted to these types of jobs, I used to be a journalist, and we have trauma backgrounds because chaos is calming. We go into helping professions or we go into emergency response kind of professions, because the crazier it gets, we're like, we get into this calm kind of Zen space. And so rushing is bad. You see your fire crew arrive and you want to see them running around like in the black and white movies, from silent movies, passing, everybody frantically passing. That's not how it works. We're going to be calm. We're going to assess the situation. There's whole social situations around emergency situations.

And so to go back to what you were saying about assessments and the way that they ask questions and try to get information, the person who's not trained in how to answer calmly and give the correct information and doesn't have trauma experience is the person on the phone informing the emergency personnel, they're not switchboard operators, help me, what's the word I'm looking for?

**Jeremy Norton**

The dispatchers?

**Meagen Gibson**

Yeah, the dispatch angels who do fantastic work.

**Jeremy Norton**

Yes, absolutely.

**Meagen Gibson**

The person who's called dispatch has no idea how to be calm in that situation, has no idea what information might be the most important for that person to have. So it's two sides battling for the correct information to have the correct response.

**Jeremy Norton**

And one of the things I talk about, and this all falls under cost cutting measures that have unacknowledged and unexamined deleterious effects. Like a previous generation of dispatchers were really good at inferential questions. They could hear somebody panic. They could parse through what they were saying to get to what's actually happening, because everyone's trying to do more with less because of a financial bottom line. There are software systems that are supposed to do what a banana or a hamster could figure these things out is how they get sold.

**[00:20:30]**

But now the dispatchers are, in many states, prohibited from deviating from this algorithm, which on our end, sends us out to things that are declared emergencies because someone hasn't listened inferentially. And you think that's a minor issue, except it's not, because it also leads to a lot of calls being labeled as volatile, violent, dangerous, when there's nothing remotely there. It's just they're not allowed to use inference.

And working with a generation of people, kind of like, as I say in the book, Ron Burgundy reading the teleprompter, for a shout out for Anchorman, that I've got coworkers, and in a lot of the emergency services, that they take everything literally. So we show up, and someone is not engaging the patient and the holistic reality, but whatever they've been told, the nature code, and that can lead to all sorts of crisis and strife, so, yes.

### **Meagen Gibson**

And what you're saying is also important, because I actually just had a first hand experience with this. About a month ago, I was walking my children to school, and a transformer, power transformer box, on a pole exploded, blew up into a ball of flames. It was the craziest thing. And so I told my kids to keep walking to the bus stop, I was going to say, and I was going to call 911. So that's what I did. And that was the first experience I'd had of this new system where they're taking me through what is a very rigid line of questioning. Right?

And I did my best to stay calm, but at one point, I very much, and it must have sounded frustrated, like, why not just send a fire truck? What I'm inferring from what you're saying as well, and I think you say this in the book, is that sometimes a caller can be labeled as aggressive or uncooperative or some other adjective that puts them then in a little bit of danger in a precarious situation, because what they're really responding to is the line of questioning and them not being allowed to just be a person in a crisis. Instead, they're getting labeled as a combative, uncooperative person.

### **Jeremy Norton**

I'm sorry to interrupt. That's a great explanation. And that's what I'm saying. The dispatchers have no agency to change that. And for many of the ones who have been hired recently because they've had a huge generational turnover, this is all they know. Like, I am horrible when I call 911 for civilian issues, because I know what I'm saying and the thing is, they have already sent, they've already dispatched the call, but they don't clarify that. So they're still asking the question.

Think about this. If you are a not very well educated person or someone who just speaks coarsely and you're panicked because your ma just fainted and they're asking you 45 questions, that's where suddenly you have callers combative stage for police. So that, for me, is the moral harm that we are staying out of scenes because of a systemic failure, and no one is prying open that machine to either rage against it or fix the damn thing. Right?

And everyone's just doing their jobs. Safety is paramount. And this misuse and this kind of metastasizing of safety as this connotative umbrella is really problematic. And no one's willing to look at this. I mean, what's today? Today's Friday. Saturday last, I was driving my parents somewhere, and my mom stepped funny, and we thought she dislocated her knee. I got her, we



were on the Jersey turnpike, I drove her back to their house. We called DC fire. They showed up, right?

