AT Banter Podcast Episode 327 - John Grimes

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SPEAKERS

Rob Mineault, Ryan Fleury, John Grimes

Rob Mineault 00:18

Hey and welcome to another episode of AT Banter. Hey, this is of course the podcast where we talk with advocates and members of the disability community to educate and inspire better conversation about disability. Hey, my name is Rob Mineault. Oh, and joining me today, Mr. Solo himself, Mr. Ryan Fleury. And that's it. We're we're down a couple people. No Lis Malone, we'll talk about in a second. And no Steve Barclay. Which is why we didn't have any banter banter in there. So, just just me and Ryan, you're gonna have to put up with us. That's it.

Ryan Fleury 01:11

That's not so bad.

Rob Mineault 01:12

It isn't. But so I gotta, I gotta laugh about why Lis isn't here. Because she's sick again. Like, I don't I don't know if she's just going out too much, or maybe something screwed with her immune system after she had to switch her diet over. Maybe she's not eating enough of something. Because then that's like a third time she's been sick.

Ryan Fleury 01:33

Yeah, well, a couple of weeks ago, she was out because of COVID. Yeah, but then a week ago, she said she was going to Tahoe, so I bet she got sick in Tahoe.

Rob Mineault 01:41

Undoubtedly. Yeah, you can't go to Tahoe and not get sick. Like she's just out too much. I don't know. We may have to rethink this whole co-host thing because she's been out a lot. Maybe she's just sitting at home listening right now. And she's laughing. Watching the hockey game or something.

Ryan Fleury 01:59

That might be.

Rob Mineault 02:03

Yeah, she is. She lives in South Carolina. And she makes all of us Canadian guys like look like we're amateurs in terms of hockey.

Ryan Fleury 02:14

Well, we wish her a speedy recovery.

Rob Mineault 02:17

Yeah. Yeah, we do. Especially Yeah, we do. Forget it. I almost said something. But then I was like, gonna wait, she listens to this. I'm just gonna gonna play it smart and not say anything. So anyways, that is that's this episode. Just me and Ryan. But speaking of the show, Hey, Ryan.

Ryan Fleury 02:40

Yeah, Rob.

Rob Mineault 02:41

Why don't we get right to it and why don't you tell the fine folks at home what we're doing today.

Ryan Fleury 02:47

Today we ar talking to the host of the Ambiguously Blind Podcast. John Grimes. Welcome, John.

John Grimes 02:54

Hey, guys, you got it. It is a big word.

Ryan Fleury 02:56

Ryan Fleury

It's a tough word. How dare you.

John Grimes 02:58

I understand. I have to type it all the time. You know, thank goodness for spellcheck.

Rob Mineault 03:03

Oh, man. I would hate that. I would hate to actually have to spell that out. That's Yeah, true. Yeah, I would screw that up constantly.

John Grimes 03:09

So can I just ask for something off the top here guys. I don't know if you can comply and help me but I've got a fever, actually. And the only thing that can cure my fever is more cowbell.

Ryan Fleury 03:26

Well, I think we could accommodate that.

Rob Mineault 03:32

Cowbell, triple bonus. Bonus cowbell. Oh, yeah. Honestly, the the week that we don't get a guest, that's what we're just gonna do. We're gonna record Ryan hitting the cowbell for 45 minutes and lose all our audience.

John Grimes 03:56

That might be an ender. So just be careful.

Rob Mineault 04:00

Well, listen, John, we are really thrilled to have you on here. I have to say I love the podcast. Since we discovered you and I have been anxious to to get on get you on and talk about the podcast, talk about yourself and just sort of get a sense of how this all came together. So why don't we start there? Maybe if you can just give the audience just a little bit of background information on yourself your vision condition, and then we'll start to get into the nuts and bolts of the podcast.

Yeah, so John Grimes. I am the host and proprietor editor in chief cook and bottle washer and

Yeah, so John Grimes. I am the host and proprietor editor in chief cook and bottle washer and everything that the Ambiguously Blind Podcast has to offer. I appreciate you guys listening. It's always nice to hear that somebody else listens besides me and whomever I'm talking to at the time. My visual situation. Well, I call myself ambiguously blind, which is where I got the name for the Podcast, I have zero vision in my right eye, and about 2300 vision in my left eye. And I know we've got some international people on this call, I don't know what 20, that's feet, guys. So I can't do the conversion for you. But it's just enough to be dangerous, really, sight wise. So it's, it's ambiguous, which just kind of means unclear or uncertain unknown. I can have interactions with people quite often in person, and they wouldn't know that I have a visual impairment. I don't use a cane, or guide dog or anything like that. So I ride a bicycle by myself, with people and with my kids and stuff. So I can just see enough to be dangerous, which is why I call myself ambiguously blind. So that's kind of about the podcast. I don't know you might be interested in the story for my sight change. Which is that's kind of that's kind of a big story there. And actually, when I'm working on, it happened, it was the sophomore semester in college. In 1998, I was at Texas Tech University, way out in West Texas, if there's any Red Raiders out there, you know, I was 19. So I was like, 10 feet tall and bulletproof. You know, like a lot of 19 year old people are, you know, I was in a fraternity, life seemed to be following a, you know, ordered path. Until it wasn't one day, actually on February the 13th of that year, I woke up in the hospital. Miraculously, about eight days prior, my fraternity brother found me unconscious on the floor in my bedroom. Now, of course, I'm not the only guy that's got a story with college or fraternity brother friends on the ground, right. But unfortunately, it wasn't the night of a wild college party that caused that it was a nasty bout with meningococcal disease, which is more commonly referred to as meningitis. It was a gift that I woke up, my parents were holding vigil at my bedside, they had been told that I likely would not. And I did wake up eventually, after the after about eight days. And as I kind of swaying back to an uneasy consciousness, it was pretty clear that waking up from the coma was the least of least of the challenges in front of me, because the first thing I saw was darkness. I of course, had gone to bed, eight days prior, you know, normal, my normal self, my 10 feet tall and bulletproof self. And here I am in the hospital bed. And the darkness is disorienting, because I'm not expecting it at all. It's out of the blue. I can hear. There's doctors and nurses and people coming and going, I can hear my parents, I can hear beeping and pulsing machines, but I can't see. There's a tube in my nose. I've lost control of most of my muscles. Talking is out of the question. I can't smile, not that I had constant smile. I was exhausted. I was irritated. I was confused. I didn't I didn't know where I was. I didn't know what was going on. I didn't know how long I'd been there, or how long I was going to be there. Eventually, the darkness kind of dissipated. Because of all this atrophy that had occurred in my body, over the eight day time period where I was sleeping most of my muscles weren't working correctly. I mean, and when I mean most, I mean like almost all of them. My body was just in a wreck. And as it turns out my eyelid, my right eyelid was functioning properly. But I had no sight in my right eye and my left eyelid would not open it was stuck in the shut position. So I thought my eyes were open. And it was just darkness. And it wasn't until I got with some therapists and things I don't have exact timeframe for when this happens because it's pretty foggy. It's not like coming out of a coma. You snap your finger and everything is normal again. But probably over the course of about 24 hours I kind of realized what was going on. And this is when John 2.0 begins.

