

Traditional Storytelling Today

An International Sourcebook

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Stories of Emergency Medical Responders

Timothy R. Tangherlini

Timothy Tangherlini shows the various functions of personal narratives among emergency medical responders.

Emergency Medical Responders' Storytelling Traditions

Storytelling among emergency medical responders is a well-developed, yet little-studied, occupational tradition. The majority of emergency medical responders in the United States are trained as emergency medical technicians (EMTs) and work as ambulance personnel who respond to calls for assistance primarily through the national 911 emergency telephone system. Medics tell stories as part of their work. Sometimes their stories mimic the official report that they provide the emergency room staff. At other times their stories emerge during less formal interactions and concentrate on particular aspects of a problematic call. In many cases, however, their stories are elaborate personal experience narratives that focus on a particularly memorable call. In these stories, they present themselves as competent authorities able to handle crises so extraordinary that others around them blanch. At the same time, they provide a running commentary on the state of health care in the United States, the problems with urban decay and the breakdown of the family, the challenges of overcoming racism, the dangers of their work environment, the deficiencies in the dispatch system, the inability of field supervisors to provide meaningful leadership, the surprising incompetence of other emergency responders,

and the remarkably random ways in which death can intrude into our daily lives.

Media Representations of the Medic

Most people's impressions of emergency medicine come from popular television programs, the best known of these being *Emergency!* from the 1970s. In more recent years, fictional occupational series have been replaced by an ever-growing number of television programs referred to as "reality television." Perhaps the most popular reality television program dealing with the work of emergency medicine is *Rescue 911*. Like many programs in this genre, it relies on recreations of medical emergencies, followed by post-incident interviews with the various medical responders and their patients. In general, these television programs focus exclusively on those calls where patients are snatched from the gaping jaws of death and thereby disregard the fact that most 911 calls are not of an emergency nature. These representations of emergency medical response are universally derided by medics in their storytelling:

[Lars]: John was supposed to do an episode for *Rescue 911*. And they came out, and had this whole script and wanted to change everything around. But he said, "you either do it the way it happened or we don't do it at all." They have you act in ways you'd never act. And they often make the paramedics too stiff. They want drama, it's a drama entertainment show, that's what entertains, you know medics running up to the patient and all that. They wanted to film

his ambulance at the garage, and pretend it was a station, and all that, and that's just not true. Nothing is really "real" about those shows. They completely redo the whole story. But he wouldn't play their game, he said, "No way, we either do it my way or not at all." So they left.

Popular media representations of emergency medical response deny medics the opportunity to speak for themselves. Indeed, when medics are allowed to speak, it is either within the framework of a highly structured studio interview or in short sound bites. Furthermore, the programs focus primarily on the mechanics of the job—driving, arriving on scene, talking on the radio, starting intravenous lines, administering medications, and defibrillating cardiac arrest patients. There is no mention of the downtime—waiting at tedious post assignments, cleaning and restocking the ambulance between calls, and filling out paperwork—that fills the majority of the ambulance personnel's workday. It is during these long gaps that medics share with each other their perspectives on the job and that their storytelling tradition develops. Unlike the stories presented in the popular media, ones that contribute to a master narrative of the paramedic as a silent hero "just doin' my job," the story tradition presents a different view. The stories address topics ranging from the problems facing urban America, the status of emergency medical services, and the problems with health care, to the difficulties, frustrations, and rewards of the job.

In-Group Narratives

Medics, over the course of repeated narrative sessions, develop their own personal storytelling styles. The storytelling traditions of these emergency personnel (medics) are not easily accessed by nongroup members, an exclusion similar to firefighter and police narrative traditions (Manning and Van Maanen; McCarl). One strategy that medics often employ to exclude uninitiated listeners is the use of specialized jargon:

[Jenny]: We rolled on this one woman, Code Three for the auto-ped. Turned out it wasn't that at all—it was this woman in cardiogenic shock. It wasn't pure cardiogenic shock, she sort of pulled out of it. She was tacky at 150, afib with wide ventricular with a modal branch. Then we hyperventilated her and she

went from 150 down to 80 and her pressure started coming up, so just with the hyperventilation she started moaning and moving her arms—she was getting better. We got her in the rig, by the time we hit the ER, she was actually AO times four, and she was sitting up talking a little tiny bit. But then while I was cutting my paper she crashed.

