

# D. Bruce Foster

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## THIS WAY TO PARADISE

Book Two of the Alex Randolph Series

*This book is a work of fiction. Names, characters, places, and incidents are products of the author's imagination, or are used fictitiously. Any resemblance to actual events, locales, or persons, living or dead, is coincidental.*

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*To Ali & Brian*

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In many ways, the writing of a work of fiction is a collaborative effort between writer, editor, and first readers. It is the latter who with fresh perspectives let the writer know what works and what doesn't work; who provide the writer with confidence that the story is ultimately headed in the right direction—a liberating concept that I can tell you allows the words to flow much more freely off the fingertips on the keyboard.

First among these is my wife, Jan, whose instincts are unfailingly correct as the first draft of each chapter comes off the printer, warm in her hands. She often seems to know and understand the characters better than do I. Along with my daughter, Allison Fortmann, we spend hours talking about the characters as if they were real people, some of whom we love and others whom we love to hate.

Marie Beck, my talented editor and friend, lets me get away with nothing, forcing me to make the case for the development of each character and viciously striking every cliché. Her story line suggestions invariably have a powerful impact on the quality of the finished product. Working with her is sheer pleasure, and to Marie goes my enduring thanks.

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To the extent that *This Way To Paradise* succeeds as a work of fiction, credit in large measure is due to these friends.

D. Bruce Foster  
December 2013

## PROLOGUE

South Shore of Lake Okeechobee, Florida  
August 12<sup>th</sup>, 1996

S PENT, HE COLLAPSED ONTO HER TINY FRAME, her breath coming in short gasps under his deadweight. She lay staring at the sagging ceiling above her, tracing the water stain lines with her eyes, trying not to think about her breathing.

After what seemed an eternity, he finally raised his head, sending a suffocating stench of tobacco and alcohol to her nostrils. For a long moment he tried to bring her face into focus, then gave up, grunted, and clumsily rolled off. He stood by the bed swaying unsteadily, staring down at her naked body as if unsure what to do next. Finally he turned and staggered down the trailer's narrow hallway to the bathroom.

She lay motionless except for the heaving of her chest, not daring to move for fear of renewing his interest. Sweat trickled down the little valley between her breasts in the oppressive Everglades heat.

She knew what was coming next. The urine splashed and the toilet flushed. He hit the wall twice as he stumbled to the kitchen. She heard the vacuum release as he popped the tab on a beer can and the springs creak as he collapsed onto the vinyl sofa.

As she waited for the snoring to begin, she dreamed of his death, as she had for many months. Not just any death, but an agonizing death

at her own hand as she looked directly into his eyes. And when his eyes closed and he slipped away to hell, her mother could go with him.

The snoring began. She slipped out of bed, gathered her clothes, and quietly made her way to the moldy bathroom.

The cold water of the shower raised goose bumps on her skin. Hurriedly she scrubbed away every trace of the snoring man, determined to escape the trailer before her mother returned from grocery shopping, her mother's euphemism for completing her drug-running errands. The girl knew that she was the price her mother paid for a place to live and a ready supply of crack cocaine from the scum on the sofa, and she hated her mother for it.

When she was younger she used to dream that her father—whoever he was—would come home and rescue her, but not so much any more. That was little girl thinking.

*I'm getting older now. Some day soon I'll make them pay,* she promised herself.

She dried her skin, pulled on a halter top and shorts, and slipped out of the trailer into the humid night air. It was the night before Mary Anne Hampton's thirteenth birthday.

CHAPTER ONE

Baltimore County, Maryland  
June 6<sup>th</sup>, 2011

THEY SAY THAT MANY THINGS ARE LIKE riding a bicycle—once you’ve learned how to do it you never forget. But I wasn’t at all sure it was going to be that easy on my first day back on the job after a little three-month vacation.

Actually it wasn’t exactly a vacation, more like a convalescence, necessitated by a minor security event in the ER that resulted in a bunch of broken ribs and removal of my spleen, an organ for which I had considerable affection.

I wasn’t really back on the job either, at least not on my old job, because I got fired from that. Well, not exactly... they just didn’t renew my contract. *They* refers to John F. Salzman, the esteemed CEO of Americus Health Systems, with whom I did not see eye to eye and who did not consider me to be an asset to his corporation. Americus is a non-profit health system that owns four hospitals in the greater Baltimore region, including Mason-Dixon Medical Center, my little country hospital in the northern part of Baltimore County on Middletown Road.

John was a bit disappointed when I got beat to a pulp in the ER and ended up on his payroll with extended leave and workman’s comp long after my official termination date. However, that doesn’t really

matter now because after the board discovered that John had run up a little personal expense account of over \$450,000 for private jets and hospital conferences in exotic places, they concluded that *he* wasn't an asset to the corporation.