Ryan Fleury 09:23

So my question and I don't know anything about meningitis, but is it normal to just come on suddenly like that?

J **John Grimes** 09:29

Yeah, I can tell you all about meningitis. Yeah, so meningitis is a wicked and fast acting disease. I had never heard of it myself. And in 1998 in the US anyway, there were no there were no vaccines for them. There are five types of meningitis they call them serogroups and their letters are C, W, Y, and then B. And I believe I had the group B infection, although there's I can't tell you that with any certainty. But it starts with a the way it started for me. It was a Saturday, when I went to the hospital and in an ambulance. It was Friday where I felt really bad. I woke up Friday morning and the thing that looking back on it, that's different, I felt like I had the flu. That's the most commonly what it is. But as I look back on it, it was like no flu that I had, you know, I've never had the flu like that. And the thing that's different for me, was my head was like, I got up, I was in bed, and I got up and had the feeling that I had to, you know, get sick, and I just instinctively got out of bed. This is probably like at 3am and was headed to the bathroom, but like my feet hit the floor, and they were like wet noodles. I mean, it was like, face down on the floor instantly. And that all that stuff happened. So I was like, almost like vertigo, my head was spinning really good. It was really bizarre. And I was I did that for maybe like, I don't know, it seemed like a week, but it was probably 10 or 15 minutes. And then I still couldn't walk, I crawled back into bed. And that's that's when I woke up in the hospital is pretty much the difference there. There are lots of things happened, of course over the days. But it's hard to tell the most common sign besides flu like symptoms is you'll get a purple, you'll see a purple rash on somewhere on somebody's body. Usually that will be on the extremities. So your legs, your arms, your feet, your hands. And once you start seeing this purple rash, that that is a bad sign because meningitis is an infection of the meninges, which is a lining of the spinal cord and brain cavity. So if it contains itself there, that's better. Although the problem is for wood, that's of course, where all of your nerve endings and your partial marine are. So that's that's not great place either. But once it gets into the blood, it's it's considered septic. And that's when it goes like every time your your heartbeats. It is like poison just being tossed all over your body. And so people, it's common for people to have amputations, fingers, toes, hands, legs, arms, because once it gets into the system, your body starts shutting down. Your body recognizes there's something happening and it stops, the blood vessels in the extremities burst, and your blood is not able to reach those extremities. So the core of your body is kind of in a survival mode. And on my podcast I've talked to, I don't know, many people that have been affected by it, both people that have it's also not one and five, don't survive it. So I'm one of the lucky ones. I've had lots of people on my podcast where we talk about their story and how it pertains to mine. I've talked to parents that have have lost children, it seems to strike most often in the teenage years. And generally the reason for that is there's a lot of communal living, in barracks or dorm rooms, or places where there's a lot of people together. But it really can hit anybody anytime. I've tracked babies on like Instagram and social media that have in the hashtag stuff, I can find babies that are you know, two days old. I know somebody that got it when he was in his 40s and lost his legs below the knees. As a result, it is super fast. And it is not something you want to mess with. Well, and today there there are vaccines for meningitis. As I mentioned, there's the A,C,W, Y. And then there's a B there, it's a separate vaccine for those one group before and then one group of one or one by itself that are available for teens at age 11. And at age 16. So anybody that's got kids, there's a lot more advocacy about it. I've worked with a couple of groups. One is called the National Meningitis Association, which is based in the US and the other one is called COMO, which is a stands for Confederation of Meningitis Organizations, and it's a worldwide operation. And the cases in America anyway have significantly declined in the last 15 or so years. Both vaccines have been produced within that time period. They came out in like 2006 and 2010 and that plus the wave of advocacy, and there's a lot of really, really good people that are doing a lot of good work to disseminate even to doctors and parents kind of the early signs and to not overlook what, what people often think is the flu or something like meningitis.

R

Rob Mineault 15:19

Is it variable in terms of how, how it manifests, like in terms of, of the after effects of of people who do make it through it? Is it kind of just, you just never know what it's going to affect? Or is vision loss something that's a fairly common?

