

Chapter 1



Monday, August 11, 2014; Penn Station, NYC

Why is The Vulture calling me in on an overdose, Jack wondered, as he walked through the Arrival Gate at Penn Station, two uniformed officers in tow. Detective Jack Mathias trusted Vince Morgan to process routine drug overdose fatalities, so his summons flagged this case as an exception. He did not condone Vince's nickname though he had noted the similarities. Ghoulishly enthusiastic about his job when it involved a dead body, Vince also resembled a vulture. He had a heavy hooked nose and pale wispy short hair which neither stood up nor lay flat but wafted in between like feathers. Vince trotted toward Jack with the awkward gait of a carrion bird on land.

Both men were on the short side of average height, but Jack's military bearing made him more imposing, leaving no doubt which of the two was in charge. Jack's broad square shoulders contrasted sharply with Vince's narrow sloping ones. Jack wore his suit smartly like a uniform and his hair in a regulation taper. Vince, by comparison, appeared all the more disheveled in his summer khakis and unruly mop.

"The M.E. hasn't arrived yet," Detective Morgan reported as they walked. "Security found her propped against a wall near the tracks. They called it in as an overdose, and it may be, but I don't think so. I thought you should take a look before we move the body."

Jack's eyebrow arched with growing curiosity. He fished a flashlight from his kit to combat the dim lighting along the walkway and trained its beam on an object roughly the size of a large suitcase. The form of a Caucasian female in her late thirties emerged from the gloom. Her back leaned against the tiled wall, legs drawn up to the

torso, arms and clenched fists gathered tightly to the chest. Clothed in long-sleeved shirt and sleeveless vest, long pants with cargo pockets, and sturdy, over the ankle hiking boots, little of her skin remained uncovered. *Not the usual footwear for a junkie. Not a female anyway, but then, what does the typical junkie wear these days?*

“No ID?” Jack asked.

Vince shook his head, ‘No.’

“She could as easily have been an arriving passenger,” Jack mused, “mugged and left for dead.” Although annoyed at the overdose assumption, he understood why; the body reeked of urine. *Right. As if respectable corpses don’t stink like any other.*

“No needles or paraphernalia in sight,” Vince said. “Clear skin and eyes, healthy hair. Not what I expect of an addict.”

He has a valid point. No bruises, cuts or abrasions showed on the face or hands, no blood on the clothing or near the body. He swept his light in expanding circles around the scene but observed no obvious signs of struggle, just the usual train station litter. Nothing on the ground stood out as a potential weapon. He directed the officers he had brought with him to check the trash bins in every direction.

Why doesn’t this look right? Though not exactly comfortable working with corpses, he had grown accustomed to the sight of them. He squatted to inspect the body, aiming his flashlight at the victim’s face. An olive drab cloth around her neck caught his attention, but he kept the observation to himself for the time being.

He pulled the eyelids back and inspected the whites of her eyes; no hemorrhage that identified strangulation. Her skin was cool to the touch, but he expected that.

“Exposure?” The rigid pose suggested she had frozen to death, and he could imagine her drawing her limbs up tight against her chest to keep warm.

“Unlikely.” Vince kneeled on the other side of the body. “Even the nights have been above 70 degrees. There’s evidence of dehydration but not acute. Certainly not Cause Of Death.” He had stated the obvious. Nobody died of hypothermia in mid-August in New York City.

“Notice how her wrists are curled?” Vince continued. “Reminds me of palsy. Loss of bladder control is typical of tonic-clonic seizure. Still, if it happened here, the walkway would be dusted up, which suggests a body dump.”

Jack noted her skin, pale but not gray, and the light reflecting from the fluid behind the eyes. *Not the appearance of a corpse in rigor.* He leaned in close, flashed his light from side to side, and thought he saw a pupil constrict.

Vince responded to the movement by putting his fingers to her carotid artery and leaning in so his cheek hovered near her nose and mouth. “She’s alive, Jack.” His voice quavered. “We need to treat for shock and get her to a hospital.”

“Go! Now!” Jack growled through clenched teeth to suppress an angry outburst. *Damn. How much time did we lose because we trusted the first reports from the scene?*



Back at his office Jack watched for Vince’s return.

“How is she?” he asked when Vince arrived.

“She stabilized in the ambulance, but her pulse was still thready when I left the hospital. If she suffered oxygen deprivation during a seizure she may not fully recover.”

Jack winced, wondering if Vince realized remarks like that reinforced his nickname ‘The Vulture’. “Brain damage? Aside from that, any sign of assault or drug abuse?”

“Dislocated left shoulder,” Vince answered. “No visible bruising, but deep bruising may appear in the next day or two.”

“Dislocated shoulder?” Jack challenged. “From a seizure?”

“Tonic-clonic seizures are violent, but the injury doesn’t match that scenario. Dislocations are usually caused by a fall or violent attack. Say someone pushed her from a train . . . she’d have abrasions, possibly fractures as well.”

“I’ll have Char process her for sexual assault and trace.” Jack had assigned Charlene “Char” Daniels to review the Missing Persons database. This Jane Doe might have arrived from anywhere in the country, but if someone was expecting her, they might have begun to worry.



Jack stopped by the hospital on his way home that night.

Presenting his badge at the ER front desk, he spotted Char heading toward the exit doors behind him, with evidence bags filled with clothing in her arms.

“What’s your read on this case,” he asked. An attractive southern bred woman, Char had a real talent for investigative work but had to move north to have her professional opinion taken seriously.

“Hard to say. She’s not talking, but she’s not brain dead either.”

“Why do you think Vince is so far off base?”

“You’re going in to see her. You tell me.”

