The thing I loved most about EMS was the ever-changing nature of each shift. I never knew what events would unfold from hour to hour. Every day was different; no two calls were ever the same. Most jobs seem mundane in comparison.

My short attention span was the result of my transient upbringing. I grew up a navy brat, moving every two or three years as my father progressed through the ranks. Even as a small child, I had little tolerance for regularity. No matter how content I was, after a year or so of being in one place, I would inform my father I was ready to move on. This trait carries over into most areas of my life, for I seem to have the attention span of a fruit fly.

EMS quenched my need for change. I loved not knowing what would transpire with each shift, never knowing when the tones would go off. We were always being summoned to some calamity, some situation needing resolution. There was great satisfaction in arriving on scene, mitigating an incident, and returning to service.

There were some aspects of the job that could be counted on for their regularity. Equipment checks, truck maintenance, and the paperwork associated with both, were stabilizers within shifts of uncertainty. There were also the regulars.
The term “regulars” was bestowed on anyone who frequently called 911. They generally called for the same complaint. The more creative individuals concocted new complaints with each incident. These were usually transients living on the streets who knew that a surefire way to a warm bed and hot food was not waiting in line at the local homeless shelter, but calling 911 and being transported to the hospital. There they could sleep on clean sheets and receive a bit of attention, small luxuries when you are penniless and without shelter.

We had many downtown regulars. Most were friendly and we dealt with them with familiarity and tolerance. Some were just plain scary. One individual, a heavy-set man in his fifties who had returned from Vietnam physically intact but mentally broken, would wander into local businesses, scaring the shit out of the clientele and forcing the owners to summon the police. The police would call us in and stand by as we tried to calm him, their hands cocked above their pepper spray.

The patient had a menacing look about him. His small gray eyes bored into you and he always looked on the verge of swinging. He frequently dropped hints about his latest unlawful act. On one occasion, he whispered to me how he had recently killed a man, describing the location of the dumpster where he had ditched the gun. I never knew whether to take these confessions seriously. We handled him with caution and usually turned him over to the officers for transport to the local psych ward. The last time I saw him, he was being put on a bus to Tampa, the ticket compliments of one of our investigators.

Most of our regulars were benign. They typically had chronic medical problems or were addicted to drugs or alcohol. They would call when it was cold, when it was raining, or when they were simply tired and hungry. We would chat with them a while and then direct them to the nearest shelter, sometimes coercing the police officers into giving them a ride. This minimized the likelihood of getting called back later that night.

One of our regulars was severely handicapped. He had been born with spina bifida, which left him significantly stunted, deformed, and confined to a wheelchair. He suffered from regular infections and we often found him at the local shelter, feverish and hungry. I can still remember the slightness
of his weight as I lifted him from his chair, placing him carefully on the stretcher and padding his backside in an attempt to make him comfortable.

I also remember driving through downtown one evening and catching a glimpse of him on the sidewalk. He sat crumpled in his wheelchair, bent over and making slow progress down the sidewalk. I called out to him, asking him how he was doing. He replied back “I’m hungry!” My partner and I had just picked up hot meals from a local restaurant and were heading back to the station to enjoy a quick dinner. But his pitiful shape in that dilapidated chair overwhelmed me, so I had my partner circle the block. We pulled alongside him and I jumped from the truck, carrying the large meal of chicken and hot vegetables. As I placed it in his lap, his eyes lit up like a child being handed a brightly wrapped present. I waved and returned to the truck. Sometimes it’s not how quickly you respond, the drugs you administer, or the lifesaving techniques you employ. Sometimes all it takes is a hot meal.