J

John Grimes 15:38

The answer is, it varies is the short answer. It happened to me about 25 years ago, which is kind of crazy. Time flies when you're having fun. But for me, there was some neurological damage related to it as well. In fact, most of the things that meningitis did with me are essentially invisible, which is, so I have this disability with the with the vision thing, which is definitely, you know, a disability. But, as I mentioned, you probably wouldn't know it. I mean, there's situations I mean, if you throw me a baseball or something, then we're going to be in trouble. But you know, even my neighbors who have lived next to for the last seven or eight years, if some of them may not really know, and they see me driving my bike down the street. And like, there's John and then like, hey, wait a minute, I thought he couldn't see very well. And so it varies pretty dramatically. There's a lot of times, well, first of all, a lot of times, people don't survive it. And then there's amputations, when it gets into the bloodstream. I've heard of people having hearing loss, memory loss, other sorts of brain or cognitive issues resulting from it. And then of course, nerve damage is is right there too, because it's in the spinal cavity. And organ failure. It's, it really is that there's, those are probably the biggest ones that I've said and sight is not, I've never met anybody else that has had meningitis and has sight loss, the way that I did, but the way the reason I have the sight loss for me is the what happened with me is the meningitis. Again, it's in the brain and spinal cavity. So what what happened was that it was inflamed in my brain and my spinal cavity. And the only way that they can accurately diagnose meningitis is with a spinal tap, or what's called a lumbar puncture. So luckily for me, I was taken to the hospital by ambulance, of course, I'm unconscious of the can't ask me anything, my fraternity brother found me and, of course, wasn't expecting anything like that. And they got me to the hospital, and I was presenting at the hospital, like somebody that had had drug overdose. I had, it's, I won't get into the gory details, but I that's what they originally thought. And so the doctors were kind of pressing my fraternity brother for you know, like, just tell me what he's taken. And we can, you know, we can we can give him the fix that or whatever. He's like, he's not taking anything that I know of, you know. And so, the time is really of the essence there. Luckily, for me, the hospital, I was at a school at college, I went to the University Medical Center, which was only about five miles or less from my apartment at the time. So I was, I got there fast. And they, for a lot of there's a lot of miraculous things that happen in my story. And one of them is that they performed the spinal tap when they did, and as soon as they do that, but they don't do that for everybody, right? That's not a normal, they don't just spinal tap anybody that's, you know, coming in with a with a, but I'm unconscious, and I'm looking really bad. I don't have any of the purple spotting yet, which is a good thing, because it's not in my blood system yet. But they do the spinal tap, and then they pull up the fluid and it's like, oh, yeah, that is meningitis.

Rob Mineault 18:57

So what was the what was the recovery like?

John Grimes 19:01

Well, that was that was fun. Yeah. So I mentioned I had a tube in my nose. I was on a ventilator. I, you know, I was basically living on machines for eight days. And if you lay in bed for eight days, things start to atrophy. Things happen. I, upon waking up, in addition to all of the damage that the meningitis had done, I couldn't sit up in bed. Again, I had some muscular issues. I had some paralysis in my face and some things and the recovery was like learning how to swallow. I couldn't swallow. I couldn't walk and smile. Talking was tough. I just couldn't form words. Obviously, I was having some sight issues. I was learning all these. It's hard to explain really. As I said like darkness was disorienting because I didn't obviously expect that or didn't really know anything like that. Luckily, only though I'm young, my my parents were about about five miles, five hours away by car from my school and about an hour flight. So they were there pretty fast. And they were there to help me through the process. I was in the hospital, in the coma for eight days in the hospital for 21 days. But it was right about the first first of March was the day I returned back. I went to my parents house. And that's where the real work started. I was in a wheelchair for probably about a week out of the hospital. And like things like getting up eating going to the bathroom, just your normal daily functions took a lot of energy. But I think the youth there was on my side. And it turns out, I had a lot of a lot of good friends nearby and my family and a lot of supporters to help me through. But I went to, I had to go to physical rehab, or just motor skills like standing up sitting, I wore a what's called a gait belt, which is something where it's kind of like a karate belt is probably the best way to describe it, where it's kind of a thick nylon belt where somebody would stand on each side of me as I tried to start walking. The muscles in my, I had what's called drop foot. So the my feet wouldn't stay perpendicular to my foot or to my leg, right? So it was like, my feet were flat, basically. Right. So I had to like rework those muscles to kind of be able to stand and be able to sit. I mean, I was a mess. So the recovery was I could talk to you about it probably for four hours. But my mission was to get back to school. So this is March 1, and school starts like the middle or so of August. So it was around six months or so of recovery. And it was it was hard work. It was a lot of physical stuff, a lot of mental stuff. I had some cognitive things I had to work through. I had I was I've always been kind of a computer nerd. So I was really always very good on the computer. But I looked at the keys are typing, I use the old hunt and peck method. I was still faster than most people, but that's just the method that I used. And now that I can't see the keys, I can't type. So I went back to keyboarding over that summer to relearn that. And it was really just like relearning things. I mean, something like swallowing, I couldn't drink anything I had there was these all these? Man, it's bad, bringing back some great memories. I can remember all just a lot of times being thirsty, I had a feeding tube. So like I wasn't drinking stuff, my throat was always dry. There's just things there's stuff called thicket where you put this thickening agent on liquids. And so there were, there were certain classifications - like water was the thinnest and like pudding was probably the thickest. So I worked down from putting the water over the course of a few months to be able to do those kinds of things. But I did make it back to school in August. And that's probably where I mean, I probably looked like a deer in headlights there because as excited as I was to get back to, you know, my so called normal life away, you know, I, I was a sophomore. So it was like, as about a year and a half into college. So I tasted this freedom of, you know, college and, and all that that implies and all the cool things that happened in those years. And but I was going back significantly different. So it was, it was like, hey, how are we going to do this?

