

“Jordyn Redwood makes quite a splash with her debut novel. *Proof* is a hard-edged mix of medical thriller and crime chiller that grabs you on the first page and doesn’t let go until the end. This one will keep you up way past your bedtime.”

—Rick Acker, best-selling author of *When the Devil Whistles*

“From the very first chapter, the first page even, Jordyn Redwood pulls the reader into a story that won’t let go. *Proof* is proof enough for me that Jordyn is the real deal: an author who knows how to weave a tight story, write descriptive, authentic prose, and deal with some pretty hefty issues. I’m a fan!”

—Mike Dellosso, author of *Frantic* and *Rearview* (a 7 Hours story)

“Debut novelist Jordyn Redwood has used her experience as an ER and ICU nurse to craft a blend of medical thriller and police procedural with twists and turns to keep fans of either genre turning pages.”

—Richard L. Mabry, MD, author of *Lethal Remedy* and the Prescription for Trouble series

“A rollercoaster of a story. Jordyn Redwood’s *Proof* has everything you could want in a thriller—believable characters, a villain who makes your skin crawl, a touch of humor, and a twisting plot—all bound by fascinating medical and scientific details. A fabulous debut!”

—Sarah Sundin, award-winning author of the Wings of Glory series

“Jordyn Redwood may be new on the scene, but she writes like a seasoned pro. *Proof* is one of the best books I’ve read in a long time, with well-drawn characters including a villain I despised and a hero and heroine I rooted for. I thought I would just take a peek at the first chapter and finish the story later. I thought wrong, I read late into the night, lost sleep, and put off my own writing to finish this book. I’m eagerly awaiting Jordyn’s second book and will be first in line to purchase it the day it releases.”

—Lynnette Eason, best-selling author of The Women of Justice series

“I love a great medical thriller and I’m glad to add another author to my list. Jordyn Redwood writes like the medical insider she is: a gripping tale laced with realism, sleep-robbing excitement, and something every reader loves—hope.”

—Harry Kraus, MD, best-selling author of *The Six-Liter Club*

“*Proof* by Jordyn Redwood is a gripping medical thriller written with vivid detail from an author who knows her subject firsthand . . . Just when you think you can relax, the stakes get even higher.”

—Donna Fletcher Crow, author of *The Monastery Murders*

“Jordyn Redwood’s debut novel is a page-turner with an ingenious premise and solid Christian values. A satisfying read.”

—Frank J. Edwards, Medical Director, Delphi Emergency Physicians, author of the medical thriller *Final Mercy*

————— *Bloodline Trilogy 1* —————

PROOF

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JORDYN
REDWOOD

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Some of the places in this novel are real—names of several police departments and towns. That’s as far as it goes. All the rest—characters, procedures, incidents—are fictional, except the mention of John Mark Karr and the Green River investigation.

Chapter 1

August 28

THE CEMETERY WAS closing in ten minutes, and Lilly Reeves was going to be late. She searched through her black tote bag for the third time and riffled through medical reference cards, hemostats, and lipstick tubes, frustrated that her means of escape had disappeared. An alarm toned at the bank of ECG monitors that sat at the nurse's station and a quick glance assured her that no one was dying.

"Is everyone sure they haven't seen my keys?" She secured loose strands of black hair behind her ear.

"Dr. Reeves, you need to keep your bag locked up. Someone may be trying to teach you a lesson," her senior attending said. The man who'd hired her onto the ER staff at Sage Medical Center.

She eyed him evenly. His gray hair and washed blue eyes did little for his pale skin. Was the look on his face amusement or condemnation?

"Wouldn't be you, would it, Dr. Anderson?"

The ER pager at her hip vibrated. Lilly pulled her lab coat aside and checked the message. "Trauma Code—one minute out."

"You might as well take that." He closed the chart he held in his hands.

"My shift is over. I have other plans."

"Like what, Lilly? Family event?"

She let the comment drop. "If you're understaffed tonight, I'll stay."

"My guess is you won't be going anywhere for a while anyway. Maybe in the interim, your keys will turn up."

