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2,600 words.

DAMAGE\$ INSIDE MOVES

Mommy Mommy Wake Up

by Richard Vazquez MD

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# Dedication

To the family of the person whose life was lost in real life--  
and to the person herself.

# Introduction

"When somebody says it's not about the money, it's about the money."  
-- commonly attributed to H. L. Mencken

The young mother's wrongful-death case should have been worth maybe \$ 300,000.00. Standard payout for a life cut short--tragic, but not the kind of number that makes plaintiff attorneys salivate or insurance companies panic.

Instead, the jury awarded her estate millions.

What transformed an ordinary medical-malpractice death into a multimillion-dollar judgment? The answer lies in the moves you never see--the calculations made in conference rooms and judges' chambers, the strategies deployed in courthouse hallways, the secrets buried in settlement agreements.

Damage\$ is not a typo. It's the brutal arithmetic that determines whether an injured patient gets their day in court or gets shown the door. No significant damages, no case. It is that simple. Plaintiff attorneys do not take on charity cases, and defense attorneys do not defend saints. Everyone in this system follows the money because the money flows from the damage\$.

You have heard that justice is blind. What you have not heard is that she is also an accountant.

The current value of a human life? About \$ 1.5 million, depending on earning potential. But here is what the textbooks do not tell you: death actually limits damages. A brain-injured patient requiring lifelong care is worth far more to an attorney than a deceased one. Callous? Absolutely. True? Without question.

In this world, defense attorneys call plaintiff experts "truth whores"--witnesses who will say anything for money. Plaintiff attorneys return the favor, painting defense experts as medical-profession loyalists who will bend any testimony to protect their colleagues. Both sides are probably right.

The real tragedy is not the finger-pointing. It is that everyone involved--the injured patients, the healthcare providers, the families seeking answers--are casualties in a war between two professions that speak different languages but worship the same god: money.

So what happened in that courtroom? What turned a routine wrongful-death

case into a multimillion-dollar verdict? What surprise factor did nobody see coming?

The story that follows reveals the inside moves that transformed tragedy into fortune--and why sometimes, when they tell you it is about justice, it is really all about the money.

#### Author's Note

The author does not practice law but has observed and studied hundreds of medical-malpractice cases, most of which never see a courtroom. The system uses gag orders to hide medical errors from public view, preventing other healthcare providers from learning how similar tragedies might be avoided. These stories break that silence.

# Foreword

## The Art of Storytelling

Most stories of medical harm never see a courtroom.

In my experience as a medical consultant and expert witness in several hundred medical-malpractice cases, fewer than thirty ever reached trial. The vast majority ended in settlements--quiet resolutions sealed behind confidentiality agreements that ensure the public will never learn what really happened. Gag orders protect institutions and providers, but they also silence the voices of those who suffered. Worse, they prevent other healthcare providers from learning how similar tragedies might be avoided.

When a faulty medical device causes harm, manufacturers routinely claim "user error" rather than acknowledge design flaws. When settlements silence these cases, the lessons that could save future patients die in conference rooms. Critical safety information that could prevent other doctors from repeating the same mistakes disappears behind legal agreements.

When cases do go to trial, two competing stories collide. The plaintiff's attorney tells a story of trust betrayed, of lives shattered by negligence, of families seeking justice for irreversible harm. The defense attorney counters with dedicated healers working under impossible conditions, of split-second decisions made with incomplete information, of the inherent risks that shadow every medical intervention.

But for every dramatic courtroom confrontation, there are dozens of cases

that end in conference rooms with handshakes, settlements, and signatures on documents that promise silence. No jury hears these stories. No public record captures the lessons that might prevent future harm.

Behind every case file--whether it ends in settlement or trial--there are real people whose lives intersected in moments of crisis: patients who trusted their care to others, healthcare providers who entered medicine to heal, families grappling with outcomes they never imagined. All are bound by agreements that keep their experiences hidden from view.

The stories that follow are fiction, but they emerged from truths I have observed across hundreds of cases. Justice in medical malpractice often happens in shadows, not spotlights. The question that haunts every settlement and every trial is whether silence serves healing--or whether some stories demand to be told.

These are the stories that could not be silenced.

**Damage\$: Inside Moves Book One: Mommy Mommy Wake Up**

**Chapter 1**

Scene 1 Orthopedics Floor Midwest Regional Medical Center

**Midwest Regional Medical Center (MRMC) Chicago**

*Saturday Morning, October 12, 1996*

It was quiet on the orthopedic floor at Midwest Regional Medical Center Chicago that morning. Twenty-six-year-old first-year orthopedic resident Dr. Julie Brendan tossed her files onto the desk, sat, and stretched her back from a long night on call. Her wrinkled, coffee-stained green scrubs and light-blue lab coat looked rumpled and unflattering. Her eyes seemed hollow in the harsh glow of the humming fluorescent lights overhead.