Rob Mineault 23:50

So, I mean, I'm always kind of fascinated by by that, that process. Because for everybody, it's different when they enter into the disability community for whatever reason, whether it's illness, or it's something that's degenerative, whether it's fast, or whether it's slow - everybody has their own sort of process of, of how to deal with that, on an emotional level on a mental level, on a physical level. It sounds to me like that you going back to school was sort of the thing that you were able to sort of, it was like a goal that you had, that you were able to sort of latch on to and sort of work towards the assign the kind of credit, the recovery, or at least part of the recovery to that.

John Grimes 24:38

Yeah, I would say so. I didn't do it right, so don't necessarily take notes for what I did. But I am unique. Maybe not totally unique because people have you know, like I don't have a degenerative disease or something where I you know, I went to bed I woke up and it's this is it, right? So that happens to you know, that's not unusual. But I think, again, for me, the youth probably was in my favor, for the rebound, because I had a little more than sight stuff going on. But sight was front and center on everything. But, you know, you talk about the cycles or recovery and all the things of grief, I didn't, I did not do that, right, either. You know, when I went back to school, I didn't have any friends that they were blind. I'd never met a blind person. Visual impairment was not anything I knew anything about. The other neurological challenges, like I was one of one in a campus of like, 40,000 kids. So it's, I think you're on to something where school was, was definitely a goal for me. And it was a good carrot to hold in front of me to, you know, a goal to, to look at and achieve. And I think, you know, I don't know if it would have happened at a different time, what, what I would have used for that, but I'm a pretty big in faith in the Christian faith. So that carries me today and certainly carried me then. But equally important to that was my family, which I'm really close with and still am. And then a really good group of friends. And then also, there are a lot of resources, even, even in 1998, for people with sight loss at the school that I was at, that I had never known anything about before. It was like I'd walked by these buildings before and never knew really what was in some of them, until I needed to know it was in some of them. And there was a wealth of things available that made the journey, you know, much easier. So, I don't know, it's combination of really of a lot of things and, and just this inner wheel that I had, because I certainly didn't like what had happened, I certainly wanted to be like I was before. And I had a lot of friends that wanted me to be like that, too. But I had to go through all of those stages of grief, and then denial and all that stuff before I could really kind of get a whole, you know, people go to college to kind of learn about themselves, learn about the world, meet new people experience those kinds of things. And I certainly did all that. But in my version of that I went a little deeper than most of the people at least that I was hanging around with because of all those things that happen.

Rob Mineault 27:48

It is a very personal thing. I mean, I don't know, is there a right way to do it all? But what I find fascinating about that is that with so many people that we've talked to here on the podcast, they'll talk about going through that process, and but also, like there's also this fascinating thing of it changes the direction of their lives, obviously. And it's a lot of times, it's not necessarily a bad thing. Like don't get me wrong, I'm not saying that, oh, this is great that, that this happens. But there's also a part of it, that is a transformative experience. And it doesn't necessarily have to be a negative. And so I'm always really drawn to people stories who have taken something like that. And they get on the other side of it, and they find that there's a whole new world waiting for them. And I kind of think that's kind of a beautiful thing.

John Grimes 28:53

I agree with you. Yeah, that's true. It is certainly personal. And if you if there were two people that this happened to with me, which is kind of surprising it did and meningitis is usually very contagious. And so there's usually like a sort of an outbreak kind of thing. But what I was the only one that got it and all the people that I had come in contact with had to take these. They were given they had to do a you ever heard of contact tracing? So back in the day, we, we did some contact tracing to find out who had come in contact with I was an intramural basketball game, like the night before and just, you know, there's all these people had to come to the hospital and take this pill and it it didn't look good. And but if there was somebody else who went through the same thing that I did, I would imagine our outcomes would have been different, both physically and what happened to us and then kind of how we progressed. So it certainly is personal. And I think it's obviously pretty good with the perseverance you know, it teaches you a lot about about the world and I did notice not not that I'm sort of, you know, cool or anything, but it kind of put cooled the jets on my college life, you know, the kind of wild and crazier side of the college life because it, it, it I had to focus on different things, you know? Like, of course we're there for school and stuff, but I had to learn a whole new learning method, I was a I would be an audible learner basically, I didn't know braille. I don't know braille today. But I certainly didn't know it within the first semester or two that I'm back. So Braille wasn't going to help me. So just working through all those adaptations, was, it teaches you a lot about life and teaches you a lot about, you know, things that happen to people and, and how to fight through things. And it, it'll build some calluses.

Ryan Fleury 30:49

Yeah, I have to ask. So when you were in your first year, and this happened, what program are you taking? And is that the same program that you've finished or graduated from?

John Grimes 31:01

Yeah, I did finish. I was in Business, I went, I was gonna go for Marketing. So I started with that and finished with that, which, you know, there's not a whole lot of kids that started finished with the same thing. And actually, you know, there's not a lot of kids that start and finish actually. My roommates that I lived with my first roommate, he didn't finish. So you know, that's the whole thing were look to your left, look to your right kind of routine, you know, and one of us not going to be here. So I did finish. It took me, I was out of school for well, I wasn't ever technically out of school, I actually finished a class that semester, I did a classified correspondence. And then I took, I think, two classes that fall semester. And I just had to get my learning style down. So like that entire year of 1998, I took three college classes. So I would have normally had taken like six or seven or maybe eight or something like that. So I lost some time there. But I graduated at four and a half years. Once I kind of got my my jam down on how I was doing things towards the end, I was taking like 18 hours or whatever, five or six classes or whatever. I figure eventually figured out it took me some time to work through it.

R Ryan Fleury 32:19

Yeah. And the reason I ask is, like Rob was saying, sometimes, you know, an incident like this changes your direction, right? Focus. So yeah, good on you.

