

SOUL'S HARBOR

TRUE ADVENTURES OF MEDIC-13



BY NICHOLAS BLACK
WITH IAN FEDEROV

SOUL'S HARBOR

True Adventures of *Medic-13*.

Based on true events.

by

NICHOLAS BLACK

with

IAN FEDEROV

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Author's note: The stories described in this work are based on actual events. The names of individuals, locations, and various details have been changed to protect their anonymity.

* The opinions and techniques in this book are those of the authors. Any medical procedure or treatment mentioned may not be current. One should always adhere to the most current AHA ACLS (*Advanced Cardiac Life Support*) and ATLS (*Advanced Trauma Life Support*) techniques.

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SOUL'S HARBOR

True adventures of *Medic-13*.

My friend, Nicholas, asked me to tell him, at length, about my old job. It's my fault. I began most of our conversations with, "When I was a medic..." Even though I've spent many years trying to forget these ghosts, I'm still walking around with them in my head.

"People need to know this stuff," he said to me. So, I figured, this is my chance to get 'em out in the open. To release them once and for all. Clean out my closet. That was until I recalled the delivery of that baby. That one I'm gonna keep.

A wise man once told me that if I found a job that I wouldn't mind doing for free then that is the career I should pursue. Well, who wouldn't want to race around to rescue folks in need, meet and work with intelligent people, and never get bored? There are a number of reasons to work in EMS (Emergency Medical Services). I figured those were mine. Simple enough.

I began my seven year career in EMS by taking a college course which I thought would be an easy 6 credits. It wasn't long before I knew it was my calling in life. I continued on to the paramedic program. I also attended firefighter school. You can never have enough education in the area of life saving. I gave it all I had and I got much in return.

Some good and some bad.

This work is highlights of my career for the intent of telling a story. Many EMS professionals may find some similarities to there own experiences. I do not claim a dominance in my tales to others or boast. God knows we hear enough of that. I just want to entertain and give an account. Perhaps make

you smile. There's an old Russian proverb that goes something like, *'People like us don't have friends, not like us'*. So, people who don't work around this environment have a hard time understanding what happens at a scene. And they have an even more difficult time understanding what we go through before and after the call.

People should know EMS is not always full of hero stuff. It is all too often we run head long into this way of life with benevolence and spunk. Then when we least expect it we become flotsam of a society that is out of control. Chewed up and spit out. We can no longer return to what the multitude deems normal. Not after years of greedy hospitals, miserable paychecks, long hours of over-time, and patients who don't want our help.

And yet, when the call comes, we shrug and head to the ambulance.

If you're working in EMS pat yourselves on the back and remember to take care of yourself. Better yet, pat your partner on the back. They probably need it more after putting up with you.

—**Ian Federov**

For Leslie

SOUL'S HARBOR

True Adventures of *Medic-13*.

NICHOLAS BLACK

IAN FEDEROV

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OH, BILLY

Springfield *A few years ago . . .*

Imagine falling off of a roof and landing on a barbed fence post, right through your thigh. Picture sliding your left hand across a table saw, leaving your fingers on the 2x4 as your brain tries to make sense of it. Ponder tripping backwards and cracking your head on the corner of the swimming pool as you slide into the water unconscious.

Try and imagine that feeling when your windshield is exploding in slow-motion, shards of glass racing toward your face as your body is jerked around like a rag doll, pieces of metal and plastic twisting around you. Imagine that being my life.

We get called to the scene of a '*man down!*'

That's all they say.

That's all we know.

Could be a million different things that brought this man down. You can't rule anything out in this business because the most improbable, unlikely of scenarios is usually what we get stuck with.

In her typical, static-laden voice, the dispatcher tells us to head to Trinity First Baptist. So we're thinking, *church people*. And for the most part, church employees are relatively grounded, respectable types. These are the kind of people you can count on. These are the folks that barter with St. Peter to get us past the Pearly Gates, so they're usually trustworthy.

So whenever they say someone is *down*, it's got to be seriously.

The dispatch was explicit when she explained that the callers were "*excited*". And if you think about it, there's a million horrible things that could happen at a church. Think of all the hard, pointy phallic, guilt-ridden edges that somebody might stumble upon. And get past the physical dangers, and consider all the emotional and psychological baggage that church goes tote around on a daily basis. The kind of people that go to church, need to be at church. They need saving.

