A FREE CHAPTER FROM THE BOOK

Who Shows Up

by Josh Carlisle

CHAPTER 1

I Found It Myself

I stood at the front of the room and waited for it to go quiet.

We open a lot of meetings this way, with a safety moment. Someone stands up and tells the group about something that happened, a near miss, an injury, a lesson, because what happens to one of us is worth all of us hearing. It's a ritual in my world. People settle in, expecting thirty seconds about a slip hazard or a seatbelt.

This is what I said instead.

> *We do safety moments because we believe that what happens to one of us is worth talking about with all of us. Today I'm doing a health moment. Same reason.*
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> *Two weeks ago I was diagnosed with Classic Hodgkin's Lymphoma.*
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> *I feel good. Honestly, that's part of what made this such a process. Feeling good kind of stumped the doctors along the way. We had to keep digging. This was a surprise. And based on everything we know so far, this appears to be very treatable, and I'm very optimistic.*
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> *The reason I'm standing up here is the lesson in it, and it's one worth your time.*
>
> *Here's what I want you to know about how this got found.*
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> *I wasn't at a routine appointment when a doctor flagged something. I noticed something. A small lump in my neck. The kind of thing that feels like a swollen lymph node when you're sick. Except I wasn't sick. And instead of explaining it away, I pushed. I asked questions. I got tests. I kept going until I had an answer.*
>
> *That's why the outcome looks as good as it does.*

> *I want to be clear. I wasn't starting from zero on this. I work out regularly. I try to eat well. I do my annual physicals. I recently had a colonoscopy and a heart calcium scan done just to be proactive. I was checking the boxes and trying to take care of myself. The physicals and the habits matter. The catch came from noticing one small thing and refusing to let it go.*
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> *Most of us manage our health the way we manage a lot of risk. We respond when something hurts, when we can't ignore it anymore. We assume that feeling mostly fine means everything is fine.*
>
> *It doesn't always work that way.*
>
> *Your body is communicating with you constantly. Most of the time it's nothing. But sometimes it's something, and the difference between catching it early and catching it late is whether you were paying attention.*
>
> *So here's what I'm asking.*
>
> *Do your annual physicals. Stay current on your screenings. Use your benefits. That's what they're there for. And more than anything, listen to your body. Not just the obvious stuff. The quiet stuff. The nagging thing you've been half-noticing and telling yourself is probably nothing.*
>
> *If sharing this today gets five of you to schedule something you've been putting off, then it was absolutely worth standing up here.*
>
> *That's all I'm after. Stay proactive. Listen to your body. Push when something doesn't feel right.*
>
> *That's the moment.*

At that point only two people in the company knew my situation, my boss and the head of HR. And only one person knew I was about to stand up and say it out loud, our Sr. Director of Communications. To everyone else in the building it landed cold. More than 300 people were in the room, with the rest of the company watching from remote offices, and you could have heard a pin drop. Then the sniffles started, the kind you hear when a lot of people are working hard not to make a sound. The remote teams told me afterward it was the same on their end.

When I walked off, the room erupted in applause.

Then I handed it to the CEO cold. I never actually saw it land on him, because I'd been looking at the whole room instead of any one face, but I watched what it did to the twenty minutes that followed. He's a polished speaker and his presentations usually carry a lot of humor. That day the humor didn't land, because the room was still a little shocked and nobody in it was ready to laugh yet. Here's the part I own. I'd kept this so close that he learned both the diagnosis and the fact that I was going public in the same five minutes as everyone else, on a stage, with no time to find his footing. That wasn't fair to him.

If I could do it again, I'd give him a heads-up before I stood up, so he could meet the moment instead of being ambushed by it.

Our CFO went next, and what he said floored me. He talked about how often we talk about values as a company, and then he told the room I'd just checked off about six of them in five minutes, and that there wasn't a person in that room who wouldn't show up for me if I needed it.

I hadn't planned for any of that. I stood up to ask people to schedule a physical. What came back was the first real look at the thing this whole book turned out to be about. Who shows up, and what that reveals.

THE MAN WHO PLANS FOR A LIVING

I want to back up, because the calm I delivered that in took me by surprise as much as it did anyone.