J John Grimes 32:29

It definitely changed my focus, but not as it pertained to what I was doing at school. A lot of focus with other things were in my life. And then again, because I wasn't again, not like I was a party animal, but like, again, I didn't have any friends that were blind, right? So it was, I had to kind of sort of, you know, make a new set. All my friends remained the same, but like, I had to kind of expand a little bit and meet some new people and do some things that were out of the norm for what my group of people normally would have done. Everybody was very supportive. And it was all, you know, everything was hunky dory. But it just, I had to go through those things kind of on my own to figure that kind of stuff out on my own kind of thing. And for the longest time, I didn't, I didn't want to talk about it. I felt like I wanted to talk about it. But when it came down to it, I really wanted to kind of hide. I mean, you talk about denial, like in class, I would certainly fake it, especially with the sight thing. I didn't know how to you know, I'm in denial, I'm in a class or it's like 300 kids. And I, I could give you some, I guess specific examples, but the the gist of it was I was I was doing everything I could not to draw attention to myself and kind of do what I could to kind of get by initially but it as it turns out, that's pretty exhausting, really. And I had to kind of work through the denial of that initially, to get to the point where I was, I was able to, you know, like, eventually I got to know my professors really well. Going forward, I had to like know all my professors because I had to meet him and say hey, this is who I am. This is like a visual impairment. So I need to take my test somewhere different and I need notes somehow different. So the cool thing was is that and I still stay in contact with some of those professors from back in those days or at least after school anyway. So most of my friends had the same people but they they don't know them the way I did.

R Rob Mineault 34:40

Okay, let's talk about the podcast.

J John Grimes 34:41

Well, you know, the podcast is is an interesting thing. Because as it turns out, I'm not much of a writer. I mean, I can write you know, here and there but I for me to put words meaningful words on a screen. I just I can't I get this writer's block, but I felt like I had just put incredible story that I wanted to tell. And over the years I've talked to other people that I would you know, can you help me write this? Can we do this? And I've gotten close with a few people, some people have just told me no, or some people have given me some advice on some things to do. And it was, we started a family, I'm married. And we have, we have kids, and that started about eight years, nine years ago. And for I guess, that's probably the impetus for me really wanting to be kind of, I want them to kind of know the story and what happened and why their dad's as crazy as he is right. So at least give them some reason. This is kind of what happened to him. And eventually, I started opening my network of people and sharing some things. And then I started the podcast, which is where this comes in. And that was about three years ago, about two and a half years ago, I guess. Now I'm only like, 80 something episodes, guys, I can't compete with, you know, the what 3000 you guys have got here. But I think for me, the the podcast was a way for me to, again, I can't do much writing because I just can't. But I can talk. So microphone, recording thing, computer, boom, here we go, we're gonna start talking about it. So that was kind of what I wanted to do out of the jump. And it really has been a tremendous vehicle for me to just, it's cathartic. And it was a way for me to connect with people that were similar to me, and I wanted to learn things from other people with sight loss. And I wanted to learn things from you know, I, I had never met another person that had meningitis either. And as it turns out, there are quite a few of us out there. And that's when I found these meningitis organizations. It wasn't until after I started poking around through the podcasts that I found these other people, I've made some new connections, and done some work, done some advocacy work, and help people kind of understand what meningitis is and do all those things. And through my podcast, I've met many people who have written books, and done things that's kind of one of the things I wanted to do is meet those kinds of people. And you can't just like call up an author and be like, hey, tell me how you wrote your book, right? But you can have a podcast and find somebody that wrote a book and kind of, you know, work through that way. So I did make some connections with some people that have written books, and really incredible people. And through some of those connections, I found my writing partner a little over a year ago, and we are working on the book. We've made a tremendous amount of progress in the past 12 months. And my expectation is that it will be published in 2023. And the current plan is to have a book proposal done by I would say, the middle of April of this year. And I want to I want to have a major publisher produce it because I think it's I think it's a great story. There's, there's a lot of intricacies into it and a lot of kind of bizarre and miraculous crazy type things that happened that I think can probably help people and how I worked through some of the things that I worked through. I think that it's something that people could find helpful as well. So that's, that's, that's where I'm headed with it. Right now, nothing is definite, but we're hoping to get it done as soon as we can. So we talked about all kinds of things in the podcast. I mean, it's a lot about sight loss. It's a lot of we talked a lot about meningitis, but it's part of some of the things that we do, of course, I do have specific meningitis episodes with other people that have been affected by it. And then we do have some some fun. We've brewed cider, we brewed beer. We played some games we've, we've we've made eggnog over last Christmas. You guys like eggnog? Oh, yeah, yes, we made - what's the guy's name? Alton Brown's eggnog. So with a friend of mine who lives in Germany, and so we, we made eggnog and then we podcasted about it, we played some bad Christmas songs. We just it's, it's it's a lot of fun. And it's been super cathartic for me. And it's a way for me to kind of just get out there. And I kind of suppressed a lot of these stories for a really long time. And I'm really excited about not being, you know, get getting these things out now.

R

Ryan Fleury 39:27

That's the great thing about podcasting is there's a community out there for everyone.

J

John Grimes 39:31

Yeah. And if there isn't, at least as far as you know, where you can just get in there and start looking around and you'll find it hard to find you.

R

Rob Mineault 39:40

Yeah, and the podcast platform is flexible enough. I mean, you can do those, you know, self indulgent episodes. We do them all the time here. You know, sometimes Halloween or Christmas and oh, we'll just do something fun that's mainly for us. We have no idea if the audience actually likes it, but you know, it's fun for us and it's it's a changeup. So, but really I feel like that that learning part that you're talking about that is so important, at least for me personally. You know, Ryan and I talk a lot about about the podcast being sort of a bit of a labor of love for us. And it is really true. I mean, I think that everybody, anyone who podcasts, I think, gets something very personal out of that podcast, and it's probably different for everybody. Some people really appreciate the learning. For some people, it's, you know, it's building that community. And for some people, like you said, part of it is because cathartic, and, you know, helps you work through things by just talking on mic, and talking to other people that have gone through what you have.

