

Chapter Five

LIFE AND DEATH

Police officers frequently assist people who have serious physical or mental health problems. They witness the spilling of gallons of blood, and observe countless people suffering from injuries that vary widely from routine cuts and scrapes to dismemberment. They may even find themselves using first aid techniques to save someone's life, although that is usually left to the ambulance crews.

A middle class upbringing doesn't prepare young constables for their first encounters with the bizarre behavior of individuals suffering from severe mental illness. Because mental institutions have been emptied of the patients they once sheltered, it is now commonplace to see mentally incapacitated people wandering the streets, homeless until they commit a crime and are sent to jail. The lucky ones are allowed to return to the institutions where they were traditionally warehoused for most of their adult lives.

While it is difficult for me to understand what goes through the mind of someone who commits suicide, the unsuccessful attempts can usually be classified as either sincere or insincere. Offhand, I can only remember one individual who qualified for both categories in the same day. A young man who had been sent to hospital with cuts to his wrist was released after treatment because nothing else could be done for him. He promptly broke into a construction site across the street, fired up a table saw, and cut his forearm off. Because he didn't choose a more indispensable part of his body to amputate, he lived to tell the tale.

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One attempt I felt was genuine occurred on the Second Narrows bridge one afternoon. I was assigned to investigate a possible jumper. I pulled in behind several cars parked mid-span alongside the guardrail. Bystanders stood nearby watching a gentleman in a suit sprawled on his hands and knees with his head poking through the guardrail over the side of the bridge. He seemed to be having an animated conversation with someone I couldn't see, although I could hear a female voice responding to his questions.

I made my presence known during a lull in the conversation. The man in the suit informed me he was a psychiatrist. He explained that he had been driving toward Vancouver when he noticed a young lady crawl under the guardrail and disappear. As he approached the side of the bridge, expecting the worst, he found her dangling from a girder below and outside the guardrail. The harbor was hundreds of feet below. If she lost her grip, the fall would almost certainly kill her.

It really was a long way down. Since I don't care much for heights, I was happy to let the psychiatrist deal with the would-be jumper and contented myself with directing traffic around the parked cars. I was glad I

didn't have to talk to her as she clung to the side of the bridge. I have never had a problem handling the sight of a jumper's shattered body after a suicide plunge, but I didn't want to have to watch someone fall to their death from a great height. It was one vision I had no desire to add to my repertoire of nightmares.

The psychiatrist must have pushed all the right buttons. Within less than five minutes the girl changed her mind and somehow managed to crawl back onto the roadway and safety. She was obviously still quite distraught, so we led her to a waiting ambulance that took her to hospital for psychiatric assessment. The odds against having a psychiatrist first on the scene at an incident like this must be astronomical. There was no doubt in my mind that if he hadn't been there to talk to her, she would have finished what she had started.

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People intent on committing suicide have traditionally been attracted to high places. You will notice that bridges often have chain-link fences erected on top of those sections of the guardrail that are directly above marinas and other populated areas. There have been incidents in the past where bodies have come crashing down through the decks of moored yachts. When I was in the academy, we emerged from a training session at the Aquatic Center one afternoon to find a distraught female threatening to jump off the Burrard bridge. She was standing the railing, directly above our parked cars. It was fascinating to watch the by-play overhead as two uniformed policemen talked to her. The situation ended when they suddenly grabbed her and pulled her over the railing to safety, just as she seemed ready to take the final plunge onto our cars.

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My partner and I received a call to the Granville Street bridge one evening to investigate a report that a young man was poised on the guardrail, apparently preparing to jump to his death. As we cruised southbound there was no sign of anyone attempting suicide, although there was a lone pedestrian walking down the sidewalk. I pulled over where the road divides into an offramp to find out if he'd seen anything suspicious. We were often called to bridges to check similar complaints. Most of the calls were never resolved one way or another, because anyone serious about ending their life was usually long gone by the time we arrived.

My partner rolled down his window. "Have you seen anybody jump off the bridge tonight?"

The pedestrian thought for a second, and then calmly replied, "Yeah, sure. Me!"

He then turned and sprinted for the guardrail, followed closely by my partner, who tackled the jumper just before he reached the sidewalk. They ended up struggling on the pavement, only five feet away from the railing. It was a close call.

I slammed the gearshift lever upward and ran to the sidewalk to help handcuff our would-be suicide. As the last cuff was secured, I sensed movement behind me. When I glanced over my shoulder, I saw our unoccupied black and white accelerating slowly backwards. It was heading

toward some traffic that was just now coming over the crest of the bridge. One of the cars carried our new corporal, who had just joined the team that night. He had informed us over the radio just before we stopped the pedestrian that he would be dropping by to cover our call and introduce himself. When I saw a marked car approaching, I knew it had to be him.

Fortunately my partner's door was still wide open, and the patrol car had not had time to build up much momentum. I dove in head first and jammed the gearshift lever back up into park, where it should have been in the first place if I hadn't been in such a hurry to help my partner. To his credit, our new corporal never mentioned the fact that he'd watched me driving our car with my body stretched across the seats and my legs dangling outside the passenger's door. He greeted us cordially, as if nothing out of the ordinary had happened.

I know a policeman who encountered a similar situation on another downtown bridge years later. In that case, however, the jumper was able to reach the guardrail first. Our jumper was luckier. We sent him to the hospital and he was released the next day after a psychiatric assessment. Obviously he was still unable to solve his problems because two weeks later we pulled him off a hotel ledge during another threatened suicide attempt. All we could do was send him back for reassessment. I have no idea what happened to him after that.

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We rushed to cover a policeman in the skids when he reported that he was dealing with a young woman holding a knife to her own throat, threatening suicide. We arrived to find him attempting to placate an agitated teenager who had been drinking and popping pills all night. She stated drunkenly that she wanted to die, and repeatedly demanded that we leave her alone so she could kill herself. It was hard to judge her sincerity because of her advanced state of intoxication, but I noticed that the buck knife she held to her throat did not waver.

There was no way we could overpower her without the risk of someone getting hurt. Therefore, we stayed several steps away, although we left her no escape route because we didn't want her wandering back inside a nearby bar.

We took turns talking to her. When one approach didn't work, another was tried, until finally she began listening to what we were saying. Five minutes later she quietly handed us the knife and went to the hospital for psychiatric assessment.

Had she chosen instead to slit her throat, there was only a slim chance we'd have been able to grab the knife before she managed to sever an artery, which would probably have been fatal. Still, I would have had no difficulty living with the end result, even if she had managed to kill herself in front of us. Talking to somebody on the brink of committing suicide is a daunting experience until you finally conclude that you cannot take responsibility for someone else's decision to take their own life. Under no circumstances would I ever risk my own safety to prevent a suicide. Every policeman has to make this kind of decision sooner or later, but in my case I

never felt a strong need to sacrifice my own life unnecessarily for a cause that is already lost.

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One incident I found very disturbing started with a call to a modest house in a quiet neighborhood. A middle-aged woman answered the door and escorted us to her son's bedroom. The Asian teenager we found inside the darkened room had been diagnosed as suffering from chronic depression and various other mental problems. His condition had worsened recently and he had just dropped out of university. We found him standing beside a bucket containing a solitary drop of blood and a razor blade he had used to cut his wrist superficially.

My partner and I talked to him, and then phoned his psychiatrist to confirm our suspicions. We subsequently arranged to have him hospitalized so he would have access to the treatment he obviously needed. We did everything we could for him. Both of us made a point of treating him with respect, primarily because he seemed so vulnerable and hopeless. The next day, when we came to work, we were informed that the youth had died at the hospital that night. The young man who could not kill himself with a razor blade had somehow found the will to hang himself with his pajamas when nobody was watching.

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A situation I encountered early in my career would have made a very interesting internal investigation had a complaint against us ever been lodged. We had been checking the third floor of one of the Granville Street hotels when we unexpectedly stumbled upon a local prostitute in the process of injecting, or "fixing" heroin into her arm. By the time we got to her, most of the fluid in the syringe had disappeared into her bloodstream. Consequently, we recovered only trace elements of heroin from the syringe and the spoon she had used to "cook" the narcotic to convert it into a liquid suitable for injection. As evidence in a drug possession charge, it was minimal at best.

We decided not to charge her with a drug offense. However, we did warn her that if we caught her with drugs again she would end up in jail. Like most criminals she had little to fear from the criminal justice system, and she did not seem overly upset as we left her room. She had already amassed a lengthy criminal record which included several drug convictions, so she was getting a break this time that she probably didn't deserve.

As we walked out the front door of the hotel we heard a blood-curdling scream coming from one side of the building. Simultaneously we saw some very startled looks on the faces of two beat police officers who happened to be walking down the sidewalk toward us.

The object of their attention was the shattered body of the hooker we had just left. She was now sprawled grotesquely on top of a concrete parking abutment beside the hotel's south wall, directly under her room's only window. She was still alive, but her injuries were obviously very serious.

As the ambulance attendants began placing her on a back board they were extremely careful not to further injure her spine and neck. They suspected from the way she had landed that she might have sustained a

broken back, and they were right. She was obviously in a lot of pain, despite the fact that she had just used heroin. It looked like she was about to pass out, but she suddenly revived and began screaming in our direction. "They did it! The cops pushed me out the window! They did this to me!"

