intima a journal of narrative medicine

NON-FICTION | SPRING 2022

Ambulance Stories

By Benjamin Blue

I took a young boy to the hospital with a broken arm after he fell off his trampoline. As I took vital signs, my partner asked him how he fell; how high; what hurt; how much it hurt; if he could feel the touch of gloved fingers, squeeze my partner's hand; if he could hold this end of the splint while I bound it to his forearm with gauze. He was stone-faced and stoic, and I was annoyed with him at first. His bare-bones acknowledgement of our presence, eyes focused anywhere but our faces, made him stiff when I asked him to move or asked a question.

Then I heard the choke in his voice and saw how he was fighting not to cry in front of the keen eyes of his mother, perched nearby and watching. From one man to another I understood.

The watchful eyes of his mother—I noticed she hadn't spoken a word. I kept glancing at her, awaiting something, anything from her. I cast a small, unsympathetic judgement onto her and her distance from us.

Then the boy explained his mother was deaf. I almost laughed; then I picked up my hands and began to sign, dredging up my memories of American Sign Language. I saw the relief in his mother's keen eyes as communication opened. The questions I had been waiting for came in force. Suddenly everything felt complete: a boy with a broken arm, an EMT, and now the watching mother.

His mother rode in the back of the ambulance with us. I signed as I spoke to the boy, allowing her to be part of our conversation – to eavesdrop in her own way, as mothers need to. My sign language was slow and deliberate, unpracticed compared to her beautifully fluid signs, but thankfully comprehensible.

Afterwards, I began to wonder. I rewound the encounter back and forth in my head. I wondered why the boy didn't sign with his mother. His unbroken arm stayed in his lap the entire time; his mother's only view into his words were the movements of his lips. I wondered about the separation between them. Having an intermediary to communicate seemed too routine to them. I also wondered the disconnect between her and the world – with no small amount of shame on my initial prejudice. Just some of those small questions that bubble up in hindsight as I rewind the memory over and over.

***

I took an old man home from a hospital after he fell and hit his head. An ominous label in his patient record rattled in all caps: FIGHT RISK. It was a rare warning and a bogeyman to us. On our initial contact my partner and I stayed back, trying not to aggravate him, as if he would snap his toothless jaws at us if we got too close.

No snap ever came. I joined him in the ambulance, and we had the most pleasant conversation. We talked baseball and hockey. He had dementia and I could hear it in the winding path his words took and the thick-tongued, unsteady mumble that slurred the consonants together. His replies were often tangential to the arc of conversation, kissing its surface then meandering in some other direction. It would be cruel to judge him for those meanderings. Dementia dissolves the brain and its tongue like brine on limestone, turning it all into pumice. I understood him; after all, there is more to language than syntax. There is tone and word choice, facial expressions, the light in the eyes. He gave me enough clues that I could understand him.

After we helped him into bed, I stepped outside of the room and dodged the spearheaded gazes of the onlooking caregivers. One started telling the story of the FIGHT RISK label, unprompted. “Two of us were helping him to the bathroom. He seemed normal, then he started swinging.” A hand wave in his direction. “He has no idea what’s going on. We were just getting him to the bathroom. God. I’m not glad he’s back.” No attempt to lower their voices, even with the subject within earshot and watching.

I looked at him as he sat on his bed. It’s not often I see people in the early stages of dementia. Most dementia patients I take are in the late stages, grey matter dribbling out the back of their skulls as the cortex aggregates and dissolves. I saw the old man still there, though. I saw it in his eyes. My mouth stayed closed. I feel like I failed him.

I wondered how it felt to have dementia ravaging your mind, feeling the creep of fingers against the most precious, inner surface of you, skimming nails over grey matter and leaving lines in the chalkboard there, brushing away fragile, dusty writings. The image was vivid to me as I looked at him sitting there, diapered, shriveled, hunched, glassy-eyed.

The narrative on my patient care report was dry, generic. Not writing the rest down, not transcribing it and trying to give words to something beyond language, deepened my sense of failure.

***

I took a man home from a hospital after his tracheostomy tube was replaced. A car accident paralyzed him from the neck down and he communicated in clicks, like how you urge on a horse: one for *Yes*, two for *No*. His hands were frozen in just the right hooked shape to pull out his tracheostomy tube and land himself in the ER with a botched suicide attempt. I stood at his bedside and he looked at me. I felt uncomfortable. He had enough control over his jaw and enough mobility in his shattered skull plates that he could make a grotesque noise by grinding them together with a chewing motion. He saw my discomfort and he made the

grinding noise all the way home. I didn't blame him for extracting schadenfreude from the latex-gloved hands of medicine that pinned him here. After transferring him from the stretcher to his cot, the flat-eyed caregiver assumed responsibility from me and I ducked out, feeling those eyes, those human eyes, those eyes with no language against my back. I still hear his sounds. He was bilingual, in a way: his prosthetic language made of *Yes* and *No*, and the indecipherable language of his own creation, the grinding of his skull. A hopelessly binary language: *Yes* and *No*. How do you condense a being into *Yes* and *No*? You don't; you supplement your *Yes* and *No* with grinding: metallic, harsh—angry, despairing. I think that grinding language of his own creation—unique to him and his nightmare—worked better to communicate than any other language.

***

My coworker almost took someone to the hospital.

He kept the story short. "I had someone die on the rig today."

"That sucks." I kept it short, too.

"Yeah."

"I'm sorry."

What else is there to say? We left spaces between the words—huge, immense spaces—trying to make room for the colossus of death. The back of an ambulance is barely big enough for both a ghost and an EMT. In such a tight space, you feel compelled to ration your words. A single person is so immense.

***

I took a man to a mental health hospital.

