

Here at St. Lucifer's Hospital, errors happen, mistakes are terminated. Late-term abortions proliferate to facilitate stem cell research needs. Organs are harvested and sold without permission. Insiders are paid highly for their silence.... Then, all Hell breaks lose...

The Offings

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THE OFFINGS

BY

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CHAPTER 1

Dr. Damien O'Rourke strutted confidently into the conference room at St. Lucifer's Hospital with the patient's records tucked under his arm. "Gentlemen," he stated, as he nodded his head towards Dr. Hellatious Malaki and Dr. Reginald Nast. "Angel," he added, as he nodded his head in the general direction of Angel Lee, a registered nurse of great standing at St. Lucifer's, despite her young age. Angel was very highly regarded at St. Lucifer's as the highest ranking nurse in charge of working with Dr. O'Rourke and Dr. Malaki in making the final decision as to when or if a patient was a candidate for Palliative Care. "Sister, Father," Dr. O'Rourke also added, as he nodded in the general direction of Sister Eve and Father O'Malley. They were a necessary evil and had to be tolerated, as the nuns owned and ran the hospital and had done so for fifty years and counting. She meant a paycheck to him, and nothing more. He hoped someday to get the nuns out of the hospital and knew he could accomplish just that with enough insurance companies onboard and involved in kickbacks to the hospital.

"This patient has so many things wrong with him," Dr. O'Rourke stated, as he pulled up his chair and joined the others at the conference table, callously tossing the patient's records open on the table for all to see, "That frankly, I'm surprised that he's still alive. I mean what the Hell is he hanging around for? Some of these patients, I swear, we've got to point their way to the other side, for God's sake." Laughter erupted all around the table as heads nodded in agreement.

"To say nothing of the cost savings of sending them on their merry way," Angel added, as she tossed her blond mane back. "I mean just think of the kickbacks from American General alone, our hospital couldn't operate without them."

"We've got two more companies tentatively coming onboard," Dr. O'Rourke added, Compassionate Care and Patient's First, Inc. "You

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understand, it's of the utmost importance that this remain extremely secretive. These companies have to know that there will be no slipups by any of us, none. On the other hand, the cost savings to these two companies will be astronomical, and other companies cannot possibly ignore that for long. They are being briefed about our kickbacks for every patient we terminate, they understand that it is in our best interests both from a financial standpoint as well as a legal standpoint that we will observe the strictest confidence, with no leaks. No one other than the people around this table are aware of our activities. To the general public, as well as to our fellow employees, the Palliative Care Unit is state of the art, the cutting edge of its kind in this budding industry."

"What with the Baby Boomers aging at a dramatically greater pace in sheer numbers, it's imperative to the insurance industry that they move on in a timely fashion, so to speak. And no one, I repeat, no one, inside or outside of this hospital will ever see anything other than our compassionate care of those who are dying. They will never know that we are, in effect, helping these patients on their merry way a bit with removal of all medication and providing them with nothing more than a saline solution in an I.V. drip, which will be slowed to the lowest possible rate to force their body into a dehydration mode much faster than the lack of food could do alone. We want their time spent in Palliative to be one week or less. We need the patients' families out of here before the shock of the initial dying pronouncement wears off and they start noticing their surroundings or questioning any of our tactics."

"Don't worry, Doctor," Angel replied, "Not only do I, and I alone oversee the transfers from a nursing standpoint, but all of the attending nursing staff both over here and in Palliative are led to believe that we are doing all that is humanly possible. When we are about to make a transfer, every nurse is led to believe that there is no other way, that there is no hope for this patient, we make that quite clear to them. And of course, our nurses are the highest paid in the industry in our state. They would have a lot to lose indeed, if they

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were to make waves in any way, shape, or form. Also, no matter how many patients are in the Palliative wing at any given time, we only have one nurse working that wing at any point in time. They are so busy attempting to provide comfort, care, and submitting their records via computer processing that they really don't have much time to observe or question our tactics either."

Angel confidently and nonchalantly reached over and slid the patient's records in question across the table. She flipped through a few pages and said, "Age alone, seventy-five, would be enough for most to understand that this patient was close to death. He's male, shorter expected life span, no one special, just a blue collar worker his whole life, now retired and no longer contributing anything. In short, not important in the scheme of things in this community, he has a history of heart problems, having been admitted and hospitalized four times in the last two years for heart related problems. Just underwent open heart surgery three months ago, admitted now for suspected stroke, which was verified by a CT scan which showed damage to the left upper quadrant of the brain. If he awakens, his cognitive abilities will be severely compromised, along with motor skills for the right side of the body. Frankly, I can't believe anyone would want to live that way. Also, his insurance coverage is provided by Medicare alone, he doesn't even have any supplemental insurance that we can tap into. We all know that Medicare will only be reimbursing us for sixty percent of the actual cost of his surgery and subsequent hospitalization. We all know, too, that St. Lucifer's can't possibly survive by taking that kind of financial bite. Frankly, this man has outlived his usefulness."

"I'll be calling a meeting with this Mr. Berber's family then to give them the new prognosis, if no one here objects," Dr. O'Rourke stated, as he scanned the faces around the table. Heads nodded in agreement, Father O'Malley just scowled, Sister Eve pretended to be taking some sort of notes and would look no one in the eye. "Good,

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Angel, would you kindly round up Mr. Berber's family then?" he added, as he rose to leave and as an afterthought reached back to pick up the patient's records, then tossed them to Angel instead.

