

WARM AND DEAD

DR. ZACK WINSTON SERIES

WARM AND DEAD

A Medical Conspiracy Thriller



mikejkrentz.com

PRAISE & REVIEWS

"5 Stars. This story unfolds like a movie! Catches the reader's attention from the short prologue to the last page. A mystery, detective, and love story that escalates into murder."

— Bernadette Longue for *Readers' Favorite*

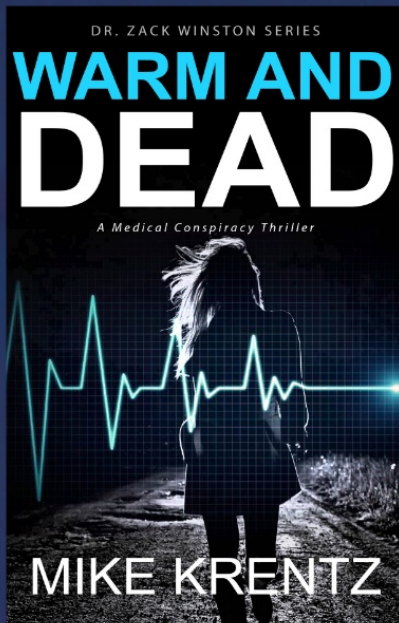
"WARM AND DEAD is an utterly gripping psychological medical thriller. Mike Krentz has crafted another page-turner that hooks readers and doesn't let go until the last page... Alongside his unrivaled knowledge of medicine, Krentz seamlessly blends mystery, heroism, romance, and multiple astonishing twists."

— Rob Samborn, author of *Prisoner of Paradise* and *Painter of the Damned*

"A thriller that has it all—compelling twists, medical drama, a chilling crime at its center, and most importantly, heart. Krentz has mastered the tight, page-turning thrill ride, and his nuanced characters will keep you riveted."

— Kelly Sokol, author of *Breach* and *The Unprotected*

ABOUT WARM AND DEAD



BOOK DETAILS

Title:	WARM AND DEAD
Author:	Mike Krentz
Pub Date:	13 Sep 2022
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Genre:	Medical Thriller

Unusual obstetrical emergencies, a nearly drowned pediatrician, and daunting family dramas reunite Zack Winston and Bridget Larsen to seek causes and solutions. Their quest threatens not only their lives, but those of their loved ones.

A teenager dies from postpartum hemorrhage at The Good House, Dr. Adam Good's secret rural venue for trafficking newborns of runaways and homeless girls. Emily Morgan, an unlicensed nurse midwife who is Good's assistant and gaslit prisoner, tries but fails to escape.

Unusual obstetrical emergencies, one resulting in a malpractice claim against a physician, reunite Dr. Zack Winston and Bridget Larsen. When Bridget's cheating husband dies from a blood-thinner overdose, Police suspect that Bridget murdered him, with Zack's collusion. Meanwhile a partner of Dr. Good lures Annie Winston to The Good House for an experimental procedure.

ABOUT MIKE KRENTZ



CONTACT

Author Email:

mjk@mjkrentz.com

Author Website:

mikejkrentz.com

Publisher Email:

media@touchpointpress.com

Publisher Website:

touchpointpress.com

MIKE KRENTZ writes medical suspense, psychological thrillers, and military fiction based on his experiences as an emergency physician and US Navy medical officer. Born and raised in Arizona, Mike earned a classical degree in English from the University of San Francisco, a Doctor of Medicine degree from the Medical College of Wisconsin, and a Master of Public Health Degree from Johns Hopkins University. Following a civilian career as an emergency physician, Mike rededicated his professional life to serve America's Navy and Marine Corps heroes and their families. His last active-duty assignment was as 7th Fleet Surgeon on board the flagship, *USS BLUE RIDGE*. After retiring from the US Navy, Mike continued his service as a consultant to the Navy and Marine Corps Public Health Center, Health Analysis Department. Upon completion of that mission, he returned to his earliest life passion as a full-time writer. Mike sits on the Board of Directors of The Muse Writers Center, where he also teaches fiction writing and participates in advanced fiction studios. Mike, his wife Kathryn, and miniature schnauzer Yoshi live in Norfolk, VA.

