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John Moe: You are who you are; and who you are is good and valuable and worthy of love, and care, and agency, and voting rights, and healthcare. You can build on who you are. You can develop skills and talents and interests, and become yet more. And you can take a journey to further discover the full scope of who you are. That's great. But you are who you are, and that can't be taken away. No one should attempt to do so. And if someone—or a whole bunch of someones—tries to change who you fundamentally are, then they are—most of the time—up to no good.

Like, for instance, if you are gay, and someone tries to switch you to straight. Even if they believe such a thing is possible—and it ain't—they are up to no good.

But sometimes you can move forward from experiences like that. You can find community; you can learn about yourself; you can meet further challenges and move forward some more. We're gonna meet someone like that today.

It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: I asked our guest how he wanted to be referred to in our interview: Nurse Blake, the professional name he uses in the entertainment and advocacy work he does, or Blake Lynch, his given name. He thought about it a bit and said Nurse Blake. Very well.

Nurse Blake is a comedian and social media star. Nearly 1,000,000 followers on TikTok, over 300,000,000 views. Big presence on Instagram and Facebook. He's performed at the Netflix's Joke Festival, been written up in the *New York Times*, and is about to launch a 68-city tour titled *But Did You Die?*. Nurse Blake isn't just a brand name, a stage name. It's actually a job title too. Nurse Blake is an actual nurse—has been for many years—and he started his comedy content creation as a means of coping with the stress endemic to that profession. He talks a lot about nursing. His audience tends to be a lot of nurses.

Clip:

Nurse Blake: Every once in a while you'll get that one, cute older patient who's like, “Hey. Can you turn up the suction?”

(Audience laughter.)

“Mrs. Johnson, I will turn it all the way up. It'll suck the wrinkles outta your face. Just fill out this Daisy Award form for me.”

(Laughter and applause.)

But you have to explain to your patients what this is. 'Cause one day it was ordered, and I went to my patient's room. I was like, "Hey girl, like here you go." And I left, and all I heard in the nurse's station were these noises from her room like "uh, uh". I was like, "Oh my god." So, I run in. I'm like, "Ma'am, ma'am! It is a canoe, not a submarine!"

(Laughter.)

John Moe: Nurse Blake is gay and a survivor of conversion therapy. He's dealt with panic attacks. He was hospitalized for his mental health following a painful divorce. I want you to meet him. If you're a nurse, fantastic, and thank you for the work that you do. My mom is a retired nurse. But even if you're not a nurse, I want you to meet Nurse Blake, because he's someone who has been presented with challenges, challenging circumstances, and a challenging mind, and he moves forward. As we all must.

Transition: Spirited acoustic guitar.

John Moe: Nurse Blake, welcome to *Depresh Mode*.

Nurse Blake: Thanks for having me!

John Moe: You're touring with a show called *But Did You Die?*. What does that mean?

Nurse Blake: You know, that's always the question, right? But did you die? When you think you're having a really bad day or really hard time—either you're a patient, or you're a nurse in healthcare, you know, having a bad shift—it's like, "Really? But did you die?" You know, it could always *(laughs)* be worse.

John Moe: I suppose dying happens more often when you're a patient or in the medical profession, but doesn't that kind of reduce—*(chuckling)* doesn't that kind of trivialize what somebody's going through?

Nurse Blake: I mean, that is honestly a great question. I too am not only a healthcare worker, but I also, you know, suffer from mental health issues. And you know, I think being a nurse puts life into perspective, right? It's because we're able to see life and death through this really—really a narrow lens, right? Because patients and their families and them going through it and us going through our own personal things—I find life to be more interesting now that I'm a nurse and seeing, you know, everyone else kind of go through issues as well. So, I try to enjoy life as much as I can and not try to take anything way too seriously.

John Moe: Well, I wanna get into some of the big mental health events of your life, and things that you have talked about other places that I find really interesting.

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But first, how did you go from being a nurse to a nursing-specific entertainer?

Nurse Blake: I've been a nurse for about 11 years now. I graduated in 2014. And I think I was in my—I graduated in my 20s, but as I was entering my 30s into nursing and just life in general, a lot of my mental health issues started like coming to the surface that had all been affected by me growing up and me being younger. That kind of hit me really, really hard to where I needed... comedy. I needed to laugh. I needed to look at life differently and not take it so seriously. So, I just started doing comedy.

And thinking back to the very first patients I've had, like I've always tried to connect with them on a personal level. And that's through comedy and humor and being real with them. 'Cause patients can tell when you're bullshitting. *(Laughs.)* Right? And I've worked at hospitals where all they care about is you smile, and you offer this customer service. And it's like, this is not a fucking hotel. *(Laughs.)* You are in a hospital. You know? So, if I could connect to my patients on a personal level, make them laugh a little bit, it's kind of— Humor is something that I use in my nursing practice, you know, caring for patients. And I've seen that it's helped—not only them, but also me get through a long shift.