In my mind I'm picturing divorced guys toting shot-guns, angry teens carrying knives, sharpened crucifixes in the hands of jealous lovers, the out-lash of a demonic possession . . . who knows?

As we pull up to the medium-sized, white-painted wood church I realize something isn't right. The whole scene is an instant contradiction. The Christians who ran up to us as we stepped out of the ambulance were frantic and worried, hands and eyes darting around like they'd seen Satan naked in the shower or something equally disturbing. They're all going nuts.

The firemen and other safety workers, on the other hand, were smiling, almost on the verge of tears as they

held back their laughter. I see hands over faces. Shoulders bouncing up and down. People literally biting down on their bottom lips so they don't collapse into laughter.

"You've got to help him!" a young woman wearing a blue sweater nearly screamed. I could see sheer panic in her eyes.

"He's not talking right!" a young man said, his round glasses fighting to stay in place, what with his nervously sweating face. He could be on soap operas, this guy.

". . . I don't even think he's breathing. He's got to be *dead*, by now!" another woman said through her fingers.

"*Hurry up!*"

We go around the side of the church, stepping across the carefully manicured lawn and we see the fire Captain. He's knelt over the patient. We approach quickly and he turns to address us. And he utters just two words,

"Billy . . . Angel."

As our shoulders and heads collectively sag, he apologizes to us for not warning dispatch sooner. I hear my partners whispering the kind of profanity that should guarantee them a hot seat in hell. And I'm just kicking the grass at my feet.

Feeling betrayed, we all drop our gear, shoulders sloughing, sighing frustratedly. Because, really, we all know we just got duped. Don—my boss, otherwise known as *Medic-23*—turns to go and speak with the Christians. He rolls his eyes to me as he heads toward the group who are still pretty much *shitting-in-their-pants* anxious.

Picture a guy with loose-cropped red hair, a thick red mustache, and a squinting look on his face as if he was

always staring past the sun at something. He had a bit of a stomach on him, but he wasn't obese to the point where he'd get his own reality show.

Why *Medic-23* got this task is that he's the most calm, unexcitable person on the face of the earth. He routinely arrives at horrible scenes of violence and unspeakable carnage only to nod slowly to himself.

One time, when a guy's head was on the hood of his car, several feet from his body, *Medic-23* looked at us, shrugged, and said, "Shooooo." That's it. Nothing more. Not an "Oh my God!", or a "Holy shit!". No, just a *shooooo*. It didn't even warrant an exclamation mark it was so subtle.

Most people, including me when I first came to work with him, attributed his calm under pressure for a lack of adrenalin in his body. We figure he just ran out years ago. I mean, how many grotesque scenes can your mind wrap itself around before they all seem trivial and tame? You get desensitized in this business. And he's been working as a paramedic for over 30 years, so he's seen it all . . . twice.

But the reality is, he keeps his composure under the most awful of circumstances due to his mental problems. He's got wires crossed in that big head of his. Somewhere in the grey matter there are dendrites and axons and neurons that are fizzled and broken. So, in situations like this, he's the guy who usually goes and talks to frantic, screaming church people.

What that means is that I'm the guy who gets to work on Billy Angel. I sigh, shake my head a few times, and kneel down. I'm looking at the curiously clean *Branson*,

Missouri t-shirt, a pair of dirty jeans, an overcoat that is so soiled and disgusting that it might be a dumpster liner, and what look like a pair of cotton gloves with the fingers cut out.

He's got the classic bum look, with the signature bum scent—a mixture of cigarettes, piss, hamburgers, feces, and spoiled milk. And now that I consider it, most bums have the spoiled milk smell, above all others, that instantly identifies them. And I've never even seen a bum drinking milk, but that's neither here nor there.

His skin is leathery and looks like it's been stained with *Thompson's* all-weather sealant. The capillaries in his face are all busted, especially around his nose. It's like some wrinkled road map. On his wrists are a variety of brightly colored plastic medical bracelets from the many hospitals he's been a recent guest at.

And he'd either been drinking *Listerine*, or his own piss. Or maybe he'd been drinking his own piss from a *Listerine* bottle . . . it's hard to nail down exactly which.

Oh, yeah, and he's absolutely fine.

One fireman in the background says, “Hey, didn't we send him to Fayetteville?”