Cynicism in Narrations: The Medic as Antihero

Most stories focus on extraordinary situations and are told with a degree of ironic detachment. Cynicism informs a great deal of the storytelling, and the typical self-deprecatory stance adopted by many medics in their storytelling undermines the concept of these workers as silent heroes:

[Jerry]: The county fair a few months ago, they had this big bungee jump tower. And there was this guy who was apparently talking a lot of crap to his wife and her girlfriend, saying, "I wanna do it, I wanna do it, I wanna do it." And the wife was like, "No way, we can't afford it," and he's like, "I wanna do it, I wanna do it, I really wanna do it. God, I wanna do it!" So she said, "Okay, do it." So they put out the \$65 or whatever and he went up to the top, looked down, said, "No way, I'm not gonna do it." Well, they stay up there for a long time and they're coaxing him, "Just do it, just jump. Once you get up there, just jump, and that's it, you know? It looks scary to do, but once you're flying, it's over." So he's like, "No way, no way!" So he gets up there, gets to the rails, can't do it, can't do it, can't do it. Everyone on the ground is like, "Go! Go! Go!" And he was up there for about ten or 15 minutes while they bring him back down. He comes down and then everyone gives him crap.

Then half an hour or so later, he goes back up to the jump, he goes back up to the top. There he is again for about 15 minutes, people yelling, "Go! Go! Go! Go! Go!" And he's out there and he's out there and he's out there and they tell him the best way to really do it is to just go off backwards. He says, "You don't even know, you just let yourself fall backwards. And you end up falling the perfect way once you get to the bottom," they tell him. So he said alright. So finally he jumped, he lets himself go, and as the cage is going by he grabs onto the cage, he's screaming, "Pull me back

up! Pull me back up!" So they're like, "We can't, man. You've just gotta let yourself go now. You can't hang on forever, you gotta let yourself fall." He's like, "No, pull me back, pull me back up!" Finally he lets go. And he reaches for the bungee cord! He comes sliding all the way down to the bottom on the rubber band! He had severe rope rash on his inner thighs, his inner arms, and his chest. We got to him, we laughed! Everybody laughed at him! And they gave him another jump for free! What a dork! We laughed at him so hard! What an idiot.

In contrast to the expectation that medics will treat their patients with compassion, in their storytelling medics often deride the "stupidity" of their patients, make light of human suffering, and laugh at the incongruities produced by traumatic accidents.

The "hero" stories of the popular media are generally omitted from medic storytelling; indeed, those few medics who attempt to tell stories that valorize their own accomplishments are quickly derided by their peers. Some medics take great delight in telling stories of decidedly unheroic activity:

[Darryl]: We used to go around and there was this fad, fashion I guess you'd call it, and people would have all these little tails or they'd have the little dreadlocks or some other hairdo craziness going on. Well if they were drunk and passed out, we'd scalp them! We'd take the tail or a little bead or a dreadlock or something or other. And we had them all up in the front of the ambulance—just like rows of them. It was like, "We take 'em scalp." And we'd look at each other and we always had to look at each other and it'd be like some drunk and he had this tail or something or other, and we'd make this cutting motion and we'd know what we were going to do!

Cooperative Telling and One-upmanship Telling

Medic storytelling usually takes place between partners in the long periods of downtime between calls. Some partners have heard each other's stories very often or have their own additions to the stories, so that the narrative becomes a cooperative endeavor, in much the same way that treating a critical patient on scene is a cooperative endeavor.

At other times, medics congregate near emergency room ambulance loading areas, as this is one of the few places where they have a chance to socialize. In these situations, it is not uncommon for several medics to jump into the storytelling and then the storytelling takes on a competitive feel, with paramedics trying to "outdo" each other:

[John]: I haven't been attacked specifically.

Other people from the company have.

There was this one guy . . .

[Larry]: Well, I've heard about paramedics that have been attacked.

[John]: Someone just got attacked last week . . .

[Larry]: This one paramedic I know got beat up on the 4th of July. They broke his nose.

In these situations, the general rule of telling stories with firsthand authority does not apply and, in the spirit of competition, medics may tell stories about calls that their partners have had or, in rarer instances, calls that they have "heard about."

Storytelling as a Means of Exerting Control over the Narrated Event

Storytelling also gives medics a chance to exert control over the narrated events. Through their stories they can retell the events and impose order on what are often chaotic, unstructured scenes. Frequently in their stories, the medics place themselves in a position of calm at the center of a storm:

[Lars]: We picked up this no-big-deal call, we had this guy, you know, who felt ill, felt weak. You know, I was driving so I didn't pay too much attention to what his problem was. And we're driving along to the hospital, driving up Seminary Avenue and kind of out the corner of my eye I see a car smashed into a pole. And I'm like, "Oh, there's a car wreck. Oh, there's a guy laying on the front lawn. Oh jeez, I guess that I should probably stop!" And there's all these people waving and yelling, so I stop and I get out, and I walk over to the guy and he's laying on this front lawn and his car is wrecked and he's conscious. So I start checking the guy out, and he's saying "Oh, my chest, my chest," and I ask, "Did you have your seat belt on?" And he says, "Oh yeah, yeah," and I say, "Did you hit the steering wheel?" Meanwhile, I'm cutting off his clothes and I realize that all under

his arm is covered with blood! And I say, "Jeez, buddy, you're covered with blood!" and he says, "Oh yeah, I've been shot." Sure enough, up under his arm, he'd been shot. The bullet entered up under his armpit. And I'm thinking "That's pretty weird," 'cause there's no damage to his arm, just in his armpit.