The ambulance crew continued their work, but I could see they were also shocked at the allegations she was making. Fortunately, we were able to produce witnesses to prove we were exiting the building at the same time she jumped, so the matter never went any further.

The story does have a postscript, however. Several months later we noticed a prostitute encased in a full body cast, plying her trade near the Granville Street mall. We both recognized her instantly, of course, but when we talked to her, she had no recollection of ever having met us.

She was obviously very much under the influence of drugs, as evidenced by her slurred, meandering conversation. She told us how she had spent the last few months confined to a hospital bed as her injuries healed. When the doctors finally cut off her supply of prescription pain-killers in a futile attempt to wean her off her latest drug dependency, she signed herself out of the ward against their wishes. She admitted that she couldn't face life without drugs. In fact, she showed us the hole carved in the crotch of her body cast that enabled her to continue working the streets so she could earn money to buy more drugs. Within two weeks she was dead of an overdose.

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Two of our officers arrested a theft suspect in his room on the third floor of a Chinatown hotel. They handcuffed him just as two more policemen entered the room to assist. There was only one door, so they were fairly confident that he could not escape. As they began examining evidence found inside the room, the prisoner used his bed as a springboard and made a perfect exit through the glass of a closed window.

He was dead soon after he hit the ground three floors below. The officers ran down several flights of stairs only to find a bloody mess waiting for them on the sidewalk. Two tourists, who had been walking nearby when he jumped, were standing near the body, watching intently. Their eyes darted back and forth between the breathless policemen crouched beside the victim, and the victim himself, prostrate on the sidewalk with his arms still handcuffed behind his back. When the police approached them to obtain their names as potential witnesses, they quickly backed away, stating, "No thank you! I think we just saw something we shouldn't have. We'll leave now, if that's okay?" They were eventually reassured that what they had seen was in fact a genuine suicide, but it is not hard to imagine what must have been going through their minds at the time.

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I was daydreaming as I coasted toward the intersection of Main and Cordova Streets near the police station. I realized that something was amiss when several bystanders on the sidewalk shouted and pointed urgently toward the harbor, a block away. It was surprising how many interesting calls began that way. As I turned the corner to investigate, it quickly became obvious what had attracted their attention. A car had blown the red light while traveling north through Main and Cordova at high speed, just before I

pulled up to the intersection. I was traveling eastbound, behind another car, so I didn't see him run the red light.

Despite the fact that it was a Sunday afternoon, there had been fairly heavy vehicular and pedestrian traffic in the area at the time of the accident. The speeding car had miraculously avoided several pedestrians in crosswalks, and then collided with a line of parked cars on Main Street after crossing over the yellow line into the oncoming traffic lanes. In fact, his car came to rest on top of a parked Chevette that belonged to one of our corporals.

I immediately pulled the driver out of his demolished vehicle because I was afraid it was about to catch fire. He was calm and cooperative, but I was left with the impression that there was something going on with him that I could not quite grasp. He did not appear to be injured. Considering the fact that he had just come very close to dying, however, his attitude was surprisingly casual.

As we sorted out the witness reports, it gradually became clear that the driver had been speeding. In fact, one bystander believed he had deliberately tried to crash head-on into a car by crossing into oncoming traffic just before the collision. According to this witness, the driver had swerved at the last possible second as the two cars were about to collide head-on. He hit the parked cars moments later.

I questioned the driver repeatedly about these allegations. Although he changed his story several times, his explanations were logical, if not completely truthful. The most common theme had to do with his gas pedal sticking somehow, but I climbed back into what remained of his car and ascertained that it was functioning perfectly now.

I could smell liquor on his breath, but when we put him on the breathalyzer his reading was close to zero. Having eliminated all other possibilities, I finally concluded that he must have mental problems. I put that theory to him directly, and he readily confessed that this was indeed the case. We confirmed this with his psychiatrist, who requested that we send him back to hospital for more psychiatric treatment. We discovered that he had left his girlfriend's house earlier that afternoon, stating to her that he had decided to kill himself as he pulled away. We put his criminal charges on hold for the moment, and made arrangements for him to be hospitalized until he was fit to stand trial.

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Two of us were assigned to guard a prisoner who had attempted suicide in his jail cell by slashing both arms with jagged porcelain shards from a demolished toilet. He had then gone berserk when the jail staff tried to stop the bleeding. The guards had placed handcuffs on his lacerated wrists before we got there so he couldn't cause himself further harm. We accompanied the prisoner for the ambulance ride to a hospital outside the downtown area. It was a facility I had seldom visited during my time on the Granville Street beat, because we took most of our calls to St. Paul's Hospital.

The prisoner was still very agitated when we arrived at the emergency ward, presumably because of the drugs he had ingested before his arrest. As a result, we advised the staff in no uncertain terms that it would be wise to

leave the handcuffs on until he was sedated. If that was impossible, we asked that they exchange the handcuffs for padded-leather arm restraints.

The people we dealt with in this emergency department could not have had much experience with violent customers. At St. Paul's Hospital, on the other hand, a policeman's opinion was usually respected by the emergency room staff. In situations like this one, they would have made every effort to accommodate our requests when it came to safety concerns, while at the same time providing the best possible care for the patient. At this particular hospital, however, the doctor in charge belittled us and demanded that we remove the cuffs immediately, stating that they would take care of all the patient's behavioral problems themselves.

If this individual had been there solely for treatment of his injuries, I would have been happy to comply and then leave before the excitement began. Unfortunately, he was there under guard because he was already in custody on serious criminal charges. Therefore we were obliged to make sure that he stayed in custody. There are few acceptable excuses for allowing a prisoner to escape. Although it does happen occasionally, it is, at the very least, embarrassing as hell for the police officers involved.

I tried to reason with the staff, but they were adamant that his handcuffs be removed so it would be easier for them to stitch up his wounds. To break the impasse, I reluctantly agreed to unlock the cuffs, although I knew full well there would be problems. This individual had a history of extreme hatred for the police. In fact, in his youth he had shot up a police building with a rifle.

Sure enough, as soon as the first cuff was unlocked, the prisoner began flicking blood from his wounds in our direction. We backed away from him. I didn't want any contact with the blood of a heroin addict, even before the specter of AIDS had emerged as a serious threat. I knew that hepatitis was commonly transmitted through exposure to infected blood, and I was acutely aware that one strain of hepatitis was potentially lethal.

At this point most of the hospital staff scattered, leaving the police to handle the situation. Weakness from loss of blood obviously had not affected his fighting spirit, because as I ducked to avoid being sprayed with more blood, he managed to punch me squarely in the jaw with enough force to send my glasses flying across the room. We grabbed him and struggled desperately to reattach the handcuffs without getting hurt ourselves. While we were fighting with him, I distinctly remember hearing one of the nurses shout something about police brutality. As soon as he was handcuffed, the staff belatedly sedated him so they could do their work without further difficulty.

I was furious. The staff at St. Paul's Hospital would never have allowed this to happen, but at this facility they had no concern whatsoever for our safety. The only person that would talk to us in the emergency ward was a sympathetic orderly who just shook his head at what had transpired as he handed us towels to wipe the blood off our uniforms. I expected to get a complaint from the arrogant doctor, and I was quite prepared to respond in kind. However, the matter never went any further.

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Only someone who has actually tried to restrain a person who has suddenly gone berserk as a result of some form of mental illness can possibly understand the degree of difficulty involved. Five of us once crowded into a closet-sized cell in the city jail to restrain a violent lunatic, so a nurse could give him his medication. We had watched him through the plastic window before entering his cell. He looked docile and almost normal, until we realized we were looking through a foul-smelling brown sheen of human excrement that coated the inside surface of the plastic window, and all the cell walls, like a coat of beige paint.

Our arrival inside the cell was uneventful until he suddenly turned in our direction and let out a piercing scream. The fight was on. He was short and slight of stature, but that didn't mean we had nothing to worry about. Before we finally managed to put him in restraints, he had ripped the pocket off my uniform shirt and left all five of us bruised and battered. He was as strong as any two men I've ever fought, and obviously he had no control over what he was doing. From what little I had seen of his personality, he seemed more like a wild animal running amok. The irony is that bystanders who witness these one-sided confrontations invariably ask scornfully why it takes so many policemen to get control of a harmless-looking little man.

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Two of us in plainclothes were assigned to attend a doctor's office to arrest a young man under the Mental Health Act. Police were always called for these arrests, even though procedure dictated that the individual be treated more as a patient than a criminal. We always transported these unfortunate souls to institutions in an ambulance. Police just stood by to keep the peace unless the mental patient refused to cooperate, in which case we were responsible for subduing him and escorting him the rest of the way in restraints. At least two doctors had to agree to the process and sign the papers committing him, so most of the time these people were in pretty bad shape by the time we dealt with them.

This particular patient declined to accompany us willingly, despite the fact that we tried our best to coax him into the ambulance. He dove for the floor and clamped his arms around the doctor's leg in a death grip as he screamed threats at us. I could tell by the disgusted look on the doctor's face that he was not exactly impressed by our bedside manner, but that was the least of our worries at the time. I was wearing a cheap leather jacket that day to conceal my service revolver, even though it was summer time. In the five minutes it took us to release the doctor and handcuff his patient, the sweat was literally pouring down my forehead. In fact, when I put on my uniform the next day, I discovered the entire left side of my revolver was covered with rust.

