


Among the Nobodies

Category: Stories

written by Matthew Ryan | May 1, 2026



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Paul came into the emergency department borne by paramedics on a county stretcher, all of his possessions stuffed into a five-gallon plastic bucket. His beard was long and matted. His clothes were threadbare. Torn shoes. No socks. Nothing to look at. The triage note read: "Homeless, known to ED, no acute distress."

My fellow emergency staff and I parked him in the hallway—not out of cruelty, but of necessity. The department was overrun.

Even so, I paused. He looked tired, thin, almost timid. He avoided eye contact, held his bucket tight. He thanked me when I brought him a blanket. His voice was quiet, almost gentle.

"You been here before?" I asked, already knowing the answer.

"Off and on," he shrugged. "No better place to be when it's cold."

That's all. No demands. No complaint. Just a man worn down by life, seeking a patch of warmth.

I felt pity for Paul. I've always felt pity and a need to be kind and, if the situation is right (often it is not), to spend a moment talking with patients. But decades ago, as a resident, I'd learned quickly that efficiency was praised and sentiment was not. Toughness was rewarded; lingering was not. (These days, as a senior physician, I can allow myself to show emotion when tragedy hits hard, but I sometimes still struggle to find

compassion—especially at 2:00 am, when the shelters are full, the detox beds are taken and the trauma bay won't stop filling.)

That night, looking at Paul and his plastic bucket, I thought: I could do better. We could do better. Looking at him, I found myself imagining him as a boy, young and hopeful—before the beard, before the bucket, before whatever fractures led him here. Maybe he never lived a great, comfortable, safe life, but he was a kid and never asked for the life he has now.

I didn't know how, other than to just see him. To be present. I would catch his eye when I passed, nod, ask quietly, "You good?" even if I didn't always wait for the answer.

In emergency medicine, we see the truth of people—not the filtered version from clinics or the scripted lines of an intake form. We see them when the masks fall off: Vulnerable. Stripped bare of dignity and self-worth. We see what the system ignores. In that way, the ED serves as more than just a safety net; it's an embassy to the unseen, the nobodies—the people who are alone in a world that has long since stopped looking.

Every day, we care for those living in the shadows of health care: the undocumented man working the blueberry fields. The child with untreated asthma living in the backseat of a car. The woman with schizophrenia discharged to the streets. The man in front of me with the plastic bucket.

When COVID-19 struck, inequity wasn't a subplot—it was the whole story. Privilege shaped outcomes. Minorities died at higher rates. Poor communities lacked access to tests, masks, vaccines. Frontline workers—paramedics, housekeepers, social workers, emergency-medicine providers—risked everything while others Zoomed from safety. The ED became a battleground—not just against the virus, but against indifference.

Some patients don't need an ICU bed. They need eye contact. A hand on the shoulder. A warm meal. A place that doesn't ask them to explain why they've "failed to thrive"—as if they stopped trying, or ever had a choice.

I am proud of being able to play that role. And ashamed when I fail to honor it.

As always, there was a temptation to treat Paul and his situation as a routine ED matter—but in reality there was nothing routine about him.

That night, after we ruled out anything acute, Paul was discharged. The shelters were full. The social workers had already provided him with a bus pass, which he couldn't use until morning.

Before he left, I slipped a few sandwiches and bottles of water into his bucket.

He smiled—resigned, maybe, but not ungrateful.

"Thanks," he said softly.

Then he turned and walked out into the night, carrying nothing but that bucket.

I recalled the words of poet Eduardo Galeano, who described the nobodies as “nobody’s children, owners of nothing.”

As I see it, medical providers stand at a crossroads. We can lean into our role as throughput specialists—measuring our worth in how quickly we can move people in and out, what we sometimes call “treat and street.” Or we can reclaim our place as moral first responders: the ones who bear witness to our patients’ experience, intervene on their behalf and remind the rest of medicine what justice looks like.

Because the nobodies are not nobodies. Sometimes they are our patients. And we are their best—sometimes their only—chance of being seen.

I never saw Paul again, but I still think about him—his thin frame, baggy clothes, pants cinched by a worn belt. What would it be like to carry everything you own in one hand? How hard must it be to survive that way?

I don’t know how his life became what it is now. I doubt that he grew up wanting it this way. But whether he realizes it or not, he changed how I see people.

And I’m grateful—both for the privilege of this work and for the reminder to remain humble and grounded in it.