So we call for another ambulance. Meanwhile we've got this old guy sitting in the back of our ambulance going, "Oh wow, this is weird." Now, in the meantime all these people have gathered. There's people running around everywhere, and this group of guys gathers around us, and they start saying to the guy, "What you need to do is that you need to pray to God. You need to pray to Jesus. Come on everybody, let's pray!" And these guys make a little circle of people and they all start praying to Jesus. Now they've got the patient going, and they're all going, "Oh Jesus help me! Oh Jesus help me!" Then all the guys start speaking in tongues! So you've got this circle of people going, "Ubbba burrrba lubba dubbba!" This guy's saying, "Oh Jesus help me!" And then the police cars pull up.

It turns out that, laying on this guy's car seat, is a .45-caliber handgun cocked and ready to shoot. This guy was about to do a drive-by shooting, he was about to blow somebody away, and so he was leaning out the driver's side window with his hand out with the gun. But the guy he was about to shoot had a gun too, and shot him before he could shoot them. So it's sort of the Wild West thing you know, whoever's got the quickest draw wins. And this guy didn't. So then the guy went careening out of control and slammed into a telephone pole. So we're on scene with this guy who's been shot, this loaded gun on the seat and this circle of people singing Oh Jesus and speaking in tongues. The patient's yelling, "Oh Jesus help me! Oh Jesus help me!" The cops are running around all over the place, the firemen, when they hear about the gun, run back to their trucks to stage or hide or whatever, we've still got this poor old guy in the back of the ambulance going, "Oh great," and me and my partner are just watching the insanity unfold. It was the funniest thing.

The Presentation of Self Through Story

Medics' stories can be seen as a political act, with the presentation of self taking on strategic impor-

tance. Addressing the presentation of self in personal-experience narratives, Robinson notes, "We may grant that narrators will often endeavor to portray themselves as more clever, skillful, resourceful, or of higher moral character than their antagonists. This attitude is not to be disparaged, for it is not merely an attempt to exploit a social interaction to further one's self esteem. It is a semi-ritualized means of reaffirming both one's personal identity and socially sanctioned beliefs and values, particularly those that ascribe responsibility, hence blame or praise." Through their storytelling, ambulance personnel can comment on the organization of their work environment, the relative competence of the personnel from other agencies with whom they interact, and the merits or faults of other ambulance services.

Apart from firefighters, one of the most derided groups in the medics' stories are nurses:

[Lars]: Me and Bob did three cardiac arrests in the course of the night, but one of them was in the ER [emergency room]. We're sitting in the ER, just hanging out, there's this guy in there for stomach problems. And he's in a room and one of the nurses looks at his heart monitor at the nurses station and goes, "What's wrong with the monitor? It's doing funny things. That almost looks like V-fib!" [ventricular fibrillation] And another nurse says, "Well, go and look at him," and one of them goes in and she comes out screaming, "It's a code! It's a code!" This guy had gone into cardiac arrest for some reason.

So now, look out! Ten people race in there—they grab a crash cart and go racing in there. And it turns instantly into a three-ring circus—they've got too many people in there. Now, the guy needs to be defibrillated—shocked. That's the first thing you do with V-fib—you should walk up and hit him in the chest, do a quick cardiac thump, because that will shock the heart back into normal rhythm. And then you should defibrillate—that's the definitive care.

Well, one of the nurses is doing CPR but she's doing it like she's giving him a rub-down. The family's in there, freaking out, and we're sitting at the end of the hall, thinking, "What the hell's going on?" So one of the nurses turns to us and says, "Get the family out of here!" And I'm thinking, "My uniform doesn't say 'Security'," you know?

So we're watching and they've got the guy now on yet another heart monitor, which also shows V-fib. And the doctor says, "Oh, we've got to defibrillate!" Except that the monitor they have on this crash cart did not have regular defibrillator paddles—it had special patches that you put on, so you can stand back and defibrillate. Thing is, they didn't have the cables, they didn't have the patches, they couldn't do it! And one of the nurses says, "Go get the paddles off the other defibrillator."