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Working in the skid road area involved constant exposure to people with varying degrees of mental problems, especially after the government began emptying mental institutions. There were frequent calls to the clinics and halfway houses that cater to the mentally ill, and many disturbance calls we attended on the street involved former mental patients. Most suspects were not considered dangerous, but you could never really tell. The violent

mood swings some individuals exhibited could send a routine call spiraling wildly out of control in an instant.

There were times when the behavior of someone I was dealing with became so bizarre or annoying that I would stop the conversation and ask them if they had any idea why they were acting so strangely. Most would actually make a serious effort to answer the question. A few reacted as if the thought that there could be a logical explanation for their problems had never occurred to them before. One lunatic I arrested after he was found chasing little children through a park was able to carry on a normal conversation until I asked him if he liked kids. "Yes," he replied in a serious voice, "Barbecued!"

One particular woman from the West End used to become sexually aroused by the flashing red and blue lights on our police cars, so much so that she would lovingly fondle the emergency equipment on our roof racks whenever she had a chance. Her favorites were the red fireball lights that unmarked cars display on their dashboards. She was harmless, but annoying.

I happened upon a clean-cut young man crawling on his hands and knees in the gutter one day and stopped to see if he was in trouble. As I approached a little closer, I could see that he was meticulously cleaning the dirt off a manhole cover with a screwdriver. Other than this particular obsession, his behavior was quite inoffensive. I saw him on various streets in the skids over the next month or so, peacefully cleaning grates and manhole covers while dodging traffic in the curb lanes. After a while he dropped out of sight, and I never saw him again.

Encounters with some of the most aggressive weirdos could be unnerving. I was told the story of a would-be sumo wrestler who called the emergency number for help one night. The two policemen who responded were met at the door by the complainant, who was stark naked and covered with grease from head to toe. The only reason he'd called the department was to pick a fight with some of Vancouver's finest on his own terms. The fact that he was now able to slip out of their grasp at will made the altercation all the more challenging.

One of my favorite whackos was a man I referred to as "The Human Punching Bag". He used to come to Vancouver from time to time and pick fights with any policemen he happened to run into on the street. He was never happy until he ended the evening with his face black and blue and bloody. He then returned to whatever hole he had crawled out of.

He was never drunk when I had dealings with him, and as far as I know he never made a complaint after his encounters with the police. Only the fact that he obviously enjoyed pain so much differentiated him from the run-of-the-mill punks who had to prove their masculinity by fighting a cop every time they had too much to drink.

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People with physical injuries were usually less of a problem for the police, because most of the time all we had to do was call the Emergency Health Services for an ambulance, write a quick report and clear the call. The EHS crews had an excellent reputation, and I learned over the years that I could always count on them to be there when I needed them. They were a

pleasure to work with, and they could be trusted to handle any problem with calm professionalism.

We were driving down Hornby Street one quiet Thursday noon hour when we noticed a garbage man leaning into the back of his truck. He had a pained expression on his face, and his weak wave in our direction seemed oddly out of character. Out of curiosity we stopped to talk to him.

It was only when we were beside him that we noticed his arm was jammed up inside the machinery that scooped garbage into the storage compartment of his truck. We could see blood trickling down from where a hydraulic-powered gate had clamped down onto his forearm near the wrist. He was as white as a ghost, and it looked as if much of the blood had already drained from his body.

He told us that if he hadn't managed to hit the nearby emergency switch, the rest of his body would have eventually joined his forearm. It sounded to me like the hydraulic system was still powered up, but he assured us that the emergency switch had disabled it temporarily.

We tried to get on the radio several times to ask for medical help, but we couldn't get through because somebody with an exaggerated sense of self-worth was hogging the channel with a routine but long-winded message. After a frustrating delay we finally managed to arrange for assistance. While we waited impatiently for EHS ambulances and the fire department to attend, we checked the trunk of our police car for emergency equipment. All we could come up with was part of a car jack and some fast-food restaurant napkins.

We could have just waited for the firemen to arrive and rescue him, but we were concerned that the machinery might start up again and devour the rest of his body. Consequently, we decided to use the jack to pry the gate open. After several nervous attempts we were successful. His hand, connected now to the forearm by only some skin and sinew, fell out of the machinery as arterial blood spurted from his wrist.

By now our victim looked like he was going to have a heart attack at any moment. We convinced him to elevate the arm while I jammed my finger into a pressure point inside his armpit. The pressure stopped the flow of blood, but after a couple of minutes I insisted on releasing my grip for a brief period of time in order to restore circulation throughout what was left of his arm. I remember him asking respectfully if I was sure he could spare that much blood. After looking at the amount of blood left on the machinery, as well as our uniforms, I had my doubts, but I still assured him that he would survive.

As soon as fire and ambulance crews pulled up, we ducked into a nearby office building to wash the blood off our hands and arms. Apparently a Vancouver Sun photographer arrived just after we left, because the next day there was a dramatic front page picture of a swarm of firemen working on our victim. The caption made no mention of the fact that police had done all the dirty work. I found out later that the garbage man managed to keep his hand, although its mobility was severely limited. Apparently he had been working the truck by himself and had unwisely tried to use a broom handle to

clear a blockage, a shortcut he knew was dangerous but tried anyway because he was in a hurry.

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I will never forget the first time I heard the distinctive sound of a human skull hitting a hard surface after a fall. It was the last night of a six month assignment to the jail for one of the members I worked with. Despite many busy nights and more than his share of fights, he had survived his jail term with an unblemished record. Tonight, of course, he was delighted to put an end to what most of us considered the low point of our careers. I watched as he propped a drunk vertically up against the wire mesh of the holding cage while he returned to the booking desk momentarily to complete some paperwork.

He had curled the drunkard's fingers around the mesh of the cage to support his weight. I watched in horror as the fingers gave way one by one. Before any of us could react, the drunk lost his grip and fell backwards. The entire room went silent as the sound of his skull impacting on our concrete floor echoed hollowly off the walls. With visions of a nasty jail inquest in his future, the shaken officer dropped his paperwork as the color drained from his complexion.

Meanwhile, one of the experienced jail guards picked up the phone and asked for an emergency ambulance, without even bothering to check on the condition of the prisoner. He had heard that sound before, and knew what it probably meant.

The jail nurses arrived quickly to give first aid. They were shaking their heads negatively as they struggled to put his body in the recovery position and called for oxygen tanks. Firemen and ambulance attendants eventually swarmed out of the jail elevator and surrounded the unconscious drunk. There was a beehive of activity around him. His prognosis did not look too good, and by then we had all written him off as a goner and begun establishing our alibis. Just when matters looked their worst, the drunk suddenly sat bolt upright and screamed, "What the hell do you people think you're doing? Take your goddamn hands off me!"

The policeman who had left him propped against the cage finally started breathing again. The dramatic resurrection we witnessed was the only time I ever saw that particular policeman at a loss for words. The drunk survived to resume his role as one of our best customers at the drunk tank.

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My introduction to the potential lethality of allergic reactions came during a medical call to a downtown theater. A middle-aged woman had inadvertently taken a bite of her companion's chocolate bar, unaware that it contained peanuts. Peanuts had triggered a severe allergic reaction several years earlier. She apparently realized almost instantly that she had made a horrible mistake, but by then it was too late.

By the time paramedics got there, her head had swollen up like a basketball and her airway had constricted shut. They were doing everything they could for the unfortunate woman when a young gentleman emerged from the crowd of bystanders. "I'm a doctor. Step aside!"

He managed to convince the skeptical paramedics that a tracheotomy was the only way to save her life. Since ambulance crews were not authorized to carry out that type of surgical procedure, the doctor volunteered to do it for them. They were reluctant to go along with his plan, but the woman was clearly past the stage where she could be saved by conventional means. The doctor's calm self-confidence finally won them over.

Her throat was grotesquely swollen, so he started his cut on the scar from a previous tracheotomy. Unfortunately, the orientation of her veins and arteries must have changed due to the swelling, so he inadvertently severed a major blood vessel as he broke the skin with his scalpel. As a result, when the attendants administered CPR, every time they compressed her chest they pumped blood all over the theater floor. The unfortunate woman was pronounced dead shortly thereafter. The doctor felt terrible about not being able to save her life, but there was nothing he could have done to change the outcome.

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I arrested a drunk one day as I was walking the Granville beat. I stuck my hand into his overcoat pocket to search for weapons, something I have routinely done thousands of times over the years. On this occasion, I discovered to my horror that the drunk had filled his pocket with dozens of hypodermic needles he'd found in a garbage can outside a doctor's office. I managed to get stuck more than once while extricating my hand. The drunk readily admitted that he'd done this on purpose. He'd been on a binge for the last two weeks, and he had spent a lot of that time in the drunk tank. Realizing it was inevitable he would be sent to dry out again as the evening progressed, he had decided to get even with the police.

This occurred before AIDS became so prevalent, but I had still heard plenty of horror stories about people catching diseases like hepatitis after contact with dirty needles. As a result, I was very concerned about the risk of contracting an illness that could cost me years of my life, or even kill me. Unfortunately, there was nothing I could do but wait and see what, if anything, was to happen to me. The drunk went directly to jail, and I learned a valuable lesson about searching prisoners.