And now is the point where I need to make a small admission. We had been getting so many calls for Billy Angel in the past couple of years—an average of twice a day or more—that we all engaged in a rather petty conspiracy. All the police, paramedics, firefighters, and various other safety services pitched-in to buy him a bus ticket to Fayetteville.

Somebody thought that maybe he had family there.

Maybe.

So we scooped him up, delivered him to the bus station, made sure he got on the bus, and wiped our hands clean of the biggest system abuser in Springfield. We thought that our troubles were finally behind us, safely tucked away behind state lines. We all figured that the quagmire that is Billy Angel was now somebody else's problem.

But no. Here he was, staring up at me with his vacant blue eyes. You could see the yellow of jaundice in the whites of his eyes due to his failing liver. This, unfortunately, is also rather characteristic of bums.

At first glance you can't help but feel sorry for the guy. You almost want to pick the guy up and hug him. Tell him things are going to be alright. That there's help. But all that fades quickly.

"Hey there, Billy," I said. "It's been a while, huh?"

His face gets wrinkled and mean, "You, you think you're better than me? I didn't call you. I went to college . . . you piece of shit! Fuck you."

My hands that could be hugging him, they could just as easily be punching the cheap vodka out of his face.

"Okay, Billy, nice to see you, again, too," I say. I've seen him a hundred times in the last year, and he still doesn't recognize me.

"Why can't you just leave me alone? You people are always messing with me." Then his eyes seem to fidget a bit, ". . . hey, uh, you got a cigarette?"

The police department actually ran his prints after he got caught stealing liquor from a drive-through liquor store. It turns out that he did in fact go to college. He used to be an agent with the Drug Enforcement Agency.

Word is, he got busted in some bribery scandal while he was working undercover on a drug-trafficking case. Once word hit, his wife and family left. He became an alcoholic, and it was all downhill from there.

"Are you hurt anywhere, Billy?" I asked, glancing over the myriad wounds on his body, trying to identify the new from the old.

"I didn't even call you," he says, glancing at the church dumpster that he occasionally calls his bed. "Dick-head," he murmurs.

Strange thing about Billy is, he's just intelligent enough to *really* piss you off. Like he's got a gift for it. He kind of knows what people are thinking, just by reading them at a glance. Remnants of his old life as a DEA agent, maybe.

I ask him, "Do you want to go to the hospital?" I'm not so much feeling bad for that guy as I am following protocol. I have to ask that question, by law.

"Hell no, I don't want to go to the hospital. I'm fine. Fuck you, you fucking asshole!"

I laugh to myself. You can't let him get to you. Or at least, you can't let him *know* he's getting to you. He's like a shark in the water, if he smells so much as a drop of emotional blood, he'll attack.

"Well," I reply, "then you need to sign this refusal so that the cops can take you to jail."

His eyes grow wider by a factor of three as he clutches for his chest, "I . . . can't . . . breathe!" Like I said, the guy knows how to use the system.

I nod, "Okay, Billy. I'll be taking you to Medical Control today, unless you have another preference?"

He's just doing the grabbing at his imaginary chest pain thing, now. Really selling it. And while he's nodding at me, everyone else is rolling their eyes, looking up at the sky.

In the ambulance, on the way to the hospital, I notice the multi-colored bracelets again. "Billy," I ask carefully, "what were you at the hospital for?"

This is important so that we don't accidentally treat him with any kind of emergency medicines that might decide to have a sparring match in his blood stream with hospital meds.

He pulls out this folded piece of white paper, handing it slowly to me. It was on official *Fayetteville Fire Department* letterhead. And beneath the official address and bold print, there were big, angry, handwritten letters. No signature to be found.

And it said,

*Fuck you guys! Keep your trash in
Springfield.*

That letter went straight to our station's bulletin board for all to enjoy. The bad nickel that is Billy Angel had returned to haunt us.

Looking at the eerily clean *Branson* t-shirt, my mind was doing all sorts of back flips trying to put it together. I asked him what had happened.

He half-burped, then swallowed something that must have been awful, answering, ". . . oh, uh, when I got to

Fayetteville the fire department put me on a bus to Branson, where my girlfriend lives.” And then he smiled, licking the underside of his lips in a gesture that still gives me shivers to this day.

She must be *special*, I said under my breath.