"I am so glad that overflow gyne patient Sheila Flynn had a simple laparoscopic procedure," Julie said.

Jennifer McMaster, RN, the young day-shift charge nurse, had just finished taking report from the night shift. She stood at the printer filling out paperwork and looked fresh and sharp, having just arrived to start her day shift. Julie looked tired and irritated and yawned constantly. The whole nursing station looked like it could use a caring cleaning crew.

Julie added, "Too bad Dr. Cohen won't be coming by today. He went to temple this morning. One of his partners, Dr. Fishman, is covering call for the group."

Nurse McMaster tossed her paperwork into Julie's pile and asked, "When will he be up to discharge Ms. Flynn?"

Without looking up, Nurse McMaster shook her head and said, "All this damn paperwork to fill out and file. Wouldn't it be great to have an electronic health record installed in this paper warehouse? And just think of the trees we'd save."

Henrietta Johnson, the ward secretary, tried her hand at tackling the disorderly mess.

"I just heard from Dr. Fishman," she said. "He told me to proceed with discharging Sheila. He's been discharging healthy mothers and babies over in OB. I told Dr. Fishman that I called Sheila's husband James Moretti and told him to come to the hospital to pick her up. I told him about our rule that all post-op discharges are required to ride to the lobby in a wheelchair. And about your electronic health record--be careful

what new-fangled things you wish for."

Julie rubbed her heavy eyes. McMaster grabbed her clipboard and started to walk off.

Dr. Brendan blurted out, "Oh, I forgot to tell you--I spoke with Dr. Fishman at around 2:00 a.m. I told him I was concerned about Sheila's restlessness and anxiety. She had no complaints of abdominal pain, but she said she was sweating a lot. She seemed a bit confused and thought she had been discharged already."

Nurse McMaster inquired, "What about her vitals?"

Dr. Brendan replied, "There was just a slight decrease in her blood pressure to 90/60 and tachycardia of 110, but she was making urine--in fact, she was incontinent once."

Nurse McMaster asked, "Incontinent? Why was she incontinent?"

Julie answered, "I don't know why she was incontinent. She was breathing a bit fast, but her chest was clear and breath sounds were good. Her abdomen was mildly distended but not tender to touch. No rebound tenderness and a few bowel sounds. Her urine

output was 50 mL per hour before midnight, so I didn't think she was hypovolemic. To me she looked like she was having a really bad panic attack, so I gave her one milligram of Valium IV and 0.5 milligrams of Xanax PO overnight to calm her down. She was sweaty and disoriented, but she fell asleep."

Nurse McMaster replied, "None of this makes any sense. How does all of that add up to a panic attack? Did she have a history of panic attacks or panic meds listed pre-op? Why would she be having a panic attack in her hospital bed? A panic attack in a post patient would be highly unusual, personally I have never heard of such a thing."

Dr. Brendan added, "Dr. Fishman gave me permission to request a consult from the internal-medicine resident on call. I spoke with the resident, but he hasn't had a chance to see her yet. He told me to examine her again and consider getting an arterial blood gas and chest X-ray. He was thinking about ruling out a pulmonary embolus. I told him she had no shortness of breath, so I decided to wait for him before sending the ABG."

Dr. Brendan said, "I have to grab a cup of coffee. I'll be back in a couple of minutes."

Scene 2 Sheilas Flynn's Family in Transit

**The Home of James Moretti**

*8:00 a.m. Saturday Morning, October 12, 1996*

Meanwhile, Sheila Flynn's husband James Moretti helped their five-and-a-half-year-old daughter Heather get ready to leave the house.

Heather spoke up. "Daddy, look at the drawing I made for Mommy. Do you think she'll like it? I'll show it to her at the hospital."

The cool day, one of the first crisp autumn mornings, marked the end of Indian summer. James and Heather arrived at the front entrance of the hospital. A pleasant, uniformed security guard greeted James and handed him two visitor badges as a parking attendant valeted the car.

The security guard pointed to the elevator doors and said, "Take that elevator to the ninth floor."

They were interrupted by the overhead paging system: "Code Blue, Room 1930." (Code Blue: call for cardiac or breathing arrest).

Doctors and nurses responding to the call rushed past. James held Heather's hand while she clutched her favorite stuffed animal.

As they entered the elevator, James asked, "Heather, would you please push the nine for Daddy?"