Mike's **ZACK WINSTON SERIES** of medical suspense novels transports the reader into the stressful environment of emergency medicine. Life battles death amid terrified screams, plaintive whimpers, and shouted orders; fallible humans strive to postpone death, restore life, or eliminate misery. These would-be heroes sometimes fail. They suck it up and move on to quiet a frightened child, relieve pain, straighten a broken limb, repair a laceration, or reassure the worried well. What evil might lurk amid such chaos? The first novel in the series, *DEAD ALREADY*, was published by TouchPoint Press, November 27, 2020.

PRESS RELEASE

FOR IMMEDIATE RELEASE

TouchPoint Press
William Warren, Manager of Publicity & Marketing
404.326.3453
media@touchpointpress.com

***WARM AND DEAD*, THE CAPTIVATING RETURN OF A SUSPENSE FILLED MEDICAL DRAMA**

Norfolk, VA- September 17, 2022 - *WARM AND DEAD*, released on September 13, 2022, continues Dr. Mike Krentz's critically acclaimed Dr. Zack Winston series. With this second book, Krentz reinvents the medical thriller and continues to raise the bar in the genre.

This exciting new adventure will entice many readers who enjoy the suspense that comes with medical thrillers. *Warm and Dead* has already garnered praise from reviewers and authors alike. Author Kelly Sokol writes, "A thriller that has it all—compelling twists, medical drama, a chilling crime at its center, and most importantly, heart."

About *WARM AND DEAD*

Unusual obstetrical emergencies, a nearly drowned pediatrician, and daunting family dramas reunite Zack Winston and Bridget Larsen to seek causes and solutions. Their quest threatens not only their lives, but those of their loved ones.

The quest begins with Bridget's cheating husband, who dies of a brain hemorrhage from a blood-thinner overdose. Police suspect that Bridget murdered him with Zack's collusion. Whereas, Zack's girlfriend, a secret partner of Dr. Good, lures pregnant Annie Winston to "The Good House" for an experimental embryo retrieval procedure. What is set to happen next after all the events that have transpired?

WARM AND DEAD will be available in eBook (\$8.99) and paperback (\$19.99) from major retailers, select indie retailers, or wholesale from Ingram.

PRESS RELEASE

About Mike Krentz

Born and raised in Arizona, Mike earned a classical degree in English from the University of San Francisco, a Doctor of Medicine degree from the Medical College of Wisconsin, and a Master of Public Health Degree from Johns Hopkins University. Following a civilian career as an emergency physician, Mike rededicated his professional life to serving America's Navy and Marine Corps heroes and their families. His last active-duty assignment was as the 7th Fleet Surgeon on board the USS BLUE RIDGE.

After retiring from the US Navy, Mike continued his service as a consultant to the Navy and Marine Corps Public Health Center, Health Analysis Department. Upon completion of that mission, he returned to his earliest life passion as a full-time writer. Based on his experiences as an emergency physician and a US Navy medical officer, Krentz writes medical suspense, psychological thrillers, and military fiction.

Mike sits on the Board of Directors of The Muse Writers Center, teaching fiction writing and participating in advanced fiction studios.

About the Publisher

TouchPoint Press is a traditional publisher of fiction and nonfiction. Our staff is comprised of professionals whose collective experience in publishing, editing, journalism, design, and marketing set the stage behind our growing list of published titles. We are proud to work with talented authors and strive to be as innovative and energetic as possible from acquisitions to promotion before and after publication.

For interview and other requests, please contact William Warren at media@touchpointpress.com.

Q&A with MIKE KRENTZ

Obviously your medical background has informed your writing in the Dr. Zack Winston series, but how has it informed *WARM AND DEAD* particularly?

I wanted an emergency medical event for the inciting incident. When I practiced in Arizona, we saw many drowning victims because of the plethora of swimming pools and recreational lakes in the area. For my inciting incident, I chose a unique aspect of near-drowning: cold-water immersion. The plunging body temperature causes major organ systems to go into a standby mode to allow the brain to receive the scant circulating oxygen. We've seen amazing recoveries in people, especially children, who appear dead from cold-water immersion but whose organ systems kick back in once their body warms up. Hence the dictum, and the title of this book: "In cold-water drownings, the victim is never dead until warm and dead."