Lilly blew the stray hair from her eyes and then left her bag under the desk before she made her way down the corridor. From the hall cart, she gathered her safety equipment and pushed through the swinging doors. Two nurses were on either side of the bed. Towering over all of them, Luther waited with one hand holding cords for the monitor. Regan, petite, with brown hair and eyes, hung IV fluids into the rapid infuser.

Sonya, one of their newer nurses, stood near the head of the bed. The paperwork from the trauma folder slipped to the floor as she worked to organize it on the mayo stand.

“Someone get that? I don’t like to bend over unless I have to.” She stroked her pregnant midsection.

Lilly pulled her stethoscope from under her gown. “What do we know?”

“Not much.” Luther offered Sonya the stray chart sheets.

“Twenty-eight-year-old female involved in a high-speed MVA,” Regan said.

“Vital signs?”

Luther shook his head. “Their radio cut out. Don’t think they had time to try cell phones.”

“Fabulous.”

The EMS crew pushed through the doors.

The patient’s breath misted inside the oxygen mask, eyes closed, blonde hair snaked and tangled around her pale face. Thick, clotted blood covered the left side of her head. As the medics transferred the patient to the bed, a rounded midsection on the thin woman caught Lilly’s gaze.

She frowned and pushed the blanket to the side.

“Hey, Mike . . . Raul. She’s pregnant?”

Mike yanked the oxygen tubing from the transport tank and connected it to the wall source. They tilted the backboard up so the patient rested on her left side.

First responders used the left-side position to prevent compression of the vena cava by a pregnant woman’s enlarged uterus, thereby improving blood flow to the growing baby.

“Two for the price of one.” Mike, the shorter of the two men, confirmed. “This is Torrence Campbell—”

“Torrence?” Sonya’s startled gasp paused Lilly’s movements.

“You know her?” Regan asked.

“She’s a friend. Our babies are due on the same day.” The color drained from Sonya’s cheeks. She fanned her face with the chart.

“Can you do this?” Lilly asked.

“I’ll be fine.”

“Twenty-eight-year-old restrained driver was T-boned by a truck moving at a high rate of speed,” the paramedic continued. “Her car then slid

into a lamppost at the corner of the intersection. No air bags. Significant incursion of the vehicle into the passenger compartment.”

Lilly looked down at the woman on the table. What was going to happen to the little one inside? Experience had shown her there was no guarantee for either of them. Would she have to choose which one lived or died?

“Her head hit the side window—shattered the glass. Initially alert and oriented but now we can’t get her to wake up. Both femurs with obvious deformities. Splints in place. Heart rate 130. Respiratory rate 32. Blood pressure 90/50. Pelvis feels stable. She stated on scene she is 28 weeks pregnant. Was able to get fetal heart tones at 140. Two large-bore IVs in each AC with saline wide open.”

“Thanks, guys. You’re clear,” Lilly said to the EMS team. She helped Regan pull off the layers of linen, placed her palms lightly on the woman’s abdomen, and pressed inward at various stations, her practiced hands testing for firmness that might indicate a collection of blood. The muscle tensed under her fingers. A contraction?

“Sonya, I need a page out to OB for an imminent delivery.”

“Got it.”

“Luther, let’s get a couple of liters of Lactated Ringer’s running in. See if that helps her blood pressure and fast heart rate.” Lilly motioned to one of the ER techs. “Pull the bedside ultrasound in here. I don’t see it.”

“The cops are right behind us.” Raul tossed the dirty linens into the laundry bin. “They don’t think it was much of an accident.”

“What do you mean?” Luther connected the ECG cords to the patient’s chest. Lilly watched the tracing come up on the monitor.

“They’re saying someone was after her. That she was hit on purpose.” Mike followed his partner out the door.

Lilly catalogued the comments in the back of her mind. The patient’s clothes lay on the floor in a shredded heap. Trauma protocol dictated a systematic approach to assessment so nothing was missed. First, responsiveness.

She shook Torrence’s shoulder.

“Torrence, can you hear me?”

