

*Bodies*

“What’s the worst thing you’ve ever seen?”

It’s the first question everyone asks when they find out I used to work as a paramedic. They ask me at parties, at the grocery store, over dinner. They ask me like it’s a neat party trick, like juggling or doing a really good Sean Connery impression. They want a story that will make them gasp, make them cringe, make them say, “I could never do what you do.”

Now that I got out, I answer “neither could I” and I laugh like it’s a funny joke but I still think about the bodies.

I was twenty years old when I saw my first dead body. He had died the night before from a heart attack. There was no morgue at the hospital, just a room-temperature closet, unmarked and locked with a key only I and my security partner, Jon, had copies of. Jon went ahead to search the body. That was our job. When someone died, we had to make sure all their possessions were bagged and tagged before the body was shipped off to the funeral home to be burned or buried. He searched the body so I wouldn’t have to. He excused himself by pretending to go to the bathroom so I wouldn’t accuse him of patronizing me. He knew it was my first body.

For a first body, it wasn’t bad. It was relatively fresh. It didn’t smell. It looked small, somehow. It looked like there was something missing.

I never believed in the concept of a soul until I saw my first body without one.

The second dead body I saw was the opposite in almost every way. Where the man's death was quiet and lonely, the kid's death was loud, and there were people everywhere. I was twenty-two, and I was on a ride-a-long with my paramedic stepfather. It was seven in the morning, and the kid had choked on a bite of apple and died. He was so small.

I barely remember what the kid looked like. Instead, I remember the people. Four of us showed up right away, then another crew of two medical personnel, then the fire truck. The kid's mother was crying in the kitchen, holding her other child close. I couldn't do anything except move things out of the way and help get the stretcher. I didn't need to do anything else; my stepfather and his team worked like a well-oiled machine, intubating and hooking up an IO line—they couldn't get an IV, so they drilled through the head of the kid's tibia and flushed out the bone marrow to get access to the kid's bloodstream. Just hours earlier, my stepfather showed me the "bone drill" and said, almost longingly, how he's never had a chance to use it.

The team got a pulse back. I don't remember the moment it happened because it was around the time the kid's grandpa showed up. He was tall and strong, like the old men who swim a hundred laps every morning or jog the stairs at Hawrelak park and put my fitness level to shame. The kid's mom broke down in his arms. I remember her looking desperately at her father and telling him, "It's my fault."

It wasn't. It was a freak accident. I hope she knows that now. At the time, all I could do was watch. That was what made me want to be a paramedic. I didn't want to watch. I wanted to help.

They told me the kid survived, but with irreparable brain damage. I hope he's doing well. I hope he's loved.

The third time I saw a dead body, I was a Primary Care Paramedic student. I had my own uniform, my own stethoscope, my own experiences. We were stationed in Devon. It was my last night shift. I was thankful. My preceptor and his partner were unkind people who told mean, bigoted jokes. They scared me, belittled me, and made me so anxious that my mind would fog up and I couldn't think. On that last night, they told me I had failed my practicum, but I wasn't concerned. I was determined to succeed. I would find a new crew to train me.

I didn't feel any pressure when we got called to an acreage out past Hay Lakes. The dispatch notifications rolled in. Nine-echo. Cardiac arrest. CPR in progress. Family on scene.

The Hay Lakes Fire Department was thirty minutes away. It would just be us responding.

We walked in to find the empty shell of a man lying on the floor. I traded off with his son, starting CPR, while my preceptor took over the airway. His partner tried to get IV access and missed the vein. I kept doing CPR. When I felt like I couldn't go on, I asked the man's son to take over for me. Finally, the fire department arrived. I took over the airway. We put in a King LT tube—an advanced airway—and I began ventilating. The

medics started pumping drugs into the body. Epinephrine, sodium bicarbonate, D50, another dose of epinephrine. The body began to vomit. It was purple; he had drunk red wine with dinner.

It felt like minutes, but an hour went by since we arrived. My preceptor called the medical officer. He pronounced the time of death as 23:46 and called me over while he notified the family of the death. I took note of what he said, determined to learn something from this man who made me feel so unwelcome in the profession.