“Huh?”

“Then what, Billy?”

He stares off somewhere near the ceiling of the ambulance, “My girlfriend and I had an argument, so I caught a ride back to Fayetteville.”

“ . . . and then?”

“Oh, uh, the fire department people put me on another bus back to Springfield.” Then he laughs at me, turning his nose up, “They were *professionals* . . . unlike you dicks!”

“Shut-up, Billy,” I said. “Just . . . just pretend you have chest pains until I get rid of you.”

Then I get on the radio, “*Medical Control, this is Metro-Three, we're inbound to your facility with,*” and I swallow, “. . . *William Angel.*”

And there's this awkward pause before I hear a reply. And, following this audible groan, I hear, “*Copy that Metro-Three, we'll have his room ready.*”

When I look back at my career, and the perverse things I experienced, his name invariably pops-up over and over. He's got so many ridiculous stories that surround him that it's hard to determine what I can tell you, and what I need to try and forget.

Like the Tramp Camp riots.

Or the night he got raped.

The day he got blown-up.

All of it is pure gold. The kind of stuff no writer could ever imagine actually happening. But this is the kind of thing we deal with on a day to day basis. It's not the only thing, it's just one of the more animated parts.

When cars flip over, or industrial machinery explodes, or a hungry tiger escapes the zoo, or some clown with *daddy* issues pulls out a shotgun full of hatred, I might be the guy they call.

Hi, I'm Medic-13, and I'll be your savior this evening.

1

ORIENTATION

Mid '90s.

The wonderful city of Springfield . . .

Welcome to Springfield, population 200+ thousand.

Springfield city is located in south western Missouri, near the James River, at the northern edge of the Ozark Highlands. It sits just north of the Table Rock Lake area. It was settled in 1829, but its growth and development were rather slow until the period of heavy westward migration, when pioneers were attracted to its convenient location near several major land routes.

During the American Civil War, the city was besieged and held by Confederate forces for a few months after the Battle of Wilson's Creek (August 10th, 1861; fought 11 miles to the south). They were eventually expelled by Federal troops in February of 1862.

The legendary "Wild Bill" Hickok lived in Springfield and scouted for the Federal Army. He was acquitted there of the murder of Dave Tutt.

A rival community, North Springfield developed as a result of an extension to the Atlantic and Pacific Railroad in 1870, but in 1887 both Springfields merged.

To give you an idea of the kind of people you are dealing with on a daily basis, keep in mind that their economic mainstays are dairying, aluminum boat and barrel manufacturing, and various other agricultural ventures.

This city is, and I hate to admit this having dated many women from here, a redneck town if there ever was one. I won't go so far as to call it *White Trash USA*, but I sure hear the phrase being thrown around when the town is mentioned . . . even by some of it's less than sociable citizens.

It's in the numbers. When more than 50 percent of your workforce is employed by fast food restaurant chains, you might have a problem. This is an entire society raised on partially-hydrogenated vegetable oils and artery-clogging trans fats. They're happily obese, and anyone that tells them any different must be stupid.

Because, for all the bad dieting, risky mating practices, and suspect behavior, you also have a rare strain of kindness in these small-town folk. They care about each other intimately in a way that people from a bigger city can't relate to.

Where I grew up, in south Chicago, people would step over a dead body to grab the newspaper. Nobody cares about you except your mother. And dad would tell you that after he belted you. Once, when I was younger, a guy was threatening to jump off a building near our house. Traffic was jammed in every direction, pissing off all kinds of people.

And the first words of advice to this suicidal man came from the mouth of a dark-skinned taxi driver who yelled, "Jump you fuckin' fairy! Ain't you got the balls?"

Springfield was different. People looked at each other. They cared what was going on in their community. If a road had potholes in it, there were meetings and arguments and bake sales. When a girl got pregnant, everyone knew about it as fast as a whisper can spread. People went to church, as a social event. Kids went to the same schools that their parents attended. There was a connection with each other that they all shared.

Despite their decidedly hillbilly underpinnings, they were decent people, with strong religious morals and ties. They have a host of educational institutions—*Evangel College* (1955), *Central Bible College* (1922), *Baptist Bible College*. We've even got the *International Headquarters of the Assemblies of God Church* here. So, we're neck deep in the lord almighty.

And for me, this was all an incredible culture shock.