Not even a flicker of an eyelid. Lilly pulled a hemostat from her pocket and pushed the metal into the base of her patient’s fingernail.

Nothing.

“Sonya, she’s unresponsive.”

“I don’t have a good feeling about her, Lilly,” Luther whispered as he secured a blood pressure cuff around her flaccid arm.

“Regan, we’re going to need an airway.” She positioned her stethoscope in her ears. Techs began placing films for X-ray.

Next, breathing and circulation. Breath sounds quick and shallow. Heart tones distant. Pupils were unresponsive black discs as Lilly shone her penlight into the vacant stare.

One was larger than the other.

Reaching to the wall, she grabbed an otoscope.

Blood behind the left eardrum.

Lilly’s years of practiced training edged over the panic that enticed her heart into a faster rhythm. She began an injury checklist in her mind.

Head injury probable. The blown pupil could indicate an epidural bleed. A torn artery near the brain could be devastating. That meant a CT scan and neurosurgery consult. The lower blood pressure and increased heart rate could be blood loss caused by the presumed femur fractures or other internal bleeding. Add an ortho doc to the list. Disruption of blood flow to the uterus was Lilly’s next concern as it could mean death for the baby. OB should be on the way.

“Where are ortho and neurosurgery? Is anyone getting their pages today?” Lilly asked.

“The system’s been a little twitchy,” Luther said. “I’ll call the desk and have the service specialist page it out again.”

A man unknown to her entered the room. Regan pulled a stand of airway equipment near the head of the bed. Lilly tested her patient’s jaw to see how easily she could get it open to place the tube.

Tight.

“Luther, I’m going to need a dose of Etomidate.”

“Got it.”

“Is she coherent?” the stranger asked.

Lilly glanced his way. His height topped hers by a couple of inches. Tousled brown hair and bloodshot blue eyes alluded to his lack of sleep.

“You are?” She guided him back toward the door as they shot the last X-ray.

“Detective Nathan Long.”

“You know you can’t be in here until we give you clearance.”

"I know, I'm sorry. I just need to ask her a few questions."

"What's your interest in my patient?"

The radiology tech tugged Lilly's gown to get her attention. "We'll have these in the computer soon."

His voice drew her attention back. "We think she was intentionally hit by the man she was going to ID as her rapist. Can she talk?"

"She's not responsive, and we're getting ready to stick a tube in her throat. I doubt he'll show up here." Lilly turned back to the patient.

"He might be crazy enough." Long stepped closer to the bed.

Lilly took two strides and faced him, putting her fisted hand in the center of his chest. "Since you were wondering, I'm her doctor, Lilly Reeves. Perhaps you didn't hear me when I told you she's not responsive. I need you to wait outside."

"I have to try. She's the only one so far who's come close to identifying this man."

"Meaning there are multiple victims?"

Detective Long was silent.

"The police department is keeping quiet about a serial rapist?" She pushed her nose within an inch of his face. "You need to release that information to protect other women." He stood his ground.

"I'll keep someone outside this door." He turned and left. Lilly watched as he spoke with a uniformed officer.

"Her pressure's dropped into the 70s," Regan said.

It was much too low for mom and baby.

"Have the two liters of LR run in?" Lilly asked.

"All the way," Luther noted.

"Let's get some blood running."

Lilly unlocked the bed and pulled it away from the wall until she could step behind it to access the patient's airway. "Luther, we're going to roll her supine."

They eased the backboard down.

"Ready for the Etomidate?" he asked as he pulled the metal stand with airway equipment within her reach.

Lilly looked over the tray to ensure each piece of equipment was ready. "Give it now."

Luther injected the medication. A respiratory therapist pulled the oxygen mask off and began to assist the patient's breathing.

Reaching into the patient's mouth, Lilly opened the jaw and placed the blunt metal blade, visualizing the airway. The vocal cords popped into view, two thin pieces of v-shaped muscles. She slid the breathing tube into position. The respiratory therapist gave several quick breaths with the anesthesia bag. Lilly watched the patient's chest rise and fall.

Luther listened at the chest and gave a thumbs-up. "Breath sounds clear and equal."