As told by the nurse, he came in for suicidal ideation after the death of a roommate sent him into a spiral. The section listing the bullet-point diagnoses of his medical history, titled a "problem list," told a sad, lonely story: *depression, anxiety, alcoholism* and—

high risk of homosexual behavior.

I will never forget those words. What a diagnosis! "High risk"; listed under the patient's "problem list"; a man on the brink of suicide; God save him, he loved another man.

I wondered if I were standing in 1980.

I gathered my iPad off the Formica desktop. The beige-speckled linoleum, reminiscent of a school cafeteria, was lined with off-blue plastic molding dusted with hair and dirt. It all felt unclean and dated.

Hindsight is a devil, and our long drive left that demon plenty of time to work. That was not a roommate that died. How else would he describe the man he lived with to medicine? The medicine that would affix the pink triangle of "high risk of homosexual behavior" to him, on the same level as the depression and anxiety that led him to peer over the edge of a bridge at night? The same medicine that, after reducing a man's love to a *roommate*, would shunt him on an ambulance ride forty-five minutes away?

He said that he didn't bring his glasses to the emergency room with him. He said the streetlamps looked like Christmas lights to him in the blurriness. I said, "I know what you mean," and I took my glasses off and set them on the bench beside me. We sat looking at the lights together, bleary and blotted with the early, watery morning, watching the will-o-wisps wandering away in the darkness.

After transferring care, I climbed into the ambulance and shut the door. I looked over my shoulder, back at the hospital. I saw him through a window watching the ambulance. I doubted he could see inside the dark cab but, with the bright lights in the hospital, I could see him. He nodded at the cab. The same nod you give a stranger in respectful acknowledgement, a brief connection between two people who will never see each other again. He looked resolute, enduring.

I think he'll be all right, despite everything.

***

I took a young boy to the emergency room from a group home. His insurance read one name and his nurse stated another. His sex marker was a graceless, ambiguous T. I recognized the story being told to me– after all, it was my story as well. These idiosyncrasies were the awkward attempts of medicine to collapse the transgender experience into a medical record. I understood.

The nurse quipped that he'd say he doesn't speak English when, really, he does. I smiled at the eye-roll in her voice. I remembered the flippant anger of adolescence, purposeless save for thin satisfaction.

A young boy emerged moodily from a darkened room, the hood of his sweater pulled over his head. He sat himself silently on the gurney and shut his eyes during our assessment, defying the situation by feigning sleep.

While on the rig, I commented on a section of beads strung in his hair: blue then pink then white, then pink and blue again. The colors of our pride flag. I mentioned I was transgender

too. “Really?” he said—those eyes opened fast—and suddenly he could speak perfect, fluent English. He talked the whole way to the hospital.

He said he didn’t like the hospital we were taking him to because it made him “uncomfortable.” Sometimes he’d say he didn’t speak English when, really, he can.

I asked what happens when they bring out the Spanish interpreter.

“I say I don’t speak Spanish.”

It believed he would be in and out of the ER for an open-shut case of strep. When we arrived at the hospital, I was expecting to sign off and quietly leave with a good night and well wishes. Then his nurse, in accord with a bizarre policy, asked him to remove all his clothes and wear a gown.

His tears bubbled up instantly and I saw that word *uncomfortable* appear, wrenching, and I interpreted it as gender dysphoria. Both as someone under my care and as another transgender man, I did my best to advocate for him.

I fought quietly, politely with the nurse, but policy and one-size-fits-all bureaucracy won. I had to tell the boy I tried but didn’t succeed. His voice tightened again, and he cried. I watched and I wondered.

Was this something else? I couldn’t shake it. The sudden shyness. The tears. The body, exposure.

I asked if something else was going on. I looked at him, leaning weight into the “something else” to convey what I actually meant. I knew he understood; he was old enough to. “No,” he said through tears.

“Do you feel safe at home?”

The casual language and rapport I built with him dried up and fell from my dialogue. I leaned into scripted phrases I vaguely remembered from work trainings.

“Yes,” he replied, shakily.

I said, “Okay.” I took a breath then said, “I’m a mandated reporter. If I feel like something is going on, or you tell me something is going on, I have to tell someone.” We kept referring to it as *something,* not naming the topic at hand but aware of it.

“Yeah.”

“Did something else happen at home?” I asked again. I couldn’t say *Did somebody touch you?* It felt too visceral for me to say as I felt old memories return from somewhere.

"Yeah."

I felt the rest of the planet be swallowed in a black hole, leaving us alone in space. I looked at the crying boy before me and froze. I clung to standard, scripted phrases, and gathered the information I could. The thin connection of trust in our shared transgender experience barely kept the doors of conversation open. Even with the vagaries and euphemisms on my part and half-mumbled, shameful affirmatives from him, I knew we were referring to the same *something* that happened.

I left quietly and informed the nurse, who said "okay."

I had never filled out a child abuse report form in my life. The clinicality of it was both jarring and a relief. I hope I never fill out another. I felt like the earth was shaking under me the entire time. I couldn't escape the reminder of my own long-gone childhood decades. I heard and felt those echoes. The physical feeling of it. It never goes away. The ghost of hands. They creep under the skin and leave imprints on the soft tissue of your nerves like handprints in wet concrete and when those nerves fire again you feel the phantom limbs, the divots in the shape of palms, fingers.

In his pain I saw parallels in mine. "Don't touch me; don't look at me," he was saying with his body language and discomfort with the hospital gown. I knew. I understood. I took that with me out of that hospital and back home and in the days ever since.

Benjamin Blue is an EMT-B based in California with a bachelor's in physiology. He hopes to attend medical school and continue exploring the narratives that bring people into medicine.

© 2022 *Intima: A Journal of Narrative Medicine*