Rural Social Forms

Time Lag
By Ieva Jusionyte

Abstract
This article draws on ethnographic fieldwork with emergency responders in southern Arizona and northern Sonora that I conducted between 2015 and 2017 and my professional training and volunteer service as a paramedic. In retelling an episode when an aspiring wildland firefighter collapsed and died in a remote desert in the southwestern United States, I examine how rural space is experienced as time.

Keywords: Arizona, time perception, emergency services, ethnography, spatiality

Things change only in relation to one another. At a fundamental level, there is no time. (Rovelli 2017, 182)

When we intercepted the other ambulance in the middle of Arivaca-Sasabe Road, Ian had been dead for thirty-five minutes. Sweat running down his face, an emergency medical technician (EMT), was pushing on Ian’s chest, counting aloud: “One, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve…” After thirty compressions, he stopped just long enough for another EMT to press a bag delivering oxygen to Ian’s lungs, and then started over: “One, two, three…” They had been at it since they could no longer detect Ian’s pulse. “No shock advised. Continue CPR [cardiopulmonary resuscitation],” the automated voice of the defibrillator repeated every two minutes. Once we arrived, the paramedic I was riding with assessed the situation and then hopped in the back with Ian. She drilled a needle into the bone below his knee and gave him a dose of epinephrine. Nothing. Ian’s heart was at a standstill.

The nearest hospital was at least an hour away. Too far. We realized that our efforts were futile, but we could not give up. Ian was one of us. He came to southern Arizona through a program that helped military veterans to become wildland firefighters and had collapsed during the physical agility test. The test simulates the conditions in which forest firefighters work; dropped into remote locations, sometimes by helicopter, they work twelve- to sixteen-hour shifts, carrying chainsaws, shovels, and other tools to dig firelines as well as heavy backpacks with food, water, and emergency equipment (see Desmond 2007). It can take days of such arduous work, often in sweltering heat, to contain a blaze.

Completing a three-mile walk with a forty-five-pound pack in less than forty-five minutes may not seem arduous, but the pace is so uncomfortable that on the day when I took the test in Florida, some candidates cheated by breaking into a run: It is tempting just to get it over with, even though this will not be an option when digging a fireline. That day was Ian’s second try. Two friends, who were now taking turns performing CPR, assisted him across the finish line before he passed out. Per protocol, resuscitation attempts in the field could be terminated after twenty minutes of CPR. But we kept “working” him, following a step-by-step procedure known to us as the advanced critical life-support algorithm for cardiac arrest.

The location of Ian’s physical agility test was a rugged and remote wildlife refuge by the United States–Mexico border; it fell within the jurisdiction of the Arivaca Fire District, which serves several hundred people scattered over an area of more than six hundred square miles. Self-reliance runs deep.
in those who choose to live in this unincorporated community, a designation for a geographic area that is sparsely settled and has no municipal organization. There is no local government. No police. “The rural lawscape,” Lisa R. Pruitt (2014) writes, keeps “law at arm’s length” (205). Remoteness explains and justifies the attenuated presence of the state. Service provision is minimal, extending a veil of governance over the desert that, a century and a half ago, the United States snatched from Mexico, which had earlier seized it from the Indigenous inhabitants of these lands. Competing sovereignties here are separated by layers of history so thin that they are still transparent. Southwest borderlands are at an interface between what Deleuze and Guattari (2014, 353) call “smooth” and “striated” spaces, stuck in the moment of state capture. The desert landscape around Arivaca is reluctantly plugged into the grid of coordinates. It was not until the 1990s that residents began naming the streets—Crooked Sky, Broken Wheel, Lazy Acres—to help ambulances find their homes. Others still prefer to stay off the map. Arivaca has been described as “a live and let live kind of town” (Trevizo 2016). At the local cantina, it is not unusual to hear people complain about paying taxes to fund the fire department when they cannot count on first responders arriving in time.