Heather smiled and pushed the right button. James and Heather exited the elevator and sat in the chairs in the ninth-floor elevator lobby. James let Heather put her visitor's pass on her stuffed animal while they waited for Sheila to arrive by wheelchair.

Ten minutes passed. James picked up the house telephone and asked the operator to connect him to the nurses' station. No answer. Another ten minutes passed and still no call back. He waited another twenty minutes and again received no communication from anyone.

The house phone rang. The hospital operator called James back. "Mr. Moretti?"

"Yes, this is Mr. Moretti."

The operator apologetically announced, "I cannot find anyone on the ninth floor to speak with you."

James paced anxiously about the elevator lobby and then decided to make his way to the nurses' station. He kept Heather close and held her hand firmly. As they cautiously approached the nurses' station, James had an eerie feeling about how quiet and deserted it was. No one was in sight.

James heard distant sounds that caused his attention to shift to their source at the end of another corridor. The level of commotion made him apprehensive. He felt the hair on the back of his neck stand up. He did not know why he felt frightened. He clutched Heather's hand and walked down the hallway toward the excitement.

Scene 3 CODE BLUE

**CODE BLUE In Progress Room 1930**

*Earlier at 8:50 a.m. Saturday Morning, October 12, 1996*

Just as Dr. Brendan arrived back at the unit. She looked over her cup as she sipped her tasty hot coffee. She furled her brow

when she saw a patient care technician leave Sheila's room at the end of the corridor. Her eyes then sprang wide open as she saw the patient care tech shoot out of Sheila's room flailing her arms, yelling "CODE BLUE, CODE BLUE!"

Dr. Brendan jumped up and ran down the hall. The patient care tech ran past her continuing to alert her superiors about the CODE BLUE in progress. Dr. Brendan breathlessly entered Sheila's room. She saw Sheila's motionless bluish tinged body in the bed and said, "Oh my God," as she checked Sheila's neck for a carotid pulse--none were palpable. She listened for breathing but heard no air in motion. She quickly slipped on examination gloves, and swept Sheila's mouth to clear Sheila's airway with her gloved fingers. She again felt for a carotid pulse. Still no carotid pulse was palpable. She placed the Ambu bag mask over Sheila's face and delivered a series of assisted breaths. A floor nurse entered the room and together they lifted Sheila's head and back off the bed and placed a backboard under Sheila. The floor nurse then started to count chest compressions. Another nurse came to Julie's aid and hooked an oxygen line to the Ambu bag

Nurse McMaster raced to the crash cart closet. The wheels rattled wildly as she ran down the hallway with the key to the

cart on a bracelet on her wrist. She arrived at Sheila's room, unlocked the crash cart, and notified the team, "Crash cart ready."

A nurse anesthetist (CRNA) on call took over airway management from Dr. Brendan. He swept Sheila's mouth again, checked and proved there was not any vomit or foreign object in her mouth. He performed a stronger jaw thrust and reapplied the mask to Sheila's face with the finger strength developed by years of delivering gas by mask. He now squeezed the bag hard to better ventilate her. Nurse McAllister listened to Sheila's chest with a stethoscope, and she reported, "Good breath sounds on both sides of the chest. Good chest wall movement bilaterally."

The Code Blue team arrived. The Team Leader took over directing the arrest. The Team Leader announced, "Sorry for the delay. We were running a code in the ICU when you sounded the alarm over here. Another Code Blue team member applied EKG leads while chest compressions continued."

The Code Blue Team Leader asked, "Anesthesia are you prepared to intubate her? We need better control of her airway for better oxygenation."

"Suction, please", said the CRNA as he removed the mask and

suctioned saliva from Sheila's mouth. He performed a quick, skillful endotracheal intubation through Sheila's mouth. He attached the Ambu bag to the endotracheal tube and began vigorously squeeze the bag to hyperventilate Sheila.

The Team Leader listened to Sheila's chest and reported, "Better chest excursions and good breath sounds bilaterally. The CRNA handed off bag squeezing the patient to Dr. Brendan so that he could finish stabilization of the endotracheal tube and then he resumed bagging Sheila through the endotracheal tube.

Discombobulated, Dr. Brendan stood back unsure about what to do next.

The Code Blue Team Leader checked the ABCs of resuscitation airway, breathing, and circulation. He listened to her chest again and reported aloud, "Breath sounds bilateral". The monitor shows a cardiac rhythm returning but Sheila remained pulseless. The Team Leader called out the current cardiac diagnosis, "PEA<sup>2</sup>". He ordered, "Continue chest compressions." ABGs sent. Results back in 5 more minutes or less.

The Team Leader now uttered serial observations and orders.

