Once upon a time, in a town that had been famous once upon a time, our story continues with a young man fresh out of vocational school. He had been in the U.S. Army for a few years before getting out. Then he moved to Roswell, New Mexico where he could be closer to family and go to school. Well, go to school, he did. The young man attended classes during the day and worked at one of the local gas stations at night. Using his G.I. Bill money to enroll in Emergency Pre-Hospital classes like Emergency Medical Technician, Intermediate, he soon excelled and knew he had found his calling in life.

 The young man knew, as his family knew, that he was also prone to just plain old, bad luck. But he was determined to be the best lifesaver he could be. With an extremely positive “Get it done” and Can do” attitude, he worked and studied tirelessly, striving to become the kind of heroes he saw on television growing up. Heroes like Gage and DeSoto from Emergency, Pierce and Hawkeye from MASH. These were his heroes, saving lives and keeping a sense of humor while trying to deal with the worst life throws at you.

 This particular night found the young man doing his clinical hours at the local hospital, Eastern New Mexico Medical Center. He was happy to be working in their Emergency Department this whole weekend. As the only Level III Trauma Center in the area, he had a great chance to get all of his clinical tasks done quickly. The sooner the better, he thought. He was still a student, but he had proven himself more than capable during his EMT Basic clinical hours. The ER staff liked the work ethics he brought to the job. And they looked forward to him working more nights and taking on more responsibilities.

 “Now let me think…” He thought to himself, “I still need two cardiac patients, two obstetrics patients, one more i.v. to start and a stroke patient”! Then he was done with clinicals until he began his paramedic training next semester. Anything else he did to help out at the hospital was icing on the cake! His preceptor would approve.

 He had just finished cleaning up, debriding and drying and young man’s hand. The patient was mentally challenged with a developmental disability. Meaning he was an exceptionally slow learner. Good-natured, kid, even though he was in his mid-twenties. He acted as if he was a juvenile, with the mental capacity of a young kid. His father had brought him in after he reached underneath the lawn mower, while it was running. His father told us his son was cutting the grass by himself when something got caught at the grass thrower outer. Non mechanical people might call this the bag attachment area. If you used a grass catching bag, this is where you lift up a small plastic flap to attach the grass catching bag. Some people use them and some people do not. And unfortunately, the young man ended up getting his right hand chopped up. He just didn’t grasp the concept that the blades he couldn’t see might cut him.

 We stopped the bleeding. Got some x-rays and determined that by some stroke of luck, no fractures were present. Just gross tissue damage. This will be fixed after it gets cleaned up and we throw in about a hundred sutures. Stitches for you non-medical personnel. So, this patient was on hold in ED Room number 2 until a doctor could be freed up to do the suturing. This happened about an hour ago by now, so we still had another six hours in the window for sutures. After eight hours, we would have to think of something else. Six hours would be plenty.

 Walking by the ED nurse’s desk, I heard the emergency radio go off.

 “Roswell Emergency Department”. A female voice with some static came over the radio. “Roswell Emergency Department, this is Roswell Dispatch, over”.

 One of our outstanding nurses quickly responded to the call, “This is Roswell ED”, she replied, “Send it”.

 “Roswell ED, We have an inmate inbound from Roswell Correctional Facility”. The voice continued, “We have a sixty-year old male, Caucasian, complaining of severe lower abdominal pain. States painful urination. Vital signs are, BP 180 over 102, pulse is 92, respirations are 18 and rapid, skin is warm and sweaty. Temp is 100 degrees. He looks to be in extreme pain. No paramedic on duty, no i.v.s started. No pain meds. Our ETA is 15 minutes. Any questions? Over”.

 “Copy, Roswell Dispatch. No further questions. Room 10 upon arrival”. Our nurse replied. Very professional, I thought.

 “10-4, Room 10 upon arrival. Dispatch out”. And the voice was gone.