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One of the policemen on my team sustained a work-related injury that turned into a nightmare. A prostitute he was arresting decided not to cooperate so he had to subdue her to get her handcuffed. In the process, she bit his hand just hard enough to draw blood. Injuries during scuffles like this are not uncommon, so he washed the area of the wound thoroughly and returned to work.

Later that evening he began to notice redness spreading in his forearm above the bite mark. By the time doctors managed to arrest its progress, the infection had spread almost to his shoulder. His physician later informed him that, had the blood poisoning continued any further up his arm, they would have had no choice but to amputate.

Fortunately I never caught any serious diseases from the people I dealt with. However, like most policemen and ambulance personnel, I often found myself covered with other people's blood. Policing nowadays is

probably more dangerous in many ways than when I started the job. A street policeman is still involved in physical disputes with some extremely violent people, but now he faces additional risks in that he could be injured or bled upon by individuals likely to be infected with the HIV/AIDS virus.

Rubber gloves alone cannot protect a policeman from catching the disease. There is no law that forces anyone who has used violence against an emergency services worker or nurse to submit to tests in order to determine the presence of the HIV virus. This is convenient for Workers' Compensation Boards because the onus is then on the infected worker to prove the origin of his disease, an almost impossible task. The potential damage to the career, reputation and family of those emergency workers infected with AIDS as a result of their jobs is devastating.

Legislation designed to safeguard the rights of policemen, ambulance attendants and hospital staff has little chance of materializing at this time. As is so often the case with dangerous intersections, nothing will be done about the problem until it is too late. Legislators will only consider passing laws to help safeguard emergency personnel after innocent lives are sacrificed.

* * *

While on a wagon call to the hospital one day, I encountered a character who was notorious for his hatred of the jail drunk tank. This was before the government established a more comfortable detoxification facility as an alternative to housing drunks in a city police jail cell. Every time he was arrested and sent to the drunk tank after a night of heavy drinking he feigned a heart attack, secure in the knowledge that the jail staff could not ignore his well-rehearsed symptoms. In fact, he knew that the staff there would do almost anything to avoid a hostile jail inquest.

He had it down to a science. He would ask to see the jail nurse, at which time he would complain of chest pains and dizziness. The nurse would automatically call an ambulance and send him to hospital. Once in the emergency ward, the physician would of course find no symptoms of a heart attack. The drunk would yell and scream at the nurses until they were forced to kick him out of the hospital. He could then spend the rest of the night in the relative comfort of his own hotel room. When he awoke the next day he would immediately hit the streets and panhandle to raise money for his next drunken episode. Unfortunately, on this occasion he was still so drunk that he couldn't walk, so the emergency room staff called for a wagon to return him to the jail.

I found the derelict sitting in a wheelchair with his eyes closed. I could detect no sign that he was breathing, although there was a faint pulse. Over the years I learned several methods that usually awoke even the most intoxicated drunks from their deepest comas, but I went through my entire repertoire of painful but harmless stimuli without success. Although I knew he was in perfect health, he was doing the best imitation of a corpse I have ever seen.

I pulled the doctor aside and he assured me the man was probably healthier than I was. I explained to him that if I returned this lifeless carcass to jail, he would promptly be refused admission and returned to hospital again. It was a classic case of a vicious circle. The physician agreed that it

was a pointless exercise. He stopped for a second to think, then asked me to wait outside as he wheeled the derelict into a private treatment room.

I was curious, of course, so I watched through a curtain as he ordered his patient one more time to return from the dead so we could all get back to work. When nothing happened, the doctor tried the same techniques I had used. The drunk seemed immune to painful stimuli, and he didn't even flinch.

The doctor's next move surprised even me. He clamped one hand over the man's mouth and the other over his nose, and then just waited for a reaction. For a long time nothing happened. Finally the drunk opened his eyes and tapped the doctor on his shoulder in a gesture of surrender. The doctor stepped back with a smile, and his patient willingly consented to an uneventful return to the drunk tank.

* * *

I was feeling quite content early one Sunday morning as I sat in my idling police car, writing a report. I had just checked a silent alarm call to a residential address in the suburbs, and I was looking forward to a coffee break. A shabbily dressed, middle-aged man walked up to my car and waited politely until I turned my head to talk to him through the window. He apologized for bothering me and then asked if I would mind driving him back to his skid road hotel room because he had no money for a taxi. He had been out for his usual early morning stroll, he explained, and now he felt so nauseous and weak from a flu attack that he didn't think he could walk any further.

Street people who asked me for favors usually turned out to be either drunk or jerks, or both. In fact, many very stupid individuals used to flag over police cars and jokingly ask for a ride, knowing full well that anyone riding in the back of a blue and white was only going to one place, the city jail. Police officers seldom allow citizens inside their police cars, primarily because they find it uncomfortable to have someone they haven't thoroughly searched sitting behind them.

Somehow this man didn't seem like the type to ask for handouts. When he began to look a little pale around the gills, I invited him to sit in the back seat, something I had done only a handful of times during my career. His condition deteriorated rapidly. I asked him what was wrong, but the sweat running down his forehead and his agonized expression told me all that I needed to know. I shut off my car radio so he couldn't hear my broadcast and stepped outside to use my portable radio to ask for the Emergency Health Services paramedic unit to attend. I was sure he was having a heart attack. I made a specific request that they shut off their sirens a block away so they didn't alarm him any more than was absolutely necessary.

I talked to him while we were waiting for the ambulance, offering him the kind of meaningless reassurances dying people must get very tired of hearing. A fire truck soon pulled up with sirens blaring. One of the firemen asked in a loud voice where the guy with the heart attack was. By this time the victim was oblivious to the noise, having collapsed sideways onto the back seat, unconscious and very close to death.

The ambulance paramedic unit arrived moments later, making a silent approach as I had requested. They were able to save this victim's life, despite the fact that he'd had a massive coronary and came within seconds of dying. The EHS crews always did excellent work, especially while dealing with heart attacks and other serious calls.

This case was different from most medical calls I attended, primarily because I got to know the victim briefly before his condition took such a dramatic turn for the worse. He seemed like a decent person. I did not want him to die in my car, and I felt like I had a personal stake in the fight to save his life. If I had ignored his request, as I had done many times in the past to avoid talking to drunks and pests, he would probably have died on the sidewalk.

* * *

During my career I accompanied several different shooting victims to the hospital for treatment. By coincidence there was not a single innocent victim among them, primarily because all of them happened to be active criminals.

None of them died. I watched as an emergency room physician treated one victim who'd been hit with a full load of bird shot while sitting in his car. The shooting had occurred during a drug deal that went sour. He had numerous small wounds to the left side of his face, as well as inside his left arm and elbow. The doctor maneuvered the victim's arms into a position that made what looked like separate and unrelated wounds evolve into a single shot pattern created because the unfortunate drug dealer had thrown up his arm in a last ditch attempt to protect his face.

He survived his injuries, although one of his more persistent symptoms seemed to be a loss of memory. He steadfastly refused to tell us what had happened, stating that he'd take care of the matter himself. That was the end of that particular investigation as far as we were concerned, because without cooperation from the victim there was no point in continuing.

* * *

We found another shooting victim lying on the ground in a parking lot just off Granville Street. He was suffering from a gunshot wound to the chest. During the short trip to hospital he became increasingly hostile and refused to provide us with any information whatsoever. The doctors took an X-ray and discovered a .25 caliber bullet situated deep inside his chest cavity. They showed us how the projectile had wandered extensively through the victim's torso, causing damage wherever it touched a vital organ. That's why small caliber rounds can often be more lethal than their more-powerful magnum brothers. The doctor informed our victim that his injuries were potentially life-threatening unless he received immediate emergency surgery.

As best we could figure, this gentleman had also been shot while in the midst of a drug deal, although that was only an educated guess based on his reputation as a major trafficker. He'd been arrested many times since his youth for a wide variety of serious offenses. Evidently he had grown to hate policemen with a vengeance. While still inside the emergency surgery room, he began yelling obscenities in my direction and demanded that I be

removed from the hospital. If not, he threatened to walk out in the middle of treatment. I had no intention of leaving. Since he was hooked up to intravenous bottles and obviously in a lot of pain, I was quite sure he wouldn't be conscious much longer anyway.

His prognosis must have been rosier than I thought, however. After I refused to leave the hospital, he summoned all the energy he had left, ripped out his intravenous needles and tore the monitor pads off his chest. After one last hateful glance in my direction, he staggered defiantly out of the hospital.

There were several tactics I could have used to force him to return for treatment. Because nobody really wanted to deal with this obnoxious individual anyway, we simply cleared the call and left. The doctor assured us that the victim would be returning to hospital eventually anyway, probably in an unconscious state, and preferably after our shifts were both over. We found out later that the victim did indeed return for treatment, well after we left the hospital. Of course he still refused to tell the police what happened, and the case was soon dropped due to lack of interest.

* * *

Yet another unhappy victim came to our attention as a result of a man-with-a-gun call on Davie Street. Two of our members soon identified, tackled and handcuffed the suspect. He was drunk and obnoxious, but when he was searched they didn't find a gun. The arresting officers deposited him in the back of the wagon I was driving, while other members searched the area where he'd been standing. Two minutes later he started banging on the door, shouting that he wanted to talk to someone in authority.

