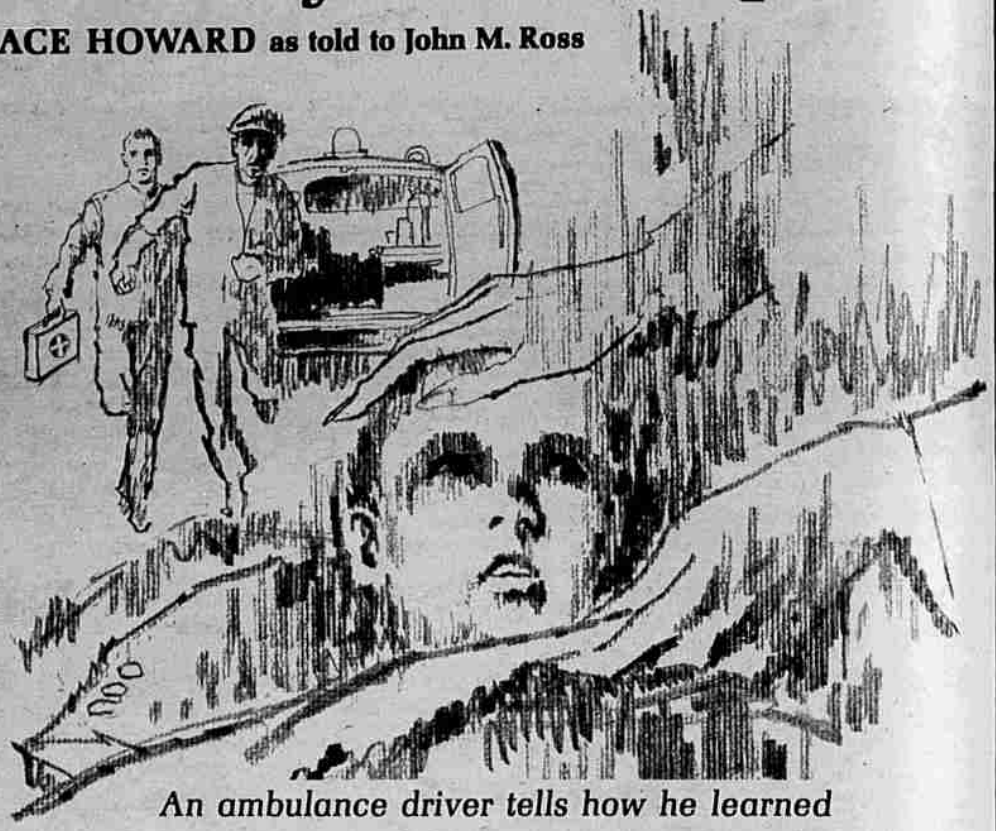
Tragedy on My Doorstep

By WALLACE HOWARD as told to John M. Ross



An ambulance driver tells how he learned to steel himself against carnage and illness—until one day the victim was not a stranger

I LIVE WITH TRAGEDY every day—the kind that strikes with suddenness and severity. Victims of automobile accidents, heart attacks, mishaps in the home, or critical illness are part of my life. I'm an ambulance driver.

It is not pleasant work, but it's a job that has to be done by someone. If it's done properly—swiftly and efficiently—human suffering can be shortened; lives can be saved.

In order to do this kind of work daily, the ambulance driver, or anyone obliged to respond when tragedy strikes, must build up an immunity to sorrow. If he doesn't, he's apt to become an ambulance case himself some day—headed straight for the psycho ward.

When I first took over the ambulance wheel some five years ago, I felt my heart being torn almost daily. It was difficult to leave my job at the garage when my tour was finished—difficult to erase the sight of the mother crying over her little girl's broken body in the street, or to shut off the sounds of the wounded—some begging for life, others pleading for a merciful death.

But as time passed, the work became more familiar, and only the severity of the tragedy would mark one from another. At home, after work, I reached the point where I could sum up my day by telling Mary, my wife:

"Had a bad one today."

And then I'd capsule the details and go on to talk about something else. Only occasionally would a particularly tragic case stay with me.

BUT in the spring of 1959, my objectivity was suddenly shattered when Mary and our four children were injured in a head-on automobile crash in nearby Torrance, Calif. Mary was thrown through the windshield, and her face was severely slashed. Our Donnie, 6, and Cynthia, 4, were badly cut and bruised. The others had only minor injuries. I was thankful they came out of it alive, but thereafter, whenever I responded to an accident involving a mother and children, I almost always identified them with my own family.

Last November, just as Mary was about to begin plastic surgery to remove the remaining facial scars resulting from the accident, I received another jolt. It was around noon on a Sunday, and I was on duty at the office of an ambulance service assigned to respond to all police emergency calls in Long Beach, Calif., and the surrounding area. Three ambulances are always on duty. My car was "on deck," as we say—ready to roll when the next call came.

"Traffic accident at Temple and 17th Street," the operator's voice boomed loudly over the switchboard. "A boy has been hit by a car."

My attendant, Ernest Pearson, and I scurried for the car. Within seconds the ambulance was in high gear. We do not carry doctors or nurses in our ambulances, but both the driver and the attendant have completed advanced first-aid training and are capable of on-the-scene treatment prior to rushing a victim to a hospital.

As we raced through traffic with the siren going full blast, I began to realize that the accident was only a block from my home—a short block.

"I hope it's not one of my kids," I said to Ernie Pearson.

Ernie didn't answer right away, but after a pause he said: "Boy, that's a cheerful thought."

I made a turn and saw a crowd of people gathered in the street. A strange feeling suddenly gripped me. I wheeled the ambulance close to the small, covered body in the street and slammed on my brakes. What I saw almost paralyzed me. That blond hair on the youngster—why, I'd know it anywhere. It was my boy Donnie.

UNBUCKLING my safety belt, I scrambled out of the cab. Donnie was conscious but bleeding and crying, and Mary and our other children hovered about on the verge of hysteria. Quickly, Ernie and I examined him for broken bones. I had done this with others hundreds of times, calmly, efficiently. But now my hands trembled nervously.

Blood oozed from the back of Donnie's head. The bleeding was slow, thank God, for the obvious diagnosis was serious enough. Head injuries always are dangerous. We had to move fast. Carefully, we placed Donnie on the stretcher, and Ernie climbed in back with him. I helped Mary into the cab of the ambulance and then began the short run to the Long Beach Community Hospital—a little less than a mile away.

I had the urge to jam the accelerator into the floor board, but I brought myself under control and drove fast without being reckless. Alongside me, Mary sobbed bitterly. At the hospital, the doctors diagnosed Donnie's head injuries as a basal skull fracture. They thought he would live but couldn't be sure. Our vigil began.

While we waited, Mary filled in the details of the accident. It was typical of so many cases I cover. The children had been playing in a playground near our home. At noon, they started home for lunch. Donnie lagged behind. The other children waited at the curb to cross the street. Donnie suddenly came on the run, dashed past the others into the street as he shouted playfully:

"I'll beat you home!"

He ran right into the path of an oncoming car. The driver hit the brakes, but he couldn't stop in time. Luckily, the middle of the hood struck Donnie. If he had been hit by either of the two torpedo-like ornaments on the front of the car, the injury could have been fatal.

Donnie's recovery was slow, and he required careful observation both at the hospital and at home. The doctors assure us that he'll have no aftereffects from the injury, and Donnie promises that he'll always wait at every curb before crossing. But I wonder if I'll ever be able to keep my heart from thumping a little faster or the wheels of my ambulance from turning a bit faster each time the call comes:

"Traffic accident . . . a child has been hit."

ILLUSTRATION BY JOHN FERNIE