 Our ED Charge Nurse, Nurse Valerie, was absolutely stunning. A young and very beautiful brunette, she could have passed for Linda Carter’s younger sister. Younger and much shorter. Nurse Valerie, as beautiful as she was, only about five foot two, on a good day! What she lacked in height, she made up for in experience and knowledge. She was sharp as a tack.

I always enjoyed working with her because she knew that my background as a combat medic in the Army gave me more knowledge, training and experience than most of her students, even the paramedic students. This respect allowed me to perform many tasks usually assigned to the registered nurses only. Tasks like administering medications under their watchful eye, performing treatments like ear cleaning, suture removal, cast removal, wound debridement, starting I.V.s, giving injections, you know the easy stuff. In a pinch, the staff knew I could also perform needle chest decompressions, intubate with the appropriate endotracheal tube using a laryngoscope and a Mackintosh or a Magill blade. I could also do venous cutdowns, emergency cricothyroidotomy and assist in delivering babies! Easy stuff.

Nurse Valierie looked over at me. “Tack, would you be so kind as to get room 10 ready”? She knew I had heard the radio conversation.

“You got it”! I piped in cheerfully. Off I went to check the room. I needed to make sure it was super clean and ready for anything lower abdominal pain and painful urination may bring us. I got out a urinal and a sterile urinalysis specimen cup. I couldn’t think of anything more at the moment.

 Soon, a van pulled up in our ambulance bay. The Roswell Correctional Facility logo was prominently displayed on it’s doors. Out came a detention officer, looking like a Walmart rent a cop. Tall, slightly overweight, hair was a little long, looked greasy. Uniform was wrinkled, boots unshined, with laces showing. Stubble for a beard, probably about forty-ish, I guessed. He opened the side door and out hobbled an older looking inmate. Dressed in an orange jumpsuit, orange socks, long, greasy black hair. It looked as if he was having trouble walking. His wrists were handcuffed to a chain at his waist and his ankles were hobbled together, also connecting at the waist. His face grimacing in pain with each step.

 I quickly retrieved a wheelchair to make it more expedient to get the inmate into the room, it would also relieve some of his pain, I hoped. The Detention Officer tried to wave me away and simply said, “He can walk”.

 Not looking at the Officer, I focused on the inmate. “Here. Have a seat”. I replied. “This is quicker than you walking”. I added.

 “Thanks”. The inmate replied in a gravelly voice as he sat down in relief. I smoothly wheeled him into room #10.

 “Sir, would you be able to stand up and take a seat on the exam bed”? I spoke in my most professional voice. “I’ll need to check your vital signs and ask you a few questions”.

 The inmate looked up at me, with pain in his eyes. He was unable to put his hands on the wheelchair’s arm rests, due to the handcuffs keeping his hands close to his front. I guess he did not respond quick enough for the Officer’s pleasure.

 “Get up”! Barked the officer. “Don’t think I’m playing with you”? The inmate quickly jerked upright and attempted to stand placing his hands on his thighs and leaned forward until he could stand. Not his first rodeo, I surmised. The Officer took up a position near the door, effectively preventing any attempt at escape. Being handcuffed and hobbled helped also!

 The orange jumpsuit had short sleeves which would make getting his vital signs easy. “Have a seat”. I said. I quickly moved the wheelchair out into the hallway out of the way and made my way back into the room. After asking some questions regarding his name, date of birth and chief complaint, I told the inmate and the officer to wait here a moment while I got him registered. I took his info to the front desk so they could get him entered into the computer for me, I went back to the room and began with vital signs. Blood pressure, pulse, respiration, skin color, condition and temperature, slightly elevated. Then I got to the good stuff. Patient history.

 “Tell me what’s going on with you today”, I pried.

 “Well”, Began the inmate, “It started a few days ago. The pain when I pee is crazy”. He looked at the Officer defiantly. “I told them, but no one would listen. Then it got worse and worse” He continued, “And today, the pain is absolutely unbearable. I can barely walk”. He pleaded.