I did my EMT training at a nice community college. It looked like an easy class that I could take to steal some credits. Six months, that's it. I mean, how difficult could it be to get cats out of trees, and rescue grandmothers who'd fallen down flights of rickety old stairs?

The next course I took was the EMT-P (Emergency Medical Technician-Paramedic) course. That course was over a year long. And much more difficult than I had expected. The way they explained it was, anything you can do in the first few minutes in an Emergency Room, you'll be able to do after completing the EMT-P. And they're not kidding. I saw things, touched things, and learned

things that I had no idea were a part of emergency medicine.

So here I am, fresh out of school, bright-eyed and hungry for action. I put in applications all over the place, and land a job in downtown Springfield. Maybe it wasn't my first choice. Or my second, third, or fourth. But it was somewhere in my list.

My first day on the job I show up at a place that is supposed to be the headquarters of *Metro Emergency Medical Service* (Metro-EMS). But the place I was looking at, through the windshield of my old Ford Ranger, didn't look anything like what I imagined Metro-EMS Headquarters to be. This place was like a big red house with three huge garage doors on the side.

I drive around the block several times, checking my directions over and over until I see a large slope-side ambulance race by. I follow it back to this unlikely building where I park and headed toward the front door.

As I entered, a rather frumpy, uptight group of women eyed me suspiciously, waiting for me to speak. Right about the time I was going to introduce myself, one of the women pushed her coke-bottle glasses up her huge nose, saying, "You Stubbs? The new guy Stubbs?"

"Yes, ma'am. I'm Daniel Stubbs," I said. "I'm supposed to meet Rick Parker for my—"

"That's a strange name," one of the other women said, turning her chair toward me, "Stubbs. What kind of name is that, anyway?"

"I'm Irish."

"Stubbs doesn't sound Irish," the woman with the bionic glasses adds.

A younger woman, maybe in her early twenties, she folds her arms across her chest, "Irish names are like *O'Reardon* or *O'Malley*. But I don't know about *Stubbs*. That doesn't seem Irish."

And as both my family name and my ancestry are getting picked apart by women that wear skirts and blouses the colors of old Chevys, a short, chubby little man walks in the other side of the room. He looks up at me and his face seems to slacken. I'm not sure if he's happy to see me, or frustrated that I actually made it.

"You're *Stubbs*, right?"

"Yes, sir."

One of the women says, "He claims to be Irish, but we're not so sure."

This chubby guy was very spirited and energetic. More than I'd expect for an obese man. He almost vibrated he was so excited. "Daniel," he said, looking down at a clipboard in front of him. He glanced up, "... so?"

So . . . what?

"So, are you Irish, or aren't you?"

I laughed, "Uh, yes. I'm most certainly Irish."

Ricky looked over at the women who didn't look convinced. Even the younger woman—who as I study her closer is quite attractive in an accountant-secretary kind of way—isn't sold on my Irish blood.

"Are any of you ladies Irish?" Rick says as he waves me to him.

As I'm walking between rolling chairs and small desks the women are shrugging, no.

“Well, then,” Rick says with grin, “since none of us are Irish, how the hell would we know one way or the other?” And then he looks at me, nods a couple of times, “Daniel Stubbs, welcome to Metro EMS. Never mind these women up front, here. They still think we faked the moon landings.”

And as they begin to voice their protests he walks me into the Day room—where people watch television, play video games, or gawk at pornography. Then he led me through the kitchen—refrigerator, table, microwave. As he gave me some of the basics we passed the sleeping quarters—consisting of six small bedrooms, one for each medic on duty.

We passed by a supply room that had the drug box and all of the medical supplies. This place, so far, had a rather worn-out, almost tired look to it. But it was also comfortable. Something between a house and an office.

And it was quiet.

I don't know what I had expected. This place reminds me of a fire station. And I guess that's a pretty fair analogy considering that we're both—paramedics and firemen—meeting up at most of the same locations. All of our pagers go off at the same time.

Rick, as he's leading me around, pointing things out here and there, I'm picking up on something anxious and almost neurotic about him. He speaks very fast, with almost a used-car salesman's cadence and tone. I could imagine him pitching financing rates and haggling over percentage points at any moment. But that fast-talking way was just how he communicated. He would be good at

reading that legal information at the end of car commercials.