For 20 years I've made my living looking for the thing that's about to go wrong. I lead environmental health and safety for an energy company. My whole job is risk. I look years out, I find the hazard before it turns into an incident, and I build the plan that's already sitting on the shelf when the bad day comes. Companies pay me to not be surprised.

The one thing I never planned for was sitting right under my own skin. And I almost talked myself out of checking.

The lump was easy to explain away. Probably a swollen node. Probably nothing. I'd had my physical that year. I'd done the colonoscopy and the cardiac calcium scan early, before anyone told me I needed them, because that's how I treat risk. I was checking the boxes.

None of those boxes found this. I found this, because I noticed a quiet thing and refused to argue myself out of it.

So I pushed. I asked questions. Feeling fine actually slowed the whole thing down, because a healthy 47-year-old with no other symptoms doesn't fit the picture, and good doctors had to keep digging to land on the answer. I got the scan, then the biopsy, then the next test, and I kept going until someone could tell me what I was dealing with.

Four months later, on February 13th, I had it. Classic Hodgkin's Lymphoma.

A NAME CHANGES THINGS

The speech was honest. It was also the managed version.

What I told that room was true: I felt good, the early signs looked strong, I was optimistic. What the room didn't see was the rest of it. The first time I cried was a couple of weeks before that town hall, when they said the exact diagnosis out loud. Just the sniffles, the body letting go of something a beat

before the mind catches up. I'd handled the scans and the biopsies fine. They were information, and information I can work with. A name is something else. A name makes it real.

We were in Salt Lake City when the call came, on a Friday night, with Molly and Cooper both in the room. My son heard it in the same second I did, which is not how I would have drawn it up if anyone had asked me.

The next morning Cooper and I went ahead with what was already on the calendar, a MTNTough fitness event called the Tough Buck. I'd been training that way for years, long before I had a reason to. He finished the course ahead of me, and then he turned around and ran the last section a second time so he could come back up alongside his father. I cried on that mountain. It was pride, the kind that catches you sideways when you find out what your kid does with the worst news of his life less than 24 hours after he gets it. Standing out there, sore and moving and next to him, I was grateful I hadn't waited until I needed the strength to start building it. It mattered once treatment started, too. The healthier you walk into chemo, the better your body takes it, and I walked in about as strong as I'd been in years.

FORTY-TWO DAYS TO GET READY

The town hall schedule was already set, before I'd even had my first oncology appointment. From the diagnosis to the first day of treatment was 42 days, and the shape of them tells you something.

The first stretch was spent just getting in the door. It took three weeks to land an oncology appointment, and I called three times after the referral went in. Each time the answer was the same, that they had a high volume of referrals and were working the most serious cases first. I understood the triage completely and I hated being on the wrong end of it, because while you're waiting nobody tells you which category you're in. That's its own quiet lesson about a system where the thing you have least of is time. Once I was in, it turned into a sprint.

The chemo they had in mind is hard on the heart and the lungs, so before they would start they had to be sure mine could take it. A cardiac scan. A pulmonary workup. Then the port surgery, to give the drugs a way in. Then a PET scan, to map exactly what we were dealing with. Every one of them a box to clear, on a schedule, before the first infusion on March 27th.

The other gauntlet was work. In the same weeks, my team and I were racing to hand off my role, stand up coverage, and keep the function running without me, all of it against a clock I couldn't negotiate with. I get into that later, in the chapters on the company and the 12-week cliff, because it turned into a story of its own. For now it's enough to say I spent the month before chemo running two gauntlets at once.

The port was the moment it stopped being information. I was half awake on the table while they put it in my chest, and a port means chemo is actually happening. That night I couldn't carry it anymore and the

weight finally came out sideways, the full version of the cry the town hall never saw. I performed composure that day on purpose. I'm putting the rest back on the page on purpose, because pretending the composure was the whole story would be a lie.

THE PLAN I BELIEVED

The whole time, I was running on a plan I'd built before I had all the facts.

When I stood up at that town hall, I still didn't know my stage. Because I only saw the lumps in one region, I was convinced I caught this early, in stage 1. That didn't stop me from calling it that out loud, to that room and to my wife, the optimistic read before anyone had confirmed a thing. Caught early, very treatable, a 95% success rate, done in a couple of months, and we'd still make our Kilimanjaro trip in the summer. I believed it, because the early signs were good and because believing the plan is how I operate.