**[00:24:20]**

But I'm on the phone as I'm trying to handle my dad, who's got Alzheimer's, and my mom's in the car in pain, and their house is like, it was just like a four minute crapshow. And I'm talking, and I say, a 79 year old female, possible dislocated knee. I can't lift her. I need an ambulance. No open fracture, she's conscious, breathing, ever. And the woman's still going down the thing. And I'm just like, I've tried to open the lock, and I'm doing all this crap, and I'm like, I told you everything you need to know. I'm a city firefighter elsewhere. I'm an EMT. This is what you need to know.

And she's like, sir, if you know that, you know I'm required to ask these questions. I'm like, I actually didn't know that you were required, but I don't have time to answer these. I've given you all the info. And I can hear the sirens coming. And I also said code 2, we don't need lights and sirens because she's not dying. But it's like, that's the algorithm, that's the flowchart, and it's well meant. Like, it is all well meant, but it is uncritical.

And the amount of money and waste and fatigue. We wear the wheels off the fire trucks and the ambulances, and we wear the soles down of the responders which brings us to what you want to talk about is how to work our way through a career where we're just wading through both a labyrinth, like a Kafkaesque labyrinth of bureaucracy and then human suffering.

### **Meagen Gibson**

And you said something, I can't remember exactly how you phrased it in the book, but it was something about, like, if you've got a bleeding heart or if you get into this because you want to help people, I have bad news for you because you don't get to see that part of it. Like, if you see somebody, say you get a call for somebody who's having chest pain, heart attack, or whatever, you don't get to see the part where they change their diet and start exercising and get a stent put in. You just get to see the same person with chest pain over and over. Not the same exact person, but the same...

### **Jeremy Norton**

And sometimes the same person.

### **Meagen Gibson**

Sometimes the same person, yeah. And so you just get to see the emergent properties of it. And you do such a great job of compassionately describing how you see people at their absolute worst and most vulnerable. And as you described with your mom in the car, it's like you've got somebody, a person trapped in a car or not even trapped, just sitting in a car, and you can't physically get them out, or they're between, like, a toilet and a shower stall, and it's just a tight space.

And how are you supposed to get people, I mean, anybody who's tried to move an immobile person, even, everybody who's got kids, knows the minute your child gets too big for you to carry them to bed. Right. It's like that. And when they fall asleep. It's people in their just absolute most vulnerable. Or the person that's calling is looking at the person that they love the most...

**[00:27:07] Jeremy Norton**

Absolutely.

**Meagen Gibson**

But turning back to the emergency personnel. So how do you cope with it? It's a largely male occupation. And there's a lot that goes on with that that goes into it and kind of the denial of the accumulation of the effects. So how do you deal with this job day in and day out? What are the good coping mechanisms?

**Jeremy Norton**

That is such a good question. One of the points that I make in the book, and I truly believe this, goes back to what I said probably our third minute into this, that we join not understanding what it is we're doing. And I think that is the trojan horse through which so many of the traumas, the wounds, the internal conflicts, I really honestly believe that, and I think it does connect to kind of what I call in the book kind of a compulsory machismo. I don't really truck with toxic masculinity just because it's too much of a buzzword now. But you were trying to quote, I was saying it's not a job for earnest people.

**Meagen Gibson**

That's right.

**Jeremy Norton**

Because if you lead with your heart, that's not going to get you anywhere and then your heart's going to get tattered. You have to have that balance. And I quote a couple really good writers in talking about that, about that, like Frank Huyler is one and I always forget his name, I'm sorry, I'm looking at my shelf. Oh crap. Terrence Holt, *Internal Medicine*, great writer. But they're both ER docs who talk about that challenge of you have to be compassionate, but you also have to be very, essentially, cold.

And it's not just that you're hurting... Like your example, someone down on the floor, they're screaming because their leg is broken. If I don't lift them because of their screaming, they're going to bleed out or die. So we have to do these things and you have to not get sucked in. And the same way you're saying before, people want us running around and there's a whole generation of men from the Vietnam era and it's also just going back to history, who were shouters, right?