He takes me by a large room which he refers to as the Training Room. That's where we would have all of our continuing education courses, First-Responder classes, staff meetings, CPR courses, and other procedural meetings that would come up from time to time. It was full of chairs and tables and presentation equipment.

There were mannequins and training aids, and a curious black muck near the upper edges of the walls. He sees me eyeing the walls near the ceiling and assures me that it isn't poisonous mold. In fact, he told me that twice, which left me a little less comfortable.

Then we made our way into the garage area. When you first walk into the garage area you are in the wash bay, where the ambulances—referred to as 'units'—drive through and hose out all of the blood and guts from the previous call.

As I'm looking around I notice a fidgety looking man approaching me. Rick says, "Wonderful," then turns to me, "this is going to be your partner, Tim Wheeler."

I take a good look at Tim. He's fat. He's got a bad rug on his head. And he's got dodgy eyes that look to have seen something the rest of us keep missing. As he approaches, Rick whispers through clenched teeth, "He's a Vietnam Vet." And the way he says it, it's more of a warning than a salute.

When he makes his way around the bay to us, we shake hands. The best way I can describe it would be shaking hands with a dead octopus. Imagine slimy tentacles for fingers. A cold, almost fishy texture to his

palm. Kind of listless and creepy. I can already see myself not wanting to be left alone in a small room with this guy.

"I'm Tim Wheeler," he says, his eyes glancing around behind us.

"Daniel Stubbs."

"Stubbs?" he says. "What is that, Polish?"

Rick laughs, walking me to a small group of paramedics that are fiddling with a clock radio. I meet a bunch of guys and the mood is really informal because it's a private company.

Rick then hands me off to Tim, who takes me around to the units that are parked and ready to go. It's explained to me that I'll be in the back of the unit, in the jump-seat, as a 3rd rider while I'm training. That's my on-the-job training position. While I ride and assist on the calls I'll be introduced to various hospital employees (ER nurses and Doctors), nursing home administrators and nurses, firefighters, and police officers.

They're introducing me to the fraternity of paramedicine. As far as patient care, everything that I learned in college takes precedence. I have all the tools to save lives, but I don't know anything about actually doing it in the field.

When we got back from the unit they hand me a Medical Protocols and Procedures book. The thing is about 3 inches thick, and Tim tells me to read-up because I will be tested first thing in the morning.

They hand me a pager and a radio and we made our way into the day room where we sat down and started watching cartoons. The whole time I'm waiting for the

'training' to begin. But, as I soon learned, you get your training during the calls.

“What do we do now?” I asked Tim.

He was chewing on his thumbnail with a kind of psychotic zeal that made me wonder how he's not in a mental institution. “We'll go and check the unit in a minute, *Beavis and Butthead* is almost over.”

For real?



2

SUICIDE SOLUTION

*Metro-EMS, HQ.
The garage . . .*

After *Beavis* finished trying to light his farts on fire with a lighter, we made our way back out to the garage, and to the ambulance that we would be driving. We don't have an assigned vehicle since they are constantly in and out of the shop for repairs.

We head to the second of three large bays where a large white slope-side Ford Econoline, Powerstroke diesel-turbo is waiting. The words *METRO-EMS* are painted in bold black on the sides, on the front doors, and on the bumper as well.

"Got to familiarize yourself with the unit," Tim said, opening the back doors.

Part of that familiarization involves checking the O² source, the outside lights, the diesel fuel levels, making sure all of the sirens are operational—typically 5 out of 10 aren't functional.

We then check the side doors for the various equipment: the Thumper (to manage chest compressions) and the oxygen tanks that power it, the Jaws of Life (a hydrolic-powered pry), the C-collars and towel rolls, the scoop stretcher, and the KED (Kendrickson Extrication Device)—a half spineboard used for securing patients.

Then we do an inspection of all the packs: the Oxygen pack, the Pediatric pack, the Obstetrics pack, the Burn kit, the Trauma pack, the Cardiac monitor pack, the Narcotics box (for which the crew chief has a key), and the splints.

All of this stuff is inside each and every unit, just waiting to be used. And all of it must be inspected every single time you go out on a call. Once that's done, and any items are replaced or replenished, we take out all of the dirty linen and medical waste that has not been disposed of from the last call. In some cases, the last call could have been hours or even a day ago, so you might have quite a robust mess on your hands.

