

LBRIS

We know
books

HOLLOW BONES



Jodi Picoult

MICHAEL



JOSEPH

LBRIS

We know
books

HOLLOW BONES

PART ONE

Molly

*Everyday you die again.
While I'm driving
Or shopping
Or pretending
to watch tv.
It hits me and I forget
How to breathe.
Somedays, I can sneak by
without you dying.
Just quietly skate
past it.
Tiptoe around it
like a mouse.
But most days,
it's a bull
And I am wearing red.*

—NICOLE BERRY

1

September 2026

A n unexpected wind picks up from the north and the wall of fire becomes a living thing, a dragon roaring toward the first responders who try to tame it. I'm frozen in place, watching this hellscape. These thirty-mile-per-hour gusts have seemingly arrived out of, well, thin air.

The flames lick to the sky and then swoop back against the crashed Southwest jet, making it harder to see the passengers still trapped inside. Smoke rolls across the tarmac and heat beats against my face. My phone buzzes incessantly: *Alert 3 at TF Green; plane has crashed on runway, on fire, evacuating passengers*; plus calls to nearby police and EMS and fire departments for mutual aid. There's a scream of sirens as two ladder engines from the Warwick Fire Department join forces with the struggling firemen from the Aircraft Rescue and Fire Fighting Team, spraying the chemical foam used to extinguish jet fuel.

A dozen EMTs stand at a safe distance like runners at a gate, raring for the go-ahead to treat the passengers, but there's no way to get them out of the plane until the fire's been subdued. Which would

have happened by now if the wind hadn't changed direction. This is quickly becoming an even greater disaster.

As the Chief of the Center for Emergency Preparedness and Response at the Rhode Island Department of Health, I was among the first to be notified about the crash. By the time I ran out the door to get to the Emergency Operations Center at the airport, I was already texting my team. My deputy chief, Toby, had put out the initial notification to all Rhode Island hospitals: *A plane has crashed at TF Green. Estimated 168 souls on board. EMS is assessing. Please provide your bed availability.* The more time they had to determine their capacity, call in their trauma teams, clear beds in the emergency department, or prep the burn cart, the better.

A whip of wind blows some of my hair out of my braid. By the time I brush it from my eyes, the yellow tongue of the evacuation slide has deployed.

Shit.

While we need to get the passengers safely cleared, having them slide through an active blaze is a mistake. But the EMTs surge forward, and passengers begin deplaning. The airport fire chief grimaces, then directs his team to pivot so they can create a physical barrier between the slide and the flames.

Passengers reach the tarmac, sobbing. A flight attendant shepherds a woman with a piece of metal protruding from her upper arm. One middle-aged man sees the fire and panics, racing in the opposite direction. Another stumbles toward the firefighters, hands clasped over his eyes, shrieking in pain.

A pumper truck arrives, along with the first ambulances. The triage coordinator—an EMT at the bottom of the evacuation slide—evaluates each passenger. Those who can walk get directed to the Temporary Reception Center, a tent where a Southwest rep will check them in and make them as comfortable as possible until law enforcement can interview them. Passengers who can't move lie on the ground, moaning, or—worse—in silence. Paramedics pinball between victims, tagging them with triage tape—red, yellow, and green.

Although I've been doing this job for six years, every disaster feels like the first time. The minutes pass differently. It seems to take eons until the fire is subdued, foam coating the plane and the tarmac below. By then, anyone able to get off the plane by themselves has been evacuated, and firefighters have deployed ladders to rescue those who remain. Injured passengers litter the tarmac like a macabre quilt. An ambulance zooms into view, and two paramedics leap out with a backboard. They rush to a teenage girl, red-tagged and unmoving, her head haloed by a puddle of blood.

I find myself staring at the spill of red; the horror it evokes. In situations like this, it's hard to remember what is real and what isn't.

The Teams app on my phone pings with a member of my department who has been monitoring social media. *There was a very pregnant woman on board. Anyone have eyes on her?*

A flurry of responses scroll in—*nos* from the Temporary Reception Center and the transport officer. Has someone already found her? Is she still on the plane? My gaze roams over the wounded, falling on a woman with her back to me, a yellow tag on her shirt and burns on her arms. When she rolls to the side, I see a swollen belly. She lets out an unearthly groan.

Before I can even text that I've found her, an EMT rushes over. He replaces her yellow strip of tape with a red one. "I need transport *now*," he shouts.

My phone rings—the call I have been waiting for. "The manifest is in," says Sue, a Southwest Airlines rep, referring to the list of crew and passengers. "Meet at the EOC?"

The Emergency Operations Center is located in a nearby maintenance building with windows that overlook the scene. The room is jammed with people.

I take a seat beside Sue. She pulls up the manifest on her phone as I pull up the patient tracking system—which allows me to see who's been transported by ambulance, and where, for the last four hours. There are so many legal issues around turning over a list to Southwest that best practice is to sit next to each other and read off names.