J

John Grimes 40:47

Just saying things out loud, and getting them out there for other people to see kind of desensitizes me to some of these things that I felt oversensitive about, that I really shouldn't have. So, yeah, that's, that's what it's done for me.

R

Rob Mineault 41:01

And really, like, honestly, like, we try to look at every episode that we do is like, somebody somewhere is going to get something out of this, whether it's a shared experience, or a story that, they're at the beginning of their journey, and we're talking to somebody who has gone through it, and they, you know, they, they feel better listening to somebody who's who's gone through something like, like they are. So that's why I just, I love this, this whole community of podcasters. And that's why we tend to have a lot of podcasters on the show, because we really want to help spread the word and help connect people to the podcasts that they might really, you know, get a lot of out of and enjoy.

R

Ryan Fleury 41:47

Like you were saying, John, your lived experience is not necessarily gonna be the same as somebody else's. So, you know, if everyone listened to your podcast, our podcast, whoever has a podcast that you might be interested in, you can take away something from that, and everybody's lived experience is and can be a shared experience. You know, listening to your story, I lost my sight in a car accident. So boom, woke up three days later, totally blind. So I have some similarities in my story.

John Grimes 42:23

How old are you when that happened?

Ryan Fleury 42:24

23

John Grimes 42:26

It's pretty similar age.

Ryan Fleury 42:27

Yeah. So I've got some similarities there. You know, the whole the whole journey, grief, anger, bitterness, so on so forth. But you know, I can still I can empathize and relate to that experience, to a certain degree, you know, my, my experience was different, but similar. And I think that's what people can take away from all of these stories is everybody's story has value. And that's what we try to get out to people.

John Grimes 42:57

Yeah, well, that's what we do. The motto for my podcast is challenging belief and revealing abilities that make people extraordinary. So that's the people that I'm looking for. There really are a lot of extraordinary people out there. And the great thing about podcasting, too, is it's out there now. So it's recorded, and you know, this is released tomorrow, or whenever it's released. But it's out there now for the you know, as long as you pay the hosting fee. Now, it's out there. So if somebody finds that a year from now, a week from now, two years from now, whatever, it's still, you know, it's somewhat evergreen in that sense, and people can find it on their own time. So it's obviously tremendous. I'm a huge fan. And for people like me, who just kind of like to talk, it's a good thing. I can't do a solo episode, though. I always have to talk to somebody. You guys, people, maybe maybe that gets weird with you have too many voices, but like, I can't just fire it up and just start talking. I need I need somebody to bounce it off of.

Rob Mineault 43:58

Well, that's really interesting that you say that, because we feel like even with four of us, like we would not be able to hold a conversation between us and we still need a guest even with four of us.

Ryan Fleury 44:06

Oh, for sure. We've had we've had six of us, I think six or seven at the most. And that makes it easy, because most of the time we just sit back and let everybody else talk.

easy, because most of the time we just sit back and let everybody else talk.

R Rob Mineault 44:15

Right? But like I just I love meeting new people who are out there in the community and they're and doing remarkable things, or even if they're not doing remarkable things, just hearing other people's stories.

J John Grimes 44:28

Yeah, I think ordinary is fine, too. You know, if you especially if you've got the cards stacked against you, if you're ordinary then that's that's pretty good. You know, yeah. Go through these things in life and still be at least ordinary, then it's pretty good. But there are people that are out there just making things happen. And that's what I strive to be right I mean, that's always what I've wanted to be but you know, my, I believe that the the filter through which we view our circumstances is 100% up to us. So we have the ability to, you know, think of my new motto is "don't wait". I waited way too long to start to start telling my story and sharing with people and doing that. So I, I do feel like we have the ability to change the filter that we see things through, either, you know, metaphorically or physically see things. And I I'm done waiting, you know whether that's what I tell people whether you wake up tomorrow in your own bed, a hospital or the Ritz Carlton, it's time to start making your life into what you want. And there's just not you know, waiting. You guys, I guess have DMVs out there up north?

R Ryan Fleury 45:33

Yeah.

J John Grimes 45:33

So you ever been in line at the DMV? Right? Waiting for things to happen in life is like being in line at the DMV, right? It's like your hands are in the hand, your life, your future is in the hands of the totally the apathetic. And it's just not a good way to do and be and I did that for long enough. And I I'm tired, even if even if you take two steps forward and one step back, that's still progress. And actually in Texas, we call it dancing. That's that's the Texas Two Step. So that's my motto.

R Rob Mineault 46:04

I love it. So how often do you publish?

J John Grimes 46:10

I try to do it about three times a month. I'll probably show on Tuesdays. Probably three, I have a mess of kids and all kinds of things happening. Of course, I have a day job and life happens. So the podcast is on the side. So my goal is about three times a month. I've done four. I've done

one I don't think I've ever done none. But I do you know, travel or things happen with family and stuff where we get the out of pocket or whatever. But my goal is three a month. And I'm in the 80s depending upon when this is published, but my next my next goal is 100. I'll get to would you say 3000? I'll get there someday.