Etiquette would say to clean your unit after use, but this is often overlooked or neglected after particularly difficult calls.

Anyway, after all of this has been done, and you're checked-in, you take the unit around the wash bay for a nice cleaning. You give it the full rub down: all surfaces, windows, and even the wheels and tires get a shine. Then it's time to sit on your ass and watch more cartoons, or play *Nintendo*. You might, at a bigger station, go and run errands—collecting backboards and other miscellaneous equipment that stayed with the patients you delivered to the different hospitals.

But not us, and not right now. No, we're just watching a mouse take aim at a cat with a shotgun. For the next few hours I'm thinking, this is the greatest job, ever. And that's when we hear the call coming over all of our radios . . .

12:44 pm . . .

"Springfield Dispatch to Metro-EMS . . . we have an attempted suicide, gun involved, police are en route."

All of the sudden we spring out of our chairs, sprinting for the unit. The crew chief—a young, quite attractive, 22-year-old girl named Samantha—was already starting the engine. Tim raced off, and by the time I got there, they're already rolling. I had to pull some *James Bond* stuff just to jump inside before she left me!

"Nice of you to join us, Rookie," Samantha said as I clawed my way to the jump-seat.

My old, fat, burn-out, Vietnam Vet partner, Tim is giggling like a chubby little pig. When I was in the day room, one of the other paramedics, a guy named Henry, told me that Tim wears the hair piece to cover a napalm burn that left horrible scarring on his head. The government actually gives the guy a yearly stipend to purchase new wigs. Thing is, though, he's so cheap that he keeps the cash and uses the same wig. It makes him smell like *Lysol* disinfectant. It's more than spooky.

We settled ourselves in the unit, and as I got to talking to my partners I realized that they were as different as two humans could possibly be. Samantha was graceful,

calm, and a consummate professional. Tim was slow, clumsy, and easily flustered and excited.

She responded, "Metro-EMS to Springfield Dispatch . . . Metro-five en route, ETA three minutes. Request status of police on scene."

"Whenever you hear a gun is involved," she said while driving and handling the radio, "you ask for cops."

After what seemed like a long, bumpy ride, we arrive at the scene. There are several police cars and a firetruck parked with their lights flashing. My heart is really pounding!

Suddenly, we hear the dispatcher break the silence, "*Springfield Dispatch to Metro-five . . . police and fire on scene, weapon is secure. Caller is in contact with police. They're waiting for you inside.*"

We jump out of the unit with Samantha ordering me to pay attention and listen to what she says. "Don't think," she tells me, "just do."

We're at a large, rather intimidating apartment complex that looks to be something between section-8 housing and the doorway to hell. We enter a dark, dank, seedy, wet, and downright disgusting cave of a place that seems as if it is composed of manure and rotting stucco. There are bits of metal here and there, and I feel like I need a tetanus shot already.

We're going to the second floor. Three groaning steps up, and I want to spray-paint *my* brains all over the wall. This is no way to live. We made our way up, escorted by a fireman who seems hellbent on leaving us behind. Like he's got somewhere else to be.

After a silent, dimly-lit hallway that is devoid of color we are welcomed into an explosion of sound and excitement. People are running in every direction like those bouncing rubber balls that you get in gumball machines.

The room we enter is full of smoke. And not the pleasant scented candle kind. No, this was the blue, lung boiling smoke with the *Marlboro Man's* signature on it.

Police are trying to secure the family, who are puffing on their cigarettes, quietly dividing up their share of the estate. They look as interested as a bunch of janitors at a high school football game.

Samantha grabs all the relevant information from the police and firefighters.

How long has he been down?

Who started CPR?

She then grabs her radio and calls for a second ambulance.

The patient is laying on a bare mattress that is on the floor. No sheets, no pillows, just pools of sticky blood next to the aged yellow piss stains. And a firefighter is performing CPR, but with no effect because the mattress is cushioning the body so that the compressions are useless. The guy's body is just bouncing up and down.

"Move the patient to the floor, please. You're not getting chest compressions on that surface," she says forcefully, but calm.

She drops her airway pack and kneels down at the head of the patient. She's checking for the three most important things:

Airway.

Check.

Breathing.

Check.

Circulation.

Check.