I was born in the late 60s. I was raised with no water and steel gym equipment, all that stuff, and coaches who kicked us in the ass. And shouting is a motivational tool that is limited, but it leads by fear, not clarity. And it makes the shouter feel as if they are doing something against their panic or their existential dread or whatever it is. So we had generations of a lot of firefighters who were this macho, tense, shouty, but it really is whipping you up.

And then there's one man, recently retired, who is as calm as can be. It was the greatest thing because he was so dispassionate to an excess, but that's separate, but that he was so dispassionate and he was so calm on the scene. And that's what we're supposed to have, that

somebody else's emergency is our workplace. So when it should be that when we get up to a fraught level, something should be really bad and that's when we need to have the training to calm ourselves down. But it's easy, think about coaching, NFL, we worship the NFL, watching these super intense coaches who scream and, oh, he's a motivator.

### **[00:30:54]**

It's like, well, he's also an abusive ass. And it isn't necessarily, because you see really good coaches, men and women who are able to lead without belittling, without domineering, to your point or what I was trying to, starting with, was that people join the fire department wanting to fight fire, and that's all they do in rookie school. Are you going to be able to handle it? Can you drag that guy out of a fire?

And it's all this hypothetical because unless they've done it before, they've never done it. So it's all uncertain, it's all existential. And so you go and you get to the fire stations with very little training, and it's on the job training, hands on. You'll get your first handful of fires, then you'll learn. I've had people who've gone months without a fire, so every shift, 24 hours at a time, they're waiting for this thing that's going to test their metal, who's going to reveal their inner character.

And so there's a nervousness there, a flop sweat to that, but meanwhile, we keep having our alarms go off for medical calls. And so it's almost like you're trying to look to your left, but to your right is where 80% of the stuff's coming in and the need to fit in, the need to pass muster, because you can sit around at the fire station in this social cohort, and they say you learn from experience, sit around the table, there's all that wisdom that's passed on, but a lot of it's just dudes talking smack.

And the best of us do it knowing that we are the biggest butt of all, right? So the best of us are self deprecating, self lacerating, and know that every single one of us has gotten lost in a smoky bathroom. It's like I've tripped over the tub and I still didn't know where I was. And that humor allows a grace, but so many people are so, and this is a very male thing, afraid to ask for directions, afraid to ask for help.

And there are whole studies that have been done that have shown that if you look at, like, line of duty death reports and stuff, like, men who in civilian life, we go to all the time, who are having heart attacks, who are ignoring the 22 of the 20 checklist points because they just don't want to face up. We see that in our daily life. No seatbelts, no safety gear, whatever. Like, gravity is undefeated. Death is undefeated. Biology is pretty damn undefeated. We see that, and then we turn around and we don't wear seatbelts.

We drink and drive, we take risks. We get on firegrounds, and we are so panicked trying to fit in that we don't stop and stay calm and so we take risks trying to show... Because this idea that our cool equipment is somehow a protection against gravity and physics and the four elements of that. So then when something goes wrong, we can point at that person and say, oh, they screwed up. We don't do that. But really, it's the same behavior.

And if you read the line of duty, death and injury reports, there is a depressing consistency of failures to do the same basic things. And it's not skill related. I mean, it's not the skills that we talk about, like laying a hose line or throwing a ladder, chopping on a roof. It's basic: do you know what you're doing and why? And so you enter in and everyone's adrenalized, and think about that. You

start off adrenalized, panicked, because you don't know what you're doing. And then that becomes, then the fire goes out, and kind of reflection is anathema to us.

**[00:34:22]**

Like, they'll have after action things where we either blame the one person or everyone avoids taking responsibility. So we have so few fires, and we squander the opportunities to share and learn because no one wants to look bad. I really believe that ego and insecurity are such detrimental pieces of this job. To that effect, if you think about American culture, you look at the halls of a bank, of a University, of a fire department, of a city hall, of our presidents, it's a bunch of old white dudes.