Angel rose to leave and make her way to her office to make the required calls. There was silence in the room as the others systematically rose to return to their assigned duties. Angel felt all eyes on her as she exited the room. Just can't keep their eyes off the merchandise, she thought, as she smoothed her skin tight shirt down under her open uniform jacket after entering the hallway beyond. Bet Father would just love to get his hands on these, she thought, as she looked down on her ample, taut, and eager young breasts. And people wonder how I rose so quickly in the proverbial nurse's hierarchy at St. Lucifer's. Just to be sure to keep Damien in line, I'd better hike it into his office and take care of the old boy after I make these calls, she thought. Got to keep my spot on the gravy run going, and a lucrative spot it is. Angel reached her office, stepped inside, closed the door, and dropped into her chair with a sigh. She flipped through the patient's records until she found the list of his family's phone numbers, she began to make the calls.

"Mrs. Berber?" she asked, as the patient's wife responded with a hello. "Dr. O'Rourke would like to meet with you and your children for a family conference at 4:00 p.m. today concerning your husband's care."

"Yes, alright, I'll be there," she responded, worriedly. "Will the boys be called, then?" she inquired.

"Yes, yes they will, I'm calling the three of them now," Angel replied. Angel continued with her stock calls to the patient's three sons as well. Angel, Dr. O'Rourke, Sister Eve, since the family was catholic, and Dr. Malaki were all in the family meeting room at the hospital when the family arrived, one by one near 4:00. The family

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congregated around their semi-conscious husband and father's bed when Sister Eve and Dr. O'Rourke entered the patient's room. Sister Eve stood quietly, looking most sympathetic.

Dr. O'Rourke immediately began talking as if Mr. Berger were unaware and unable to hear anything that was being said. He began with his stock line, "I'm sorry to have to call all of you here today when you maybe weren't planning to visit until perhaps later this evening. However, there have been significant changes in your husband's prognosis, I'm afraid, Mrs. Berger. The CT scan that we ran today shows significant damage in the left upper quadrant of your husband's brain. He has suffered a significant setback in his recovery from the open heart surgery that he underwent in September, I'm afraid.

Strokes are a common occurrence in the elderly after open heart surgery, as much as we try our best to avoid it. He has significant enough damage that we feel he may never regain his full mental capacity. In short, even if he does awaken, and that's a big if, he'll never again be the same old Sam that you knew and loved. He may not even know who you are."

Mrs. Berger gasped and grabbed the back of a nearby chair to steady herself, tears welled in her eyes. Her sons looked shocked and bewildered, then began fighting back tears themselves.

Good, Dr. O'Rourke thought, got them right where I want them. "I'm really truly sorry. There are options for his final care, let's proceed to the family waiting room where I'll introduce the heads of our Palliative Care Unit to you, Dr. H. Malaki and Dr. Reginald Nast." The family numbly followed him, as Sister Eve offered Mrs. Berger a tissue from the box she had picked up from the patient's room and she routinely offered under these circumstances.

After the family entered and was seated, Dr. O'Rourke proceeded to introduce Dr. H. Malaki and Dr. Reginald Nast. "These fine

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doctors will provide the final care your husband so desperately needs, Mrs. Berber. I assure you, he will receive nothing but the finest care. You will be able to stay with him 24 hours a day if you wish, unlike our current rules here in the Cardiac Center. There is also a family lounge where families can get together to talk, watch TV, make a meal, or just be there to comfort each other.”

“Nurse Angel Lee,” he stated, as he gestured towards her, “Will oversee your husband’s nursing care. If you have any problems with his care, please let her know of your concerns and she will address them shortly. The kitchen in the lounge area is well stocked, and your family is most welcome to eat anything you may find there. Our goal is to make you the utmost comfortable in your hour of deepest need. You have my deepest condolences, along with that of the rest of our fine staff. I will be checking on your husband’s progress on a daily basis. I’m afraid I must attend to other patients now,” he added, purposely looking at his watch. “You may go back to his room now and accompany him on his journey to the Palliative Care Unit which will occur in a few minutes.”

Dr. Malaki and Dr. Nast rose and followed Dr. O’Rourke from the room. Mr. Berber’s family rose weakly and shuffled silently back to their loved one’s room. He appeared to be resting comfortably. The nursing staff hurried to start the move to Palliative.

Angel entered her office and closed the door softly, she didn’t bother to flip on the light switch, instead opening the door at the rear of her makeshift office and entering the office beyond. She closed the door softly behind her, locking it as she went. In the darkened office of Dr. O’Rourke, she stepped into his waiting arms.

“Another one bites the dust,” Dr. O’Rourke stated amusedly, as he huskily took her into his arms and began kissing first her lips, then sliding down to her waiting neck. He slipped her jacket off her shoulders and tossed it onto the floor. He eagerly slipped her shirt

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over her head and tossed it too, in a heap, her bra soon joining the makeshift pile. She groaned as his lips tasted her taut breasts and his hands cupped her buttocks. She slipped out of her shoes. Soon the drawstring was undone on her pants and they slipped to the floor. She helped him remove his lab coat, tie, and shirt eagerly. He pushed her back over his desk and removed her panties, tossing them over a chair. He dropped into the chair behind him and slid up close to his desk, his hands under her buttocks, he pulled himself closer, his tongue finding its mark.

Angel moaned softly, "Oh Damien."

He stood, dropped his pants abruptly, and entered her quickly while gripping her buttocks tightly, lifting her off the desk as he pumped forcefully. As quickly as he had entered her, he withdrew, kissed her forehead, and proceeded to dress in the darkened office. "Be sure you accompany our new guest to Palliative, give him the proper sendoff," he stated, as he zipped his pants and smoothed his hair before stepping out into the hallway from the darkened office, closing and locking the door discreetly behind himself.