We are used to talking about space through reference to time. Knowing that Arivaca is an hour away from Tucson is more practical than measuring distance in miles. In emergency situations, this substitution is particularly notable. The estimated time of arrival (ETA) matters more than the length of the road to the hospital, as the speed of travel varies depending on weather and traffic. Rural temporality reminds us how our lives depend on healthcare infrastructures. In this respect, the Arizona desert has more in common with the mountains and valleys of Montana or Alaska than with suburban neighborhoods in nearby Phoenix. Here, space is experienced as time. And time, for emergency responders and their patients, is limited. In prehospital trauma care, we talk about “the Golden Hour,” the principle that the patient should be delivered to a facility capable of definitive surgical intervention within an hour from the time of injury to maximize their chances of survival (Eisele 2008). The time spent on scene, managing airway and breathing and stopping life-threatening hemorrhage, is known as the “Platinum Ten Minutes” (American College of Surgeons Committee on Trauma 2011). For patients with a blockage in a coronary artery, “time is muscle”; for those having symptoms of a stroke, “time is brain” (Maggiore 2012). CPR mechanically pushes blood through the circulatory system to carry oxygen to the vital organs, but the longer it takes to reach the hospital, the more damage the body sustains. Every minute that treatment is delayed, 1.9 million brain cells die (Saver 2006).

When it was my turn to do chest compressions, I did not think about the math. Years ago, an EMT instructor had taught us to replay the Bee Gees’ “Stayin’ Alive” in our heads to keep the right pace. “One, two, three…” I counted. Five weeks after my arrival in southern Arizona, this was the first time I was on scene with a critical patient. In Jacksonville, Florida, where I had trained to become a paramedic, our ETA to the nearest hospital rarely exceeded four minutes. “Load and go” was what we did in such situations; there was barely enough time en route to start an intravenous line. But the lessons of urban proximity did not help me on the remote desert road. Our cell phones did not even have signals to call the hospital so we could consult with the emergency room. All we could do was to follow the guidelines. I kept pressing my hands onto Ian’s chest. The paramedic drilled another bone to insert another needle and pushed more epinephrine. Ian remained in asystole, a flat line in the electrocardiogram confirming the absence of a heartbeat. We had no more time, and we had all the time in the world.

After five rounds of CPR, another EMT took over. I was thirsty, but we had no water. Feeling dizzy, I walked over to the other ambulance and laid down in the empty patient compartment. I do not know how much time passed—one minute, maybe five or ten—before I heard the whooshing sounds of rotor blades, faint at first, then louder. I slowly sat up and got out of the ambulance. The helicopter circled around and touched down in the middle of the road. We were lucky. Summer was around the corner
and, had the temperature been higher, the air would have not been dense enough for rotor-blade aircraft to lift off. Because of the remoteness of the area, emergency responders in southern Arizona routinely rely on helicopters to transport the most critical patients to the hospital. By air, Ian could reach Tucson in twenty minutes. But it was too late for him. By then, he would have been unresponsive for an hour and a half, and via the radio the medical director at the base hospital ordered us to end CPR.

In the desert, time stretches out to fill the expansive space. It appears abundant. Limitless. Like the melting clocks on a Salvador Dalí canvas, it has no reference. The signifier is out of joint with the signified. The heart still beats between sixty and one hundred times a minute (faster for those dehydrated, like Ian, like us), but the experience of a minute is inflected by the distance to experts and machines capable of going through the motions that simulate life, circulating oxygenated blood through a body that no longer works by itself.

The heart stops in an instant. Dying and letting die takes time. By law, we could not move the body. We had to wait for the sheriff’s deputy and the medical examiner to arrive: another hour or two, maybe more. A vulture circling in the sky above us knew how to be patient. So did the ants assembling armies under our feet. Sitting on the edge of the open patient compartment, our backs to Ian, we kept the air conditioning on high, hoping it would stave off the smell of his body, which was betraying our failure to save a life.

References

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