And so you say, well, that's what it's always been. Those guys are great leaders. Empirically, women, non-white men, despite all the disadvantages that white men have put in their path, are smart, talented, all that. But if they're not ever allowed to do it, they're never going to achieve that. So if you look at, say, I'm just going to use Minneapolis but it's the same way nationally, most fire departments did not allow women to join full time fire departments until the 80s.

So up until, from Ben Franklin up until the 80s, there were no women on the job. So of course no women could do the job because none were allowed. Many cities yeeted the applications of black and brown, native, asian, latino men into the trash. So there was de facto exclusion, if not de jure of exclusion. Minneapolis city council sided with the racist fire department in the 50s and 60s that black men would be disruptive because of white men's racism. Right?

So you can't talk about this stuff without understanding the history of America and our social history. And ignoring it leads to a lot of a con game. And so when we say, well, the inclusion of minorities or others is ruining this great tradition, it's like, but it's a tradition based on exclusion and none of it's objective. Like the God of fire did not look down, Prometheus did not look down and say that white Irish dude is the only person who knows how to chop and spray. It's a cultural thing.

And I recently had a rookie and I give Claire a shout out all the time because she's wicked smart, and she said, after five or six months on and watching the behavior, she said, what's really interesting is we privilege stoicism. She's like, all you guys talk about, like, being stoic. And they were on a really bad call and they were doing, attempting to do some post incident debriefing. And she's like this notion that men are better at this because they're stoic.

But she's like, I'm watching the stoicism is making them bottle it up and it's corroding them. Like, whoever said that stoicism was the best thing, it's not. And I think that's where we're kind of now at the, 25, quarter of the way into this new century, we're kind of finding out that the old way is those guys have retired and didn't necessarily leave us a functional legacy. We have a lot of atavistic tendencies. We have a lot of wishful thinking. We have a lot of aspirational retrograde, we want to have big cool mustaches.

And we look at nowadays with the Internet, you can pull up super cool rock and roll infused videos of buildings burning and 80s firefighters doing whatever, but it's like, yeah, half those guys have cancer and this is stupid and it's not going to happen to us. I've been waiting for these cool fires to come. I've been throwing matches and challenging wayward youth. It doesn't happen. And so you're like...

**[00:38:03] Meagen Gibson**

He's kidding everybody.

**Jeremy Norton**

No, but of course. So that's one of the existential conundrums, that you join this job and you're not doing the thing you think you're... And none of us get the training for it. I say police officers are about law and order, protecting the innocent, normally. And yet what they're doing is they're addressing social issues. Like police officers should not be the ones with the current level of training addressing the mentally ill.

Paramedics are there to do advanced pre-hospital care, life saving techniques, and they often do act as an Uber to get people from a care home or their house to down to the emergency department for a routine but ignored health thing. Like, all of us are addressing all the parts of our social ills that are kind of endemic, that no one's really looking at, and none of us have the true training to do it.

**Meagen Gibson**

You said so many things that I want to come back to.

**Jeremy Norton**

I apologize.

**Meagen Gibson**

No. No.

**Jeremy Norton**

I'm not a poet and I'm not a haikuist.

**Meagen Gibson**

Fortunately, I write while people talk so that I can come back so I don't miss anything.

**Jeremy Norton**

You're the best.

**Meagen Gibson**

You said something about stoicism, and what occurs to me is just how thin the layer of stoicism is. Like it's there, but it's like, it's a thin, protective layer over so many things. And as you were talking, I was also thinking about the ideas of ancestral and intergenerational trauma. And we think about those in cultures and in family systems, but in social systems as well.

**[00:39:39] Jeremy Norton**

That's a great point.

**Meagen Gibson**

The legacies that we're carrying forward and how hard it is to break those and what back breaking work it is to try to disrupt it and heal it at the same time. And so much of what you're talking about that you try to model yourself and have also seen modeled sounds to me like Nervous System regulation stuff, kind of like Nervous System 101. Like, how do we regulate our own Nervous System and then allow... There's a gentleman that I interview a lot, Dr Darryl Tonemah, and he talks about the concept of letting people borrow your safety.