John Moe: And you worked as a nurse in a trauma unit, right?

Nurse Blake: Mostly trauma hospitals. I've worked at level one trauma hospitals kind of around the country, so I like the adrenaline.

John Moe: So, then you started— Is this a TikTok thing? You started making videos on TikTok or YouTube?

(They chuckle.)

Is that how the entertainment side got started?

Nurse Blake: Yeah, this is even before TikTok. I started creating content really on Facebook back in 2017, when a lot of the “viral” videos—the meme-style short-mode videos—were going viral. And I was just sharing experiences of me being a nurse, making fun of the coworkers I worked with, making fun of myself, you know, getting into nursing. And it kind of resonated with nurses all over the world. I mean, I'm able to now tour in Australia and Europe and Canada.

And it's just interesting, because in nursing it can feel like shift work at times. Like, you clock in, you clock out. You have your—the patients that you care for. It can be kind of lonely. I mean, we're not in team meetings, you know; we're not debriefing together. We're clocking in, caring for our patients, and unfortunately leaving. And so, I was feeling lonely in the profession, which is why I started to build community online. And it has helped me tremendously.

John Moe: Mm. Do you still work as a nurse?

Nurse Blake: I'm still a nurse, but no, I don't work in a hospital. HRs won't hire me, because I like to advocate for nurses and patients, and I have a— That's what got me in trouble in the first place.

John Moe: Oh! How so?

Nurse Blake: I was making content—this is back when I first started—online. And the hospital I was working with was like, “You can't do that.”

And I'm like, “Yes, I can. And I will. Whether you want me to be your employee or not, you know, I'm gonna create content.” And you really rarely see nurses ever speak on issues that affect them or patients, because hospitals will fire you. So, it's a very—you feel very unsafe when you want to have a voice or you want to unionize at your hospital system. A lot of times, hospitals will retaliate. And coming from Florida, you know, a lot of the hospitals and nurses here aren't unionized. And over the years they tried to, but hospitals do seem to retaliate against the nurses that wanna start a union.

John Moe: So, do you do entertainment now because you got fired from nursing? Or do you do it because you could make more money and have a better life?

Nurse Blake: I don't consider myself an entertainer. I advocate for nurses, and I also run a nursing conference where we do education for nurses on a cruise ship. So, I didn't get into nursing school to do, you know, entertainment at all. It's just kind of happened organically over the years.

John Moe: Did you get fired for doing the videos?

Nurse Blake: I left.

John Moe: You left. Okay. Do you miss it?

Nurse Blake: Yeah! I do miss it. You know, last night I was in my feels. I'm actually—I have weaned off my mental health medications for the first time in eight years. So, I find my—I'm just raw-dogging in life right now, so I've been a little more emotional than I'm used to being. And yeah, I do. You know, I miss working night shift. I miss the patients. I miss the team aspect of it. I miss that adrenaline rush. So, yeah. So, I do. And then if I think about it too much, I'm like, “Oh, shit.” But then I'm probably working short staffed. You know, I'm probably breaking my back. (*Laughs.*) You know, and then I'm stressed out on the other end. But it's kind of like my pipe dream now is to one day just like work in a rural hospital in the middle of nowhere on a little farm, and with a hot husband who's like seven feet tall, and a cow, and some horses.

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(John affirms with a laugh.)

So, that's what I look forward to.

John Moe: It's a very specific daydream.

Nurse Blake: Thank you.

John Moe: (*Chuckles.*) So, you talked about titrating off meds and being without. How are you—what tools are you using now?

Nurse Blake: Therapy. A lot of therapy has worked for me. I've definitely tried to slow down a little bit. I definitely am a reader. I try to look for things like hot yoga that get me outside. It's very easy for me to hermit and like hermitize myself and just like stay home and not really focus on anything. I've always kept myself either really, really busy or kind of just like alone—like, to myself. I'm on my phone a lot. I think just my generation, growing up is also—

I know my red flags. Like, I know when I need to check myself. I know when I need to put my phone down. I'm very self-aware of when I need help.

John Moe: I can imagine it's a challenge though, given that you're self-employed, that you have a brand. You know, that you go around and you do speeches and shows for—you know, you have an audience. You've got a ton of followers on social media. Like, is it hard to maintain kind of that peaceful, quiet, solitary—you know, being you for your own sake, and also selling this product of Nurse Blake? Because that's the way that you make a living.

Nurse Blake: I do it 'cause I like it. Like, I do it 'cause people come, right? Like, people come to the shows. They bring party buses, and they have a great time. People come to the conferences. If at any point they stop coming to the shows or stop coming to the conference, that's fine. Like, that is not—it is not “I need to do it to make a check” or something. It is not like that at all for me. I do it 'cause I love it.