So now we have a new CEO who offered me back the position of chair of emergency medicine for the second time. Although I am not often complimentary of administrative types, this, I thought, was a very good decision. I also have to give the board of trustees some credit on this one because they thought outside the box and hired a doc for the position of CEO.

It may seem odd to you that a hospital—where physicians heal the sick—would not normally consider a physician as a candidate to run the place. But, in fact, that would be anathema to most boards of trustees. Trustees and administrators generally believe physicians to be Neanderthals when it comes to the complexities of organizational dynamics. But in this case, the board hired Harvey Mays, MD, a distinguished gastroenterologist and Mason-Dixon's former chief of staff, as CEO, thereby exploding all of my dearly held beliefs that boards of trustees are themselves all Neanderthals.

I pulled my '95 Jeep Wrangler into an empty parking space and walked toward the ambulance entrance. I was excited about being back to work. Convalescing for three months and doing nothing productive had left me a little bit loony, although my girlfriend considers this to be a persistent state.

I flashed my security badge at the reader on the brick wall, but nothing happened—no little green light—and the sliding glass doors didn't open. My badge was apparently still *persona non grata* at Mason-Dixon. So I walked around the building to the public ER entrance and made my way through the lobby. A guard stood at the security station wearing a gun belt and Taser. This was a new one for Mason-Dixon. The light bulb must have gone on after three people died, a nurse took a bullet in the chest, and I got my ribs kicked in.

Eileen Probst was sitting on a stool behind her reception counter. She flashed a wide smile. "Dr. Randolph, you're back!" she said, buzzing me through the secure entrance door to the staff locker rooms.



## THIS WAY TO PARADISE

I changed into blue scrubs, thinking about my grand entrance back into the ER and preparing myself for the cheers and acclamation that would go up upon my appearance at the nursing station.

But there were no cheers when I pushed through the ER door. In fact, the nursing station was deserted. This was not a good sign. It usually meant that all the nurses were tied up someplace, typically working to keep some poor soul from crossing the river Styx.

Rebecca Franklin, RN—our resident marathon runner—careened around the corner of the nursing station counter to the Omnicell medication dispenser and started frantically pushing buttons on the machine.

“I think Lynn could probably use your help in Fifteen, Alex,” she said unceremoniously. So much for my rousing welcome-back party.

I walked into Bed Fifteen, our resuscitation room, where barely controlled chaos reigned. Lynn Saylor, MD, a tall, lanky brunette in a ponytail, was bent over the head of a motionless middle-aged man. She held a bright metal laryngoscope in her hand, attempting to put a tube through the man’s mouth into his trachea that would allow her to breathe for him. He had been stripped from the waist up and his skin was mottled with a purplish hue.

The room was crammed with nurses in motion: connecting monitors, pulling off clothes, and attempting to start IVs. My eyes instinctively went to the overhead color monitor screen. The EKG line showed a heart rate only in the thirties, with a very wide waveform—an ominous heart rhythm that frequently precedes death.

“Need some help in here, Lynn?” I asked.

“Hello, lover. Welcome back.” Lynn likes me. In clipped, rapid-fire sentences she gave me the rundown. “The medics tell me this guy was having coffee with his wife, developed back pain, and just collapsed. He’s got no blood pressure. We don’t have an IV yet. Maybe you could get a central line in him.”

A central line is a catheter with three different internal lumens, or tubes, that gets threaded into the central veins near the heart. This is the functional equivalent of plugging a garden hose into the circulatory system through which you can pour a ton of fluid, blood, or medicine very fast.

Two nurses, one on each leg, tugged off pinstriped gray slacks and then red silk boxer shorts. The dying man now lay naked on the table, his ample belly spilling over to the sides of the stretcher. He smelled of cologne.

I had two choices here. I could put a central line under his collarbone, or thread one into the femoral vein in his groin. The head of the bed was packed with people working on his airway, so my fingers went to his groin, feeling for a pulse that would give me the location of the femoral artery. The femoral vein—my target—would be just a centimeter to the inside of the artery.

I could feel the faintest of pulses intermittently, but I couldn't be sure whether I was feeling pulses from his femoral artery or the pulse in my own fingers. I would have to make my best guess as to where the vein lay.

Jen Wilke tore open a central line tray from which I picked up a wicked-looking syringe with a four-inch-long steel needle that I would use to find the vein. Jen sloshed his groin with brown betadine antiseptic solution, my fingers felt for a pulse again and I slid the razor-sharp needle edge into the skin at a 45-degree angle.

