

**G S W**

**(Gun Shot Wound)**

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G-S-W.

In the vernacular it means: gunshot wound. As a fire-medic working at the downtown fire station in the city, for over a decade now, I've seen my share. We had about 200 last year. In a city with a base population of about 70,000, that means you stand a better chance of getting shot than of ever winning the Florida lottery. Lucky you.<sup>2</sup>

It goes like this:

BEEP! BEEP! BEEP! The alarm speaker says: "Rescue Eleven respond to a possible GSW in the 600 block of Rosemary. Police on the scene. Units stand back one block until scene is safe. . ."

It's about 3:30 in the morning. I slither out of the snug bed I've been sleeping in for a whole 20 minutes. We've already had two calls after midnight: a "lunger" (someone who has smoked cigarettes until their lung tissue is the consistency of crepe paper and emphysema is now cutting their lifespan down by about twenty years) and a baby with a fever.

It's been a long day: two auto accidents; one pretty bad with a trauma alert; the other, only minor injuries (but the paper work still takes hours); one seizure patient; one diabetic coma; a few "difficulty breathing" calls; one heart attack; one possible stroke; and, a plethora of non-emergency calls: tummy aches, cut fingers, schoolyard fights, the flu.

I am drop dead tired but it doesn't look like I'll be getting any rest tonight. That's okay. I can do it. It's only 24 hours every third day. Maybe I'll get some rest tomorrow, if I can sleep. I usually can't sleep so well in the day but maybe tomorrow will be different. I am creeping up on forty and other than the occasional "skipped heartbeat," which only happens when I'm really, truly exhausted, I feel fine. I just hope it doesn't get any busier than it has been. Now that our manning has been cut back everyone is working harder.

I slide the pole three stories to the truck room floor and land with a dull thud. I feel like I weigh a ton but I'm actually a few pounds underweight. No fat here. Not enough rest, the doctor tells me. So, tell me something new.

Once in the truck, I mumble through a dry throat that feels like a dog did something in it: "Rescue Eleven en route."

The radio squawks back: "3:31. Information: Rescue Eleven, police advise standing back one block. The scene is not safe."

"Understand," I reply.

My driver oozes into the truck. He is at least ten years younger than me but his hair is already turning gray. He has been going to paramedic school this year. That makes for a tough year, going to school and working full time, as well as doing clinical study at the hospital eight hours a day, twice a week. He looks worse than I do. I try to throw in a little humor, you have to in this business or you'll end up eating a pistol one day. I say to him, "Looks like your pillow beat the hell out of your face." He tells me to do something to myself that is anatomically impossible. So much for the humor.

We roll out of the bay, onto the road, red lights flashing but we don't use the sirens. The cops ask us not to sometimes. It stirs up the crowd. They get antsy. And there's always a crowd at a shooting, no matter what time of the day or night. People like to rubberneck at car accidents but at shootings they want to be up close and personal. They want to be a part of the danger. It stirs the blood and symbolizes an inexplicable death wish. It is power and violence and people want to be a part of it.

We "stage" a block away from the shooting area but just for a few seconds because we get word from the P.D. to come on in. The scene is "safe." From where I'm sitting it doesn't

look too safe to me.

As we try to get to the scene, a mob throngs out before us. There are at least a couple hundred people and they don't look too happy. A nightmare vision from L.A. riots races through my mind and an icy sweat forms on my lower back. We inch forward trying to get through them but are met with resistance. One of the mob jumps up on the hood of the truck. Another runs around to the driver's side and slams his fist into the window. "Lock your doors," I yell to the guys just in time. The mob is vicious. They hate cops and they hate authority and we are often mistakenly put in the same group. Only problem is, we don't have guns to defend ourselves like the cops and the only authority I can muster is a frown and a really mean look out the window. No one is scared off.

One of the mob strikes my driver's window. Miraculously, the window does not break. The man hauls back, preparing for another blow but just then a long, black nightstick comes down across his shoulders and he goes down with one of West Palm's finest attached to him. Another cop runs up through the crowd and beckons us to follow him. He's swinging his nightstick like a knight wielding a broadsword. He makes a path for us to get to the guy that's been shot.

We find our patient just outside a nightclub, surrounded by a circle of cops who are trying to protect him, and themselves, from a maddening crowd. It is a losing battle.

The patient is a young black man, maybe twenty years old. He is shirtless and his pants are soaked down to his knees with blood. He's lost a lot of it. There are dark rubiginous puddles on the ground. His "fight or flight" mechanism, the body's system that dumps adrenaline into the blood trying to save itself, has kicked in. His pulse is about a hundred and fifty and I can barely feel it at his wrist, so I slide my hand up and feel under his biceps. I feel a slight tickety-

tick that tells me I can estimate his systolic blood pressure at about seventy. That's not so good but it gives me something to work with. His skin has got that oily-slick sweat popping out all over and he feels like an eel as we turn him over to assess his wounds. He's breathing rapid and shallow and I know we're going to have to move him, and fast.