Jack was familiar with the ER: eighteen separate cubicles arranged around a central hub. Each cubicle had solid windowless walls on three sides and a glass front with a sliding door that closed for privacy. ‘Sensory overload’ generally characterized the place, with bright overhead lights and loud noises from machines in the room and from people and intercoms beyond.

Jack found ‘Jane Doe’ lying in the fetal position, covered with a sheet and thin blanket. Char must have stayed after she finished with the rape kit to ensure that the woman got a sponge bath judging by the astringent smell of antiseptic soap. The woman had been catheterized, and an IV bag hung nearby. A pulse oximeter on her finger measured heart rate and oxygen levels and the adhesive pads of EEG electrodes pocked her hairline. Her open, unfocused eyes suggested a catatonic state. Everything screamed trauma victim: everything except the lack of visible physical injury.

Noises outside the cubicle telegraphed a transition. The uninsured patients who used the ER for primary care were being urged out the door to make room for the inevitable wave of rush-hour accident victims. Later tonight a rowdier transition would begin, and beds would be needed for injuries from gang attacks, belligerent drunks in need of stitches and their DUI victims.

“May I speak with the doctor on duty?” Jack asked a passing nurse as he stood at the cubicle doorway.

She nodded, and he added a request for a cup of water. While he waited he slid the glass door partially closed against the noise and turned off the light. Florescence from the center station still flowed in through the glass wall, so he drew the privacy curtain closed, and the room dimmed further.

The vital signs posted on the monitors read low and slow. A slight expansion of her ribcage telegraphed each faint breath.

He studied at her face again. Had her eyes changed? In the diffuse light, her pupils were dilated. Her half-mast eyelids fluttered and then closed. She would be asleep soon, if she was not already, and he felt justified for intervening.

Seconds later, she took in a sudden deep breath, followed by the quick shallow breaths of hyperventilation. She had stiffened, pulled her forearms together in front of her face and clenched her fingers into her short hair, as if to prevent an attacker from pulling them away.

What just happened? The faint sound of air under mechanical pressure gave him his first clue. A blood pressure cuff on her arm inflated. Finally relaxed enough to sleep, she had startled awake.

"It's alright," Jack whispered, leaning in close. "It'll be done soon." His words did not seem to matter; she did not drop her defensive posture. Her breathing remained quick and shallow until after the new blood pressure reading registered on the monitor. The hypertensive numbers that posted did not surprise him.

"Char was right, you don't belong here." He knew the Emergency Room protocols were not deliberately cruel, but at the moment they seemed astonishingly insensitive to the needs of the patient.

"Ahem." The sound originated from behind him.

He turned and saw a man in blue scrubs standing at the doorway, an open laptop perched on a stainless steel cart at his side. Jack stepped away from the bed, an uncomfortably warm flush climbing his neck as he wondered if his proximity to the patient had given the wrong impression.

"I'm Doctor Stevens," he said in a quiet voice, his hand extended to shake Jack's. "I'm the senior neurology resident. We'll move her upstairs as soon as a room is available." The gray at his temples and weathered skin told the story of a man who had chosen medicine as a second career.

"Detective Jack Mathias. Neurology? So Detective Morgan guessed right about a grand mal seizure?"

"The new terminology is tonic-clonic, but I'm not sure whether I can discuss her condition with you."

"We don't know of any next-of-kin, so until she can speak for herself, she's a ward of the state."

“Ah, and you are an agent of the state, so we’re square with HIPPA.”

Jack’s thoughts drifted as the neurologist examined her and recorded notes on the computer. *Who is she and where is she from?* He did not have enough information to hazard a guess.

“What’s the prognosis?” he asked.

“She’s stable. If she stays on the current trajectory, I expect you’ll get answers tomorrow.”

“Trajectory? What were you before medical school? A rocket scientist?”

“Close.” Doctor Stevens’ eyes crinkled in a sad smile and his crow’s feet deepened. “Army Field Artillery. I’d seen so much traumatic brain injury I decided to use my GI Bill to do something about it. You should go home now, Detective. Her condition won’t likely change overnight.”

“I’ll leave after you’ve moved her upstairs,” Jack answered, and sat down again after the doctor left. He had no obligation as a police officer to stay until she moved out of the ER, but he had a hunch about her. *One former soldier’s duty to another.*



She may not recover, a voice in his dream said. Awake now, he slowly remembered that his wife Sara had not survived.

What time is it? From the near silence outside, he guessed the wee hours of the morning. He heard a deep breath from the bed beside him. Jane Doe’s eyes opened slightly but remained unfocused. Another deep breath. He leaned forward in his chair but could not put himself in her line of sight. Even so, he could tell his movement caught her attention. She knew he was there.

“My name is Detective Jack Mathias, with the NYPD. Can you tell me your name?”

Silence. Jack wondered how hard he dared press.

She licked her lips as if preparing to speak.

Jack scanned the room for water and saw only his own cup. No straw, either, and he doubted she would sit up to drink. *Dammit,* he thought, pulling his chair closer.

“Don’t . . . belong . . . here.” She whispered.

Puzzled, he tried again. "My name is Detective Jack Mathias."
"You don't belong here." She repeated slowly.

Jack recognized the words he had spoken hours ago just before the neurologist arrived. "Who are you?" he asked.

"Who are you . . . you don't belong here."

Is that the best you can do? Have you suffered brain damage after all? If she intended to say she needed to be somewhere else, she had not changed the personal pronoun. Jack considered the possibility that she meant to admonish *him* that the *he* did not belong there.

"I'm going to stay with you until you're moved upstairs. It's going to be stressful. Can you stay calm?"

"Stay . . . calm."