Angel sat up and slid off of his desk, she wondered who really had who, she had been so sure she had him wrapped around her proverbial little finger. After this latest display, however, she wasn't so sure anymore. She gathered up her clothes, proceeding to dress, as she thought about how her salary was triple that of the average nurse's salary at St. Lucifer's. She decided she would do whatever it took to keep it, at least for the short term. When she had enough socked away, perhaps Damien's spot in her life would change, she smiled at the thought. And he thought he had her so, so, under his control.

Angel passed softly through the doorway into her adjoining office. She proceeded to flip her light switch before dropping into her chair, pulling a mirror from her desk. She added a little eye shadow and lip gloss, ran a comb through her hair, and tossed it roughly back into the drawer. She stood, knowing it was time to transfer another patient

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to the great beyond. She decided to do it as quickly as possible, to keep the patient's family moving right along. Once the patient and all their paraphernalia was transferred from the main hospital to the stand alone Palliative wing, the family almost always was very accepting of the finality of the pronouncement, and were able to deal with the situation and accept it as such. The Palliative Unit was located in the oldest section of the hospital, the only section left from the original, which had been built some 100 years earlier.

"Are we ready, then?" Angel asked, as she approached the nurse's station in the Cardiac unit.

"Yes, we're all set here, the orderlies are on their way for the actual transfer," Jennifer replied.

"Has Mr. Berber had his medication, then?" Angel countered.

"Yes, I just added it to his I.V. drip. We've helped the family pack, they're sitting quietly in the patient's room."

Good, Angel thought, we needed that dose of morphine in the I.V. to make sure the patient would show no signs of waking, thus giving hope to the family that he was actually just resting. But we don't have to worry about that now, do we, Angel thought, amusedly. I ordered up the dosage of morphine myself, enough to knock a cow out for two weeks at least, with follow up doses, that is. Angel proceeded to enter the patient's room as she saw the orderlies exiting the elevator.

"We're all set," Angel said softly, as she entered Mr. Berber's room. "Once again, I'd like to express my deepest sympathy on your family's situation. I'd just like to reassure you that Mr. Berber will receive exactly the same care over in Palliative as he did in the Cardiac Unit, nothing will change, except you will notice the extreme peace and quiet. He will continue to receive all of his current medication."

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“Thank you,” Mrs. Berber managed to choke out. One son looked away, a second choked back tears.

The third said to his mother as he looked at his watch, “Mom, I have to get back to work now, I’ll check back later today to see how Dad’s doing.”

Good, good, this family is playing into our hands, there will be no problems here. The wife is shot, one son is in denial, another is wracked with grief, and the third could care less. Yes, this one will be easy, Angel thought.

“Let’s go then,” Angel said softly, as one orderly was already moving the cart with Mr. Berber’s personal effects down the hallway toward the elevator. The other two were intently maneuvering the bed with Mr. Berber on it towards the door. Angel waited for them to enter and clear the doorway, then quickly passed them by and took the lead.

Silence moved with them down the hallway toward the elevator. Five floors down they exited the elevator into a darkened corridor, as they turned to the right and down the long dark hallway that led to the oldest wing of the hospital, the stand alone section of the hospital, the five story 100 year old building that housed the Palliative Care Unit. Paint was noticeably chipped here and the color was noticeably putrid, compared to the cheery upbeat colors in the newer section of the hospital.

The bed rolled silently down the hallway, as Mr. Berber took his last live planned trip. As Angel hurried into the lead, one orderly whispered to Mrs. Berber, “You’re entering a whole new world over here.” And it was, as the group exited the long dreary hallway and entered the confines of the old building. Footsteps echoed down the silent hallway as the group rolled into one of the building’s two ancient elevators. The elevator groaned into action and rose after the group entered the large industrial elevator. The aging elevator came

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abruptly to a stop at the third floor, the door opened. Muted sounds greeted the group, along with the décor of a relaxed home style environment. As they exited the elevator and turned to the left, they passed a small waiting room with a children's play area that was noticeably quiet and empty. They passed several empty rooms. Since patients didn't tend to stay here long, it was hard to keep this wing reasonably full. As they proceeded further down the hallway, they passed the single nurse's station, along with the large family lounge area. The large screen TV stood out noticeably in the plushly furnished lounge, which also had several cush chairs and soft couches. The large kitchen was located to the right and off the lounge area.

The lone nurse in the unit hurried down the hall to catch up to Angel as she turned and entered room 313. "I've got everything ready for the patient, everything that you asked for," she said, as she caught up to Angel in the patient's room.

"Good," is all Angel said in reply. She watched as the orderlies parked the patient's bed squarely in the center of the room, near the wall with all the necessary hookup units for any needed medical equipment. None would be used on this patient, of course, like all the others that had passed through these halls before him, except for oxygen, an I.V., and maybe the suction unit to be used in the event that the patient had a lot of mucous.

Any nurse would be hard pressed to deny a patient that, especially with the family avidly watching their every move. Oxygen may be authorized, again for appearance's sake only, with the actual oxygen level set as low as possible, probably at level one. All other medications, especially blood thinners, would be stopped. The one medication which would continue, and be upped in dosage was the morphine. The patient was to absolutely stay in a coma-like state at all times until death. The family was to never, ever, feel there was any other option than death, that all hope was gone. Many of these

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patients would awaken without the large dose of morphine they were receiving, it just couldn't be risked.