Lynn called out, "I've got the tube!" The endotracheal tube was in place. Score one for Lynn.

I pulled back on the syringe plunger, but no blood returned into the syringe. I pulled the needle back, redirected it and pushed in again. This time a gush of purplish blood surged into the syringe. *Ah, sweet. I can still do this.* Score one for me.

I quickly unscrewed the syringe, leaving the needle in place, and threaded a long flexible steel guide wire into the vein. Over the guidewire went the central venous catheter, and, *voilà*, we were in.

"OK. Hang three liters of saline and run 'em all wide open. And give him a milligram of epi," I said to nobody in particular. We didn't know why this guy was on death's door, but near the top of the list of differential diagnoses was bleeding from somewhere internally, so a first step in trying to resuscitate him would be expanding the volume of fluid in his circulatory system in case bleeding was the problem.

The milligram of epinephrine, better known as adrenaline, would increase the vigor of his heartbeat and perhaps raise his blood pressure.

Now to figure out what in the hell was wrong with him. Maybe he was bleeding from his gastrointestinal tract.

Still wearing gloves, I lifted one of his legs, lubricated my index finger with gel, and slid it into his rectum. I met resistance from a mass of soft stool and removed the finger. No blood on the glove. He wasn't bleeding from his GI tract.

"Heart rate's coming up," called out Rebecca. "He's got a good femoral pulse now."

My hand went to his belly. It was harder than I expected. As I gently probed, the outlines of a large mass gradually became apparent to my fingers. It had a faint pulse that correlated with the heartbeats on the monitor screen.

"He's got a pulsatile mass, Lynn," I said.

"That makes sense," she replied. Sudden onset of back pain, followed by cardiovascular collapse. Almost certainly I was feeling an aortic aneurysm, a weak spot in the wall of his major abdominal artery that was expanding and finally had ruptured, pouring blood out of his circulatory system into the cavity of his belly, and likely spelling the end of his days on earth.

"I need four units of uncross-matched O-pos blood, and two units of fresh frozen plasma," I called out. "And tell the blood bank we want them *now*."

Lynn was already pulling a cart with a large video screen and a zillion dials to the bedside. This was an ultrasound machine, a unit that sends out waves of sound like sonar on a sub, allowing the operator to visualize structures beneath a handheld probe. It's what the obstetricians use to show expectant mommies cute little pictures of their baby sucking her thumb.

Lynn squirted a big blob of gel onto his belly and placed the probe just above his belly button. Slowly she eased the probe back and forth, adjusting some dials until a large tube appeared on the screen: his aorta. But this was not a cute sonogram. Below his belly button the tube expanded into an ugly, ragged bulge about eleven centimeters wide and eight centimeters long.

"Yep, that's it. He's got a triple-A," she said. In ER-speak, a *triple-A* is not the association you call when your car gives up the ghost in the

middle of nowhere. It's an *abdominal aortic aneurysm*, a ticking time bomb that one day ruptures, ending this mortal life unless you can keep the victim alive long enough to get them to an OR. Even then, the mortality rate is about fifty percent.

"We're gonna need a surgeon," Lynn barked. "Call the OR and tell them to get ready. What's this guy's name? Any family here?"

"His wife's in the family counseling room," said Jen. "Name's Stern. Franklin Stern."

It was Lynn's case, so I let her keep working on Mr. Stern, while I walked down the hall to the family counseling room to give the bad news to Mrs. Stern. I never know what to expect on these little forays into the depths of the human heart, but they are always unvarnished and free of pretense. I briefly rapped on the door and pushed it open.

Seated on a love seat in the softly lit, warmly appointed room was an attractive blond woman in black running tights and sneakers. An ample amount of cleavage bubbled out from several layers of low-cut pink tops. This young lady did not look to me to be Mr. Stern's wife.

"Hi, I'm Dr. Randolph," I said, reaching for her hand. She shook my hand firmly and said, "I'm Amanda Stern, Dr. Randolph."

"And you are..."

She finished my sentence. "Franklin Stern's wife." *Wow.*

"Mrs. Stern, can you tell me what happened to your husband this morning?"

"Is he alive?" she asked quietly.

"Yes, he's still alive. But it would help us if you could tell me what you saw this morning." She gathered herself for a moment, took a deep breath, and then began to speak.

"Well, he was fine, just fine. He and I were having coffee before he went to work, and I was getting ready to go for a run. He was fixing another cup of coffee when he said his back was killing him. And then he sat down and turned white, and he started sweating, and a minute later he put his head down on the table. I said 'Frank, are you all right?' And he didn't answer me. So that's when I said to myself, 'I have to call 911.' I couldn't get him awake after that."

