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BREAKING DOWN BARRIERS

John Gallup Addresses Behavioral Health Issues Head-On

BY JENN WOOLSON

ohn Gallup's 30-plus-year fire service career has been fairly typical. He got involved with the union as a local officer, he was promoted to engine company officer and he learned early not to be bothered by the job.

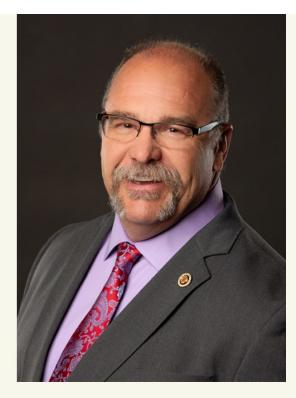
"When I started in the fire service, it was the old-school mentality that fire fighters aren't supposed to have emotions," Gallup says. "I learned early on that I'm just not supposed to have any kind of response outwardly. Unfortunately, you still have a response on the inside."

To his friends, family and fellow fire fighters, Gallup seemed to be stuffing down those emotions just fine. But inside, a storm was brewing. About seven or eight years ago, he says, he was using alcohol as a coping mechanism, to the point that he was drinking from morning to night. "It was a fairly dark time in my life," he admits. "I had pretty much decided my career and my life were basically over, and I was just going to continue in a spiral until it came to an end. I didn't have any hope of any relief. I just thought, somehow, I had outlived my time."

Despite his efforts to hide his struggles, a person in his department who was part of the peer support team sensed something was wrong and engaged Gallup in conversation. Although it took a while, he was eventually persuaded to seek treatment and get sober. In the process, he also uncovered some issues with social anxiety and post-traumatic stress disorder (PTSD) that he wasn't even aware of.

Through his experience, he realized there were likely many other fire fighters in the same position he was in, battling private demons while putting on a brave face on the job. He wanted to help them the same way he had been helped. "When you find something that seems to work for you, you want to be able to share that if you can," he says. "That drove me into changing my union focus from the traditional labor work into behavioral health."

Now Gallup is his department's health and safety officer and a member of the peer support team at Puget Sound Regional Fire Authority. In that capacity, he works with people one-on-one who are struggling with a behavioral health issue, while also providing support at a department, state and regional level as a member of the IAFF Behavioral Health Committee for the 7th District, which includes Montana, Idaho, Alaska and Washington.



Gallup strongly believes that addressing behavioral health issues goes behind mental well-being. Rather, it's essential to getting to whole-person wellness. For example, he says, "Nobody goes through cancer without a behavioral health component," he says. "If you don't take care of the behavioral health side, everything that we try to do on the cancer side will be less than effective."

It's difficult, though, he acknowledges, to address problems fire fighters aren't willing to admit because of the stigma attached to them. Gallup says that education can play a big role in breaking down those walls. "We need to be able to talk about suicide and addiction and PTSD with science-based facts about exactly what it is, how it takes place and what the components are. The only way to eliminate those social stigmas and false beliefs is by bringing in experts to talk about it."

Beyond education and awareness, Gallup says it's essential for departments to create an environment of comfort for vulnerability. That's because he believes the only way to get through behavioral health issues is through complete honesty and openness. "I think being vulnerable is the scariest thing in life, and certainly, the job of a fire fighter is not one of being vulnerable. But it doesn't matter the amount of book knowledge or the number of times you go through rehab or meet with a trauma counselor, it's just not going to work until you're vulnerable."

Making it "OK to not be OK," Gallup says, relies on fire chiefs and union presidents being willing to stand up and talk about their shortcomings, their failures and their challenges in a very honest, open way. "When you're facing a problem and you don't know what to do, you have to be willing to admit that; and until leaders are willing to do that, it's going to be very hard for anybody else to follow."

All of these efforts are a beginning, Gallup says. But there's more work to do. "There's no finish line in behavioral health," he says. "It's not an illness that you treat and cure, and then move on with your life. It's a forever process and a day-by-day-by-day process."

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