And I can't think of a better example than in emergency medical services and response systems where we can get ourselves regulated enough to then allow other people to borrow our safety. So let's just solve the problem right now in two minutes. So what would it take to get Nervous System regulation tools and education into the hands of emergency personnel and also, I'm not going to let you answer the question that I just asked, but the other thing that comes up for me, too, as I'm thinking while you're talking, is the piece around identity.

**Jeremy Norton**

Yes.

**Meagen Gibson**

And how disparate your life can be when your identity is like, I'm a big, tough, stoic, strong firefighter and everything you do every day is not that.

**Jeremy Norton**

Yeah. I'm a peer counselor with a group called MnFIRE that provides counseling and support services to firefighters statewide. And one of the things that's really been interesting to me through our training and through talking to firefighters is many of the PTSD incidents that are reported occur because there's incongruity, there's a dissonance between, I arrived, I couldn't help this person, I feel like a failure. After about the third or fourth person, different firefighters, different parts of the state.

I was like, did you hit them with your truck? No. You were called... I think my follow up book is going to be called it was already on fire when we got here, because that's part of it. It's like if I screw up, I'm very hard on myself, but I learn and move on. Like, I apologize and I move on. So I know I can be coarse and I'm direct and brusque, but when I screw up and I get over it. Right? And I learn from it.

But if I don't screw up, I look at how we could have done better. So I show up at a car wreck. We didn't cause the wreck. Our job is to do what we can. This notion, and I think this is a really, it's a small point, but I think it's a huge point, so many of my peers carry the guilt and shame, but it's that dissonance, like you said, the disparate identities, I should have saved them. I'm like, why? They were already dying, if not dead, when you rolled up.

**[00:42:47]**

Yes, that is. And to your question, Meagen, I don't know how... I'm trying. I wrote the whole book, and I will speak to anyone who asks about it to say that fundamental starting point, if we get past this fake identity, that'll free us up, I think, a lot, because what I'm hearing so many of, and, you know, and I work with these great women who do so much of this care, and they're like this now that people are starting to talk about it more, there's kind of an epidemic of these traumatic cases, but so many of them come from this false heroes notion.

And I would say that in the past three years, I've embraced coming to work. And some of I've embraced the madness and the human circus. But I also, look, it's like it is a rare privilege to be able to walk into other people's lives, whether exploded, derelict, struggling, desperate, and trying to be of use, be of service. Like, as I say in the book, do right and be kind. And I'm very clear, I'm not going to save people, right? So someone's like, how do you mean? I was like, I am profoundly cynical in that I say hope is not an action plan.

The first person we helped rescue from a fire, we resuscitated him, he was going to go back to drinking and smoking in his chair, which is how he caught himself on fire in the first place. We go to see over and over the people, and they aren't going to change their behaviors, I can either get mad at them or I can accept that this is human nature. I'm there for a handful of times. This is it. And I'm always willing to tell someone they should quit smoking.

But that's kind of it, to embrace it and not take it personally. I'm not going to say Buddhist, but it's a little bit of a detachment. But it's got a ruthless compassion at its heart, right? That's why I said *The Scarred Heart of Emergency Response*. I'm very aware of all the suffering and loss, and I see that as it's mostly humanity, right? We ignore what's obvious and then are surprised by very causal and kind of consequential and predictable things. But for the families, it's a shock.

And then for my coworkers, I'm like, too many of them wall themselves off, and then when something gets behind the wall, they've got no protection. And I think that's what I'm trying to do in my small part to start those conversations. Because to try to give people ammunition or a paradigm to understand that this is what you're going to be seeing and you need to find your way through to understand that it's more complicated than just, we're heroes and they're losers.

Like one guy actually said years ago, they made choices that put them in God's wrath. And I'm like, well, that, and US history and redlining and racism, et cetera. But, yeah, with despair comes despairing, right? And so for me, that's really, I look at it like we're all humans, we're all struggling. We're all going to die. The best we can do is embrace that human connection, and I will. And it's like, I will be present with you.