What makes *WARM AND DEAD* stand out as a medical thriller?

The plot thread that started in *DEAD ALREADY* continues in this novel. Zack Winston and Bridget Larsen realize that the sequential medical crises are not isolated events, but part of a larger clandestine conspiracy that uses medicine as a weapon against individuals and communities. As they pursue these subtle plot threads, they put themselves and their families in serious personal jeopardy. That's why we call it a "Medical Conspiracy Thriller Series."

Q&A with MIKE KRENTZ

When researching for *WARM AND DEAD*, what surprised you? Was there anything that you had not expected to find?

Teenager Annie Winston, Zack's younger daughter, is a significant point-of-view character in the book. A few years/decades have passed since my children were teenagers, so I sought help from writer colleagues who have current teenagers. They saved me from potential pitfalls in describing how modern teenagers think, talk, and communicate — especially texting norms. I had to block out my penchant for proper grammar and punctuation when I wrote those scenes. The rules and ethics around determination of brain death, a key scene in the book, have changed since I was in practice. They vary among states and jurisdictions. That worked to my advantage because I could set up serious conflict around a main character's decision to turn off a loved one's life support.

Writing in a series presents its own larger challenges for a writer. What was your writing process like this time around and were there any challenges you faced?

I call myself a "plantser," meaning I'm neither a "plotter" who makes extensive outlines or a "pantser" who just sits down and writes. I start with a rough idea of the story's beginning, middle, and end, then let the characters and the action show me where it should go.

A challenge occurred when I realized that Bridget's son, Dustin, could not become involved with Zack's older daughter, Jennifer, in a subplot. I'd ignored their age differences. In *DEAD ALREADY*, Dustin was in high school, but in *WARM AND DEAD*, Jennifer is a freshman medical student. I couldn't make Dustin three-years older in one year, so I created a new character, Bridget's stepson, Grant, a first-year Harvard law student. He comes to the DC area for a holiday visit, where he meets Jennifer, also on a holiday visit to her dad, Zack.

EXCERPT

CHAPTER ONE

Brutal pressure in her lower abdomen awakened the sixteen-year-old from a fitful sleep.

Much worse than the labor pains two days ago.

Deep breaths, no help. She needed to pee. Could her bladder burst?

She tried to get up, but sudden cramping around her pelvis forced her back onto the mattress.

More deep breaths. She rolled to one side. Swollen breasts heaved like water-filled balloons. Sticky liquid leaked from the left nipple.

Did she sleep through a feeding?

Put off the bathroom. Nurse the baby. Forget the pain.

Why isn't she crying?

Terror swept through the teenager's body. She squinted against the darkness in the dreary bedroom. The horrible truth exploded in her mind one second before her eyes focused on the empty bassinet.

Panic overcame pain. She fumbled for the switch on the bedside lamp and spent three tries to flip it on. Frantic eyes searched the room.

No baby.

A thunderbolt shot through her abdomen. She cried out. Pressed her knees to her chest. Fear fell over her like a weighted blanket.

The pain let up. Moisture between her legs. Underpants and sanitary pad soaked.

Find my baby.

She eased out of bed and started to the door. A wave of nausea and dizziness knocked her to the floor. Another jolt shot through her lower abdomen. Rivers streamed down both legs.

EXCERPT

Heavy breaths. She fought off another wave, crawled to the door, reached for the knob, and tried to twist it.

Locked?

The chilly room turned frosty. She shivered. Why would they lock her in the bedroom? Who took her baby girl?

Another cramp in her lower abdomen doubled her over. She waited until it passed then stood, leaned against the wall, and pounded on the door.

“Help! Someone! Where is my baby?”

No response.

Faint, she slumped to a sitting position against the wall and pounded the door again. Her mind fogged.

“Help!” She broke into tears. Her voice faded. “Please, help. Nurse Emily . . .”

CHAPTER TWO

You can plan for life, but you can't outsmart it.