When we finally opened the wagon door, he showed us a .45 caliber hole in his torso and moaned that he'd been shot, although he refused to tell us how it had happened. I suspected a botched suicide attempt, but that was only a guess. The supervisor at the scene asked for an ambulance and was told they were busy with other calls. Since we were only a few blocks from the hospital, I was told to drive him there in the back of the wagon. Being inexperienced and very gung-ho at that early stage of my career, I intended to get him to the emergency room in record time. I floored it, and with siren wailing and tires squealing, I made it there in less than a minute.

Unfortunately, I had forgotten that the inside of the wagon compartment was not designed for transporting ailing victims, primarily because there was nothing to hold onto and no way to avoid bouncing from one end to the other whenever the brakes were applied. The journey had done nothing for his foul disposition. In fact, he now refused to exit the wagon for treatment, even after I asked nicely. We had to fight him just to get him into the emergency ward. The doctors assigned to treat him were faced with a hand-cuffed wild man who screamed obscenities while spitting on them as they tried to plug his .45 caliber leak. They were not impressed. He survived.

* * *

In my experience, whenever a child calls 911, it usually turns out to be a legitimate call. Late one afternoon I volunteered to cover a two-man car that was assigned to investigate an unknown problem phoned in by a very young child. They were coming from across town, so I was reluctant to knock

on the child's door until they arrived. We had been told that the child was inside the basement suite, so I made my way to the back entrance and listened through the door while waiting for the other car.

I could hear a woman's shrill voice as she conversed with a couple of young children. They, in turn, were pleading with her not to do something, but I could not hear exactly what it was they were discussing. There was further garbled conversation, and then I distinctly heard the woman's words as she addressed the children matter-of-factly. "Now kids, it's time to die. It's time to end all our problems."

I immediately kicked the door in and was confronted by a horrific scene. The woman and both the little children were naked, surrounded by mounds of debris and spoiled food in a kitchen that looked more like a battleground. The adult had both her hands around the neck of the youngest child, who must have been about three years old, and she was in the process of strangling her. The other child was frantically trying to break her grip. Perhaps the best way to describe the visual impact of the scene would be to compare it to the famous Vietnam war era picture of a young Vietnamese girl, burned by napalm, running toward the camera.

I grabbed the woman and held onto her until the other officers arrived and handcuffed her. She was maniacal, totally out of control, and she continued screaming and crying until she was taken away for treatment.

I got the two young children dressed and managed to calm them down so they could tell me what had happened. I was surprised at how intelligent and well-adjusted they were, despite the fact that they were both far too young to go to school. They explained that their father was already confined in a mental institution. Their mother had grown progressively more mentally ill after extensive drug abuse and membership in the Hare Krishna movement, and the kids were able to detail all her symptoms to me. They showed an amazing comprehension of issues even some adults would have been incapable of understanding.

The two of them had basically taken care of themselves for the last few weeks, scavenging whatever food they could find in the kitchen and cooking it on the stove when necessary. Today, they said, their mother had taken a turn for the worse. After ransacking the apartment and throwing all the food on the floor, she had apparently decided they should all die together. Only the actions of the oldest girl, who had managed to slip away and phone 911 while her mother was distracted, saved their lives. I often wondered what became of these children. When I left them they were on their way to a temporary foster home, relieved to be safe but still wondering out loud if they would ever be united as a family again.

Nothing has more of an impact on the human psyche than confronting the specter of sudden death at first hand. Everyone wants to stop and take a close look at an accident fatality, even as their subconscious recoils in horror at the gruesome reality of violent sudden death. Nobody wants to be reminded of what inevitably awaits them down the road, yet people are still drawn to the sight of blood and gore and death like moths to a light bulb. Police officers are frequently spectators to the process of death. While

experience allows them to work and function in the presence of corpses, it is impossible to ignore the fact that the decaying flesh they are there to investigate once housed the soul of a living person.

Police are responsible for investigating most sudden deaths, with the exception of those that occur routinely at hospitals, so a policeman soon accumulates an intimate knowledge of the concepts and realities of death. Patrol members usually handle the initial investigation and then call in specialists when necessary. These days, it is not uncommon for someone from the coroner's office to drop by and kibitz as well. Incidents that involve suspicious or unusual circumstances are usually investigated by the Major Crimes Squad, and those deaths that occur at the work place are often investigated further by the Workers' Compensation Board. When necessary, the Identification Squad attends the scene to take photographs and collect evidence.

Most sudden deaths, however, are routine in nature and are handled solely by the officers assigned to the call. Police are responsible for determining the identity of the victim, as well as notifying the next of kin. Any details which might help the pathologist determine the cause of death are forwarded through the coroner's office. Police officers are also required to search the homes and belongings of people who have died suddenly. Anything of value is usually left with the next of kin at the scene. If there are no responsible relatives present, valuables are secured in the police property office to be turned over to the Public Trustee.

All victims are transported to a hospital where a doctor must examine the remains to formally pronounce death, no matter how obviously dead the victim may appear. The body is then taken to the morgue, and an autopsy may be performed before it is released for burial or cremation. The coroner's office is ultimately responsible for deciding whether or not an inquest or inquiry into the death will be held.

I attended hundreds of sudden death calls during my career. Although I quickly became accustomed to being in the presence of dead bodies, investigating sudden deaths could, at times, be difficult and challenging. A typical incident in the skid road area where I worked usually involved an elderly alcoholic living in a rundown flophouse.

The body was often discovered as a result of complaints from the neighbors about a strong odor emanating from the room. In our city, landlords are required by law to check each room daily. More than once I was faced with a decomposed body, black and bloated and crawling with maggots, only to hear the hotel desk clerk swear that the victim had been fine only yesterday when he'd checked the room. Since it was obvious that the corpse had been rotting for at least a week, their stories lacked credibility. The rooms are usually filthy and crawling with cockroaches, and the smell inside would be unpleasant even without the odor of decomposition present.

A sudden death report is easier to write if the victim checked into the hotel under his real name instead of using an alias. Sometimes it is possible to find a desk clerk or a neighbor on the same floor who knows the deceased well enough to identify him at the scene. Because some corpses can only be

identified by their fingerprints, it is convenient that many of the inhabitants of the skid road area have criminal records. Obtaining the names and addresses of next of kin is often difficult unless family letters are located inside the victim's room. Sometimes the information investigators need can be found on jail booking sheets if the victim had a criminal record. Some elderly people anticipate their own death to the extent that they write down a relative's name and address and leave it in a place where it will be found after they die.

Investigating sudden deaths is one of the toughest jobs society delegates to police officers. The horror stories about sudden death calls are as diverse as they are gruesome. There were two incidents a year apart where individuals jumped to their deaths while aiming themselves at policemen who were walking below them on sidewalks near the police station. In fact, one of the jumpers had just escaped through a security window on the fifth floor of our jail before becoming a human projectile. Fortunately, both jumpers missed their targets. Another of our officers had to identify the corpse of one of his best friends solely on the basis of the skin from his face, which was the only recognizable part of his body after a tragic air crash.

To me, the worst part of these investigations was always the suspense of walking into a room and not knowing for sure whether the victim was dead or not. Once death was firmly established, I had no difficulty completing the necessary investigation, no matter how badly the body was decomposed. At times the relatives would be arguing over the division of the estate before we had even removed the remains, although in fairness most family members were genuinely saddened by the passing of someone who had once been close to them. It was nothing short of tragic that so many of the people whose sudden deaths I investigated had been left to die alone, with no family or friends to care for them in life or in death.

I attended several autopsies during my career, and they were interesting and informative experiences once I got past the original shock of seeing a human torso being cut up like a side of beef. Some of the pathologists were more than willing to answer questions about their work and give impromptu lectures on human anatomy to police bystanders. I could never have faced doing their job every working day. I remember hearing the story of one young pathologist who gradually developed aversions to eating chicken, then other meats and types of food as his career progressed. His problems at work finally led to a full-blown eating disorder. Anybody who has witnessed an autopsy will readily understand how that could happen.

A recruit is given instructions about what to expect during a sudden death investigation, but there is really no way to prepare him for the actual incidents he will face. One of my training officers purposely took me to a call where other policemen were investigating a drug overdose, just to show me what a corpse looked like up close. He was wise enough to understand that the first sudden death I investigated on my own would be difficult enough without the added burden of having to deal with the impact of seeing a corpse for the first time.

The drug overdose victim was lying face down on the living room floor. The grieving family congregated around the kitchen table to await his removal to the morgue. They were all crying. I found it very upsetting just listening to them weeping and sobbing until I eventually learned to tune them out while I concentrated on doing my job. I realized then that these calls were never going to be easy.

I investigated my first sudden death during a heat wave. The corpse had not been discovered until several days after death occurred. The human body begins to deteriorate immediately after death, and extreme heat just accelerates the process. This unfortunate lady lived, and died, alone. She had expired while resting on her back, lengthwise on a bed. The process of decomposition had left her arms standing straight up as if she were about to sleep walk, and her face was obscured by rotting stomach contents that had been forced up through her system as her body decayed and began swelling.

A byproduct of prolonged decomposition is the horrible smell that assaults you as you walk into a room where somebody has been dead for any length of time. I have never heard anyone adequately describe the odor, but you could probably get some idea of what I'm talking about if you think back to the last time you smelled rotting garbage and then multiply the impact by a factor of at least ten. The odor stays in your hair and clothing until both are washed thoroughly. Nothing could be more revolting than the smell of death.