 “Don’t you worry, we will get to the bottom of this”, I assured him. I continued with my questioning. How does the pain feel? Sharp? Stabbing? Does it move around? Does anything help with the pain? Does anything make it worse? On a scale from one to ten, how bad is it? Have you ever had this type of pain before? Okay, got it. Now some more questions. Are you taking any medications, vitamins or supplements? Do you have any allergies? Penicillin? Okay. That’s good to know. Any medical history we need to worry about? Like, are you diabetic? Have high blood pressure? Heart issues? Ever had a heart attack? Any surgeries? Are you pregnant?

 Caught him off guard with that one! The inmate began laughing through his grimacing face. One of my favorite ways to gain a rapport with patients! Humor! It was working, even the Officer smiled broadly and let out a low chuckle.

 “Okay, that’s enough of the questions for now”, I added, “The doc will just ask them again. So, let’s go get a urine sample and be a step ahead, okay”? I finished.

 “Sure”. Replied the inmate.

 “We can walk from here, the bathroom is right across the hallway”. I said motioning towards the door. We got up, I went out first, then the inmate and the Officer followed close behind. I opened the door to the large wheelchair accessible bathroom and held it for the inmate. Once all three of us were in the room, I gave the cup to the inmate and instructed him to begin peeing first, then stop midstream, then pee into the cup and fill it about half-way.

He grunted his acknowledgement. The old man took the cup and hobbled over to the urinal. He managed to unzip his jumper and fumbled around for his penis. He pulled it out and got the cup ready. Then he grunted with effort. “Ungh”! He grunted. “I can’t do it. I can’t pee”. He stated matter-of-factly. “I can’t go. It hurts too much”.

The officer stepped in and pushed the inmate in his shoulder. “Quit wasting our time”! The officer was pissed. “Pee in the goddamn cup”!

The inmate tried again. “UNGHHH”! He groaned. “Unghhh”!!! He seemed to be trying. What did I know. His body shook. “It hurts too much. I can’t”! He pleaded.

The officer looked like he was going to hit the inmate, I quickly interjected. “That’s ok”. I said. “We’ll try again after we drink some water, okay”? The officer paused. The inmate looked to me with relief in his eyes.

“Okay”. The inmate responded. “I’ll try again after some water”.

 We went back to the room and he sat down on the bed once again. I took my leave and assured them I would be right back. I went to the nurse’s desk and spoke quickly with Nurse Valerie and the doc on call. Dr. Nelson, PA-C. My man!

 “Whatch you got, Tack”? Doc Nelson asked.

 “Prisoner with high pain acuity. Can’t urinate. Hurts too much. I don’t think it has anything to do with his abdomen. Probably bladder infection or something”. I continued, “He can’t pee, due to pain. I need a UA”.

 “Then why haven’t you put in a catheter”? Countered Nelson. “You know we can’t do anything without that sample”. Looking up with a smile in his eye. “Let’s go, Tack! Handle your business”. He trusted me.

 Laughing at my back as I walked back to the supply system, “Yea, Tack”, Valerie stated loud enough for the other nurses to hear. “Handle your business”! I could feel my cheeks getting red with embarrassment! I should have anticipated the need for urine and gotten the catheterization done already. Thus, cutting out wasted time. I had to walk all the way down the hallway, past all the other nurses to get to where I needed to be. Going to the early version of the Pyxis system that we had, I requested a catheter set. Once I retrieved the catheter package and it’s ancillary supplies I went back to the room. I chose a size 14french, which is average for adult males.

I instructed the patient to lay back and try to make himself comfortable. Then I explained what I was planning on doing. I was going to place a thin catheter tube down through his penis until it reached his bladder. This would allow the urine to flow out and I could easily get a sample. Easy Peasy. My patient looked a bit uneasy but nodded his understanding. The officer just shook his head from side to side with a nasty kind of smile on his face. I pulled the curtains closed for patient privacy.