"She--she's bradying<sup>3</sup> down.

"Give her one amp of bicarb<sup>4</sup> intravenously and 0.4 milligrams of atropine I.V. Turn her IV on full flow and start a second IV of another liter of normal saline at full flow.

Sheila's failure to begin to positively respond at all to their first salvo of therapies made the team lead to announce, "We have missed something here. What's missing?"

The Team Leader ordered, "Pass me a preloaded intra-cardiac epinephrine syringe." The Team Leader skillfully inserted the needle into her heart through her skin near the base of her breastbone. He aspirated on the syringe until he observed a brisk blood flow that confirmed the needle tip was in a heart chamber. He then injected the epinephrine.

The Team Scribe remarked, "Still no cardiac rhythm on EKG!" The Code Blue team leader asked, "Why is she here?"

Dr. Julie Brendan answered, "She had an uneventful laparoscopic removal of uterine fibroid tumors yesterday afternoon."

The Team leader said, "Doesn't make sense. Any allergies to medications?"

Nurse McMaster replied, "No known allergies to medications." The Team Leader replied, "Any complications during surgery?"

Nurse McMaster checked the chart and stated, "Chart's clean. There is a short handwritten operative note that states they did a suture ligation of some venous bleeding in the left broad ligament. She had no significant blood loss recorded during her surgery.

She had good urine output overnight but lapsed into mental confusion and anxiety. She was given 0.5 mg of Xanax and 1 mg of valium IV at about 2 am for a presumed panic attack."

The Team Leader ordered, "Keep the IV's running full bore. She has to be bleeding. What do the ABG and STAT<sup>5</sup> labs show?"

Nurse McMaster responded, "We just got the ABG results. STAT labs not ready yet."

The Team Leader looked at the ABG results and barked, "Her hemoglobin<sup>6</sup> is in the basement. Her heart must be empty. No wonder our resuscitation failed!

Start another IV 0.9% Saline wide open. Get a couple units of O

negative packed red blood cells up here STAT!. He commanded a runner, go to the blood bank, grab two units of O negative packed red blood cells(PRBC) and get back here with the blood immediately."

Nurse McMaster called the blood bank to notify them that their runner was on the way to pick up 2 units of O negative.

Meanwhile she drew and sent a fresh red top tube of blood to the blood bank for them to do a STAT type and crossmatch of 6 units of packed red cells. She told the blood bank, "Also send 2 units of O negative PRBC now." Per additional order from the team leader, she told the blood bank, "Initiate the massive transfusion protocol".

The Team Leader then said, "The EKG shows course disorganized wave forms. She has no pulse. Charge up the defibrillator. The Code Blue Team Leader applied the paddles to Sheila's chest.

"Clear." All backed away. Sheila's body shuddered from the shock of the defibrillator. The scope-trace signal rang out.

The runner arrived with the first two units of O negative blood. The nurses checked the blood type O Negative and started to infuse a unit of blood through each of the two large bore IVs.

Dr. Fishman entered the room. Everyone in the room stood still and looked toward him for a moment. He asked the team lead, "How long has she been being resuscitated?"

The team leader responded, "Thirty minutes, never had a pulse or pressure. No response to intra-cardiac epinephrine and IV bicarbonate. She is on liters number 3 and 4 of IV saline. Her EKG continues to show PEA. No response to defibrillation."

Dr. Fishman threw a look of indignation to Julie Brendan.

Struck with anxiety, Dr. Brendan sensed something behind her and turned and saw James and Heather standing in the doorway, frozen and speechless. They had just witnessed the final moments of this horror.

Dr. Fishman nodded to the Team Leader, "What do you think." The Team Leader responded, "Call it," a CODE BLUE team member silenced the steady drone of the cardiac monitor as the Team Leader pronounced, "The time of death is 0935 hours."

Heather's drawing of a woman in a white gown flying in a blue sky with a little girl and man watching fell from her hand to the floor. A team member tried to block the family's view of the

lifeless patient, and another said to James, "Who are you and why are you here, and with a child?"

Before James could reply, the ward clerk Henrietta Johnson said, "Oh no! This must be Sheila's husband and daughter. With the commotion of her arrest, I forgot that I had called her husband to pick Sheila up for discharge!"

Everyone in the room remained still. Heather slipped her hand from her father's grasp and stepped further into the room. She moved closer to her lifeless mother and said, "Mommy?"

Heather then stood at the edge of the bed. She blankly stared toward her mother's sunken, closed eyes. Suddenly, she slammed her arms against Sheila's dead body and ear-piercingly screamed, "Mommy, Mommy Wake up!"