Some experienced policemen would stop off to buy a cigar en route to those sudden death calls where there was some indication from the radio operator that the body had been there for more than a day. We didn't have an opportunity to buy cigars en route to my first sudden death, so one senior policeman who dropped by suggested that I heat coffee grounds in a frying pan to obscure the odor. I soon discovered an important disadvantage to this method, however, when I turned the burner up too high and the coffee grounds caught fire. I had nightmarish visions of the entire apartment building going up in flames because of me, but we managed to extinguish the fire before it could spread.

Having completed my part of the investigation, I began searching through her closets for valuables while we waited for the body removal people to attend. Going through an individual's belongings after they die is never pleasant, but as part of our job we must send any identification papers, medications or cash to the police property office. It was during this process that I discovered how much you can learn about a person's life by the evidence they've left behind amongst their effects. The photo albums, marriage certificates, clippings and other keepsakes collected over the course of a lifetime offer an interesting glimpse of the victim's background. Since so many people die alone, especially the elderly, it is often the only legacy they leave behind.

* * *

While working an otherwise quiet Christmas afternoon shift, I became involved in the investigation of two very different sudden deaths. The first was a fatal motor vehicle accident. I just assisted the Accident Investigation unit assigned to the call, so my role in the investigation was limited.

The second incident was much more involved. Earlier that Christmas day, police had been called to deal with a disturbance at a rundown apartment where a man and woman were reportedly fighting with each other. The woman they found at the scene was a prostitute who had been arguing with her boyfriend and was bleeding from some minor cuts she sustained during the altercation. The man had a few fresh bruises but the blood on his clothing was definitely hers. They were both rounder types who had little use for the police. Since neither of them wished to proceed with criminal charges, a compromise was reached and he agreed to leave the apartment until emotions cooled down somewhat.

Radio dispatched another call to this address several hours later. This time there was information that a possible homicide had occurred. The male participant from the earlier dispute was standing outside the apartment when we arrived. He informed us that he thought his girlfriend, the same woman he'd been fighting with earlier, was now dead.

He was certainly right about that. While other officers held onto him, we entered the apartment and found the woman lying on her back in the living room with a knife in her hand. She had been struck several times in the back of the head with a blunt instrument, and she was obviously quite dead. We found the murder weapon, a hammer, elsewhere in the apartment.

There was no shortage of forensic evidence to be found, both inside the apartment and on the clothing of the suspect. He vehemently maintained his innocence, stating that he had returned to the apartment shortly after the police left the original call and apologized to her. According to his story, they then kissed and made up. He left when she informed him that she had arranged for a paying customer to drop by the apartment later for a quickie. Of course the suspect maintained that he hadn't seen the customer on his way out the door. He claimed he returned an hour later, found his girlfriend dead on the floor and immediately phoned for an ambulance.

The fact that the two of them had been fighting earlier meant that any evidence of his involvement in the homicide, such as bloodstains on his clothing, could well have been the result of their earlier battle. The police who had attended the original call could verify that. Therefore, without an incriminating statement from the suspect, there was insufficient evidence for a criminal charge. For this reason, although the suspect had been involved in at least one other similar incident in the past, he was never charged with this homicide.

* * *

Someone called an ambulance to an apartment in the West End for a drug overdose. Ambulance attendants found the body of a young woman on the bathroom floor. When it became clear that the victim was already dead, we were routinely notified to attend to investigate the fatality. There was evidence that showed she had apparently been injecting heroin into her arm at the time of her death.

Her boyfriend and several other drug addicts were still sitting in the living room watching a football game on TV when we arrived. They were too wrapped up in the game to talk to us until we finally pulled the plug on their TV set. According to their story, she had been in the bathroom for the last

two hours. They thought she had just passed out, and they'd even stepped over her unconscious body to relieve themselves during intermissions in the game. When I pointed out to the boyfriend that a normal human being would feel remorse upon hearing that the girl he'd lived with for the past several months had died, he just laughed. He and his friends were only interested in plugging the TV back in so they could see the end of the game.

The girl was pronounced dead at the hospital. I dropped by later to search her clothing for valuables. We learned from our records that she had worked the streets as a prostitute for most of her adult life, and she had previous convictions for drug possession. Although during the last few hours of her existence she had been ignored and neglected, in death she finally managed to attract the attention of those of us who were checking the body for signs of foul play. Advertising is an important aspect of any small business, and this victim must have understood the value of promoting her wares. She had a large and colorful smiling beaver tattooed over and around the principle implement of her trade.

* * *

My partner and I were driving the wagon in the West End during the last few hours of day shift when we were assigned to check a report of a man slumped over the wheel of his car. We got there moments before the ambulance but there was little we could do for this person. He had been very obese, a massive man in fact, and it took four of us to load him into the ambulance for his final trip to the hospital to be pronounced dead.

We had the unenviable task of notifying his wife. She was waiting for him inside their apartment. They lived in a building across the street from where her husband had just died. She was a very pleasant lady, and when we informed her of what had just happened she seemed genuinely heartbroken. We could not officially tell her that her husband was dead until the doctor had certified the death, so of course she wanted to attend the hospital immediately to check on his condition.

The paddy wagon we were driving stunk of stale beer and vomit, but because a patrol car was not available to transport her to the hospital, we offered to take her there ourselves. She accepted our invitation, so we had her sit in the passenger side while I squeezed into the narrow space between the two seats. At the hospital, the Emergency Room physician confirmed that her husband was indeed dead. We spent a few extra minutes consoling her as best we could.

She explained through tears that her husband was a prominent and successful businessman with a long history of heart trouble and obesity. His doctor had told him over and over again that he urgently required heart surgery, but he had been delaying it for months because of business pressures. The problem was so serious that his doctor had finally informed him earlier that morning that if he did not check into the hospital immediately there was a good chance he'd be dead within a matter of hours. The gentleman had chosen instead to carry on with his business, and when we went through his wallet we found thousands of dollars in cash and cheques that he'd collected during the day from his customers.

The victim's wife actually sent us a thank you note for our assistance to her, the only one I ever received during twelve years of police work. We ran into her again six months later after she called the police to report an assault. She had obviously gone downhill after the funeral, and was now living with a very sleazy man who was in the process of relieving her of what remained of the estate and her husband's insurance settlement. Her apartment was full of empty liquor bottles, and her new boyfriend was drunk and openly contemptuous of her in our presence.

She explained to us that he'd been abusing her and she didn't know what to do about it. She would not charge him criminally, for reasons of her own, but she plaintively asked us if there was anything else we could do to help her. Without her participation in a criminal charge, we were powerless to assist her.

The boyfriend was obnoxious when we asked him for his side of the story, and he laughingly boasted that there was nothing we could do about him because he intended to stay with her until she ran out of money. It is possible that where he came from such behavior was acceptable, but that didn't stop us from sending him to the drunk tank for the night after he was arrested under the "Ways and Means Act," an obscure law improvised for those occasions when we couldn't find an applicable section in the Criminal Code.

On the way to jail I told him what I thought of him, and what I thought should happen to him. I also mentally filed the image of his face for future attention should we meet again. I knew he would go back to her the next day after he was released from the drunk tank, and it was clear that she would or could do nothing to stop him from abusing her. It is particularly sad to see vulnerable people being taken advantage of by such unscrupulous crooks. I encountered many such victims over the years, but because she was the only one to ever write me a thank-you note, it made her obvious distress much more frustrating.

* * *

I was just finishing my dinner in the parking lot of a fast-food restaurant when the policeman sitting in the car parked beside me was given a call over the radio. It was a report of a jumper from one of the West End's tallest hotels, although the caller claimed the victim had only jumped from the hotel parking lot, which was just two or three stories high. I volunteered to take the call, since the other officer had just started his dinner and I knew the casualty could not be too gruesome after having fallen only three floors.

Fire and ambulance crews were already on the scene, but as we circled the hotel we could find no sign of the jumper. I got out on foot to search the roof of the parkade and found that there had indeed been a jumper, but he hadn't jumped from the parkade to the sidewalk. He'd actually plunged from a room thirty floors up and landed on a parking space on the top level of the parkade.

As I approached the point of impact, I had to walk through a veritable minefield of body parts surrounding the body. He had apparently landed on his head. The force of the impact from his thirty-floor fall had been so great that his skull had exploded, scattering pieces of bone and brain over a twenty

foot radius around the shattered corpse. The fireman with me tramped through the debris without watching where he walked, and I could hear squish-crunching noises as he stepped on bone fragments. There could not have been a single bone in his body left intact, and the destruction was horrible and complete. In fact, there was not enough of his face remaining for him to be identified with any certainty.

We attended the front desk and spoke to the clerk, who informed us that the victim had checked in earlier that day, specifically asking for a room as high as possible because he enjoyed the view. We gained entry to the room and found the jumper had thoughtfully left his jacket, boots and identification neatly piled on the couch, along with a cassette tape outlining his troubles and his intent to end his life. He was a businessman who had finally had enough of life after some serious setbacks. According to the tape, suicide had become the only acceptable option he could think of which would solve all his problems.

The body removal service in those days consisted primarily of one very friendly gentleman who enjoyed the odd drink now and then. He was responsible for the difficult task of cleaning up the mess left by our jumper's rather sudden departure from his room. He played to a large audience that day, because there were several hundred apartments overlooking the parkade. It seemed to me that almost every balcony and window had at least one curious onlooker trying to get a glimpse of the remains.