I donned some latex gloves and being careful not to cross contaminate anything, I began setting up my work area. I hung the urine collection bag with the tubing on the hospital bed’s side rail. I placed my first blue chuck on his stomach and laid the catheter tip in the middle so it wouldn’t fall off. Placing another blue chuck on the nearby surgical table, I quickly made a clean field using the catheter packaging as the field. I placed a dollop of KY Surgilube in the middle, I explained that the inmate would need to unzip his jumpsuit and expose his penis for me to do the work. It was a very awkward conversation.

“Okay, I need you to get your penis out for me”. I tried not to make eye contact. I tried not to look at his penis. I focused on the catheter tip. He fished it out. I took hold of his flaccid penis with my left hand and the catheter tip in my right hand, my dominant hand. I smeared the tip in the KY and for the first time, I deliberately looked at his pink penis head. I was nervous. I attempted to insert the catheter tip into his urethra, but met with instant resistance. “Hmmm”… I hmmmmed.

Leaning in and peering closer, I looked at the catheter tip. I looked at his penile opening. I attempted to insert the catheter once again. “Oooohhh”! Exclaimed the inmate in obvious pain. “Oh, that hurts”!

“Okay, sorry about that”. I stated. “Let me try again”. I got a firm grip on his penis. I dipped the catheter in more lube and I attempted to insert the tip again.

“Owww’! The inmate was almost shouting. “Stop! It hurts too much”! The inmate had tears in his eyes. I stopped. I was really nervous now.

“You need some help, Tack”? Valerie! She must have been outside listening to my misadventure. She came into the room. All five foot two of her! In her tight, blue nursing scrubs. Her maroon Littman stethoscope draped over her neck. It was a Littman Classic III. Nice. But I had one myself.

“I’m having some trouble getting the tip in”. I realized my faux pas immediately. “it’s meeting resistance”. Now I was really feeling embarrassed. I could feel my skin flush.

“Can’t get the tip in”? Val smirked. “Let me show you how a professional does it”. She grinned, relishing in my embarrassment. She went and donned her own gloves. Took the catheter tip from me, applied a bit more lube to the tip then looking straight into the eyes of the inmate, she grabbed his flaccid penis and slowly began massaging it and stroking it ever so slightly.

I furrowed my eyebrows with more questions I dared not ask out loud. What the hell is she doing? I watched as Val continued to look him in the eyes. “Just a little more”, She breathed. “That’s it, Big Guy. You’re ready”. I looked at the officer. He looked at me. We looked at her. What the hell? “You just need better technique”. She admonished. Then she attempted to insert the tip of the catheter into his urethra. It balked. She tried harder!

“OOOwwww”! The poor inmate exclaimed. “It hurts! It hurts”! He was attempting to sit up and push her hands away. He was thrashing his legs around trying to find a position of comfort.

It was Val’s turn to be nervous. Peering closer to his penis, staring eye to eye, so to speak, she looked for obvious blockage. Seeing none. She applied more lube. Now with a fierce grip on his penile shaft, she deliberately placed the tip into the urethra. As she applied gentle pressure to get the catheter to advance, the tip wouldn’t budge! She pushed harder! Nothing. Harder! His clenched teeth and thrashing about told us all we needed to know. Val was sweating. She was nervous, maybe even a bit embarrassed.

“Okay, okay”. Said Nurse Val. “We’ll give it a rest for a moment”. Turning to me, she instructed, “Tell Doc what’s up will you? I got a febrile infant I need to triage”. And with that she was out of the room and down the hallway looking for her next patient.

I went to the nurse’s desk where I found Doc. “Hey, Doc”, I began. “We can’t get the catheter inserted. We are meeting some kind of resistance or something”.

Looking up from his desk, he said simply, “Fine. Get me The Set”. The entire emergency room froze for an instant. All was quiet. I looked perplexed. “Get The Set and meet me back in his room. I need to wash my hands”. The Set? What the hell was The Set, I wondered? Is it in the Pyxis?