It was at first really hard to find peace and quiet, especially when you're doing shows. And I didn't realize it 'til I personally started touring, how hard it is to be on the road, right? To do six shows a week. You see and you learn—like, other artists and stuff who tour, right? They also suffer with alcohol or drugs or, you know, their own mental health issues. And when I was on the road, I saw—it was like a book. It was like *Burnout for Touring Artists*. And I'm like, “Shit. Like, why isn't there a book like that for nurses?!” 'Cause nurses are the ones that are really working hard, really saving lives, really being burnout.

So, I'm actually working on a book right now, called *Code Calm*, kind of based and inspired by my life touring and the book I saw when I was on the road. But specifically for nurses that's written by a few other nurses that I know that have all contributed to the book. Because nurses don't have that help; they don't have that support at all. But it was really hard for me to find peace and calm and to just shut it off. But now that I'm going into like my fourth tour, it's much easier for me. I've stopped drinking. I've been sober for a year now, so that's also been a great help and a big change, you know, in my life.

John Moe: I want talk more about nursing, but I want to go a little bit further back. You referenced that a lot of why you got into this was mental health experiences. When you were young, you underwent what is called gay conversion therapy. And first of all, I'm so sorry that that happened to you. What led up to that experience?

Transition: Spirited acoustic guitar.

John Moe: The answer to that just ahead.

Transition: Gentle acoustic guitar.

John Moe: We are back with Nurse Blake. Blake is gay, and when he was a teenager and his parents found out he was gay, they addressed that issue by trying to have Blake converted to heterosexuality. It's a practice not supported by science. It's considered by many to be inhumane. It's been linked to suicidality, and it's illegal in many states and jurisdictions. Still perfectly legal in others.

Nurse Blake: So, what happened was my bitch cousin, she outed me when I was 15! For some reason! My dad was working night shift as a respiratory therapist, and my mom was in sales; so, she was outta town at a conference. And for some reason, my cousin was babysitting me. Mind you, I'm 15 years old. Like, I have a permit; I have a car. And she was like watching me. And I had this guy over. We were like making out in the driveway. And so, she came out and saw, and then told my mom. And that next day my mom was home. She pulled me from lunch in high school, took me across the street to a Christian counselor. And that next day I was put in—really enrolled into gay conversion therapy here, locally in Orlando, and then was switched to a Christian school. Mount Dora Christian Home and Bible School.

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And for the next four years, I would go through a lot of gay conversion therapy with a lot of different counselors from Exodus—the big organization that recently had to shut down—to some just personal, private type gay conversion counselors. Until I was 18.

John Moe: Every day you would go through this?

Nurse Blake: No, not— Well, I mean, Exodus was a conference. So, it was like an annual conference that would happen. But then I had like counselors where we would do phone meetings a lot. Counselors—like, one-on-ones that were in-session. It wasn't—it's not physical abuse. Or I didn't experience any physical, sexual abuses. Mostly like emotional, verbal, religious-style—you know—trauma.

John Moe: You know, I've heard of this conversion therapy, and it sounds awful, but I haven't heard much of what actually happens. Like, is it a dialogue? Are there worksheets? Like, are there tests that they run, or what?

Nurse Blake: Yeah, so it's a lot of—just, it's a lot of worksheets. It's a lot of reading. It's a lot of backwards trauma therapy. Like, I remember when I was a minor, I was on a call with—his name was Cohen. And he had a book, like *Coming Out Straight*. And now he's like—he said—like, he's married with kids. And he was gay, but now he's not gay anymore. Where we would like get on the phone and have to talk about like sexual fantasies and dreams we had. Like, it was very—especially as a minor, as someone younger—like, with other people on the phone. It is just kind of one example of the—I guess the session we would go through or, you know, type of therapy we would go through. So, it was mostly like one-on-one, all verbal, all talking.

Yeah, I mean— And then it was a lot of just like, “You're going to hell. Why can't you change? You can be straight. Look at me. I did it.”

And I'm like, “I don't think you did it.” (*Laughs.*)

Yeah, it's just a lot of questioning yourself, especially at that age. Like, the brain doesn't develop 'til you're 26 years old. And so, when you're kind of going through this as, you know, a young adult or a teenager— You know, it honestly didn't hit me until I was in my 30s. Last year, I checked myself into a mental health rehab facility in South Florida, and I kind of went through kind of all this trauma that I went through. 'Cause I—especially as a comedian—right? We either laugh about it, or we just kind of depress it, and it does all bubble up over time. (*Chuckles.*)

John Moe: Yeah. Trauma has a way of waiting in the backseat until it's time to grab the wheel of the car.

So, was the notion with the conversion therapy that you were gay, but you needed to change? Or was the idea that you just think you're gay, but you're really straight, and we're gonna make sure you remember that?