Angel quietly slipped out of the room and down the darkened corridor. She thought about all the souls that could be walking this very hallway, and felt a momentary shiver run up her spine, and the hair stand up on the back of her neck. She knew she had helped many of them pass to the other side, willing or not. She was glad it was not after dark, for she made it a policy never to tread these very halls after dark for that very reason.

Angel entered the elevator and punched the button for the first floor, the door on the aging elevator jerked to a close. The car jerked into action, moving downward. The car shuddered and jerked, the lights went out momentarily, as Angel gasped and reached for the wall to steady herself. Just as quickly as they had diminished, the lights returned full force, the car jerked to a stop at the first floor, and Angel breathed a sigh of relief. The door opened and she exited quickly, back into the world of the living.

Angel returned to the fifth floor, exiting the elevator and returning to the nurse's station, to catch up on what may have happened in her absence. She proceeded to the main computer, which was unattended, logged on, and punched in Mr. Berber's name. His records had already been updated, stating that he was terminal, per the last CT scan recorded just hours ago. The records now stated that he had been transferred to Palliative care, per orders of Dr. Damien O'Rourke, as agreed to by the patient's family members, even though they had never even so much as nodded in agreement. The records showed also that there had been the proverbial family meeting, and it also listed all attendees. Angel exited Mr. Berber's records and left the area. She needed to make rounds, checking other nursing stations, along with the E.R., for potential clients to fill the Palliative Care Unit.

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Dr. O'Rourke entered the Palliative Care Unit, noticing the bright afternoon sun as he did so, and wondered how long it had been since he'd left work early and gotten in a few rounds of golf. He was eager to confer with Dr. Malaki and Dr. Nast. He knew from experience, however, that after twenty-four hours in Palliative Care, that the patient wouldn't usually show much change. Usually about three or four days were needed to really see the decline that was settling in. The heavier patients were able to hang on much longer, such as Mr. Berber, necessitating the need to reduce the drip level of the I.V. The major organ shutdown could be expected to start around day four, hastening death. Dr. O'Rourke entered the vacant nurse's desk and checked the computer, pulling up Mr. Berber's records. He could see that Mr. Berber was still receiving his "medication," Heparin, the records showed, however, he knew that the supply of Heparin was being replaced with Morphine, in bottles clearly marked, "Heparin." No one on the nursing staff would suspect anything different, except Angel, of course, who knew full well what was going on. Mr. Berber was showing some slight deterioration in his vitals, nothing to get excited about, however.

The patient's family must be led to believe that their loved one was receiving the same medications in Palliative that they were receiving in the main unit of the hospital. All families were told the same stock line, all medications will remain the same in Palliative as they were in the main hospital, same dosages, etc. The families were told that the only difference would be that the medication would now all be administered by I.V. line, injected directly by the nurse in charge, so that the patient's family may notice no medicine bottles hanging by the I.V. lines, but they were reassured that the medication was getting to the patient, just the same. They were told that the comatose patient could more readily metabolize the direct injection over the drip bottle, especially in light of the fact that they were not expected to regain consciousness, and, if they did, the method of delivery could be changed.

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Dr. O'Rourke exited Mr. Berber's records, silently leaving the nurse's station. He continued on to room 313. He passed the lounge area as he did so, noting one of Mr. Berber's sons staring vacantly at the TV. Dr. O'Rourke continued on his way, his footsteps echoing down the darkened hallway. Entering Mr. Berber's room, he noted Mrs. Berber sitting in a chair at the foot of her husband's bed, crocheting, no one else was in the room. "Good afternoon, Mrs. Berber," he stated, "And how are you doing today?"

"I'm hanging in there, just like Sam is. I really think he looks better today than he did yesterday, Doctor. He just might surprise you all yet and walk out of here."

"Actually, thirty percent of all patients in Palliative Care walk out of here on their own power." He didn't bother to add that these patients were wrongly admitted to Palliative Care by computer error, when they were actually supposed to be discharged instead. "I'll be back to check on your husband's progress tomorrow, Mrs. Berber," he added, as he replaced Mr. Berber's bedside chart and exited the patient's room. Dr. O'Rourke proceeded down the hall to the far end, rounded the corner and entered the office of Dr. Reginald Nast.

"Reg," Dr. O'Rourke stated, as he pulled up a chair in the doctor's private office and sat down. Unlike the rest of the Palliative Unit, Dr. Nast's office was very well decorated with fine furniture and some classic art work. "Have you heard from Compassionate Care or Patient's First yet?"

"Yes, yes I have, I was about to call you with the good news. They're both coming onboard, and each know about the other. I think they feel there is safety in numbers.

Both of their C.E.O.'s are good friends, and they both now know that American General is already onboard with us, and has been for quite some time already. It's the greed factor that I personally think really

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got through to them. They, like American General's C.E.O., plan on padding their own personal wallets quite handsomely with part of the kickbacks. We'll have no problem with either of them breaching our security. They've been briefed on the individuals who are privy to our operation, and know about the large salaries they receive, compared to other individuals in their respective fields."

"Good, good, everything is going according to plan, these three companies seem to have a virtual monopoly on the insurance needs of the general population in the vast area of Wisconsin that we serve. There are a few smaller companies involved here as well, however, the number of prospective patients that they serve is miniscule compared to the big three. If we brought them on board, we wouldn't gain much in the scheme of things, and we would most definitely endanger our control over these companies. The small companies wouldn't have as much to lose and would most certainly be less trustworthy."

"Has Hellatious been informed then, also of the latest good news?" Dr. O'Rourke inquired.

