

PROLOGUE

My phone starts to ring as I open the door to walk into the store. It's buried in the depths of my bag and is difficult to find. I shove aside a wallet and a cosmetic bag, knowing the search is likely futile. I will never get to it in time.

My fingers make contact on the third or fourth ring. I fish it out of the bag, but as soon as I do, the phone goes quiet. I'm too late. A missed call notification from Sienna appears on the screen. I'm taken aback. I physically stop in the open doorway and stare down at her number on the display. Doubt and confusion fill my thoughts because it's just after ten o'clock in the morning and Sienna is at school, or rather, she should be. Sienna texts from school sometimes, sneaking her phone when the teacher isn't paying attention—Can I hang out with Gianna today? I lost my water bottle. Did u buy tampons? My stupid calculator won't work.—but she doesn't call. My mind goes in a million different directions thinking how, if she was sick, the nurse would call and, if she got in trouble at school for something, then the dean would call. Sienna wouldn't ever be the one to call.

I don't have a chance to call her back. Almost immediately the phone in my hand starts to ring again and I jump, from the unexpected sound of it. It's Sienna, calling me back.

My thumb swipes immediately across the screen. "Sienna? What's wrong?" I ask, pressing the phone to my ear. I step fully inside the store, letting the door drift closed to muffle the street noise outside, the sound of cars passing by and people on their phones, having conversations of their

own. I hear the shrill, unmistakable panic in my voice, and I think how, in the next instant, Sienna is going to ride me for overreacting, for freaking out about nothing. *Geez Mom. Relax. I'm fine*, she'll say, drawing that last word out for emphasis.

That's not what happens.

It's quiet at first. I just barely make out the sound of something slight like movement or wind. It goes on a few seconds so that I decide this must be a pocket dial. Sienna didn't mean to call me. The phone is in her pocket or her backpack and she called me by mistake. She doesn't even know she's called me twice. I listen, trying to decipher where she is, but it's more of the same. Nothing telling. Nothing revelatory.

But then, a man's voice cuts through the quiet, his words cold and sparing, his voice altered as if speaking through a voice changer. "If you ever want to see your daughter again, you will do exactly as I say."

I gasp. My eyes gape. I lose my footing, falling backward into the closed door. A hand rises to my mouth, pressing hard. I can't breathe all of a sudden. I can't think; my mind can't process what's happening at first. I pull the phone away from my ear, looking down at the display to see if I'm mistaken, if it's not Sienna's number that called but someone else. A wrong number. Because this can't be right, this can't be happening. This can't be happening to me.

But it is right. Sienna's number stares back at me from the display.

"Who is this," I ask, pressing the phone back to my ear, "and why do you have my daughter's phone?"

And then, in the background, I hear Sienna's piercing scream.

“Mommy!” she bellows. It’s high-pitched, frenzied, desperate, and that’s when I know that this man doesn’t only have Sienna’s phone. He has Sienna.

Pure terror courses through my veins. Sienna hasn’t called me *Mommy* in at least ten years. I can’t stop thinking what horrible thing must be happening for her to lapse back into her childhood and call me *Mommy*. I’m completely powerless. I don’t know where she is. I don’t know how to get to her, how to help her, how to make this stop.

“Go away,” Sienna commands. Her voice trembles, so that she doesn’t sound like herself, who is usually so defiant, so sure. There is no mistaking her fear. “Leave me alone,” she demands, crying now. Sienna falters on the words, her voice cracking, so that the execution doesn’t carry the same weight as the words themselves.

Sienna is terrified and so am I.

“Sienna, baby!” I shriek. There is the sound of commotion, of muffled noises in the background—this man, I imagine, subduing Sienna, forcing a gag into her mouth so that she can’t speak or scream, and Sienna fighting back from the sound of it, resisting him.

I realize that I’m not blinking. I’m not breathing.