You may be dying. I may know you're dying before you do. I generally know someone's dying before their family does. Stay grounded. I feel very congruent. There are very few things that actually bother me because it's all congruent. You crash a car, you get shot. These things happen, of course, the human tragedy of it, but the human tragedy of our healthcare system kills far more people than a car wreck. On the hierarchy of regulating guns and cars, but that's not a conversation for today.

**Meagen Gibson**

It's a different interview.

**[00:46:54] Jeremy Norton**

Yes.

**Meagen Gibson**

As you were speaking, the word that came to mind, or the phrase that came to mind, was basically like heroic codependency. Because it's so interesting to me that most of the people that you work with that are suffering, that disclose that to you, aren't haunted by the images of the circumstances they find people in, they're haunted by their inability to save them from that. And that's, like, classic, I'm not a psychologist, I'm a journalist, but it's like, to me, as a recovering codependent, I was like, oh, that sounds like codependency to me, except you just put heroism on it, on top of it.

**Jeremy Norton**

That's interesting. Yeah.

**Meagen Gibson**

The whole, like, I didn't cause it, I can't control it. Like, the mantras my anonymous friend goes through in her codependent therapy. It's heartbreaking to me. I want to make sure to say that it's not like they're unaffected, but like you said, there has to be a wall between your compassion and your empathy and your duty and your job and what you're there to do. Right?

**Jeremy Norton**

And I think I would be remiss in not clarifying that this, I think, is the Trojan horse, because the other part of it is, we are humans seeing people suffer, and that's very hard, and that's very affecting. But I have a lot more space to process that because I'm not caught up in the other. And the other part of this, though, is when your job is to respond and we're, as they say now, tasked with coming up with solutions, that's a fundamental, like, it used to be like the old guard chiefs on fires were like, we always had to go in.

We would have the last words, even though the house was fully involved, at the end, they would send us in to kind of find hotspots and to stomp around. And there was a psychological component that they really bought into. And it's, I think, twofold. If we don't get in there and get inside where it's real, we could just be like, what they consider, suburban or volunteer fire, like, not the real firemen. And it's like but it's stupid, if the house is getting torn down, there are better ways and more effective ways and safer.

But it's like taking risks in the name of proving that we take risks, that we are a cut above. And it's also so we do something, right? That is where I think the hardest point is when you show up on something and there's nothing you can do. So I'm aware when we're doing CPR on someone that they're dead, right? But we're doing something that allows the family to have that window to process, that we feel like we're not just standing there.

Because it sucks to walk in and look and say, oh, they're dead, I'm sorry, and the family starts screaming and there's nothing we can do. We are facing that powerlessness, and that's where it



feels like that eats at us because it's our job to do something. And it's like, I write about it in the book, like calls where I've made the decision, the correct decision, and realizing, oh, that's what's eating at me, is that I had to face that family's grief nakedly.

**[00:50:13]**

I had none of the barriers of action. And I think that's the other component. So, yeah, I think the heroic codependency is a valid piece of it. And I think your job is to go figure stuff out. That's the fun part of being a captain of an engine company is on every call I get to make a plan, and I have to make a plan. And that's kind of what it is.

### **Meagen Gibson**

Yeah, exactly. Action, not hope. As you said before, we're taking action here. You can't just stand over somebody with chest pain and hope they get better. Like, you're there to do something. And also, as you said in the book, it gives families or bystanders, coworkers, whoever it is in the situation, time to understand what is happening.

### **Jeremy Norton**

And none of that is in a training manual, and none of that is actually not even required, but really allowed, I mean, for the paramedics, they have a much higher standard of care, and they have to justify why they start administrations on someone who is clearly non viable. And it's like the whole, well, you never know. And it's like, yeah, but it's holistic, because the dead person is dead, the family is alive, and they are secondary patients. But that's a sociological framework, that's a social construct that is not in our EMS manuals, whether EMT or paramedic.

### **Meagen Gibson**

Yeah, and just because it's not in the manual doesn't mean it's not very real.