We were disgusted at the ghoulish behavior of these citizens, especially when we noticed that some of them were even letting their children watch the messy cleanup. The body snatcher, as he was nicknamed, took all this in stride. After putting on surgical gloves, he placed the victim's torso inside a body bag and then pulled out a clear plastic bag which he used to collect the smaller parts.

When the plastic bag was full he turned away from the onlookers for a second, tugged off the glove from his right hand and warned us under his breath to pay close attention. With a theatrical flourish he turned to face his audience once again and slowly maneuvered his right index finger behind the plastic bag so it appeared to be well in the middle of the sack of miscellaneous body parts. After making a stirring motion with his finger, he drew it out and placed it in his mouth while making up and down approving gestures with his face as if tasting a special treat. All the balconies and windows around us emptied as bystanders suddenly lost interest, as well as their lunches, much to the amusement of every policeman on the scene.

* * *

Well before I joined the force, emergency crews were called to the scene of a tragic accident involving a trainman on the railway tracks. He had somehow become caught between two shunting trains and was trapped in the coupling mechanism. He was alive and conscious when help arrived, but there was no doubt that when the trains were uncoupled, he would die.

His lower body was covered with a tarp and his family was brought to the scene to say their good-byes. They left, and the train was then uncoupled.

* * *

I was inside one of the better West End hotels dealing with an unwanted guest when one of the staff approached the front desk to report a problem upstairs. Apparently a couple on their second honeymoon had just set their luggage down inside their room when they noticed somebody sleeping in their bed. They had called out to this person several times but he ignored them.

We called for an ambulance and soon discovered the reason why this mysterious intruder had not responded to their questions as he lay there with only his socks on. The elderly gentleman had died hours earlier, probably from a heart attack. There was no indication of foul play. Further investigation showed that he was extremely well-to-do. He'd checked into the room for a noontime nap, apparently, and there was no indication that he had been anything but alone.

The maid was supposed to have prepared the room after his departure so the honeymoon couple could check in later that afternoon. Because of an oversight she had not done so, and the room had been rented anyway, complete with its own corpse. The hotel staff apologized and moved the honeymoon couple to another room, although I'm sure their celebration must have been subdued after what they had just witnessed.

* * *

Our Sergeant assigned two members from the team to work a plainclothes detail for crime prevention purposes. They were looking for theft-from-auto suspects that evening, and they had just checked a parking lot at Sunset Beach. As they left the area, they passed the Sergeant who was going to park there to enjoy the ocean view while drinking a cup of convenience store coffee. The parking lot was poorly lit at the time, so cars left there overnight were frequently targeted by thieves. As a result, our cars patrolled the area on a regular basis.

We were intrigued when the Sergeant came on the air a minute later to ask for an ambulance to attend the lot as soon as possible, so we immediately started in that direction out of curiosity. When the Sergeant canceled the ambulance thirty seconds later, and instead asked for the morgue wagon to attend to pick up a dead body, of course we became even more interested.

The scenario as we arrived needed no further explanation. There was a car parked in the middle of the lot with its driver's side door ajar. Its interior light was on because of the open door, and the bright light inside the car was shining like a beacon in the almost deserted parking lot. That light illuminated the body of an elderly man who was slumped half in and half out of the driver's seat. He had died of natural causes, probably a heart attack, and apparently he'd been there for some time.

The Sergeant was still standing beside the car, waiting for the morgue wagon to attend and wondering out loud how his two plainclothes officers could possibly have missed seeing the body. He called them back to take the report, and probably had some pointed questions for them to answer about their qualifications as trained observers.

* * *

A similar incident occurred several years later. Two of our officers on routine patrol were driving by an East End parking lot when the attendant flagged them over. He wanted to know what he should do about a car he'd discovered in the middle of his lot when he arrived first thing in the morning. Because it was parked sideways, it was taking up three spaces, and he wanted it moved immediately.

The policemen were apparently very thorough, if not observant, that day. They actually entered the car through the unlocked driver's side door to examine papers they found on the front seat. They then obtained the owner's address from the registration documents and advised the attendant to phone the owner and ask him to move his car or face having it towed from the lot. When the attendant couldn't reach the owner, he promptly called for a tow truck.

The tow truck driver took one look inside the car and immediately used his radio to call for an ambulance. He had found what looked like a dead body in the back seat, completely covered by various bedsheets and items of clothing. The person he'd found was indeed deceased, according to the first ambulance crew to arrive. From what they observed inside the car, it was clear to them that he'd been murdered.

I arrived to safeguard the scene for the homicide detectives. When the attendant informed me of the assistance rendered him by the helpful policemen earlier that morning, I tried to raise them on the air to warn them of the approaching storm they were sure to face when their role in the unfortunate affair came to light. They were, to be charitable, reluctant to return to the scene for some reason, perhaps sensing that something was wrong and hoping to avoid trouble. Although I asked them three times as diplomatically as possible to return forthwith, they stubbornly refused, eventually becoming quite indignant on the radio.

The radio operator, well aware of what was going on, grew tired of listening to the exchange and interrupted us with a clarification. "Five Delta Twelve, they want you back at the parking lot because they've found a dead body in that car you searched earlier."

There was a long period of silence after that, as the two errant policemen started breaking land speed records back to the scene. Unfortunately, by the time they arrived there were already several indignant bosses lined up to take turns asking them how they could have missed finding the body while they were investigating the interior of the car. The fact that there was a hole blown through the roof from a shotgun blast should have been their first clue that something was amiss, according to the bosses. Having made more than a few errors myself, I understood only too well how the most insignificant of mistakes could sometimes come back to haunt you.

* * *

We attended a call one night in front of one of the seedier hotels on the Granville Mall after a report of a fight in progress. By the time we arrived, the fight was over and the only casualty was unconscious, face up on the street. An off-duty ambulance driver volunteered to assist the victim while we investigated the incident.

As usual, there was a great deal of confusion. A witness pointed to a man standing nearby and identified him as the one who had hurt the victim. We arrested the suspect and sent him to jail while we continued our investigation and interviewed the rest of the witnesses.

As best we could tell, the victim and his friend had been walking home from a bar when they stopped to watch an altercation on the street. The suspect had been fighting with two prostitutes. When the victim saw the suspect strike one of the women with his fist, he had exclaimed mildly, "You shouldn't hit a girl."

The suspect had turned suddenly and struck our victim once on the jaw, sending him reeling backwards. The sound of the back of his head hitting the sidewalk was so loud that it could be heard inside the hotel next door, according to the night clerk we talked to later.

Midway through our investigation, we received a call from the hospital informing us the victim's injuries were far more serious than we had originally suspected. In fact, his condition was deteriorating rapidly, and they doubted he would survive the night. The victim never regained consciousness, although he remained on life-support from that day onward. By the time the case came to trial several months later, he was still alive, but only because of life-support systems. The suspect was eventually found not guilty of a minor assault charge, and I expected the matter to end there.

Several months after the trial, however, I was phoned by the Major Crimes Squad and informed that our victim had finally died. Prosecutors were considering laying fresh charges of homicide now that he was officially dead. The detectives wanted me to view the remains so I could later give evidence in court that the individual resting in the morgue was the same person I'd seen unconscious on the street when I attended the call. It was a mere formality, they said, but important for continuity purposes in the unlikely event that the case was to be reopened.

I was a little dubious about the chances of identifying the victim this long after the call, but I agreed to give it a try anyway. Visiting the morgue was always an educational experience, and the atmosphere was not nearly as depressing as I had originally expected. I'd heard stories over the years about the bizarre pranks pulled by some of the colorful characters who worked at the old city morgue, and when I visited the place I could understand why they needed a sense of humor to survive their workdays.

I phoned to tell them I was on the way. When I arrived shortly afterwards the staff were unusually polite, so I knew they were up to something. The deceased's drawer had already been pulled out so I could stand beside it and examine his facial features for any resemblance to my original victim. The process of keeping brain-dead patients alive even when there is no possible hope of recovery is often referred to as "watering the vegetables." I'd never seen the results up close before. The corpse beside me appeared to be a skeleton with skin stretched over its bones. The remains bore little resemblance to what had once been a human being.

As I stared at the victim, an attendant rolled out the drawer on the other side of me to expose what I thought at first was a dead walrus. I forced myself to take a closer look. It was a "floater." That's what we called a body

that had been immersed in water for some time. In this case the corpse had swollen up to twice its original size while decomposing. The odor surrounding the bloated cadaver was nauseating.

As I tried valiantly to examine the body on my left, I could not help but turn my head toward the floater on my right each time I heard a crunching noise beside me. It was the morgue attendant using wire cutters to remove all the fingertips from the floater's corpse for fingerprint examination later. That was the only way this particular body would ever be identified, because any distinguishing features had been obliterated by the process of decomposition. I maintained my most neutral expression until I finally found an excuse to leave, disappointing the practical jokers by refusing to admit publicly the nausea I was feeling inwardly. I had a very strong stomach at the time. The homicide investigation was never reopened.

* * *

When someone called an ambulance to a dilapidated and condemned boarding house for a possible casualty, police were automatically notified to attend as well. We learned that the occupant had failed to turn up at the restaurant he frequented every morning, so the waitress there had called 911 because they were concerned about his poor health.