"Yes, in fact I was instrumental in getting them both to sign on," Hellatious stated, as he entered Dr. Nast's office and pulled up a chair. "Without my reassurances of confidentiality, I doubt they would have taken the chance at this time," he added.

Dr. O'Rourke and Dr. Nast exchanged knowing looks. "I see," Dr. O'Rourke added. "Whatever it takes, guys, we just have to get them on board. Once they start to see the cost savings coming in, they won't hesitate to stay, it's a no-brainer. Money talks, they'll start to live a new lifestyle which they will now be able to afford. Once that happens, they're in it up to their proverbial eyeballs. We then own them, lock, stock, and barrel. Let me be the first to congratulate you, Hellatious, on your great negotiating abilities. We may not have been able to get them onboard without you. There will be a nice thank you bonus on your next paycheck."

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Hellatious turned, smiled at Reg, then confidently rose and strutted out of Dr. Nast's office. Dr. Nast raised his eyebrows and looked quizzically at Damien. "It's alright, Reg, I assure you, I'm well aware of the fact that he did nothing to pull this little coup off. I'm well aware that you're the man. You'll have a nice bonus on your next check, too."

"How long do you think this Berber guy will hold on?"

"Actually, we've reduced his drip already, he's just not going downhill fast enough. We want him out of here in seven days, absolutely fourteen, tops. You know as well as I do that if he lives longer than that, some slick trial lawyer will be likely to jump on our incompetence and a sympathetic jury will award the big bucks. We've both seen the statistics on that. It is imperative that he not live, if that were to happen, it would cost us dearly, it cannot happen, it won't happen. Angel is making him her utmost priority right now. The family thinks she is so, so, wonderful, what with the personalized care that they perceive she is giving. Little do they know, she is speeding his checkout date. It shouldn't be more than forty-eight hours, I would think."

"Good, the quicker they check out the better for all concerned. I'll hit Angel up for a drastic drip curtailment. We'll just tell the nurses on staff over the next twenty-four hours that he is showing signs of pneumonia setting in and that we need to cut back on his fluid levels to combat that. We've got another patient coming in today, I've heard Jones just botched another open heart surgery three days ago, so they'll be busy alright, plus the extra reports I'll ask for from each shift, believe me, it'll fly right by them. After all, one nurse can only do so much during any eight hour shift."

"What did Jones do now, dare I ask" Dr. Nast inquired.

"Apparently, he's still sticking to his heart lung machine during surgery, just can't bring himself to try the beating heart technique."

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So, consequently, when he tried to restart the gentleman's heart, he couldn't match the old guy's previous beat. The patient failed to awaken three days after surgery, ironically, that's when the hospitalists decided there was a problem. By that point, the old guy had thrown several clots, and had completely stroked out over fifty percent of his cerebrum, and partially stroked out his cerebellum, the medulla remains intact."

"Jesus Christ! Three days before they figured out there was actually something wrong, when he should have at least awakened partially shortly after the surgery? Where do we get these incompetents from anyway?"

"Well you know Sister Eve, she's out to save a buck any way she can, and these hospitalists fit the bill. She recruits from any and all med schools in the U.S. and also overseas. Some of these jacks can't even speak broken English, much less speak or understand the real language. It's a nightmare, one we can fix by pushing Sister Eve out, which will happen when the infusion of cash we receive for kickbacks gets high enough. We'll be able to, as a group of doctors, buy her out. It'll be sell out or get out. We'll be able to lay the blame for all these lost lives in her state-of-the-art-Palliative Care Unit directly on her shoulders. She'll have no choice but to resign, believe me, when I get through with her, she'll see the wisdom of selling out and leaving quietly, otherwise, she'll be prosecuted to the fullest extent of the law for her complicity in these considerable deaths, which continue to mount, I might add."

"I've got to get back to my office now, I'll check in for an update on the Berber case tomorrow." Dr. O'Rourke exited Reg's office, his footsteps echoing down the hall as he worked his way to the waiting elevator. Entering the aging elevator, he turned quickly and punched his desired floor. The elevator door jerked to a close. And the elevator came to life. Once again the aging elevator jerked to life, lights dimming as it started its journey up to the fifth floor. The lights suddenly went out and the elevator jerked to a stop between the fourth

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and fifth floors. “Shit,” Dr. O’Rourke stated to himself, pulling a small penlight from his jacket pocket. He began peering at the aging control panel half way down the wall, searching for the alarm box, and also reaching simultaneously for his cell phone. As he began punching in Angel’s number, the lights in the elevator came back up slowly, and it groaned and jerked to life and moved on up to the fifth floor. He ended his call, Angel was no longer necessary, the door opened, and he hurried out, his footsteps hurriedly clicking down the hall. Damien rounded the corner and entered a laboratory. “Dr. Goldman, how is our supply of stem cells holding up?”

“Well, we were getting a little bit low there for awhile, what with the stepup in aggressive experimentation that you ordered. But with that latest college student coming in who so desperately wanted a partial birth abortion at eight months, we were able to gather all the umbilical cord blood, as well as the fetus parts itself. Had she waited another two weeks, she’d have delivered a full-term infant. Coincidentally, she was accompanied by the Dean, no less, seems one of his favorite professors was tapping into that.”

“And how can we be sure of absolute confidentiality, Doctor?”

“The Dean himself has seen to it that she has received a fully paid scholarship of which she was highly qualified to receive, I might add, to the college of her choice in California. It seems the student didn’t have any relationship at all with her family, and, in fact, couldn’t wait to get out of Wisconsin. We’ve led her to believe that if she were to talk about our helping her out, shall I say, that she could be prosecuted to the fullest extent of the law for conspiracy to murder a full-term infant.”

