

Chapter 2 - Medical Intervention

Greyson North

Chopper One Team Lead

We've been in the air for an hour. We will be at the hospital in another 45 minutes. I called ahead as soon as we got in the air so they could notify Dr. Roberts. I know that this is Cheating Mate Syndrome. Which means that when Beta Miles went on his bachelor party excursion, he cheated. I am shocked. I know he has a lot of baggage with trust issues because of Marissa. She knocked him around like a pinball. But he's been with Paisley an entire year. She's nothing like Marissa. She didn't deserve this. She's bad o .

All medical personnel, even our small team at Wind Howl Pack recently sat in on conferences to teach us about Cheating Mate Syndrome (CMS). It occurs when a mate cheats. It is worse with the kind of cheating and how o en. He must be partying hard for her to be in this condition.

"We are fi een minutes out, Greyson." My pilot informs me over the coms. "Dr. Roberts is requesting status."

"Dr. Roberts," I key up on the com system. "This is Greyson North, Chopper One Team Lead. Patient requested sealed records and total anonymity."

"I understand, North." Dr. Robert's tinny voice echoes across the coms. "Proceed."

"Unresponsive 23 year old female, presenting with symptoms of advanced CMS, with onset tonight. Lesions deep with significant blood loss. Previous symptoms of nausea, vomiting, weakness and convulsions. Negative stick pregnancy test. Catatonic. Blood pressure 50/37. Respirations are shallow, pulse thready and weak. OxSat is 81. Over."

"North, get her in here as soon as you possibly can. You have a probable fatality on your hands. Over." She booms.

"10-4"

"Do you have any blood on board?"

"Negative. We had a couple of units, but we've already gone through them. The medical assistant at Home Base advised that she did take a double dose of Amra when they realized what she was dealing with."

"Thank goddess for that small miracle. ETA."

"We've landed. Be inside in two minutes. Over."

Dr. Skye Roberts

ER Stone Mountain City Hospital

I throw the com at Ryder and race down the hallway yelling. "Is the team ready in the ER?"

Ryder, tromping right behind me. He moves fast for a big guy. "Yes, Doc. Operating Room 10 is set up and ready."

"Let's get her straight to OR and then hook up everything. This is going to be a close one."

I enter the ER just as she's wheeled in and she doesn't look good. Her pallor is gray, almost blue. My team immediately grabs her from the EMTs. "Thanks guys." I yell, as we tear hell for leather down the corridor.

Once in the ER my team gets to work. They know the drill. Unfortunately, they repeat this process multiple times a week.

I have been fighting to educate wolves about CMS for nearly three years now. It's slow going. I feel like a freaking broken record. The Elder's council refuses to listen to me and won't pass laws to protect victims. So I educate everyone I can. This female had access to Amra and it's probably because we have been passing out samples like it's candy. Judging by her pallor, it probably saved her life.

My biggest hurdle in treating CMS is education. Because it is brought on by an unfaithful mate, to speak of it is taboo. Therefore, the victim su ers in silence, mostly because they are not aware of what is happening to them, or if they do, they are ashamed and blame themselves. Thankfully, the episodes are brief. They usually last as long as the tryst lasts. Unfortunately, they occur every time. The more frequent or close together the seggsual encounters, the more damage is done to the victim. Even with our advanced treatments, we still lose one patient in every ten. Better odds, but I don't want to lose even one patient to this preventable syndrome. This could be my one.

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That is why I opened my non-profit, supported by the hospital, the city and generous donations from my uncle. It is a shelter for victims of abuse of any type. We have victims of CMS abuse, RMS abuse, elder abuse, mate abuse, pup abuse, etc. The shelter population is made up of 99% females and pups, but we have a small number of males, as well.

I have been petitioning the territory Elder's Council to recognize CMS and RMS as abuse. It has been near impossible. Wolves are carnal and like to cheat. But cheating damages mates, it damages families, and it damages relationships. I've had my fill of it, but, hey, to each their own. If that's your jam and your mate is okay with it, sans the pain, we can medically intervene to make it a safer practice. Or, you can just renounce your mate bonds and cohabituate however you wish or go your separate ways. Just 10 years ago, CMS was unnamed and unknown, while the victims normally died. The same is true with RMS. Today, those are preventable and even curable. The key is education. Until it is recognized as abuse, since I am the territory's foremost authority on it, my days are spent healing the victims.

A er scrubbing in and before snapping on my gloves, I touch the patient's forehead. I get a brief flash and smile. "Okay guys, she is going to make it. But we have to work for it." I have a gi , sometimes when I touch skin to skin, I can see a glimpse of the future. This little lady has one, but it's going to be a hard road for all of us. So, I call for a status and dive right in.

The team has hooked up her IV of our miracle drug, that negates the e ects of cheating on the mate's body and helps with Rejected Mate Syndrome, or RMS as well. It is named for the alchemist who developed it, Amarazorathyzide or Amra, for short. They also have blood cycling into her system. I begin working on suturing up the deep lesions that are causing her to bleed internally. Once those are taken care of, we will work on the surface. If all goes well, her wolf healing will kick in.

Six hours and several bags of blood later, I sigh. "Well guys, that's all we can do. It's up to her to fight the rest of this fight." As I walk out of the ER, I call out. "Finish it up, Grimes." Throwing my bloody gloves in the red biohazard lined trash can.

"Will do, doc."

"Ryder. Please ensure that admitting knows we have another "Jane Doe" status on our hands." That is the code word we use to seal records of abuse patients. In the shape she came here in, it's likely she will be in a coma for a while. We do know who she is, and we are going to strive to keep her mate away. But until she wakes up and tells us how she wants to proceed, our hands are tied. She can't be transferred to our shelter for convalescence in this state. We need consent.

"Will do, Doc." Ryder replies.

"And, Ryder, let Ralph or whoever is on duty in security know as well." I yawn. "Send her to the ICU. I'm going to nap in my on-call room. I want to make sure I'm here if she needs me. Get the team to do the same. We need to watch her for a while."

"Can do, Doc. Get some rest."

I am certainly glad I had my team stay nearby. I had to re enter her abdomen a few hours later and double the Amra dosage. Her mate really did a number on her. Thankfully, a er the second operation, she started turning around and became stable. I was able to release my team and go home for some needed rest.