### **Jeremy Norton**

Oh, it's very real. Right. And it's the right thing to do. And that's so much of what the job is, is like, as I say, do right and be kind, figure out what the right thing to do is. And that's where I say, firefighters, we're not as trained as paramedics. We don't have the same legal obligations as police. We get to have a holistic view of scenes which, if we're doing it right, that allows us to help advocate for the patients and help cut through a lot of the, again, where it's very rigid structural stuff and say, it came in as chest pain, but it's like, this is a bad domestic scene. This is someone who's profoundly despairing.

If we're doing it right, we can be really good. And a great many firefighters are great at that, of being calm, being unflappable, being reassuring for the person, but also seeing a bigger view and then advocating for the patient, I think, is within our job duties.

### **Meagen Gibson**

We have covered a lot of ground today, and I really want people to read your book, but I want to end on, because we've covered so much ground that there's really just like one place that we didn't call or talk to that you talk about a lot in the book, which is the idea that people criticize people

who rely on emergency services for health care. And what I want to ask you is what you want people to know about those people and what they might not understand about them.

**[00:53:13] Jeremy Norton**

I mean if you start off with affluent people who have private doctors, their private doctor can jump them to the head of the line, like Covid was a great example of that. But that private doctor may not actually say you've got terminal cancer. They say mass, they say troubling results, they say stage four. I just read a doctor say, if you really want to avoid death, go to medical school, because they never talk about it once, that the breakdown in communication, you think you're going to go and get help, and there's so many things that are systemic that are connected.

So for people who don't have regular health care, 911 becomes their primary care clinic and their emergency department. If you are someone who doesn't understand, like, you don't have the money or the access to get to the grocery, A, so it's between food or meds, or you're unhoused, so you don't have an address, so you can't get your stuff sent to you. So since the asylums, which were problematic as hell, were closed in the 70s and home care was never built because it was a money saving thing, that's where the unwell, like the mentally unwell, were flooding the streets.

And that has grown and kind of exacerbated over years till it's hitting crisis. It's been a crisis for years. So the people on the streets who are, they don't have access to food, meds, shelter, care, counseling, they are going to be maladaptive. They are going to do harm, and they're going to be public nuisances, because there are harms to themselves. And then occasionally, they're generally a nuisance to others, and they can be harmed.

The people who are struggling to get by, who call, people who have never been educated or informed about advocacy, I've been to rich and poor people alike who call us because they got back from the hospital for whatever, whether it's a kidney stone, whether it's a leg injury, and it still hurts, damn it, so they want to go back to the hospital. Most of us, I mean, hell, I fell off my fire truck because I had slippery boots and gravity winds, I went to the ER with a shoulder separation.

They treated me well because I was in my wet, sweaty clothes, in my uniform, but they never did a full body assessment. So they checked my shoulder, and I got home, and three days later, I thought I'd broken my hip bone. Like, cracked my hip bone. My chiropractor looks down, starts poking. He's like, dude, I think you broke your hip. And of course, every time he touched me, I winced. But it wasn't, it was just a blood blister from where my air tank and my suspenders crossed and so I basically pinched, yeah, and I fell. Whatever.

But the ED missed that, the Emergency Department missed that, because the Emergency Department is for critical care. In the American healthcare system, it is a one stop shop. So they are all overwhelmed, understaffed, under supported, and people keep going because they think that's going to solve them. Like, Covid was a good example. We don't have space for anything else. Don't go unless you're very sick. But with COVID, don't go until you're really sick but then you might be dying.

I mean, and trying to explain to people who didn't know better, people with language barriers who didn't trust anything. It was a really hard time. But it's the same thing now. We'll show up. If you fell down, like, are you on blood thinners? Well, no, but whatever. Well, it's a head injury, so we have to bring you in. Why? Because of liability. So you'll go in and they'll do hours and hours of testing, which is going to take up a bed and take up this room, and really nothing's the matter with you.

**[00:57:03]**

And really, a lot of these things would be solved by seeing your regular doctor, right? But most of us don't even have a regular doctor. It's whoever is able to see you in your healthcare system network when you go in. And so that's really what's driving... So these 911 calls keep us busy, keep the paramedics busy. And a lot of them don't need to be handled this way but we don't have a different system. We don't have a better system.