She paused and looked at me again. "What's wrong with him?"

## THIS WAY TO PARADISE

“Well, Mrs. Stern, we’ve figured out what happened to your husband. He has an abdominal aneurysm that is leaking. Have you ever heard of that term?”

She looked off into the distance for a long moment, lost in thought, and then returned to my eyes. “Yes. His brother died of that,” she said matter-of-factly.

I stood and put my hand on her shoulder. “Mrs. Stern, we’re going to do everything we can to save your husband. We’ve figured out what’s wrong, we’ve got blood running, and we’ve put a tube into his lungs to allow us to breathe for him. We’re going to get him to the operating room as fast as possible. But it’s going to be touch and go. He’s very deep in shock. I’m not sure that we will be successful in saving him, but we’re going to try like hell.”

Time stands still for no man. Twenty minutes later Mr. Stern was fighting for his life in a third floor operating room, and I was trying to enter my first set of orders in three months into the computer. I clicked on the line displaying the name *Kohl, Alberta*.

Mrs. Kohl was a sweet, silver-haired lady whose dog on a leash had run circles around her until she was tied up like a mummy. Alberta said she teetered for a moment, and then toppled over like Saddam Hussein’s statue. This was not good for her left hip and shoulder, which I thought were almost certainly fractured.

Entering Alberta’s orders into the computer was my second challenge of the day in trying to get back on the bike. My fingers were slow and I couldn’t remember where certain sets of orders could be found in the labyrinth of algorithms.

Little Lisa Turano, RN, mother of three, wife of homicide detective Frank Turano, and Mrs. Kohl’s nurse today, stood at my shoulder with her arms folded and watched as I struggled to find the button to click for simply ordering an IV.

“A little slow today, aren’t we?” she asked. She reached down and took control of my mouse. In three quick clicks she was at the IV button. “Is that what you were looking for?” Lisa is very nurturing.

"I knew that," I said.

In about a minute—an eternity in computer time—I had figured it out again. Little red icons for lab and x-ray popped up behind Alberta's name on the giant patient tracker screen hanging over the nursing station.

"Are you going to put in some pain meds, too?" she asked impatiently. ER nurses, in general, are very unassertive.

"Sure, I was going to do that."

I navigated to the medications section and found the button for Dilaudid, 0.5 mg IV. A moment later, a red *MED* icon flashed onto the screen.

"There you go," I said triumphantly, "...piece of cake." I leaned back in the chair, folded my arms and sighed. Although wobbly, the bike was upright, and the wheels were turning. It felt good.

It was late morning before I finally had a chance to pick up the phone and call the OR to see how Mr. Stern was doing. Something was nagging me about that name. It sounded familiar to me.

I got through to the circulating nurse in the OR and she gave me a brief rundown on the progress of the surgery. "Well, he's still alive," she said. "We've been through twelve pints of blood and they still have an hour or so to go, but it looks like the bleeding is finally under control." *Looks like Mr. Stern's number was not up today.*

And then it dawned on me. *No. It can't be.*

I jumped on the Internet and typed in a couple of search words. Google had the answer in an instant. I clicked on the first entry and a website popped up with a photo of a stern-looking Mr. Stern in better days. The header said "Stern, Healy, Watson & Craig—Protecting Your Loved Ones Since 1975."

I leaned back and stared at the screen. Franklin Stern. He and I actually had a little date coming up—in a courtroom—where Mr. Stern would attempt to convince a jury of my incompetence and gross negligence in the case of *Robert S. Kline vs. Alexander B. Randolph, MD.*

CHAPTER TWO

South Shore of Lake Okeechobee, Florida  
August 29<sup>th</sup>, 1998

**P**EERING THROUGH THE VENETIAN BLINDS OF the back bedroom, the girl watched as her mother's taillights receded out the gravel lane to the highway. Thursday nights no longer made her stomach churn. After two years she knew how to do this. Hours of porn videos had been instructive. Gradually she had learned that if she took the initiative, she could turn these evenings to her advantage.

Quietly she peeled out of her clothes and from a drawer selected a pair of white bikini panties and an old, oversized white tank top. She pulled them on and turned to assess her appearance in the full-length mirror, pulling at the loose top here and there until it fell exactly right on her breasts.

Her auburn hair shined, perfectly framing an elegant face with a wide mouth and deep-set eyes. Over her shoulder she could see the bikini disappear into the crevice between flawless buttocks set atop long, slender legs. From the side she saw a flat belly and a generous glimpse of softly rounded breast. Nipples protruded proudly through the frayed tank top. Even at barely fifteen, Mary Anne Hampton knew that she was a striking beauty who was desired by men.