Nurse Blake: Yeah. It was probably “you're not really gay,” like it's either a phase, or you're just like choosing to be gay. But you could change. Like, it's so easy. Like, you could just change. Like, you could be with a woman, you could date girls, you could have sex with girls. Yeah. And a lot of them were like gay people. Like, the main leader, Alan Chambers, was one that I would work one-on-one with. That was the CEO of Exodus. He's now come out and said, “Oh, it doesn't work. We closed our doors. I'm sorry. This was—you know, doesn't work.” Yeah. I mean, the fact that it's still legal in 2025 around most states is wild to me. The fact that parents will send their kids to these therapies is so unbelievable.

John Moe: Did it do any— Like, did you buy into it at any point? Did you start to go along with it?

Nurse Blake: I did. I like kissed this girl once. Like, it was like a church summer camp, and that was the only experience I've had with a girl. So, I do think at some times throughout it, I would be like, “This would just be so much easier”—right?—“if I were straight and just like listened to my parents. And I wouldn't have to go through all this mess.”

So, yeah, there were moments like that where you'd be really hard on yourself. Like, was this a choice? Like, what am I doing? You know? Do I want to spend a life in hell because I like guys?

So, you would go— It was a lot of emotion, a lot of back and forth just in your own mind, based on what you were hearing and kind of what they were feeding you.

John Moe: How did it end?

Nurse Blake: When I was 18, I told my parents, “I don't want to do this anymore.”

And they were like, “Okay.” They were kind of fine with it. Since then, I'm no contact with them. I've been no contact with my family—my parents, I should say—for about two and a half years now. Before that, it was just a lot of like off and on. They never fully like apologized for that or anything. I was married, and they like did come to the wedding. So, it was always like really—

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It was really weird and really strange, even after that. Like, what? What? (*Chuckles.*) And my parents weren't even religious! Like, at that time when they put me through that, they weren't even religious, which is shocking.

John Moe: Well, what was—how did this conversion therapy—? And every time I say this, I feel so gross. Because it's not—it doesn't convert anybody. (*Chuckles dryly.*) It just converts people into miserable people, I think. But how did that affect your mental health at the time, and how has it stayed with you since?

Nurse Blake: Sure. I mean, at the time I didn't know. I was just like, “I'm fine. You know, I'm—this is fine. This is gonna be over at some point.” It really didn't affect me until I got older, where I was in relationships and like felt uncomfortable to open up. Right? Especially with partners, right? Because I would depress all my feelings when I was a kid. I had no one to talk to about it. So, communication— Okay, these are all my red flags. Communication, huge red flag, huge problem from that. Being emotional or sharing any type of emotion is something I couldn't do growing up. Couldn't share my feelings. So, that's something as an adult that has been really, really hard and challenging to do. And then masking is really big for me.

When I was day one in my retreat last year, and I was in a circle with a therapist who was awesome. And she sat me in the middle, and she said, “Why are you smiling?”

And I was like, “I just like always smile.”

She's like, “You're in rehab! Like, there's no reason for you to be smiling.”

John Moe: Oh my goodness.

Nurse Blake: And I think I've masked for so many years. So, to really—I think now this past year, I'm really trying to figure out who I am. I've started solo traveling. Like, who is Blake? You know, at the end of the day. Who is Blake offstage? Who is Blake not in scrubs? So, it's been a journey. It's been an interesting journey. I'm 34 now, and I feel like I'm just now kind of leaning into who I am because of all that shit I went through, you know, growing up.

But did I die? You know, it could have been worse.

John Moe: Well, it's interesting that you're looking for who is Blake, and you're trying to define yourself as yourself and nothing else; but professionally, you put the job title nurse in front of your own name, Blake.

Nurse Blake: *(Chuckles.)* That's a great question. I mean, that's a great point, right? Nurse Blake. And I've actually played with that in my head. You know, is Blake Nurse Blake? Is Nurse Blake Blake? When I talk about my lesbian cousin, Mandy, do I have to put “lesbian cousin” in front of her name? Probably not. But is it funnier that way? Fuck yeah, it's funnier that way. And I would still call her lesbian cousin Mandy. Same with doctors. “I'm Dr. This, I'm Doctor—” Why can't we use nurse? *(Laughs.)*

John Moe: Yeah, no, totally! Yeah, no, I know teachers who are, you know, Teacher Susan and Teacher Bob until like kindergarten. And then they suddenly become Mr. or Ms. And I never understood why that transformation happens. *(Laughs.)*

Nurse Blake: I still don't know the difference between Mrs. and Miss.

John Moe: Yeah. Well, it's uh—the patriarchy is the difference.

Nurse Blake: I grew up in Florida, so I'm not that smart.

(John laughs.)