His dad's prescient words caromed in Dr. Zack Winston's mind as he arrived at Bethesda Metro Hospital at 7 AM on a freezing late-December morning for his twelve-hour ER shift. Zack had not outsmarted life, but he had preserved it. He survived the attack on his life, saved Bridget's, and exposed a medical cabal.

Killed his best friend and mentor, too. For cause justified.

A year later, Zack relished his routine emergency medicine practice and less reckless off-duty lifestyle. Approaching fifty, Zack Winston had finally grown up. No longer driven to seek or create drama in his life.

The sub-freezing weather and predicted snowstorm should deter the seasonal crunch of ill and worried-well people seeking pre-holiday tune-ups in the ED. Zack checked his phone, again. The weather would stay away until after his evening trip to Reagan Airport to pick up his daughters visiting from the west coast.

EXCERPT

Zack's optimism seemed validated when the off-going emergency physician, Dr. Paula Cho, turned over a department almost empty of patients.

He should have known better.

Following turnover, the day-shift team gathered in the central workstation of the main treatment area. A dozen curtained patient cubicles, only one occupied, surrounded the workstation. In one of the cubicles, an internal medicine resident evaluated an octogenarian woman with a long list of non-acute medical conditions. Her son had left her at the ED triage desk with a packed roll-aboard.

"Positive suitcase sign," Zack called it. The family planned to enjoy Christmas without the burden of grandma's unpredictable mental status.

A blare from the emergency medical services radio commanded attention. The warbling voice and background siren indicated an incoming crisis.

So much for optimism.

Montgomery County EMS, five minutes out your facility with a middle-aged male, cold-water drowning near Seneca Landing on the Potomac River. Water temperature at rescue fifty degrees. VF on our arrival, shocked three times with conversion to pulseless rhythm. Patient is hypothermic to touch. Warming blankets applied. We have him intubated on 100% oxygen, CPR in progress. Cardiac monitor sinus Brady at thirty."

Zack spoke into the transmitter. "Copy all. Continue." A cold-water drowning converted from ventricular fibrillation to a slow but regular heart rhythm might survive timely treatment. Slim, but a palpable chance.

The warbling voice came back. "County Police on scene. Patient ID indicates he is a physician."

Icy fingers spread across Zack's chest. "Standing by in resus room."

Zack watched the familiar rush of adrenaline-charged nurses and techs scurrying to the resuscitation room to set up for their incoming patient. They moved faster than usual, a bit more frenzied.

EXCERPT

Zack paused to catch his breath. High odds they knew this physician. The approaching siren, at first faint, then more intense at the ER ambulance bay, clarified Zack's thinking. As he headed to the resus room, he spoke to the ER Secretary, Wayne Snodgrass. "Call the ECMO team."

When Zack entered the resus room, five heads turned in unison toward him. The looks on their faces showed they knew what he was about to say.

He told them anyway.

"Folks, if this victim is a local physician, we may know him. We can't let that affect our judgment or performance. Remember the first rule in a cold-water immersion. The victim is never dead until he's warm and dead."

The doors from the ambulance bay burst open. Two paramedics in blue coveralls pushed the gurney into the resus room.

Zack recognized the victim: Nate Young, a respected pediatrician on the hospital staff. He stepped back to allow the team to move Nate under the bright lights next to the equipment in the room. The paramedic who first treated the patient gave his report in a loud voice.

"Two joggers saw the victim face down just offshore by the C and O Trail. They called 911 and pulled him out of the water. They noted shallow breathing, started CPR. We arrived within ten minutes and found the patient pulseless, apneic, with V-Fib on the monitor. De-fib converted him to sinus brady on the third shock.

"Victim's truck was parked at the scene, engine compartment warm, suggesting he arrived a short time before immersion."

Zack scanned Nate's overall appearance. Purple cyanosis discolored the pediatrician's lips and ears. Looking under the warming blankets, Zack noted that Nate wore casual khaki trousers and a long-sleeved shirt. Both were soaked, as were his socks and winter shoes. Two nurses tunneled beneath the blankets to cut off the wet clothing.

Zack turned to the paramedic. "Was he wearing a coat or jacket when found?"

EXCERPT

"Have we heard from the ECMO team yet?"