There was only one suite still occupied in the ancient structure, and it was so full of junk that there was barely room to open the door. The victim was difficult to spot because he was almost entirely surrounded by piles of debris. An elderly recluse, he had been murdered within the last day or so and left in his apartment by the killer or killers.

There were two rooms in the apartment, and the walls were still black with soot from a fire which had occurred years ago in the suite next door. The temperature inside was close to freezing. There was no heat or power in the deserted building, which had been condemned and was slated to be demolished in the near future. With the exception of a narrow passageway from the front door to the kitchen area, the entire suite was filled to the ceiling with a wide variety of junk, painstakingly collected over several decades by the elderly pack rat. Everything was covered with a thick layer of dust or slime, depending on how far it was from the camp stove. With the occupant dead, cockroaches now had sole possession of the suite.

For years the victim had been the subject of vague rumors in the neighborhood, rumors that had him pegged as a wealthy miser who had secreted all his riches somewhere inside the ruins of his apartment. Many elderly pensioners don't trust banks after their experiences during the Great Depression. Instead, they often choose to store their money inside a mattress. The prospect of an easy score has no doubt tempted many criminals to victimize the elderly. No one was ever convicted for this murder, although some likely suspects were eventually identified. The building he died in was torn down a few weeks later.

* * *

Some calls I handled were simple and straightforward, but others were fraught with complications and hidden pitfalls that made the investigation difficult and, at times, tricky. One call we attended just outside the skid road

area was almost certainly a death by natural causes, but there were one or two things that just didn't add up.

The deceased, an elderly woman, was found on the living room carpet wearing a short nightgown that had somehow risen up above her hips. It might have happened as she fell to the floor, but we could not overlook the fact that she might also have been molested before or after her death. The balcony door to her ground floor apartment was open, and the maid who discovered the body told us that the victim seldom, if ever, left the door open overnight, primarily because of the dangerous neighborhood she lived in. The room was a bit of a mess, and this was also out of character for her.

As a result, we decided to investigate the incident with as much care as possible in case there was something amiss. We wanted to make sure an autopsy didn't produce evidence she had actually been murdered, without us having fully explored the suspicious circumstances at her residence. If this was indeed a homicide, it was our responsibility to preserve the crime scene and notify the specialist squads to attend. Otherwise, everyone who subsequently entered the apartment would add their share of contamination to the crime scene, obliterating or obscuring potentially crucial evidence before the specialists had a chance to examine it. If it was just a case of routine death by natural causes, we could then complete the investigation ourselves without causing any unnecessary commotion.

We were still in the initial stages of our investigation when an elderly lady charged into the room as if she was taking control of the crime scene and began ripping sheets off the bed to cover up the corpse on the floor. She ordered us out of the room in no uncertain terms, and by her impolite language managed to imply that we were somehow enjoying the rather pornographic view of her deceased friend's private parts, left exposed by the disarray of her nightgown.

We realized that she was upset, having apparently been a close friend of the victim, so we tried every reasonable method of persuading her to leave the room so we could do our job. She adamantly refused our requests and began rearranging the apartment and cleaning up the mess. I had seen people in shock do strange things, but this woman really started going off the deep end. As a last resort, we threatened her with arrest.

This tactic was also unsuccessful, so we ended up physically removing her from the room and locking the door behind her so we could finish our investigation. She made various threats through the door, including the usual ones about complaints to the department. It was embarrassing to see someone acting this strangely in the presence of a dead friend, so we rushed through the call as quickly as possible. Once we had explanations for all the suspicious circumstances we had encountered at the scene, we sent the body off to the morgue.

The old woman's grief at her companion's death was not entirely overwhelming, however, because she managed to find time in the midst of her mourning to phone the Chief in person to make a complaint against us. We were immediately called into the office to justify our actions during the call, primarily because the lady happened to be a prominent activist in the community. The complaint went nowhere.

* * *

I was sent to an apartment building one summer when one of the occupants reported smelling a dead body in an adjacent suite. As soon as I walked into the lobby I could understand why he'd called, because even from the hallway the smell was overwhelming. The apartment was at the end of the hallway, but we had no key to it and the landlord was not available to assist us. The reportee was able to show us the apartment in question from the outside, however, and we decided to use a living room window as our means of gaining entry.

The apartment was on the ground floor, and the former occupant, like so many of his fellow citizens, had not bothered to take even the basic security precautions necessary to safeguard his home. As a result, I had only to place my hands on the pane of glass and shift it up and down several times until it came out of its tracks. I placed it on the grass and climbed into the apartment, grateful that for some reason the odor in this room was not as bad as I'd anticipated. In fact, I could hardly smell it anymore.

As I walked down the hallway, dreading what I knew I was about to find, a man suddenly stepped in front of me! Now, the last thing you expect to see in the same apartment with a foul-smelling corpse is a live human being, and I must admit that the sight of this one scared the hell out of me. As I instinctively reached toward my service revolver, he jumped backward, just as startled as I was.

He recovered his composure first and said, "Are you looking for the dead body? It's next door!" The friendly reportee had shown me to the wrong apartment! I apologized and broke into the correct apartment where our corpse was still waiting patiently for disposal.

* * *

Sudden death notifications are usually an unpleasant experience, because no one likes to be the bearer of bad tidings. They can even be dangerous, as one young policeman found out the hard way. He was assigned to notify an ethnic family that their young son had been killed suddenly. For some reason he had to handle the call by himself, even though it was common practice to ask for another car to drop by to cover. The reasoning behind this policy was soon made painfully clear to the young officer when the family, hysterical with grief, began to vent their emotions on the messenger that had brought them this terrible news. He found himself fighting for his life as one distraught relative tried to relieve him of his service revolver. Fortunately he was able to use his portable radio to call for reinforcements before anybody got hurt.

My most awkward notification came on a cold and snowy Christmas night. Another department had requested our assistance in notifying a woman that her uncle had just died. I almost decided to postpone the notification and leave it for day shift to handle when I arrived at the house and found a Christmas party in progress. However, I knew this kind of news should be delivered as soon as possible, so I parked and walked up to their door. Their house was cheerfully lit up with Christmas lights, and I could hear the sound of people inside singing Christmas carols and having a good time.

As a policeman, I often ended up sharing very personal experiences with total strangers in the midst of a crisis or a tragedy. However, I never felt as awkward about intruding on someone's life as I did now. I reluctantly knocked on their door and asked the woman who answered if I could have a moment of privacy with her and her husband. The house went silent as everyone became conscious that something was happening in the kitchen, and I felt worse than Scrooge as I delivered the bad news. Their expressions changed from consternation to laughter when they heard about the death of her uncle, and I must have looked puzzled.

"I'm sorry, officer," the husband said. "It's just that you looked so upset, and there's really no need to be. Her uncle was an asshole. Nobody liked him, and no way are we going to let it spoil our party. You look like you need a drink!" He was right, of course. I thanked them and gratefully made an exception this one time to my policy of never imbibing with the customers.

* * *

After years of experience with corpses, and numerous trips to the morgue, I began to feel more and more comfortable in the presence of dead bodies. My self-confidence was dealt a serious blow, however, by an incident that was later immortalized in a poem by the resident Vancouver Police Department bard entitled "The Night The Dead Man Flew".

We were assigned to a call at a hospital after midnight regarding the routine sudden death of an elderly gentleman in the emergency ward. He had been brought there after becoming ill in his home earlier that evening. I always insisted upon seeing the actual body when I investigated a sudden death, even if the death had occurred under a doctor's supervision, because I was wary of creating or otherwise involving myself in some form of bureaucratic mix-up such as a body switch.

We were informed that the corpse was currently on ice at the morgue, so I insisted we make our way there for my ritual look at the deceased. We walked through darkened hallways only to find the doors to the morgue locked because the staff there didn't work night shifts. My partner laughed as I spent the next ten minutes rounding up a security guard with master keys so we could take one quick peek at the newly departed and thus satisfy my need for confirmation that there was indeed a cold body to go along with our sudden death report.

We gained entry and quickly identified the interim resting place of our deceased in an upper locker. I had seen the qualified morgue attendants handling their customers dozens of times. Although they sometimes used a cart under the roll-out metal trays that held the corpses, I assumed the cart was only used when moving customers from the locker to the autopsy table. Because I was in a hurry, I left the cart sitting in the corner.

"This will only take a second," I assured the bored security guard confidently. I opened the locker and noticed that the body, which was wrapped in a sheet, had been stored feet first on a long metal tray so the head was at the other end of the locker. I couldn't get a good look at the victim's face, so I yanked impatiently on the tray to pull it out further. It was on rollers so it moved much faster than I expected.

By the time the tray emerged halfway outside the locker, past its center of gravity, it seemed to take on a life of its own. Without the customary cart beneath it for support, the tray tilted wildly downward toward the floor. This sudden drop shot the corpse all the way across the room, and it crashed into the wall with enough force to break bones.

Meanwhile, I managed to beat the world record for the backward broad jump from a standing start. It took me several seconds to regain my composure as I gradually came to the realization that the corpse had not suddenly come back from the dead and attacked me. By this time my partner and the security guard were engulfed in laughter, and when I finally began breathing again, I joined them. I knew the only possible way to suppress the story of this debacle would be to eliminate all the living witnesses, but that course of action seemed a little excessive. After some thought I accepted the inevitable, and the story soon made the rounds of the patrol division.

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