Finally, my partner, Mark says, "That's it. We have to go in there." And he goes in there and says, "I'll take over the compressions," and he starts doing real chest compressions. I go over to the other crash cart where the nurse is pulling on the paddles and I say, "They don't come off." She's like, "Yes they do." I'm like, "No, trust me. Paddles, they do not come off. They're permanently attached." So I take the crash cart, wheel it into the room, and everyone's yelling, "Defibrillate! Defibrillate!" And I say, "Wait a second, aren't you going to put on the gel pads so we don't light this guy on fire?" And so I put on the pads and charge up to 200 joules and zap him. Nothing, still in V-fib. By this time, the doctors have put an endotracheal tube in him and they're trying to ventilate him, someone's trying to get an IV. I'm like, "All right, clear again," zap him at 300, still in V-fib. All right. Go up to 360, clear, make sure I've got good contact and BOOM! I zap him! And right as I zap him, out of the endotracheal tube shoots this big clot of blood. It comes flying out—bleah!—it hits me right in the arm. I drop the paddles and, at the same time, the guy pops into a normal sinus rhythm, his pulse comes back, and a few second later, he's breathing. That was our cardiac arrest in the ER.

Other stories concerning incompetent physicians, truculent police officers, unhelpful firefighters, and power-happy supervisors abound. By narrating, the storyteller bolsters his position vis-à-vis cohorts, managers, and other emergency responders.

Story as a Way to Exchange Information

Ambulance personnel also use storytelling as an opportunity to exchange information. Stories about combative patients, unexpected hazards, or surprising outcomes provide paramedics with important experiential information:

[Darryl]: I've seen, believe it or not, a head-on accident in the parking lot of a Macy's sale. The parking lot was completely empty, except for these two cars that hit each other head-on. This little old lady and some other idiot. How do you, in an empty parking lot, slam into another car like that? Somehow they managed to hit each other head-on. Well, it was just enough trauma to kill her. Barely any damage but a little old lady driving a big car with a big old steering wheel. That's enough to kill an elderly person.

And then you get these drunks who just mangle their car and they wrap it around a telephone pole and split it in half and it's upside down and you can't even identify what kind of car it was, let alone what color it was. And you walk up and ask, "Where's the patient?" And it's the guy standing next to you and there's nothing wrong with him! At all! It's incredible!

To some degree, the medics' stories serve a didactic purpose. Stories are often offered as anecdotal evidence concerning the treatment of certain patients, the dangers of certain neighborhoods, and the attitudes and abilities of firefighters, emergency room personnel, supervisors, and managers.

Story Builds Solidarity

Stories also build solidarity among medics. In the give-and-take of their storytelling, medics develop commonly held views, debate beliefs, and reinforce occupational norms, and thus develop an occupational cultural ideology. In this way the storytelling contributes to their sense of shared community. Medics also enculturate new medics through storytelling. By participating in repeated storytelling sessions, the new medic learns both the occupational expectations of other medics—how to behave on scene and how to react to certain situations—as well as their storytelling expectations. As he/she gains both medical and storytelling experience, the new medic is able to engage more and more as an active narrator in these sessions. Just as he/she develops his own style of paramedicine, he/she also develops his/hers own style of storytelling.

Storytelling as Stress Reliever

Storytelling can be seen in part as an informal form of debriefing. One of the most highly touted developments in emergency medical services is the

critical incident stress debriefing (CISD), a formal interaction in which medics discuss aspects of a call among themselves—they narrate their personal experiences of a particularly difficult call and discuss their feelings about the deaths of their patients. Because attending CISD is considered a sign of weakness, many medics are reluctant to request it. In its place, cohort storytelling acts as a much-needed outlet for many of the emotions engendered by seeing people die.

Although many of the stories paramedics tell are devoid of the expected emotions engendered by encountering human suffering and death, it is misleading to suggest that all medic stories are flip. Indeed, stories about pediatric patients tend to be solemn performances:

[Mary]: On our first call of the day, we get an MVA (motor vehicle accident). We get there and it's a mother and her three children. The mother is of course OK, even though everyone was ejected from the car. This is on Bancroft, which is a pretty busy area, or pretty busy street in Oakland. I guess she came flying down the street, swerved to miss another car, hit a pole, and everyone just flew out the windows of this old Impala. And there were three kids and I think the oldest one was maybe three years old. And they were all unconscious, one was more or less dead. The kid that we were working on was in and out of consciousness. It was so sad to see those little kids—bright, sunny day, and then this stark scene, like the bright baby clothes colors against the dark asphalt. That was just one of the most horrendous days I've ever had in my life.

When medics narrate, they tend to present the most extreme of all cases they have encountered. Accordingly, when they tell a sad story, they tell the saddest story they can think of. Among medics, stories of lives cut short fill that role.

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