And if they say, I called 311, or the non emergency line, if you say anything, they'll tell you to call 911. I mean, I looked up WebMD. I was like, I think I might have shingles this last winter. It's like, I don't know. I looked, read things. Like, well, I've got one out of the five things. So I call a nurse line, go down, and all of a sudden I realize she's reading off the same list that I just looked at.

And she's like, well, it says you should go to the ER right away. I'm like, no, it's 10:00, this is bullshit. I'm fine. No, you need to go. I'm like, well, no, I'm reading. It's like, why? Well, because you don't know. I'm like, what, you think I'm going to get shingles of the throat and die? I said, we're only arguing about shingles because I started the conversation with I think I have shingles. If I hadn't said that and described this rash...

And it's not her fault because she's not actually given any authority to do anything else but recommend. So we get paramedics to transport dozens of people a week who call the nurse line or doctor's line, and the only thing they're going to say for liability is, well, you may as well go in and get checked out. It never hurts, right?

But common sense has left the building long after Elvis did. And that's the challenge, kind of, is like how do we find this balance between a caring society and just getting gobbled, just getting completely bogged down in procedural nonsense? And I don't have a solution for that because it's about money and it's about the insurance companies and the for-profit hospitals.

### **Meagen Gibson**

Well, and it's so hard too, just on a micro individual level. What people want is reassurance. They're scared, they have chest pain and it could be gas or it could be a heart problem, we don't know. And then somebody on the phone, they're calling somebody on the phone to get that reassurance who is allegedly at least more medically trained than their partner, spouse, coworker. And that person can't give them the reassurance they want because they don't actually know what's going on. And so all they can really do to really reassure them is say, go see a doctor at an emergency department or something. It's an incredibly imperfect system, as we know.

### **Jeremy Norton**

And then the next piece of that is we show up and it's like we're calm, we're like, hey, we'll take your vitals. Hey, you're fine. And I say, like, if this were me, I'd stay home. You're fine. Do you really need to go to the hospital tonight? But the paramedics aren't, because of liability issues, they're not allowed that leeway. And so they end up really having to transport a lot.

And you think about how much that wears them down, because if you go into every call knowing you're going to bring someone to the hospital, it puts a filter over your engagement and it wears them down and it just breaks their spirits. And you see the burnout for paramedics. It's happening

earlier and earlier now because it's just... And again, they're getting crunched by the hospital system and the for-profit machine.

**[01:00:39] Meagen Gibson**

All right, well, we've solved nothing, but we did definitely give people an idea of what this environment is like, what everybody's dealing with. How can people find out more about you and your book? And I definitely want people to read it because I want them to understand.

**Jeremy Norton**

I appreciate that. It's funny because I've had one person who actually reached out to me who didn't like the book, but everyone else from the partners, spouses, children and parents of my coworkers have really enjoyed it because it's giving an insight. A lot of healthcare people are saying they're giving it to all their paramedic, doctor, firefighter friends. It's great. I don't know how to make it more widespread.

Like I keep throwing it like the New York Times and it keeps bouncing off the pages and not getting in there somehow. But I am at [jeremynorton.info](http://jeremynorton.info) and it's a website and it's a basic website, but it's got info for ordering the books. But you can get it at any bookstore online. [Bookshop.org](http://Bookshop.org) has it. Most of your local bookstores will order it for you if you're in Minnesota. A lot of them are carrying it.

I am happy to talk to anyone about any of this. I know a lot of people may not agree with some of my takes and I'm happy to talk about it, but I've spent a lot of time researching and you need to have more than just cliches and what about isms. But I do. I'm trying to build on the works of other smarter people and offer something to help us do better for ourselves and do better for the public.

**Meagen Gibson**

Absolutely. I think I want to leave us with one of the best lines from your book, which is, I think the key to helping anybody through a traumatic experience, which is that being present and staying calm helps a whole lot. Jeremy, thank you so much for being with us.

**Jeremy Norton**

Thank you so very much.