Rob Mineault 47:08

Well, listen, we're having a good time. I mean, what the you know, the amazing thing about doing the podcast for me, I won't speak for Ryan, but, you know, I'm constantly amazed at, you know, we're 300 over 300 episodes in and we've haven't had any problems ever finding guests. There are so many amazing people out there. Yeah,

John Grimes 47:27

The extraordinary people do exist. And the stories, they're out there. And sometimes people, you know, often I find often times people want to tell the stories, right? And if somebody has an like there, is there ever a chance that the three of us would be chatting about something if it wasn't for podcasts? Like, right, I mean, just forget about the geographic differences between us. But I don't, I don't know. It's one of those weird things. Like I said, if I want to learn how to write a book or want to learn how to do something, I can't just call somebody and, you know, say, teach me how to do this. But if I if I want to learn something, I can get them on podcast, and I can kind of learn through those things, and other people can can assimilate that information. And yeah, I just, I just recently had a musician on my show named Mark Erelli, who's just tremendous. He's, awesome, man. He is so cool. And I had not heard of him before. He's not new to the music world. And he was just releasing a new album, and I listened to it. I love it. It's a great album. It's a great record. He's got RP, it's kind of at the beginning stages. So that was kind of the reason that we started talking. But really, I'm a huge music dork. If you can see behind me, there's like, hundreds of CDs on the wall back here. I just like to listen and collect music. And so we had good chat about some music stuff and lyrics stuff. And, you know, the world is really - lots of people want to talk. Lots of people want to. Not all of it's interesting, of course, but there are people that can find things interesting.

Rob Mineault 49:05

Yeah, absolutely. Yeah. And again, you know, that's one of the great things about it. I love the community, and I just I love meeting people in it. And in a way, like, I'm really grateful that that this podcast of ours is in my life because it's you know, given me a lot of opportunities to meet a lot of people that never would have met before and learn a lot of things that I never would have known before. So.

Ryan Fleury 49:30

So other than the possibility of a book coming out this year. What else is happening next?

John Grimes 49:37

John Grimes 49:37

Well, I'm going to just correct you there and say it's not a possibility. It's happening. All right, my that's my will, my optimism and all that hardheadedness of me. All right. What else is happening? There's nothing interesting happening in my life. Just the podcast.

Rob Mineault 49:52

Yeah, that sounds from sounds familiar. That's why sometimes when we banter at the beginning of the episode, it's challenging because we're just like, I don't know, this is a this is a highlight of my week.

Ryan Fleury 50:03

Will you come back when the book is announced?

John Grimes 50:05

Sure will.

Rob Mineault 50:06

Yeah. Excellent. Yeah, that's true. We can have you on as a as an author.

John Grimes 50:11

No, you have to promise to come back on anytime. And listen, I will happily come on the Ambiguously Blind podcast, just don't ask me to spell it. Yeah, you can put the author next to my name. But you know, something else too. We talked about the, you know, I mentioned I meant to mention this off the bat, I got I got distracted by the cowbell. I'm glad to hear that you guys are down with OPP also, you know, I love being on other people's podcasts. So that's a cool thing, too. You know, there's a lot of people that podcast and it's good. When we get together, we get cross contamination of our audiences and things happen. So I don't know, maybe you guys should be on the show but I don't know if I can handle four guests. So well, it's okay. We can get the audio levels and I got, you know, I got I got levels and channels, and what's it called? Not channels, but you know, sources and I don't have enough, I can handle two or three. I don't think I can handle four. Yeah, so it's Ambiguously Blind. And it's so it's www.ambiguouslyblind.com. But I again, it's it's a spellcheck thing. And I can't tell you how many times I've spelled it wrong. So I've also got www.amblindcom. So it's like a shortened version plus, it's like, literally am blind. So we'll grab some double doubles and make a hockey stick and a maple syrup and have some fun.

Rob Mineault 51:38

Yeah, yeah, absolutely. 100% For sure. Well, listen, thanks so much for taking some time out of your evening and talk with us. We really appreciate it. Best of luck with the book. And best of luck with the podcast. Keep up the great work because, you know, even just looking at the episodes, you've talked to so many amazing people and you're, you're doing some great work out there. So keep it up.

John Grimes 52:02

Thanks, Rob. Thanks, Ryan. It's been fun.

Ryan Fleury 52:04

No problem, and here's a bonus cowbell for you.

John Grimes 52:07

Yes, I will sleep well tonight.

Rob Mineault 52:11

Take it and put it in the cowbell bank.

Ryan Fleury 52:13

That's right. All right, John, thank you so much for taking time out of your evening.

John Grimes 52:18

Yeah, you guys are good chat with you.

Rob Mineault 52:19

Okay. Take care. Yep. Take care. Bye.. What a good guy.

Ryan Fleury 52:26

Absolutely.

Rob Mineault 52:27

I just love it. I just love it. I love talking to other podcasters hopefully the audience doesn't mind. It's a little bit self indulgent that we talked about other podcasts

Ryan Fleury 52:37

that, you know, we get to share with people.

Rob Mineault 52:39

Ya know, I love it. And I would highly recommend everybody going checking out the ambiguously blind podcast. Just go to www.amblind.com instead of trying to spell ambiguously. See, he made the same mistake as we did and pulled the trigger on the name before he'd really thought it through.

Ryan Fleury 53:02

Yeah, you know, I still have an email in my drafts folder, about rebranding AT Banter. I know. But it's too late. There's no point. We're starting our eighth year this year. There's no point, people know who AT Banter is.

Rob Mineault 53:19

I guess. Not enough people.

Ryan Fleury 53:22

That's why we keep fighting the good fight.

Rob Mineault 53:24

It's true. No, I Yeah. I love the amount of guests that he's had. And there's so many interesting people here.

Ryan Fleury 53:32

What really cool, is we've talked to Chad from Hindsight is 20 over 200. Yeah, we've talked to Alexis from Stump Kitchen. We talked to John, we've talked to so many other podcasters who have guests that we've never had, and which goes to show you how large this community is, how untapped the knowledge and experiences are of this community.