The education here is pretty shit.

John Moe: Okay, okay. I understand that your first panic attack was a key moment in your mental health journey. Take us back to that. What happened? Describe what went down.

Nurse Blake: Sure. I was working surgical liver transplant ICU in H Town—Houston, Texas. I was driving home. I was like in my car. Then I was like—I was talking to my partner at the time. And then I was like, “I've got to let you go. Like, I've got to call 911.” 'Cause I felt this sense of like impending doom. My heart rate was increasing. I felt like I couldn't breathe. I was like, “I'm gonna die.” Right? Like, “I'm dying.” *(Laughs.)* And being a—I had been a nurse a few years now, and so I call 911. And I'm like, “I don't know what's happening. Like, I can't breathe.”

And the operator's so funny, because she's like, “You're talking, so you're breathing.”

And I'm like, *(laughs)* “Oh my god. Like, are you a nurse? Like, you're so smart. Like, why don't I know—?” You know. When you're in your own adrenaline rush, you're kind of—you're a bad nurse to yourself. And I pull over into Shipley's Donuts, and EMS comes out. They honestly don't even touch me. They just like look at me, and they're like, “Uh, you're fine. You're fine.” They didn't even tell me it was like anxiety or panic attack. It didn't hit me until a few days later what it really was. And I had another panic attack just a few days following that, where I was just like watching TV and I just like had to get outta the house, 'cause I felt like I was fighting for air. And those are the main two panic attacks I really had. And it wasn't until the second one where I'm like, “Oh my god, I think I was having a panic attack.” Right?

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And it was scary! I had never experienced it before. I had never considered—I knew I was a little anxious, but it wasn't 'til those where I got really, really anxious. Flying was hard for me. Driving. Working was hard for me. Being around people. Like, everything in life started to be really, really difficult. And just walking through a grocery store. Because I also at that time was getting a lot of like intrusive thoughts, just like random, totally outta this world kind of thoughts. Especially thinking back when I was younger, I was definitely a counter, right? I had to like—I had to, “1, 2, 3, 4, 5. Okay, now I can go.” I had to step on this. I couldn't do that, or this would happen. And then it came up again as intrusive thoughts.

Going to the doctor is really scary for the first time. Getting your meds prescribed and filled is really hard. Taking your meds for the first time is really hard and scary. Getting off your meds—

John Moe: And the second time and third time and fourth, and doing it every single day.

Nurse Blake: It is! And then you miss a day. And then it's just like—I mean, you're constantly thinking about it. So, just know if you're out there listening, I could definitely relate to that. You're definitely not alone. Or finally, if and when you get the chance to wean off or not, you know, that's scary too. What does that look like? What is that gonna make me feel? Or do we have to make a med change? Right? Because it could take a few cycles to get it right. It's not like they could run a test and know what's gonna be the best option for you or what's gonna work for you in your life. So, it is a journey!

John Moe: Did you know about panic attacks from being a nurse? Had you seen that in other people? Is that why you were able to finally identify it?

Nurse Blake: Yeah, I have. I had seen it just a few times. I had some members of my family that suffered a bit from panic attacks. But we don't know what it's like until you have one.

(John agrees.)

Right? Like, you don't know what it's like until you actually go through it, and you're like, “Oh, that's like really, really scary.” So—and just breathing was like a big thing for me. It's just like—I just needed to remind myself to breathe. It's that lack of just like *(inhales)* taking

a deep breath that really just throws your—you know, your body off, right? So, I was just like, “Oh, I’m feeling panicky. I just need to breathe.” And that was a huge help.

John Moe: Yeah. I’ve had two, ever. And the first one I had, I was in a hotel room and thought I was going to die. And something told me to just get out of there, just change the situation. Like, I just scurried through the hotel lobby and like got to a coffee shop somehow (*laughs*) and drank coffee. And like, something was telling me, “Change the stimulus, change the setting that you’re in.” But it was an act of desperation, but it actually worked.

Nurse Blake: See! It was me, like when it happened in my house, just like getting outta the house was like (*gasps*), “Oh my god. I can breathe. Right? I can finally breathe.”

John Moe: You can finally breathe.

Nurse Blake: But it does impact your life. It impacts work. It impacts your personal relationships, right? It really does impact everything. So, if you’re ever going through something like that, definitely seek help, and don’t wait.

Transition: Spirited acoustic guitar.

John Moe: I think the term “panic attack” is one of those mental health terms that gets misused in the general parlance a bit—and diminished in the process, really. When some people feel stressed or anxious, they’ll say, “I’m having a panic attack,” when in fact they’re just kind of nervous. An actual panic attack is much more intense, much more severe, and can feel like a medical emergency.

Promo:

Music: “Building Wings” by Rhett Miller, a spirited acoustic guitar number.