As if on cue, Wayne Snodgrass appeared at the door of the resus room.

"Dr. Winston, Dr. Hartman on the line for you."

Zack picked up the phone on the resus room wall. The familiar baritone voice of Jerry Hartman, the ICU director who had come to Zack's support in a malignant malpractice case the prior year, filled his ear.

"What's up, Zack?"

"We have Nate Young in the ED, brought in by Montgomery County EMS after cold water immersion, time unknown. On arrival, he's full code with no spontaneous respirations, no neurological activity, sinus Brady on the monitor. Core temperature eighty-nine. How quickly can we get him set up for ECMO?"

The best hope of returning Nate Young to useful life would be to put him on extracorporeal membrane oxygenation (ECMO), a procedure to warm his blood by circulating it out of his body through a heated 100%-oxygen membrane apparatus similar to a heart-lung machine, then back into his body. In addition to the rewarming, the procedure would provide oxygen-rich blood to Nate's brain.

Jerry hesitated. "You realize the odds of success are slim, even with the hypothermia?"

"Gotta do it, Jerry. It's his only chance."

"On my way."

Zack hung up and spoke to Wayne Snodgrass. "Contact Dr. Prakash. Tell her she's needed in the ED, STAT, at my request." He wouldn't have to tell Sevatí Prakash, Chief of Cardiology, why he needed her. She would respond on Zack's word alone.

"Core temperature ninety and rising," a nurse said.

"Better pulse," another one said. "Weak and thready at forty-six."

"Respirations?"

"None spontaneous," the nurse at the head of the bed said.

Zack spoke into Nate Young's ear. "We're going to get you warm and alive, friend."

EXCERPT

“None found at the scene.”

Why would Nate Young go to the river in subfreezing early-morning air without a jacket?

An ED nurse relieved the paramedic performing chest compressions while a respiratory tech hooked the endotracheal tube protruding from Nate’s mouth to a mechanical ventilator. Another tech changed out the EKG leads from the EMS portable monitor to the ED’s multifunction readout screen.

A nurse called out. “BP sixty over palp, weak carotid pulse, no spontaneous respirations.” The heart monitor showed a normal EKG pattern, but a slow rate of forty beats per minute.

“Temperature, please,” Zack said. Nate’s odds of recovery depended on his body’s core temperature. The protective mechanism of hypothermia would decrease his metabolic demands so his brain could survive an extended period of oxygen deprivation.

A nurse inserted a rectal temperature probe and hooked it to a cable plugged into the multifunction display on the monitor screen. After what seemed too long a time, the number 89 flashed on the screen in digital red.

Zack sensed the elation in the room. Definite chance to save Dr. Nate Young!

Zack raised his voice. “Warm him up.”

The nurses piled heated blankets on top of Nate, replacing the ones from EMS.

A good beginning, but not enough.

Zack barked out orders. “Change out the pre-hospital IV fluid for heated saline. Start warm gastric lavage.”

They were deep into a desperate attempt to save a colleague’s life and Zack hadn’t yet touched him. At the foot of the bed, he felt the soles of Nate’s feet. Icy. No surprise. Nate’s body was shunting all available blood to vital organs, allowing minimal circulation to the skin. They could pile blankets on him all day, but they had to warm up his core before he suffered vital organ shut down.

EXCERPT

The next ten minutes passed in a blur of continuous motion. Soon after Zack hung up the phone, Jerry Hartman and Sevati Prakash entered the resus room in tandem.

Zack gave them the history and current status of their pediatrician colleague while completing his exam on Nate Young.

“No signs of trauma,” he said. “Odd, he wasn’t wearing a jacket.”

Wayne Snodgrass stuck his head into the doorway. “ECMO team ready in ICU.”

“Let’s roll,” Jerry said.

The entourage departed the resus room in a flurry, pushing Nate’s gurney and all accouterments in one synchronized moving mass, like an octopus in a feeding frenzy.

Zack stood alone in the resus room. Except for the remnants of open sterile packages, leftover tubing, and other detritus from a dramatic resuscitation, he might have wondered if the event had even happened. He heaved a sigh, hoping that despite overwhelming odds they had given a colleague a chance to live.