“I trust Dean Meroux, he’s funneled over two hundred co-eds through our facility in the last thirty-six months for partial birth abortions. We couldn’t possibly sustain our current level of stem cell research at this facility without his contributions. He is being paid handsomely, by the way, for every co-ed he sends our way. The

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really great thing about the Dean is that he screens these co-eds meticulously before he sends them our way. And, of course, as far as this city is concerned, we are developing new flu vaccines here at our test facility, nothing more. Then there are our own nurses who get themselves in a bind, you'd think our doctors would be smarter than to fraternize with them, but apparently not. Once they find out these girls are pregnant, they lean on them heavily to take care of the problem, so we get the fetuses early, or later, either way it doesn't matter, we've got them."

"If a particular nurse resists, we just bring up the possible notification of Sister Eve and her policies on unwed pregnant nurses, and, well, let's just say they come around to our way of thinking real quick. These nurses are extremely well paid here in comparison to other hospitals in the state of Wisconsin, or anywhere in the U.S., for that matter. Even though they know they can't be legally dismissed because they are pregnant, they are well aware of the fact that, well, let's just say that circumstances can be manufactured to allow us to dismiss them legally. If you find yourself running low on stem cells, just let me know. A few callous young male doctors come to mind who would be more than willing to put some phony moves on some of our more, let's just say gullible nurses. These guys spread themselves pretty thinly around the city already as it is," Damien added, with a chuckle.

"I know who you're talking about, Damien, some of those boys are married, yet. I sometimes wonder how they find the time or the energy to report to work and fulfill their duties here at the hospital."

"Well just remember, it's a noble cause, which, I might add, is keeping you and I in business. Just imagine if our facility could find a breakthrough in spinal cord research, that could be worth a fortune."

"Indeed, Damien, indeed. Put that way, maybe you and I should volunteer our services to help the cause," he added with a sly laugh.

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“Indeed,” Damien replied, as he left the laboratory and returned to the elevator. Damien checked his watch as he exited the aging elevator in Palliative and returned to the main wing of the hospital. It was always a good feeling to get out of that unit and back into the world of the living. Damien took the elevator back up to the fifth floor and his waiting office. Entering, he flipped the light switch and sank into his chair.

Checking his watch again, he noted that it was almost six p.m. Time to blow this place, he thought, almost, anyway. He moved closer to his computer screen and entered his password. Immediately he checked on the status of one Mr. Berber. Good, good, he noted, his vitals were already worsening from just a few hours ago. Angel must have cut his fluid intake astronomically to get this kind of effect.

His door opened and Angel entered. “Just checking the stats of one Mr. Berber before I leave. It seems he has taken quite a sharp turn for the worse, hasn’t he? You really wouldn’t know anything about that now, would you, Angel?”

Angel locked his door, flipping the blinds shut in one continuous move, while flipping his light switch off. “Not at all,” she replied huskily, as she rounded the back side of his desk and dropped into his lap, wrapping her arms around his neck and kissing him provocatively. “Not at all...”

It was almost dawn as Angel arose from her bed, rubbing the sleep from her eyes and heading for the shower. She ran a running list of things she knew she needed to accomplish today, offing Mr. Berber topped her list. She knew Damien was counting on that, it was imperative that he check out in a timely fashion, so to speak. The less the amount of days that transpired between the actual incidence of the medical error and the death of the patient, the more the likelihood that no trial attorney would touch the case, since it would be highly unlikely that a jury would find in favor of the plaintiffs if less than

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two weeks transpired between the grievous occurrence and the patient's ultimate death.

St. Lucifer's corporate attorney, Mark Gringoes continued to pound that message home repeatedly during corporate meetings. It was absolutely imperative that she follow his recommendations on this issue, and, so far it had worked for her perfectly. She'd heard through Damien that a couple of patient's families had recently attempted to hire attorneys to represent them in their quest against St. Lucifer's, to no avail. And it was precisely because of the short time passage between the supposed grievous occurrence and the patient's death that these people were unsuccessful in their attempt to hire an attorney.

Angel jumped into her red Corvette, started it, and quickly backed it from her garage. She gave it so much gas as she shifted into drive, that her head snapped back into her headrest as she accelerated quickly. She barely came to a quick stop at the stop sign at the corner before barreling around it. Got to slow down, she thought, it'll pan out however it'll pan out. I've got this Berber patient backed off so far on actual drip to his I.V. that he can't possibly hang on much longer. Body size doesn't matter much in the scheme of things if one is not getting the fluid one so desperately needs to live, she thought, as she tapped her fingers to a rock tune playing on her radio.

And besides, he's so stroked out already, that if he hasn't had at least another one overnight due to the added stress of lack of fluids, she thought, I'd be really surprised. She resolved to check on him first thing after checking in at her station on fifth south and determining if there were any new prospects for Palliative.

"Good morning, Angel," Ben, one of the older male nurses stated, as she rounded the corner and entered the nurse's desk area, proceeding directly to the main computer and entering her password.

"Morning, Ben," she responded, somewhat absentmindedly. She quickly checked all the patients' stats as she flipped from one to the

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next, Ben left to start his morning rounds. Another nurse was working at another computer, intently involved in the data she was entering. Angel could see that there were no new prospects at this time. Good, she thought, we really don't want them entering Palliative like cordwood, only as a steady drip. She sighed and quickly exited the program, being careful to sign off. Angel grabbed a quick cup of coffee and headed to her office.