My first death notification was also my fourth dead body. It was a father of two young girls. He was so jaundiced and bloated he looked like Homer Simpson. It would have been funny if his daughter's lunches weren't sitting on the counter, packed and ready to go. One of them had a My Little Pony lunch bag. The other one had a Star Wars bag. We were the second ambulance crew on scene, which meant there wasn't much to do that wasn't already being handled by the first crew and the firefighters. I had a look around. I found a fake passport and a bottle of anabolic steroids. The coffee in the pot was still hot. When they called the time of death, the medic in charge sent me to fetch some blankets from the ambulance. We were going to cover the body before we let the family back inside. I left the front door, and was met with a swarm of concerned neighbours and relatives. I pushed past them to grab a stack of blankets. The kids were nowhere to be seen.

"Is he okay?" a neighbor asked.

“Unfortunately, your neighbor has passed away,” I might have said. “We have been doing everything we can, but unfortunately he is not responding to our treatments in the way we had hoped.” I definitely said that. They understood that I couldn’t give them more information. I went inside. I covered the yellow man with pink hospital blankets. The colours reminded me it was almost Easter.

Then we got back in the ambulance and drove away. We went to the little donut shop on 118<sup>th</sup> Ave and got honey crullers and hot, sharp coffee. It was just another call on just another day, and none of us gave the yellow man another thought.

The fifth dead body wasn’t dead yet, but she would be soon. We responded to a palliative care centre on the north side. She was propped up in bed, unmoving, and surrounded by family members. She had a stroke, they said. I asked when they noticed the changes start. They said four days ago. The window of treatment for a stroke is six hours, and this was her third stroke. After the first one, when she still had movement and speech, she signed a document that stated she wanted to die peacefully in her care home. She refused transport to the hospital; they wouldn’t be able to do anything to prolong her life.

Her family was aware of this, but, faced with her imminent passing, they changed their minds. They wanted their loved one to go to the hospital.

It’s a dangerous notion people have about the hospital. “The Hospital” can heal you. It can bring you back from the edge of death. It will

make you better. The hospital is just a place. We learned early on that paramedics don't save lives, they only prolong them. If someone is going to die, they're going to die no matter what you do.

This woman was dying. She had been dying for a long time, and it was something she expected and understood. It's never the dying who make demands, it's the living. And so the living demanded we take their dying mother and sister and cousin and aunt away to "The Hospital". My partner was on the phone with our supervisor, caught between the insistence of a terrified family and the legal document signed by the patient herself. In the end, we agreed to transport the patient. She stopped breathing in the back of the ambulance somewhere between Northgate and Downtown. She did not have her family beside her like she wanted, but she had me.

Between the fifth body and the sixth, I went back to school. One of the first things we learned in paramedic school was to always have an exit route planned. On paper, an exit route meant that we were supposed to know where the doors were and not let any potentially dangerous patients or bystanders obstruct our path out. In practice, it meant that our instructors told us to be realistic. "The average career span for a new Primary Care Paramedic is two years," they said. We all lifted our chins defiantly. It wouldn't be us. We would make it.

Some of us did, but it only took me a year before I decided to give university another try. I enrolled in Spanish classes because I had always wanted to learn Spanish. At the end of my first semester, I had my first chance to use my new language skills on the job.

It was with the wife of the sixth body. He had passed away so recently that he was still warm to the touch. My partner and I arrived first on scene. He applied the monitor so we could confirm the absence of electrical activity in the old man's heart. Tentatively, he took a pulse at the carotid artery. The old man's body looked like it was asleep. When my partner's back was turned, I took its pulse, too. Then the fire department arrived, and then the police, and then the medical examiner. It is protocol for the police to show up to any unplanned death, but it's still an overwhelming amount of people in uniform to crowd into an apartment in a retirement complex. One by one, I watched the police officers and the firefighters frown and take the old man's pulse.

"Jesus, he's a fresh one," the fire chief said to me.

"You're the fourth person to check for a pulse tonight," I told him. The nurse on-call at the retirement residence appeared through a doorway and beckoned to me. She told me that the man's wife was in the bedroom with their daughter. She didn't speak English, she said, but the daughter can translate. I asked what language she spoke. Spanish, the nurse said.

"Hola," I greeted her. In Spanish, I asked where she and her husband were from.

"Lima," she said. She was kind and spoke slowly, correcting my basic Spanish. I repeated the corrected words back to her, making her smile. I told her I had been to Lima once before and her face lit up. She told me about the beaches she used to visit, and I told her that I went to see a concert in Barranco and I saw a racy exhibition on erotic art at Museo Larco. As my partner packed up our equipment, I struggled to find the words to ask if she would like us to cover the body or if she would like

to say goodbye to her husband's body face to face. Her daughter translated for me. We all filtered out of the little living room to give the old woman and her husband and daughter their last moments together. I left without exchanging goodbyes. It didn't bother me. It wasn't me she needed to say goodbye to.