John Moe: Hey, it’s John Moe from *Depresh Mode*. Every week on our show, we have honest, humane conversations with artists, entertainers, and experts about what it’s like to live with an interesting mind. I just interviewed Gavin Rossdale from the band Bush. You might be wondering: what would a successful, handsome, popular musician know about mental health? Turns out, lots!

Gavin Rossdale: All the time, we’re like—we’re forced into happy situations, sad situations, challenging situations—happy, sad, challenging. And it just never ends! And why should it? You know, we’re just the sum of all these journeys.

John Moe: Check out *Depresh Mode with John Moe* every Monday at MaximumFun.org or wherever you get your podcasts.

(*Music ends.*)

Promo:

Brenda Snell: Have you been looking for a new podcast all about nerdy pop culture? Well, I have just the thing for you!

(Voice echoing.) Secret Histories of Nerd Mysteries!

Music: Upbeat rock music.

Austin Taylor: *Secret Histories of Nerd Mysteries* in a weekly pop culture history podcast, hosted by me: Host Austin.

Brenda: And me! Host Brenda. We've already tackled mysteries such as: What happened to the puppets from *Rudolph the Red-Nosed Reindeer*? Is Snoopy Mexican? And why do people hate Barney so much?

Austin: From theme parks to cartoons; to '80s, '90s, and 2000s nostalgia, we tackle it all!

Brenda: Check us out every Tuesday on MaximumFun.org and wherever you get podcasts.

(Music fades out.)

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Transition: Gentle acoustic guitar.

John Moe: We are back talking with Nurse Blake. A lot of times, being overworked, being stressed out—burnout is a big factor in panic attacks. I can only imagine the stress of the nursing profession. Did that contribute to it, do you think? Did that cause it?

Nurse Blake: Oh, 100%. I think a lot of people who aren't necessarily... This is funny, 'cause I bring this up a lot. 'Cause a lot of nurses, I think we're a personality type. And a lot of us will care for other people instead of caring for ourselves, and I think it's possibly how we're raised, where we just want to help other people 'cause—especially me. Like, no one was there to really like love—my parents weren't there to like love me and support me. So, I want to give that love and support to others. And I think that definitely has something to do with why people enter nursing, 100%. I even joked about this online. Everyone's like, "Oh my god, that's so true. That's so right." But yeah, when you're working 12 hours—

John Moe: That's why they become therapists too, I think.

Nurse Blake: Also that too, right? Yeah. I see a lot of that. Yeah! So, it was like, “Oh shit. Like, I really need to care for myself.” 'Cause nursing is really hard. It's really challenging. You're underpaid. The abuse on nurses from patients and their families is really, really bad. So, yeah. I took a break for a little bit. And then I ended up going back to the hospital again, because I was just like, “I need a break. Like, what am I doing? I gotta fix me before—” What do they say? Put the oxygen mask on yourself first?

John Moe: Yes. *(Laughs.)* Before applying to a child.

(Nurse chuckles.)

You know, in hearing your story, I hear Orlando, Houston, I know you were in Seattle. Is that a common thing, to be kind of itinerant and move from city to city? Was that part of your mental health journey, just trying to move to different cities?

Nurse Blake: Yeah, it is. *(Laughs.)* I would say my family would say that I'm very just like—make last-minute decisions and just move. Also, my ex moved around a lot for his work and stuff. So, I wasn't a travel nurse. I wish I was, 'cause they make a lot of money. I would just get, you know, jobs wherever I was in the city. But also, yeah, growing up in Florida, being gay in Florida is hard. So, I did know like I wanted to get out. I kind of wanted to explore a little bit. So, I did live in South Carolina, Texas, Seattle, California for a little bit.

But I've landed back home in Orlando to be closer with family. Which has been great. 'Cause I do get to travel a lot for work, and doing shows, and meeting nurses, and supporting and attending strikes, and things like that. So, I do get the travel aspect in my life. But I'm trying to settle down. When I was in therapy last year, I—you know, they hit peace, joy, happiness. Right? So, I feel like I have happiness and joy. I'm just really trying to find peace in my life right now. So, I'm trying to determine what that looks like,

John Moe: That'd be great to have all three of those.

Nurse Blake: Thank you.

John Moe: You say to be closer with family. You're no contact with your parents. Are you close with siblings or cousins or aunts and uncles?

Nurse Blake: I'm really close with my brother, my younger brother; my grandmother; and I have two cousins I'm really, really close to. So, we're our own little family right now.

John Moe: You mentioned being married and later divorced. And I know that that sequence resulted in you going into an inpatient facility. What was going on there that led to entering rehab?

Nurse Blake: Not good. *(Laughs.)* I mean, just definitely the darkest time. Dark, dark time. Right? And I think when times are dark, we have decisions to make. Right? And luckily, my decision was to pack up my bags. And I really didn't even tell my family 'til I was on the way. I was on the brightline down to South Florida to check into Beachway Therapy Center.