And as she's checking him, she commands Tim to set-up an IV, and crack the seal on the Drug box. She finds no pulse, to go along with the bullet hole in his head.

Tim seemed lost and confused. And it was that point that I had to step-in. I think Tim was stuck back in Da Nang, taking artillery fire or something. He was completely out of his tits.

Samantha intubated the patient—lowering a scope into his throat and inserting a tube down his throat. Then they hook up a BVM (Bag Valve Mask). She's so quick and practiced that the tube goes right in, and she makes it look easy.

Anyway, I straddled the patient and began to handle the chest compressions. Tim, at this point, can only be trusted to operate the BVM, which consists of little more than squeezing a plastic bag. He's trying to keep in sync with me doing the compressions, but it's nearly impossible. I compress, he squeezes, and we're each doing our own thing.

A fireman then pulls out the *Lifepack-10* (Cardiac monitor, Defibrillator/ Pacemaker) with the big defibrillator pads. One goes on the lower left side of his chest, the other goes on the upper right, just below his shoulder. They call them *fast patches*, and once they're on you can see basic heart activity. He has a rhythm of some sort, then she's shocking him.

His pulse is still not there. So we keep working on him.

Samantha then went to task setting-up an IV on the patient's right arm. Next thing, we're pushing fluids and drugs in to him so fast that I don't know what's happening.

During all of this madness, a fireman is still trying, in vain, to plug the quarter-sized entry hole, searching frantically for the exit wound.

We get the patient secured onto a backboard—*packed-up*—and the six or seven of us around the backboard lift him. We race him out of the apartment, across the dark hallway, and down the rickety, unsteady stairs. We're in such a hurry, in such a confined dark space, that one of the firemen gets his whole pinky finger pinched off along the way. But we didn't find this out until much later because there was so much chaos that he didn't even notice until we were loading the patient into the unit.

There's no way to explain the kind of lunacy and madness that are sewn into every minute spent during a call. I couldn't tell you how much time went by until I looked at when the call was received and when we left. Time doesn't work in a linear fashion when there are so many people doing so much to keep a person alive.

Minutes and hours and seconds get all garbled and confused.

Moments later we are slamming the doors of the unit shut, Samantha beside me while we continue CPR. The second ambulance finally arrives as we are pulling out of the parking lot. They'll have the job of cleaning up the

scene and recovering all of our leftover medical gear and equipment.

Now we're en route to the hospital.

One of the firemen is driving while Samantha communicates with the hospital, administering medication, reassessing the patient. I'm still just handling the chest compressions.

Tim is maintaining the BVM, squeezing occasionally, and oxygenating the body. He's also making sure that the endotracheal tube is still in place.

And he is *technically* performing his job requirements, but he's also in the throws of a major freak-out! I think *Victor Charlie* is taking pot shots at him right now, as he winces sporadically to unseen things.

And that's when the patient's stomach contents suddenly come up, spraying all over Tim. Luckily, Samantha's tube keeps the patient from aspirating spoiled milk and *Mad Dog 20/20*—the kinds of cocktails that poor suicidal bastards drink before they pull the trigger.

I'll be honest, I'm not sure what's more kind, saving him, or letting him die. To wake-up back to the world he lived in, I'm not sure that isn't cruel and inhumane.

Something seems to confuse Samantha while she's on the radio, "Metrofive to St. John . . ."

"St. John . . . go ahead Metrofive."

"Metrofive to St. John, we're currently inbound to your facility with a Priority-one trauma code. Twenty-two year old, male patient with a self-inflicted gunshot wound to the head . . ." then she looks at the patient, squinting at something, ". . . thirty-eight caliber."

The fireman who's driving, he says, "Hey, lady, it's the other way around. He was thirty-eight, and the gun was a twenty-two caliber pistol."

Samantha shook her head, toggling her radio, ". . . gunshot wound to the head, we're sure of that! Excessive bleeding." She then informs the hospital that all ACLS (Advanced Cardiac Life Support) protocols are being followed. That's important so that they know we did everything by the book.

"Our ETA is one minute!"

Thing is, we all know that the reality is that this patient, our Priority-1, he's a corpse, now. But once we start CPR, they're alive. Nobody dies in an ambulance. Ambulances are for the living.

Hearses are for the dead.

So, we don't call death until the patient gets to the hospital, no matter how dead they really are.

And this . . . this is my first day.