Satisfied, she ran her fingers through her hair, turned, and walked down the narrow hallway to the kitchen to complete her task.

As she passed the man slumped on the couch watching TV, his eyes widened and followed the girl's gently swaying buttocks. She opened the refrigerator door, popped a can of Budweiser and curled up in his lap, holding the can to his lips. Even in his fog, the man could smell the sweetness of her youth. She smiled as he ran his hands over her smooth legs, as if in a trance. Watching his eyes, she parted her knees slightly, allowing him to stare intently at the puffy crotch of her panties.

"Do you like what you see?" she asked sweetly. She traced the outline of his stubble-covered jaw with her finger. "I could buy more of these for you if I had a little cash."

His liquor-laden breath hit her full in the face as he stared dumbly at her for a moment, and then began to fumble for his wallet. She grasped the fifty-dollar bill between thumb and forefinger, dramatically lifted her hand high, and then, with a smile, let the money flutter to the floor. Steeling herself against the taste, she placed her mouth fully over his and thrust her tongue between his teeth. It was more than the man could bear.

With both hands he shoved the tank top high and hungrily sucked on her right breast. She grimaced and gently stroked his head as he bit into her nipple, sending intense waves of pain coursing to her brain. When she could no longer stand the pain, she pushed his head away and holding his face with both hands said, "I need you inside me now."

Dragging him down the narrow hallway by the hand, she knelt on the bed, raising her buttocks high and allowing him to rip her panties down her thighs. This was her favored position. Here she could neither see him nor smell him.

He fumbled, unable to find her opening, so she reached between her legs and guided him to avoid the bruising thrusts. As he wildly pumped, she willed herself to relax and imagined, as she had before, that the boy on the other side of the trailer park was thrusting into her. As her daydream evolved, she felt her body begin to respond, and she allowed the sensations to wash over her.



## THIS WAY TO PARADISE

She lay collapsed on the bed with her panties around her ankles for nearly twenty-five minutes, until she was certain that he was asleep. Quietly she showered and then dressed.

As she tiptoed down the hallway under cover of the clattering air conditioner, she smelled smoke. He lay sprawled over the far metal arm of the sofa in his underwear, snoring deeply, one arm falling to the floor. On the Formica-covered table before him lay an empty plastic bag and a straw. He had snorted a line of cocaine.

She slowly walked around the sofa, searching for the source of the smoke. Beneath his dangling fingertips, a cigarette lay smoldering on the carpet.

The idea came to her in a flash. Returning to her bedroom, she quietly pulled a change of clothes from a drawer, and quickly stuffed them into a plastic bag along with an embroidered cheerleading patch she ripped from her bulletin board. She took one last look around the room, grabbed a ragged cloth doll from her bed, and tiptoed back to the kitchen.

Above the sink hung a roll of paper towels. She quietly tore off two sheets, walked toward the sofa, and then hesitated. What if he wakes up? He would kill her.

Grabbing a dirty glass from the counter, she filled it with water, and biting her lower lip, slowly tiptoed back to the sofa. If he awoke, she could tell him she was putting out the burning carpet.

She rolled up the two sections of paper towel into tubes and then laid them end-to-end from the cigarette to the floor-length drapes hanging from the window behind the sofa. With several soft puffs of her breath, the end of the paper towel next to the cigarette burst into a small blue flame and slowly grew until it turned yellow.

Mesmerized, she slowly backed toward the door until the first small flame flickered on the drape. She gave a soft gasp when she realized the fifty-dollar bill was still laying on the floor. She quickly retrieved the bill, stuffed it into her shorts and backed out through the door.

As she walked briskly away from the trailer, heart pounding and skin glistening with sweat, Mary Anne felt alive as she never had before.

Now she needed an alibi. She would go to her girlfriend's trailer who would testify that they were together for hours listening to music. Excitement surged through her young body.

But a hundred yards from the trailer, Mary Anne could not help herself. She had to watch him die. She slipped into the thick Everglades foliage adjacent to the lane and peered back toward the trailer.

A yellow glow slowly illuminated the trailer windows. Shortly thereafter she heard shouts from adjacent trailers. A crowd gathered and people started running around looking for a way into the trailer.

A man tried to open the trailer door, but yanked his hand back with a howl from the blistering heat of the doorknob. Mary Anne smiled. The faint sounds of the first sirens reached her ears and she thought they were like music.

When flames finally erupted through the roof, Mary Anne gave a satisfied sigh. She left her spot in the Everglades and walked toward her girlfriend's trailer.

*That was easy,* she thought.