And it was, I think, the biggest decision I made in my life, but one that I was really, really proud of. Half the people were there for substances or alcohol. The other half were there for mental health. I was there for mental health, even though I decided at that time to also stop drinking. But we would attend the weekly AA meetings. And even though I wasn't there for alcohol, they did—everyone gets a chip. Right? In AA, like you reach a day, you reach a week, you get a chip. But they lined up all the people that were there for mental health, and they also gave us chips. And to me, just like getting a chip for saying, “Wow, you're really focusing you on you and your mental health,” was such a big moment for me. One that I'm like super, super, super proud of, for sure.

John Moe: Yeah. When you decided to go in, was it a depressive crash? Did the panic attacks come back? Like, what symptoms were—what was screaming at you so loud that you made that bold move and that really healthy move to go get help?

[00:35:00]

Nurse Blake: Mm. No, it was really dark. Really, really dark. (*Chuckles.*)

John Moe: Okay. Alright. We'll leave it at that. You talk a lot about mental health, and you talk to a lot of nurses. How is their mental health these days?

Nurse Blake: (*Beat.*) Hard. Right? I think I share a lot of what other nurses are experiencing and going through. Right? You have no one to talk to about nursing, 'cause no one gets it. No one relates. And I think that's why nurses especially love to bring their partners to my show or show them videos. 'Cause like, “Babe, this is what it's like! Like, you don't get it. You don't know.” So, in my role now, I see making nurses laugh, bringing a community together, and then helping with burnout and workplace safety and safe staffing is kind of where my passion and my goals are right now. 'Cause nurses, they have so much on their plate. They can't be the only ones, you know, fighting for these things.

And there's over 4,000,000 nurses in this country. There are so many nurses out there. So, if you know a nurse in your life, please show them some love, show them some grace. They probably want a day off. So, um. (*Laughs.*) Well, they probably want—they actually want a week off. They actually don't wanna work anymore. So, if you could step in to help them out, they'd probably appreciate it.

John Moe: Are nurses having a harder time since COVID? Like, what did COVID do in terms of the burnout, in terms of the mental health for that profession?

Nurse Blake: I believe in—through my experience—just nurses got really mad. Like, it was so bad. So, it was so bad. Right? Like, nurses gave all of themselves—right?—to help their communities and help patients. And then, oh, vaccines are bad. Oh, we're not gonna listen to science. Oh, this is all just a scam. Right? And the nurses are like, “What the—? Like, what?! What is going on!?! Are we being fucking punked right now? Like, what?!” We're putting our lives on the line, on the front lines, and just people aren't following the rules or caring about their community or about their own family. Right? Who are sick, who are suffering.

And what was great is a lot of nurses come together. But now that life is kind of going back to normal, nurses are suffering, or still going through and having the same issues when it comes to staffing. Like, nothing got fixed, nothing got addressed. And it's like, what are these politicians doing? You know, we had a big chance in a moment to really change healthcare. And now with things with like (*mockingly*) the Big Beautiful Bill, it's just—it's getting worse, and I think nurses are getting really, really tired. Really tired.

It's to the point where they can't keep fighting. It's like the general public needs to rally around healthcare workers and kind of fight with us. Because it affects them at the end of the day too! Like, the issues that nurses talk about, at the end of the day, it affects patients. It affects people that are sick in those beds. You know?

John Moe: Yeah. I mean, I've thought about that during—you know, during COVID there was all those videos going around of people standing on balconies, applauding healthcare workers as they left work. And then that just kind of stopped after a little while. And I just remember thinking, “It's still hard, what they're doing.”

(*Nurse Blake chuckles.*)

And that's—you know, it makes for a good video, but I'm not sure we're sure we're solving the problem here.

Nurse Blake: Sure. No problem with solved, Joe. No problem. (*Correcting himself with a chuckle.*) Or John. Yeah, no problem was solved.

John Moe: Yeah. Yeah. The medical profession is one that probably is depicted—outside of cops—depicted in movies and on and TV more than any other profession. I can only imagine how much they get wrong. Like, can you watch a show like *The Pitt* or *ER* or any of these medical shows? Or do you just keep screaming at the TV saying that's not how it works?

Nurse Blake: Out of all the shows out there, *The Pitt* has got it the most right. I think they talk about issues that healthcare workers and patients really, really see. Like, they talk about the ethical issues and what we're seeing and experiencing. But shows like *Grey's Anatomy*, that's bullshit. I mean, like that show needs to become a do not resuscitate.

(*John laughs.*)

The fact that it's on season 19 is so wild to me. Like, let it go. They're tired.

John Moe: Unplug that patient.