"Good color change for carbon dioxide," the RT noted.

Tension eased from Lilly's shoulders. One problem fixed. "Let's secure this. We need a tube into her stomach to decompress before we get the post-intubation film." She grabbed the ultrasound machine. A quick check showed the baby's heartbeat steady but slightly lower than reported by the EMS team. No obvious internal bleeding. Vessels and organs looked good.

"Sonya, page OB again. Get them down here. If you have to drop tackle an obstetrician, I want you to do it."

"Come on now, Dr. Reeves. You make it sound like OB never wants to come and play with us." Sonya reached for the phone near her charting station.

"Heart rate is dropping," Luther noted.

Lilly glanced up at the monitor. She watched as the complexes began to widen apart.

Slowing down.

"Is the blood going?" Lilly asked.

"Two pints in." Regan knocked at the small plastic door on the rapid infuser.

A low heartbeat was a poor prognostic sign for the pregnant woman. The problem may not be blood loss from her leg fractures but brain swelling that was causing the low heart rate. Their patient was sliding from shock to death.

"I've got the X-rays here for you." Sonya turned the monitor. Lilly walked up to her computer. She scanned through each of the films.

Cervical spine, okay.

Lungs expanded. Heart normal size and position. Thoracic spine, okay.

She opened the pelvic films. No fractures.

Several fractures to each femur.

"Let's secure an OR. It's between ortho, neurosurgery, and OB. They're going to have to figure out who gets first dibs."

“On it.”

She looked at Torrence’s skin tone and thought back to all those times she had referred to a patient’s color as “ashen.” Now she saw the definition clinging to life in front of her.

Another blood pressure popped up. At least it was improved from before. “Luther, let’s get some Mannitol in here. I think her low heart rate is her brain swelling.”

Lilly rechecked the baby’s heartbeat. Now, it hovered at 100.

“Let’s get her back on her left side and see if the baby’s heart rate picks up.”

“She’s going to code, Lilly,” Luther said.

“Give me a suggestion.”

The mother’s pulse had dropped into the 50s.

“Luther, go ahead and give the Mannitol.”

A cool rush of air from behind caused Lilly to turn around. Her breath paused in her chest as the OB attending strode past her to the patient.

Lilly followed him to the bedside. “Kadin, I didn’t think you were on today.”

“Lilly.” Surprise erased the tension in his face. “Didn’t Drake come down? I’m really sorry. We’re falling apart upstairs. Nurses are spread thin. What do you have?”

Two nurses and a neonatologist followed with an infant warmer.

“Pregnant trauma patient. She stated at the scene she was 28 weeks. Probable head injury and cerebral edema. We’re giving Mannitol for that. Two femur fractures. She’s had two liters of LR and two pints of blood. Thus far, her heart rate is not responding to treatment. I suspect the big problem is her head. The baby’s heart rate is running 100s.”

Kadin glanced at the vital signs on the monitor. “Let me take a quick look at the baby with the ultrasound.”

The trauma door slammed into the wall.

Dr. Davis, the neurosurgeon, rushed in.

“What’s the story?”

Before Lilly could start, Dr. Strevant, the orthopedic surgeon, walked in as well.

“OB and neurosurgery. This is not a good combination.” He stopped next to Dr. Davis. “I got the report from the EMS guys out front. Femur fractures?”

“And head injury. Pupils unequal and she’s unresponsive,” Lilly said.

“We’ll need to get her in the CT scanner,” Davis replied.

Kadin motioned to Regan and Luther to help him slightly ease apart Torrence’s legs, which were constrained by the ankle-to-thigh splints the paramedics had applied. Lilly worried at the patient’s lack of response to the surely painful movement. She was surprised he’d be checking the patient’s cervix.

Unless he thought she was going to deliver.

Luther’s eyes widened at something Kadin said and he began to wave at the neonatologist.

“What’s been the treatment thus far?”

Lilly turned back to Dr. Strevant. “We’ve given her fluid and blood which helped her low blood pressure but not her heart rate. I think her brain is swelling to the point where she’s going to herniate. I’ve given her a dose of Mannitol.”