The PET scan had the last word, and it came 3 days before treatment started. Stage 2. Treatment would run six months, not two. The Kilimanjaro trip we had planned for mid summer got pushed, maybe by a few years.

That one hurt. The diagnosis I could square up to. Losing the plan, the quiet certainty that I'm the guy who sees things coming, that's what landed hardest. I'd read my own situation the way I wanted it to read, and the data corrected me 3 days before the first needle.

THE THREAD UNDERNEATH

There's a part of this I didn't connect until later, and I'll only touch it here because it runs underneath the whole story.

During my professional career, I spent 6 years as a volunteer firefighter and EMT. Colorado, then Wisconsin, 2009 to 2015. Structure fires, car fires, brush, and more medical calls than I can count. We wore our air packs. The exposure doesn't stop when the fire's out, though. It's in the diesel haze in the bay, the soot that lives in the gear, the things your skin takes in long after the call is over.

It had been so long that I never tied it to a lump on my neck. Then a colleague, whose husband is a fire captain, pointed me to the research. A Canadian cohort study found firefighters carry a 189% higher risk of Hodgkin's lymphoma than the general working population. A Massachusetts study, comparing firefighters to police officers working similarly hard jobs, put the elevated risk at 81%.

I still can't tell you where mine came from. My grandfather had Hodgkin's at 25, so genetics had a vote. He was also military and carried his own exposures, which means even the family history has something underneath it that isn't purely a matter of genes. The firehouse years had a vote. The safety leader who

used to run toward the exposure was now living with it from the other side, and that irony wasn't lost on me. Some days I sit with the why. Most days I've made my peace with not knowing.

WHY I STOOD UP

Here's the decision the speech didn't explain, the one underneath standing up at all.

I could have kept this private. A lot of people would, and I'd understand the instinct completely. A diagnosis is yours. You don't owe anyone the details, and nobody would fault you for holding them close.

I run safety for a living, though, and the safety moment is the one tool I had that fit. The whole point of it is that one person's hard lesson becomes everyone's, so the next person doesn't learn it the same way. I'd stood up and given dozens of those over the years about other people's close calls. This time the close call was mine, and the lesson was simple enough to be worth the discomfort of saying it in front of the people I work with: I noticed a quiet thing, I refused to let it go, and that decision is most of why my odds look the way they do.

So I gave the health moment. What I didn't do was write it down for anyone outside that room, not for another six weeks. In those six weeks I finished the workup, got the stage 2 result, took the first infusion, and started leave. When the post finally went up in April, I wasn't standing at the front of a room anymore. I was already in it.

WHAT CAME BACK

The response is the reason this book exists.

People in oil and gas, an industry that does not talk about this kind of thing, told me they'd finally booked the appointment they'd been putting off for a year. People in the middle of their own diagnosis told me it helped them overcome something by reading something honest from someone still in it.

That first post became a second a week later, and the second one is where the framework showed up. I didn't set out with it. I'd been carried for two months by then, since the diagnosis, and the people doing the carrying had been sorting themselves into the same groups the whole time without my help. I'm a scientist by training, so once I could see the pattern I did what I do with any pattern. I named it. Faith, Family, Friends, Coworkers, Company, Medical Staff. Six sources of support, written as a formula: F3C2M. A formula is how I turn something I can feel into something I can see and work with.

Underneath those six there's a foundation, and the foundation is you. The pillars are the people and the institutions who carry what you can't. The foundation is the ground they're set into, the part only you can build, and you pour it long before the storm.

The morning I found that lump, my foundation was already there. Years of paying attention to my own body. The habit of pushing when something felt off. The physical base I'd built on that course in Salt Lake City and a hundred ordinary days like it, for no particular reason, long before I had one. It turned out to be the reason I caught this in time. Carrying what came next was the part I couldn't do alone, and almost no one can.

Naming it did something I didn't expect. The fog turned into something I could read. I could see who was carrying weight and how that shifted as the months wore on. And I could see the question sitting underneath all of it, the one I've chased ever since: when the ground gives way under someone, who actually shows up, and what does that reveal about them?

That's the rest of this book. It starts with the formula.

That's chapter 1.

The rest of the book comes out November 1, 2026. It's the story of the six sources of support that carried me through, and what a hard season reveals about the people around you.

For the audit, the framework, and first word on the book: **whoshowsup.org**