I slowly walked down the long hallway, as I went, I could feel the eyes of every nurse on me. Everyone was watching, the respiratory therapists, the lab techs, the PCTs, nurses and doctors alike. Everyone solemnly watched, as I made my way to the Pyxis. There, I punched in “The Set”. It rotated until a drawer was in front of me. It opened and inside I found a small sterile package the size of a large envelope. Maybe six inches by ten inches. One side was porous, white paper, the other was transparent. This allowed the items to be sterilized in the autoclave. I could make out four distinct blunt ended probes. Each probe was slightly wider than the previous. Made of stainless surgical steel. The first one was probably the size of pencil lead, while the last was easily, as thick as a thin pencil.

I carried the package of The Set in both hands as if it were a valuable artifact from a museum. Looking down at The Set, realization began to form in my mind. As I walked back to ED room number 10, I was appalled at what we were about to do. The long walk back had every staff member watching me, respectfully, quietly. They already knew what The Set meant.

I entered the room and saw the patient on the bed. Doc Nelson at his side explaining what he planned to do.

“Oh! You’re right on time”. Doc said looking up. I want you to place The Set in the middle of your field, here”, Motioning to the surgical table.

I peeled back the ends allowing for the four blunt probes to fall nicely into my surgical field.

“Come on, come on”. Admonished Nelson. “We’re burning daylight”. His favorite John Wayne quote, from The Cowboys. I smiled. I loved that movie. “Okay, Tack, I want you to hold his shoulders down on the bed. Tight. Don’t let him sit up”. He was looking at me. “Got it”?

“Got it”. I replied. What had I gotten myself into? I wondered.

“Officer? I need you to lay across his legs”. He spoke to the officer. The officer came close and laid his weight across the legs. Careful not to hyperextend the knees.

“Val”? Yelled Doc. “I need you in here. We’re about ready”!

In came Nurse Valerie, rather quickly. Almost as if she wanted to hurry and get this over with. I agreed.

“You hold his wrists down, Val”. Doc said nodding to the hands. Is this even legal? I wondered quietly.

Nurse Valerie, all one hundred pounds of her, stood next to the officer and held the inmate’s hands down with all her strength. When Doc was convinced that everyone was in their place and ready. He methodically donned some latex gloves. Picking up the thinnest blunt tipped probe, Doc swirled the tip in the surgilube. Then he took a firm grasp of the penile shaft allowing the head to remain out. He then inserted the tip into the urethra’s opening.

The inmate bucked and thrashed. He screamed in pain! “Stopppp”! He screamed for all the department to hear. “Nooooo! Stopppp”!!! He pleaded.

Doc Nelson was battle focused. He forced the blunt tip down through the urethra. Trusting that we would hold the inmate down. It went slowly, painstakingly slow. But down it went. Then he smoothly pulled out the probe and placed it off to the side on the surgical table. Val, the Officer and myself were literally crying in empathy for the pain the man must have felt. The inmate was breathing deep breaths, trying to keep from going unconscious. Passing out would be bliss right about now. Thinking it was over, we gently relaxed our grips a bit.

Then, Doc Nelson did the unthinkable. He picked up the next sized blunt tipped probe and dipped it in the clear surgilube. We quickly realized that this painful ordeal was not over! It was just getting started! We still had three more probes to go! Each one thicker than the last! With steady determination, Doc forced the second probe down. Screams of sheer agony could be heard, echoing off the walls and through the corridors. This was a nightmare straight out of a horror movie. All the way to the bladder went the probe. The inmate yelling and screaming at the top of his lungs now. He wasn’t holding back. Doc slowly brought out that probe and placed it on the table next to the first.

“It’s gonna get worse now. Hold him down tight”. Reminded Nelson. “Can’t make an omelet without breaking a few eggs”. We now knew our roles in this torture treatment.

“Always darkest before the storm”. I added.