Tears sting my eyes. “What are you doing to her? Who is this?” I demand of this man, screaming into the phone so that everyone in the store stops what they’re doing to look at me, to stare, some gasping and pressing hands to their own mouths in shock, as if this nightmare is somehow collective. “What have you done with my daughter? What do you want from me?”

“Listen to me,” the man says back, his modulated voice unshaken and sedate, unlike mine. I still hear Sienna’s desperate cry in the background, a keening, weeping wail,

though it's stilted. The sound of it is enough to bring me to my knees, and yet I don't know what's worse: the sound of Sienna's cry or the sound of it as it grows distant and then fades completely away.

"Where is she? What have you done to her? Why can't I hear her anymore?"

"You need to do exactly as I say. Exactly. Do you understand?"

"I want to talk to my daughter. Let me talk to my daughter. I need to know that she's okay. What have you done to her?"

"I have nothing to lose," the man says. "You're the only one with something to lose, Ms. Michaels. Now you need to shut up and listen to me because I don't care one way or the other if your daughter lives or dies. What happens to her is entirely up to you."

PART ONE

CHAPTER ONE

The first time I see her in the hospital is in the ICU, shortly after she's come out of surgery. I stand at the sliding glass door, looking in on her lying on the hospital bed, hooked up to a central line, an ET tube, an ICP monitor, a Nasogastric tube, more. IV lines run into her veins, pumping her with fluids, with medicine like diuretics, anticonvulsants and morphine probably. Her head is wrapped with gauze. Beneath the gauze, just hours ago, I've been told, pieces of her skull were removed to relieve pressure on the brain. There isn't much to see of her face because her eyes are closed and she's all gauze and tubes, but what I can see of her is swollen and bruised.

She's not my patient. Another nurse, Bridget, stands in the room with her, tending to her, getting her settled, and yet I felt sick to my stomach when I first saw her lying there on the bed through the glass. I'd heard the mumble of voices already, the hushed tones whispering of what people say happened to her, of what brought her here.

I'm assigned to a few other patients today. We have thirty ICU beds at the hospital. We're broken down into pods, with ten beds in each and a nurses' station at the center of them. The nurse to patient ratio depends on how critical a patient is. Patients on ventilators or that are critically ill have a patient to nurse ratio of two to one, but with lower acuity patients, we might have as many as four. It's a lot to manage.

It means that, despite our best efforts, errors sometimes get made, like last week when one of the nurses gave a patient someone else's morning meds by mistake. She realized what she'd done right after she did it, told the doctor and everything was fine, thank God. It doesn't always work out that way.

Bridget catches a glimpse of me over her shoulder. She stops what she's doing and steps out of the room to come stand beside me at the sliding glass door.

"Hey," she says as the doors drift closed. "Did you hear?" she asks, leaning in like she always does to gossip.

"Hear what?" I ask, and my heart kicks it up a notch as if in preparation for what she's about to say. I was late to work today. I had a doctor's appointment this morning and didn't get in until noon. I should have been here sooner—the appointment was over by nine thirty—but after what happened, I walked the city for miles, considering taking the whole day and letting someone else cover for me, even though I only had shift coverage for a few hours. In the end, I came to work. I had to talk myself into it, but it was what I needed to do. I needed to act like nothing was wrong because if I didn't, there would be questions. Everyone would want to know where I was and why I didn't come in and besides, I thought work would be a welcome distraction. I was wrong.

"She jumped," Bridget says. "From a pedestrian bridge."

My breath hitches. It's all anyone is talking about, the woman who dropped over twenty feet from a bridge and just nominally survived. "I know. I did hear that. How awful. What's her name?"

"Caitlin," she says, and I muse over the name, becoming accustomed to it.

"Caitlin what?"

“Beckett. Caitlin Beckett.”

Bridget speaks then as if giving me the change of shift report, though she’s not my patient and it’s not a shift change. She says that the patient is thirty-two years old, that she came to our ICU from surgery, though she arrived at the hospital through the emergency room before having a decompressive craniectomy for cerebral edema caused by a traumatic brain injury. In other words, swelling around the brain was putting pressure on the brain. They had to relieve that or she would be dead by now.