Rob Mineault 53:55

Yeah. Well, it's true and it but it's also cool looking at his at his guestlist and, and seeing names that we recognize.It's great that everybody's like talking to each other and coming on each other show and it just it warms my heart. But you know, what's, what's actually terrifying about that story too is meningitis is really scary. I never, never knew anything about meningitis. But after after today's show like that's, that is truly terrifying.

R Ryan Fleury 54:44

In my mind relating it to COVID because he was saying how it feels like the flu.

R Rob Mineault 54:52

Well -

R Ryan Fleury 54:53

Not just that but how they had to do the contact tracing. How- what's the word I'm looking for? I guess that's basically how infectious it is. How contagious. That's the word. And, you know, the contact tracing. And you know, there may have been others that had it. And it's kind of like COVID. There were people who didn't get COVID And there were lots that died. Yeah, it's just it's such a bizarre thing to think about.

R Rob Mineault 55:26

Yeah. Yeah, it really is.

R Ryan Fleury 55:31

Like, there's just no rhyme no reason.

R Rob Mineault 55:34

But you know, and but that, you know, it's sort of it's sort of frustrating and I'm sure that you know, we honestly we could have talked to John for like two hours easily. There's so much there's so much more to talk to him about. But especially like advocacy for meningitis must be kind of frustrating as well because I feel like not a lot of people know anything about meningitis, they don't know what the symptoms are, they don't know anything, even how you get it because certainly before today I didn't. And this is a really serious condition that can you know, like you said one out of five people die.

R Ryan Fleury 56:06

And vaccines are only good for those that are 11 or older. Yeah, I think is what he said as well.

R Rob Mineault 56:12

it's so scary right? You know that this again as he has the advocacy work that he's doing and spreading awareness of it. I think is really important as well so but man if I ever see any any of my extremities turning purple, I'm freaking out. Although luckily I don't think you can mistake that for anything else like COVID I feel like if something turns purple on you there's not a lot of other things thatit could be and that's always a warning sign.

R Ryan Fleury 56:58

He didn't even have the rash. He was found on the floor, and woke up in the hospital. There was no rash so yeah, he just said he felt kind of flu-ish. But not it was wasn't really the flu. And if it wasn't for the University Medical Center actually doing the spinal tap he could have died. They had somebody, somebody or higher power, whatever you want to call it, intervened and said, we should do a spinal tap just to eliminate the possibility of meningitis.

R Rob Mineault 57:37

Again, his his fraternity brother they found him I'm like, that's somebody you don't lose contact with after after university. That's a bro for life.

R Ryan Fleury 57:47

Yeah, and you would hope so.

R Rob Mineault 57:50

But yeah, well, there you go.

R Ryan Fleury 57:54

There you go.

R Rob Mineault 57:55

We learned we learned some new stuff. We met a nice guy. It's been a successful episode.

R Ryan Fleury 58:02

Yay. Another one in the bag. That's right.

Rob Mineault 58:05

346. I think what are we up to? Hold on? Let me check them. Checked my log. Oh, no, sorry. This should this is going to be 326.

Ryan Fleury 58:15

Yeah.

Rob Mineault 58:15

I'm a little ahead of myself.

Ryan Fleury 58:17

My goal is to get to 500.

Rob Mineault 58:19

And then what?

Ryan Fleury 58:20

I don't know yet. 500. Well, that's probably another two years. At least another two years. So 10 years.

Rob Mineault 58:32

10 years. Wow, that's gonna be crazy.

Ryan Fleury 58:34

May 16. We'll be starting our eighth season.

Rob Mineault 58:40

We got to we got to do something really good for our anniversary this year. Like let's do something let's plan something cool. Maybe we can. Maybe we can convince Steve to fly Lis up here.

Ryan Fleury 58:59

Well, it's only two months away.

Rob Mineault 59:02

Because she likes to travel. Get her up here. Get her up here and do a live show. Put a collection together.

Ryan Fleury 59:14

She's flying from the US she can get like $99 air fares.

Rob Mineault 59:17

Yeah, that's true. Cheap down there. Value airlines. Yeah, put her in the back with the chickens and fly her out. Anyway, anyways. Alright, let's get out of here. Let's go. Hey, Ryan.

Ryan Fleury 59:38

Rob.

Rob Mineault 59:39

Where can people find us?

Ryan Fleury 59:41

They can find us at www.atbanter.com.

Rob Mineault 59:45

Hey, they can also drop us a line if they so desire at cowbell@atbanter.com.

Ryan Fleury 59:54

And they can still find us on Facebook and on Twitter. And I guess they can still find us on Instagram. And they can find us on Mastodon if they so choose.

Rob Mineault 1:00:12

You know, I don't know. I don't know about if you caught this vibe or not maybe it's just me but

You know, I don't know, I don't know about if you caught this vibe or not maybe it's just me but I, I think John is a little bit jealous of the cowbell. He kind of wished he had thought of that.

Ryan Fleury 1:00:22

Well keep in mind though, he's in Dallas, Texas. Big hats, cowboy boots, true belt buckles. It's cattle country. Maybe not Dallas, but everything's bigger in Dallas. So yeah, maybe he should have should have thought of the cowbell. Too bad John.

Rob Mineault 1:00:40

We came to the party really early eight years ago. And we actually have to credit Steve for that anyways, because he's the one that just showed up one day with a with a cowbell.

Ryan Fleury 1:00:51

I don't remember that.

Rob Mineault 1:00:53

Yeah, I do. I totally remember. I remember that day. I was like, What the hell is this? Why do we have this? What are we doing with this? We got eight years under our belt and a cowbell. Okay, that is going to about do it for us this week. Big thanks, of course to John for joining us. And we will see everybody next week.