She shut the door quickly behind herself and sunk into her chair to enjoy her coffee. Peace at last, she thought, the staff knew better than to bother her in her inner sanctum unless it was an emergency. She fired up her computer and checked the stats of one Mr. Berber. Good, good, she thought, he's really weakened, pulse weaker, breathing labored, possibly developing pneumonia. Left pupil now very pronouncedly unequal in size to the right. I'd better let Damien know right away. Looks like our man is stroking out big time, might be time for another CT scan. If it shows what I suspect it will, I could reduce the drip even further, she thought, if that's actually possible without the family noticing it and he could be checked out of here yet today. I'll up the morph, too, she quickly thought, so as to avoid any moaning or otherwise outward appearance of something being terribly wrong.

Angel checked out and shut her computer down, she quickly left her office, flipping the lights out as she went. She reasoned that Damien would probably be in Palliative already making his rounds, he could be pretty predictable at times, especially during morning rounds. She approached the dreaded Palliative elevator, turned as if to enter, then changed her mind and took the stairs, two at a time. Angel jogged regularly and three flights of stairs was no big deal for her. Could come in handy someday, she thought, being able to scale three flights of stairs in record time. One just never knows when one works here. The more one thinks one knows, the more one is likely to be blind-sided by new info that could potentially put one in danger. I really know way too much about this operation for a nurse, she thought, and shuddered despite the sweat beading on her brow.

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Angel left the stairwell and walked down the hall towards the nurse's desk. She decided instead to check in on Mr. Berber, then to proceed to Dr. Nast's office where she was sure she would find Damien. "How is Mr. Berber doing today, Mrs. Berber?" she asked, as she saw his wife standing at his bedside. "Not very well, I'm afraid," she replied shakily. "He seemed to be doing so well yesterday at this time. I thought for sure he'd be waking up asking for his favorite, a turkey sandwich with mayo. Could we get a feeding tube for him by any chance?" she added.

"I'm going to conference with Dr. O'Rourke and Dr. Nast right now, I could ask for you, although I can't promise anything. It would depend on whether his stomach is able to process the food or not. If not, it could possibly back up into his esophagus and eventually enter his trachea, causing major problems," Angel replied, her voice dripping with concern. She noted the deep circles under Mrs. Berber's eyes. "I also need to give him some more Heparin," she added, as she injected Mr. Berber's I.V. with morphine from the bottle expertly labeled "Heparin."

"Thank you so much for the fine care you've provided for my husband. I don't know what we would have done without you," Mrs. Berber replied.

If you only knew, Angel thought as she hurried away, if you only knew. Angel knocked softly, then entered Dr. Nast's office. "Dr. Nast, Dr. O'Rourke," she stated, addressing each. "I have just checked on Mr. Berber," she added, as she pulled up a chair.

"And?" Dr. O'Rourke asked, somewhat impatiently.

"He's worse, much worse...."

"Good, good," Dr. Nast interrupted, while gleefully rubbing his perfectly manicured very white hands together. "Sorry for the interruption," he added, "Just couldn't contain myself."

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“Go on then, Angel,” Dr. O’Rourke encouraged.

“His pupils are no longer equal in size, in fact they’re vastly unequal, he has very labored breathing, possibly pneumonia is setting in. His vitals are weaker, in short, he’s fighting for his very life right now, and I just upped his dosage of Morph and snuck in an extra dose, basically, he’s done for.”

“I’d guess he has about an hour or two left then. By my calculations he was already showing signs of organ failure an hour ago when I checked on him. Soon, no one will be able to help him, not even the righteous docs in Critical Care, and they do believe they can save anyone, don’t they Dr. Nast?”

“That they do, Dr. O’Rourke, that they do,” he added with a laugh. “But, like usual, when dealing with patients who have been funneled through our Palliative Unit, it will do them no good to try, no good at all.”

“Have we contacted the organ procurement team yet, Doctor?”

“No, we haven’t, perhaps I should put them on standby, there’s got to be something we can salvage and sell,” Dr. Nast added.

“Mrs. Berber specifically stated no organ donation, but what she doesn’t know won’t hurt her. Like all the others, as long as we know ahead of time that they are going to The Rolling On Funeral Home, there’s no problem in going ahead and harvesting what we want. Roland Masters will continue to cover for us as he has in the past. He’ll make sure no one views any portion of the body but the face, neck, and hands. Simply put, no one will ever know. And Mr. Masters will continue to get his cut of the organ profit, per our agreement, as usual. And a lucrative arrangement we have with the procurement team, indeed.”

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“Mrs. Berber’s sons have lost interest and have all left,” Angel commented. “When it appears that death is imminent, I could possibly take Mrs. Berber into the family area for a conference, perhaps she would then miss the main event, or at least be so late as to not be able to make a play for Critical Care.”

“You know all the angles, Angel,” Dr. O’Rourke added, “Yes indeed. Angel, stay on the case now and see it through. Dr. Nast, I’ll call the procurement team and get them on standby, that’ll get them on a flight here. As soon as death occurs, I’ll give them the go-ahead and they can move him to fifth floor for the procedure. Be sure to tell her he is going to the morgue immediately so as to prevent the possible spread of disease.”

“Got it, Doctor,” Angel replied.

“I’ll be in my office waiting for the word,” Dr. O’Rourke added. “Let’s hope it’s soon.” Dr. O’Rourke left the office and proceeded back to the main unit of the hospital.

Dr. Nast also left, Angel noted. She didn’t like him much, he always left her to do the dirty work, while he himself claimed all the accolades. Angel decided to work from his office, since she knew he wouldn’t be back today. She proceeded down the hall to the nurse’s station and grabbed a much needed cup of coffee. Jennifer was on duty, she noted, good, she wouldn’t be a problem, most obedient, unquestioning nurse on staff in Palliative.