Bridget goes on, saying more. At some point, I stop listening because I can’t take my eyes off this woman. Caitlin Beckett. My mind gets trapped on the fact that she’s only thirty-two. It’s so young. I shake my head, feeling really appalled when I think about it. I am forty. The age difference is considerable, though when I was thirty-two, I was just coming into my own. At the time, I thought it was one of the best years of my life. I was married, with a child. I had more confidence than I’d ever had in my whole life. I knew who I was and I didn’t have to worry about trying to impress people anymore.

Caitlin lies in an ordinary hospital gown—starch white with stars on it—beneath a blanket, her arms placed unnaturally at her sides. I feel sick inside, though I’ve seen everything there is to see working as an ICU nurse. This patient shouldn’t upset me any more than every other patient, but she does, for different reasons.

“Do you think she will make it?” I ask Bridget.

“Who knows,” she says, looking around to make sure we’re alone before she does. Hope is paramount to being a nurse. As nurses, we should believe that all our patients will live, though the survival rate for someone like this is

generally poor. Most don't survive. Even if she was to survive, the odds of her having a good quality of life are not great.

"Is her family here?" I ask, putting stock in the likelihood that she will either die or come out of the coma as a shell of her former self.

"Not yet. They're still trying to find a next of kin."

I stare through the glass wall at her face. She looks peaceful, sleeping. She isn't. The bed she lies on is angled upward, so that her head and upper body are inclined. Beneath the gauze, her hair, at least some of it, would have been shaved in preparation for the craniectomy. I imagine her bald. Her lips form around the endotracheal tube, which keeps the airways open so that air from the ventilator can get into her lungs. Her coloring is off. It's waxy and wan where it isn't bruised purple. Her injuries look horrific. A fractured hip, a broken leg, broken arms and ribs, more.

Bridget asks, "She's pretty isn't she?"

I frown. "How can you tell?" She's unrecognizable. It's impossible for Bridget to know what she looks like with the swelling, the bruising and the gauze.

"I don't know," she says. "I just can. It's terrible what happened."

I swallow. It takes effort because my saliva is thick and ropy. "Tragic."

"What makes a person do something like that?" Bridget asks, and I can't believe she's going on like this, to me of all people. But she doesn't know my story. She doesn't know what happened before. She doesn't know how much this upsets me.

When I don't answer fast enough, she says, "You know, jump from a bridge, kill themselves?"

I shudder at the thought, shaking my head. I feel her eyes on my face, searching it, and feel my cheeks and ears go red. “I don’t know.”

“Of all the ways to go, why that?” Bridget asks. I wish she would drop it, but she doesn’t. She goes on, driving the point home, saying in a low voice so that no one passing by in the hall can hear, “What about carbon monoxide or a lethal dose of morphine? Wouldn’t that be easier, less painful?”

She isn’t trying to be insensitive. Not everyone knows my family’s history with suicide.

I blanch. I say nothing because I don’t have an answer and because I can’t stop thinking about what it would have been like for her to fall, to slam into the earth from the height of the bridge. There is a metallic tang in my mouth all of a sudden. I press my fingers to my lips, willing it away. I can’t stop wondering things like if she lost consciousness during the fall or if she was wide-awake when she hit the ground. Did she feel her stomach float up into her chest, her organs moving freely around her insides like on an amusement park ride, or did she feel nothing but the searing pain of impact?

Bridget excuses herself. She slips back through the sliding glass door to attend to the patient. For a minute longer, I stand there watching as Bridget shows something like affection in the way she rearranges the other woman’s hands on her abdomen, setting her fingers just so, letting her own hand linger on hers. I read her lips as she leans over her and asks, “What did you do, baby girl? What did you do?”

I can think only one thing in that moment: It’s a wonder she survived this long.