The crowd is at a fever-pitch, too crazed to allow us to start treatment but my partner is new at the game and tries anyway. He pulls out multi-trauma dressings, some gauze and kling wrap but I know we're not going to get the chance to use it.

One of the cops gets in my face and pleads, "Can't you just grab him and go? We can't hold this crowd much longer!" In his eyes I see frustration and anger tempered with a touch of fear.

"Forget it, man," I tell my partner. "We're going to have to run with him. We can't stay any longer." A few fist and feet get past the shield of cops and help make my point. My partner takes a blow to his back but manages to stay calm. I know he's got a temper and I hope he can keep it together.

Then the taunts begin. "Help the man, fool!" one says. "Do something," says another. Then the inevitable, "If he was white you'd be doin' somthin'!" Oh brother, I think to myself. If I hear that one more time. Don't they see we're doing all we can. That by beating on us and the police they are only slowing us down? That we are equal opportunity saviors? There's no talking to a mob though and we just keep on going. We're dragging the patient by his shoulders, keeping his neck and back in a straight line just in case he has a bullet caught in his spine we won't aggravate the problem. We look like the mother cat who picks up its kittens by the nape of the neck for a quick carry. It doesn't look good but it's the best way right now. If we stop to stabilize him on a backboard with a cervical collar this crowd will be all over us like an angry

wave.

The cops are protecting us all the way back to the truck which seems ten miles away. Still, I've taken a couple of kidney punches and something glanced off the back of my head. My partner's getting it worse but he's a tough guy, built like the proverbial brick outhouse and doesn't seem to notice. Maybe he's just trying to do his job and is containing his rage. My driver has made it back to the truck but he actually has to wrestle a guy out of the way to get the stretcher out. Then the crowd grabs the stretcher and we play tug-of-war until the cops bring the nightstick down again, sting a few knuckles and we get the stretcher back.

We get our patient on the stretcher and the cops are yelling, "Go, go, go! Get the hell outta here!" Seems like a good idea to me but we've got work to do on this guy, like stop the bleeding, give him some oxygen and start an IV. I still don't even know for sure how many times and where he's been shot. Besides, the crowd is so thick around the truck, we can't move and now they're starting to rock the truck back and forth like they're going to roll it over.

I see the nightstick flailing, again, outside the window and the rocking eases up. I tell my driver to move forward. "Try not to run anybody over but let's get out of here anyway we can." We inch forward at first, then gain a few feet and finally we're free.

In the meantime, with the cab's bright lights, I am better able to assess the patient. He's been shot three times: once in the left butt cheek, another just below that, in the upper thigh, the third shot hit him in the upper arm and broke the bone. The arm hangs off the stretcher at an odd angle; white, painful-looking shards of bone protrude from an opening the size of a railroad spike. Fatty marrow has oozed out of the bone and is splayed across his twisted biceps like bloody grits. It looks bad, he may lose the arm, but I'm more concerned about the upper thigh wound. If the bullet hit the femoral artery, this guy'll be bled out before we get ten blocks.

We radio a trauma alert to St. Mary's Hospital, give them a brief run down on what we have and leave the channel open so we can update information as it becomes available. En route to the hospital we are able to put pressure dressings on the wounds and splint the broken arm. This guy has veins like corded ropes so it's easy placing two large-bore IV's and replacing his lost blood with Lactated Ringer's fluid, even though we are jostling around in the back of a truck going fifty miles an hour.

We get the man to the trauma center where he is stabilized and taken up to the OR for surgery. Only then do we stop and look at each other. We are covered in blood and look like ghouls from a Stephen King novel.

"Wash up good guys," I say and pray that this guy doesn't have any infectious diseases and that his blood hasn't found its way into a little crack in my skin.

The police arrive at the hospital and we talk with them as we finish up the mountain of paperwork the various government health care agencies require to be filled out for this type of trauma. Good luck President Clinton. You've got your hands full with these bureaucrats.

Up until now, I've no clue as to who shot who, or why. One cop tells me this guy came into the nightclub just off Rosemary with an Uzi, an automatic attack gun, and began to fire off rounds randomly. When the P.D. arrived, he fired a few rounds at them, then turned to run. He didn't get far before they brought him down. That's why the crowd was so wild. Because a cop shot a brother. Never mind he could've, and probably would've, killed a few innocent bystanders if they hadn't shown up.

"Sorry about the trouble, man," the cop says and walks off. "No trouble," I say. "It's my job. No trouble at all."

It's 4:30 a.m. when we get back to the station. I take a hot shower but I'm too pumped

up to try to sleep. I make some coffee and turn on the TV. Cartoons are on. I sit down to watch them and, after awhile, begin to drift off. Then, Elmer Fudd fires a shot at Bugs Bunny and I'm awake again. Wide awake.