“Things will get worse, before they get better”. Val interjected.

“If at first you don’t succeed”… Trailed off the Officer. We all started laughing. Even the patient tried to laugh through his pain. Hilarious.

Doc nelson reached for the third probe. Thicker than the last. Swirling it with copious amounts of KY, he inserted it into the urethral opening. The inmate lost his mind! Bucking and thrashing as we all held him down for dear life! Screams of- “Fuck you! I’ll kill you”! We all quietly wished he had more many more years to be in prison and he might forget about this little incident when he gets out. Only time will tell. Then a sigh of relief as the spent probe was removed and placed on the table.

“Last one”. Doc said without emotion. Picking up the fourth and last blunt tipped probe, he allowed each of us to get a good look at it. It was easily eight inches long and rounded at the tips. It was almost as thick as a pencil! And this thing is supposed to fit down a penis? No way! Doc lubed it up and positioned it in place at the penis’ tip. Taking a deep breath, the inmate also took a deep breath, Nurse Val took a deep breath, the Officer and I took a deep breath. And the last probe went in.

Screams of bloody murder rent the air. Shaking his head violently from side to side, he was actually crying out loud. Hell, we were all crying out loud. Tears flowed freely down our cheeks as we could only imagine the pain he was in. “Please”! He screamed. “No more! Please, no more”! And it was over. The last probe fell on the table and everyone relaxed.

Doc picked up the plastic catheter tip, swirled it in the last of the lube and smoothly slid it down the urethra. Soon, urine began flowing into the urine bag hanging down near the floor. Just like magic.

“Okay, Sir. We are done”. Doc spoke to the inmate. “Tack, get that to the lab STAT. I think we have wasted enough of our friend’s time”. Doc washed his hands at the sink as he spoke.

“Roger, Sir”. I answered. My voice shaky, wiping my face of any tears with the back of my hand, I looked around and both Val and the Officer were following suit. The patient gently sobbing, grateful that his ordeal was over. Val also washed her hands as she left the room to attend to her patients. I washed my hands before I took the sample to the lab while the officer stayed with the inmate. I was sure to tell the lab “STAT”!

About twenty minutes later, the results came back: Bacterial chlamydia and bacterial gonorrhea! I went straight to Doc Nelson. We read the report together. He sat at the desk, slowly nodding his head.

“Just as I thought”, He began, “This man has had untreated STD’s for so long that his urethra has scarred shut, as a result”.

“But the guy is in prison”. I interjected.

“Doesn’t mean a thing,” Began Doc. He got his lecture face on. “Maybe he got it before he went in…Maybe he got it while he was in jail, from another prisoner”. I looked incredulous. “Hey, it happens, Tack”. He was smiling broadly. “Love knows no bounds”!

I threw my hands up in despair. I went to the Pyxis and pulled out a vial of ceftriaxone 500 mg and a syringe to go with it. Then I retrieved 7 day’s worth of doxycycline. 100 mg twice a day for seven days. Going back to the patient’s room, I found him sitting up and waiting patiently. No worse for wear. I explained the treatment plan. He stood up, I pulled down his orange prison pants and gave him the shot in his right buttock! He said he didn’t feel a thing!

They left with their meds and discharge papers and I was left cleaning the room. When I made my way out into the hallway, a round of applause began! Everyone in the Emergency Room, including Val and Doc were clapping. Again, I could feel my face turning hot and flushed. I walked over to where Doc and Val were standing.

“Did you give him anything for pain before the procedure”? Asked Doc. “Something like morphine, dilaudid, codeine, something about 20 minutes before, to help with the pain”? Val and I turned to each other, our eyes opened wide.

 “Help with the pain”? I asked, perplexed, cocking my head to one side.

“He was an inmate”. Stated Val, shaking her head.

We turned to doc, “Why would we give him anything for pain”? We asked in unison.

We turned to each other again, shrugged our shoulders. Turned away and went to see our other patients. We still had plenty of work to do.