Angel moved back to Dr. Nast’s office to wait, routinely moving back and forth to Mr. Berber’s room to check on his condition. Unlike the conventional units of the hospital, in addition to only one nurse on duty in the Palliative Unit at any given time, there also were no monitors of any kind at the nurse’s desk so as to monitor the patient’s condition. The patients were truly on their own to call out in their hour of need, provided they had the strength and determination

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to do it, and, if the lone nurse could hear them way down the hall at the nurse's station, and that was a big if. And of course, Angel saw to it that they were so far under on morph, that any calling out was highly unlikely, highly unlikely indeed, she thought, as she smiled. It was time to check on the illustrious patient of the hour.

Angel left Dr. Nast's office silently, she noted that Mrs. Berber was not in her husband's room when she entered. Perhaps it was time to get her alone in the lounge area. Angel noted that Mr. Berber was going down hill fast. He was barely breathing, his chest failing to rise. Breathing was erratic, sometimes not occurring for several seconds or more. She checked his heartbeat, it had slowed considerably, pulse was weaker still. It's time, Angel thought. She paged Dr. O'Rourke to give him the news, not even bothering to leave the patient's range of hearing, she was so callous that she didn't even care anymore. "It's time," she stated, when she had him on the line. "Call them, it shouldn't be more than a few minutes, he should be gone before they can drive over."

Angel moved to the family waiting room to find Mrs. Berber staring vacantly at the television, the sound almost negligible. "Mrs. Berber, I'm afraid your husband is passing on," Angel calmly stated, as she sat on the arm of the chair Mrs. Berber was sitting in and placed her arm lovingly around her shoulder. "I'm afraid there really isn't much we can do for him now but wait."

Mrs. Berber gasped and broke down in tears. She tried to rise out of her chair but Angel held her firmly in place. "I, I must go to him at once!" she cried out, "I must contact the boys."

"I'm afraid there are some things you and I need to talk about first, Mrs. Berber. I need to know if you want to donate his organs, if anything is deemed healthy enough to use. Would you like to provide organ donation, Mrs. Berber?" Angel asked, as she produced a form for her to sign.

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“No, we’ve been over this before, no organ donation, we, Sam and I, don’t believe in it.”

“Alright then, I’ll check the appropriate box here and you can sign off, Mrs. Berber,” Angel replied, as she placed the form on the table in front of her to sign and produced a pen for her to use. Mrs. Berber grabbed the pen quickly and scratched her signature on the line, after checking to be sure the correct box was checked. She pushed the paper back into Angel’s chest roughly as she hurriedly rose from her chair and raced down the hall. Angel rose and followed her, checking her watch. I’ll bet the main event is imminent, she thought, I can feel it. Angel entered the semi-darkened room, Mrs. Berber was holding Mr. Berber’s hand and weeping. Angel walked softly over to the bedside, Mr. Berber was still taking a few erratic breaths every thirty seconds or so, then he would stop, a minute would pass, then he would take another. Angel noted a minute had passed, no breaths, she waited, two minutes passed, she felt for a pulse in the carotid artery, there was none. She first paged Dr. O’Rourke, he would know what the page meant and get the crew in from off the street in their rental van where they were waiting and up to the fifth floor research lab.

“I’m sorry, Mrs. Berber, he’s gone,” Angel said softly.

“No! No!” Mrs. Berber cried out, as she threw herself on top of her husband and began weeping.

Angel gently put her arm around Mrs. Berber’s shoulder and said, “You need to leave the room now to allow us to do our job, Mrs. Berber. We have things that need to be taken care of, you need to contact your sons, Mrs. Berber, they’ll want to know as soon as possible. We can go to the family lounge now,” Angel added, “And you can make your phone calls. Rolling On Funeral Home will be handling the final arrangements, then?”

“Yes, yes, they are,” Mrs. Berber replied, as she allowed Angel to maneuver her down the hall towards the family lounge. Angel could

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see the procurement team hurrying out of the elevator as she looked back over her shoulder as she maneuvered Mrs. Berber to a chair out of both visual contact and earshot of the commencing activities in room 313.

The procurement team worked quickly and smoothly and hurriedly moved their donor to the fifth floor and completed the called for plan of action. Several organs were whisked away in coolers to the awaiting van and then whisked off to an awaiting plane at the airport to be quickly transported to several recipients who were willing to pay handsomely for these much needed and anticipated organs. As the team left the building and entered the rental van bound for the airport, Mr. Berber's sons pulled up to the parking lot and hurriedly entered the Palliative building, actually bumping into the last member of the procurement team as he was leaving the elevator.

Dr. O'Rourke, Angel, and Dr. Nast met in Dr. Nast's office. This one's a wrap," Dr. O'Rourke said, "Went off without a hitch, several much needed organs were procured, as a matter of fact, more than I thought would have been usable in a patient of his advanced age. Thanks to you, Angel, you were once again able to allow our procurement team early and easy access to the organs, we owe you a debt of gratitude, Angel."

"No problem, Doctor, it's what I'm paid for, and, I might add, I've gotten plenty of practice perfecting my art in this unit," she added, as laughter erupted all around.

Here at St. Lucifer's Hospital, errors happen, mistakes are terminated. Late-term abortions proliferate to facilitate stem cell research needs. Organs are harvested and sold without permission. Insiders are paid highly for their silence.... Then, all Hell breaks lose...

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