“She needs to get in the scanner now. What quality of life will she have if we don’t fix her head?”

“She could hemorrhage and die if we don’t fix those leg fractures,” Strevant countered.

“Clearly, she’s stable from that point.”

The belligerent voices of the two surgeons intensified in stereo.

“Five minutes in the scanner is not going to make a difference!”

“It will when she codes!”

The weak cries of a newborn stilled the room. Kadin cut the umbilical cord and settled the baby into a nest of warm towels. The neonatologist hurried the bundle to the infant warmer.

“Wow . . .” Dr. Davis whistled.

“Well, at least we don’t have to worry about the baby anymore.” Strevant unlocked the bed’s brakes. “I’ll make you a deal.” He turned back to Davis. “Five minutes in CT and directly to the OR. Let’s make sure that baby has a mother to come home to.”

The nurses prepared to move Torrence. When they’d left, Kadin let out a long breath and turned to face Lilly.

“Why don’t we step into the workroom for a few minutes before I have to go to the OR. There’s a woman getting prepped for her C-section.”

“What happened?” Lilly tore her gown off. “We don’t like to deliver babies in the ER.”

“When I went to check, the baby was sitting right there.”

“I thought she might be contracting.”

“Trauma can make the body do strange things.”

Kadin discarded his bloodied gown and gloves in the biohazard bin and turned to Lilly, his mask still in place. She reached up and threaded her finger through the elastic and slipped it from behind his ear, the stubble scratching her thumb as she eased it from his face. She wanted to linger with her hand against his cheek. There was something about Kadin, something that came from within, that tapped against the shell she'd built to keep people at bay.

The more they were together, the more she felt her will to keep him at arm's length slipping.

After tossing the mask into the trash, Lilly placed her hands on her hips. “I wish you would have told me what was happening.”

“I thought I said something along those lines.”

“All I saw was Luther's panicked face.” She signed the trauma chart for Sonya.

“While everyone else was arguing, I did what needed to be done.” Kadin led her down the hall.

“How do you think the baby is?” Lilly asked.

“It's a girl, and she's gorgeous by the way. She's going to have a rough start, but the neonatal team will take great care of her.”

They entered the central work space. Lilly stopped at the sight of a four-foot rose tree, its trunk slender with a rounded crown of dark green foliage set off by full white blooms, standing near her things. Kadin cupped her elbow with his fingers and eased her forward.

“It's for you, kind of.”

“What did you do?” She reached up and fingered the leaves with the tips of her thumb and forefingers. Bending down, she inhaled the distinctive scent.

“It's for your mom, Lilly.”

Kadin stepped to the other side of the plant and stuffed his hands into the pockets of his scrub top. “I was hoping to do this differently. Be all dressed up. Not be on call . . .” He pushed his fingers through the sun streaks in his light brown hair. “Dana told me about today.”

“I see.”

“She said white roses were your mother's favorite flower. I thought we could plant it, and then it would be there for her all the time.”

“Kadin . . .”

“I asked the groundskeeper if it would be all right.”

“I . . .”

“Is it okay?”

“How did you even find one so late in the summer?”

“I bought it in May. I’ve been trying to keep it alive ever since.”

Lilly was mute, trying to search for the right words to express her shock at his generosity, her utter thankfulness at his tenderness, her confusion about the wisdom of entering a deeper relationship with him. Was friendship enough or was she looking for something more? Before she could speak, she was elbowed in the back and nearly fell into the tree.

“There’s a detective looking for you.” Dr. Anderson nudged her as he breezed by on the way to his computer.

“What’s up with that?” Kadin asked.

Lilly shook her head, unsure whether Kadin meant Anderson or the detective. “Long story.”

“Are you upset?”

“Not about this.” She cradled a bloom. “I can’t go to the cemetery tonight.”

“I know it’ll be hard. We can go together soon as Drake turns up. I’ll help you plant it.”

“That’s not it. The cemetery is closed and my keys are missing.”

“Aren’t they right here?”

Lilly looked down.

They were posed on top of her bag.