On our way down to the ambulance, my partner pulled up the paperwork and showed me the old man's birthday. In three days, he would have turned one hundred years old.

"So close," we agreed. "He was so close."

The seventh body was found face-down in the dirt behind a 7-11. We were on overtime after a long, horrible shift. It was a busy night and I was looking forward to getting home and sleeping away the exhaustion from twelve hours of dealing with intoxicated teenagers and violent dementia patients. We were marked "out of service", headed back to our west end station from the hospital. The only thing that could have stopped us was being the closest ambulance to an active cardiac arrest.

As it turned out, we *were* the closest ambulance to an active cardiac arrest. First on scene, we pulled up in front of the 7-11 and hauled all the equipment we could carry to the construction zone behind the building. The cashier directed us to the body. He didn't look bothered; he'd seen it all before. He was probably thankful this overdose happened outside instead of in the bathroom like they usually do.

We stumbled in our tracks when we saw the body. From the waist down, it looked like he was standing normally. But at the waist, he bowed

so deeply that his face was buried in the pile of dirt, forming a perfect triangle. He looked like Wile E. Coyote after he gets blown up by a stick of cartoon dynamite, flies a hundred feet in the air, and lands on his face, body folding like an accordion on top of him. The body was holding a bottle of pills in one hand and a glass pipe in the other. My partner recovered faster than I did and rolled him so he was flat on the dirt. No rigor mortis had set in, so we started CPR.

Another ambulance showed up and suddenly, it was chaos. Everyone was trying to lead the call. I knelt at the head and ventilated with the bag-valve-mask, losing myself in counting breaths. Squeeze for 1-2-3, release for 1-2-3. I had to jump out of the way when the body began to convulse and spit up chunks of dirt. Bodies do that. They can mimic signs of life so closely that, to the average passerby, a group of paramedics suddenly announcing “He’s dead” and stepping away looks like a crime. It was seven in the morning, and people were starting to notice what we were doing. We ended up calling in a supervisor to act as crowd control, telling bystanders to continue on their way. They wanted to watch.

People want to watch tragedy unfold. I can’t blame them. Everyone is, to some extent, fascinated with death. It’s different when you’re a part of someone’s death. Sometimes it’s unseen, like handing a body over to a funeral home. Sometimes you’re the last person a woman sees before she dies. Sometimes you’re a moment of respite, of distraction, from the horrible night an old woman loses her partner of seventy years. Most often, you’re part of the team that couldn’t save someone.

“What’s the worst thing you’ve seen?” they ask. There are a lot of things I could tell them. I could tell them about the way a mother’s voice breaks as the lifeless body of her child is filled with tubes and needles. I could tell them about holding a stranger’s hand as she dies alone, her final wishes betrayed by her family out of fear. I could tell them about a strange, swollen man the colour of sunflowers and his two orphaned children.

I don’t.

For years I’ve told myself that the things I’ve seen aren’t bad enough to write about. I’m not Brad, who has been to nearly every hanging north of the river. Last time I talked to him, he wore it like a badge of honour: “I cut down a kid in that apartment building two weeks ago, and then the next week I cut down his mom.” I asked if he was okay, if he needed to talk about it. He laughed at me and told me he doesn’t care anymore.

I’m not Peter, who has to urinate sitting down after pulling a premature baby out of a toilet at a mall. “Every time I look down I see the blood,” he told me. He wouldn’t say anything else about it, but I saw the apprehension on his face when he told me his eldest daughter was pregnant.

I’m not Marta, who opened the back door of her ambulance and found her partner’s body lying on the stretcher, IV catheter taped in place in her arm and the scattered, empty contents of her drug pouch—Fentanyl, Morphine, Ketamine, Succinylcholine—piled neatly at her feet. I’m not Carl or Miranda who rushed out to help, whose training took over as they treated their friend’s death like just another overdose.

I'm not them because I'm lucky. That's the only reason.

I don't tell people the worst thing I've ever seen because there is no one thing that was worse than the others. It's how each event builds on the last. Each trauma is like a wave that laps at the bank of a river, eroding the rock and changing the river's path. It's not enough to keep the dam from breaking when the river is forcing its way around the barricade. Eventually, this job changes the way you think about death and about life. It changes the way you think about people, about family, about trust. It changes the way you go home, wake up, cook dinner, and look after your kids. It changes who you are as a person and that, I think, is the worst thing.

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