Nurse Blake: Honestly! Like, Meredith Grey is done, like Dr. Grey is done. (*Chuckles.*) Yeah, I mean. It's so funny. It's because—and especially in *Grey's Anatomy*. I've watched *Grey's Anatomy*. The music's good. Sometimes you laugh, sometimes you cry. But at the end of the day, it's like that's not real healthcare. That's not what we're going through. But definitely a lot of healthcare workers especially are loving *The Pitt*. And it's so cute! It's because his mom was a nurse. Or is a nurse. So, that really helps. And he's also really

outspoken about issues that affect healthcare workers, especially the safety of healthcare workers.

[00:40:00]

So, he's definitely been so great. So great for the profession and for just the medical drama world.

John Moe: You're doing this tour, the *But Did You Die?* tour. And you make all these videos. You're very busy. You produce a lot of content. You've got a big audience. Does that scrutiny help your mental health? Does it threaten your mental health? Or is it not affected at all?

Nurse Blake: Yeah. I think at one point early on it did, right? “If I say this, what are people gonna think?” Because at the end of the day too, like I'm not just like an entertainment and a comedian. Like, I am a licensed professional nurse, right? So, I know whatever I put out there in the general public could be scrutinized by anybody. So, I have developed like what is my green light? What's my red light? What am I not even gonna touch? Right? Because it's not worth the views or the laughs if someone takes it in the wrong way.

But I am leaning into just being more my authentic self. I think that's just gone on with the journey. I'm going on—myself, like this is just like my life. (*Chuckles.*) I honestly try not to think about it too much now. I just have a really good time. If I'm helping nurses at the end of the day in the profession, then I'm kind of doing the right thing. But I really do try to have fun with it and not think about it too much. (*Chuckling.*) 'Cause it can be—it's a lot! Especially someone like myself who used to mask for so long. Right? I definitely want to be more authentic and be my true self and not mask. And I think my audience can see that with my content now, as opposed to a few years ago. That it's more real and authentic; that I'm more real and authentic.

John Moe: Mm. Interesting journey. Well, congratulations on all the work you've done Nurse Blake, thank you so much for being with us.

Nurse Blake: Thanks for having me!

Music: “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

John Moe: Here's a little more of Nurse Blake from one of his Facebook videos.

Clip:

Nurse Blake: Things you could say that would really piss off and insult a nurse—by the way, don't say these.

Oh, so you only work three days a week? (*Chuckles snidely.*) That must be nice.

Oh, so you're just a nurse. So, what do you do? Just wipe people's asses all day?

Did you go into nursing because you couldn't get into medical school?

Did you only go into nursing to marry a doctor?

So, what do you do? Just whatever the doctor says? You just like follow the doctor's orders? What are you, just like the doctor's bitch?

John Moe: Our show exists and helps people, because people help us. It's a two-way street. People support the show, and making the show does cost money. Getting the show out there to help people does cost money. If you've been helped by it, or if you just believe in helping other folks with their interesting minds, we need to hear from you. This is how we pay for what we do. All you need to do is go to MaximumFun.org/join and join us at the \$5 a month level, \$10 a month level. Just—you know—find a level that works for you, and become part of the show.

If you are already doing that, thank you. And you already know what a difference it makes just for the show and also for you, for people, when you hear the show knowing that you're one of the people who made it happen. Be sure to hit subscribe. Give us five stars. Write rave reviews. That helps the show get out into the world.

The 988 Suicide and Crisis Lifeline can be reached in the United States and Canada by calling or texting 988. It's free. It's available 24/7.

We are on BlueSky at [@DepreshMode](https://DepreshMode). Our Instagram is [@DepreshPod](https://DepreshPod). Our newsletter's on Substack. Search up John Moe or *Depresh Mode* on that. I'm on BlueSky and Instagram at [@JohnMoe](https://JohnMoe). Join our Preshies group. A lot of good folks hanging out there on Facebook. Just go to Facebook, search up Preshies. You have to ask to join, and then we have to approve you, but we'll approve you. It's a fun place: people hanging out, people making jokes, people supporting each other. I'm there too. I'll see you on the Preshies group. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. As some of you may know, my family is a foster dog family. We take care of foster dogs. Right now, in the room with me is Radar. He always has one ear up, always has one ear down, and he is in love with me. He follows me everywhere in the house. I never need to try to find Radar. All I need to do is look down at my feet, and he's right there. You can adopt Radar—(*chuckling*) and in many moments, I really wish you would. He's a very sweet dog and a very small one.

Depresh Mode is made possible by your contributions. Our production team includes Raghu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller

wrote and performed our theme song, “Building Wings”. *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

Music: “Building Wings” by Rhett Miller.

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

[00:45:00]

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

Lynn: I am Lynn from Portland, Oregon, and I believe in you. And here's the second one.

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!