A guy from EMS who only started a month ago—Robert? Roger?—blusters in. “Sorry I’m late,” he apologizes. “State police just showed up.” He clutches the third master list—the dossier of who is or was sitting on the tarmac, and who has been cataloged at the Temporary Reception Center. By cross-referencing the three documents, we make sure that everyone has been accounted for.

Sometimes, it’s how we figure out who is dead, too.

We start the reconciliation with Sue reading the names of the crew. The pilot and copilot are on Roger’s list with minor injuries treated in the field. The flight attendants have all been accounted for, one having been sent to South County Hospital and the rest still in the Temporary Reception Center. “Alice Kennedy,” Sue reads, and I scan my tracking system.

“Sent to Roger Williams Medical Center,” I reply.

Roland Gresham. Chinara Adebayo. Alika Adebayo.

“Minh Nguyen?”

I scroll and scroll but cannot find that name.

Roger is flipping through a spreadsheet on his laptop. “Negative,” he says finally.

From the background chatter behind us, the deputy chief of EMS interrupts. “Sorry, did you say Nguyen?” Paul asks. “We have a Nguyen ID’d as a decedent.”

Sue checks her manifest. “First name?”

He shakes his head. “Don’t have it.”

“This one is a twenty-six-year-old female?”

Paul hunches away, speaking into a radio before turning back to us. “Mine’s an elderly man,” he replies.

Sue nods, moving down the manifest list and putting a check mark next to another Nguyen.

“Ah, got her,” Roger says. “Minh Nguyen. Her name was misspelled. Uninjured and checked in at 2:24 P.M.”

We continue methodically for over an hour, tuning out the updates from the field when the plane is fully evacuated and cleanup of the firefighting foam has begun—it’s been linked to PFOS in

groundwater, which is a battle we'll have to fight another day. An alert comes in that Rhode Island Hospital is at capacity. Finally, we each scan our lists to make sure all 168 passengers and crew have been checked.

"I only have one sixty-seven," Sue mutters. "Let me count again." And then: "There's a lap infant. Twenty-three months."

"Who was the child with?" I ask.

"Elisabeth Abbott," Sue answers. "Age twenty-nine."

For a moment we are all lost in our silos, trying to find something—anything—about an infant. "Elisabeth got transported to Kent Hospital," I announce.

Roger's eyes are on his screen. "Youngest kid I've got is five."

I dial Kent Hospital and the Emergency Department picks up. "Hi, this is Molly Fitzgerald from Emergency Preparedness and Response," I say. "Do you have an Elisabeth Abbott registered?"

After a brief conversation, I turn back to Sue. "The patient is in open-heart surgery, but there's no record of an infant coming in with her. And no unaccompanied toddler in the ED."

My fingers start flying, texting in our Teams app. *We've accounted for 167 of the 168. Missing person is a child, age 2. Can everyone please check for a 2-year-old child?* One by one the responses trickle in:

No minors.

No children.

Negative.

Hasbro Children's Hospital, which is part of Rhode Island Hospital, responds with the name of a six-year-old patient—but with a different last name and two parents present.

My mind revs into overdrive. Is the toddler deceased and so small that the firemen sweeping the plane missed it? Was the toddler safely evacuated . . . and kidnapped? It seems ridiculous to even think it.

I turn to the airport fire chief. "Can you get eyes inside the plane?"

His radio crackles as he sends one of the firefighter EMTs onto the plane.

Here's the most important thing I've learned about my job: You can't stop a disaster from occurring, no matter how much you prepare. But if you cannot keep everyone safe, you can damn well make sure they are all accounted for.

The alternative—the *not knowing*—is untenable.

I should know.

A burst of static bleeds through the radio. "Chief," I hear, "we found the child."

There's more information relayed—the final passenger was tucked inside the cubby where the drinks cart is usually stowed. Through the windows of the EOC I can just make out a firefighter in full gear, standing in the open doorway of the plane. He holds an American Girl doll in his arms. The doll wears a neon T-shirt identifying it as a character in our extensive training drill, the same neon shirt worn by the 167 adult actors hired to play the parts of airline passengers in this simulation.

"This is the exercise director," I hear, over the radio. "We are calling End Ex. The exercise has ended at 5:57 P.M. Hot washes will begin at 6:30 P.M. in parking lot B."

And . . . whew. The drill that has taken three years to plan has been successfully completed. All the adrenaline rushes out of me, leaving me shaky on the seat between Sue and Roger.

Rhode Island is a small state, so everyone in my field knows me. But when people meet me for the first time, they're always surprised that the head of the department is only twenty-five. As a kid I was a brainiac, skipped a grade, and graduated from Columbia with a combined B.S. and master's in public health at nineteen. In college, I worked summers at the R.I. Department of Health as a scholar, their fancy term for an intern, studying how much time we'd actually have to evacuate a nursing home that lost heat or air-conditioning. The

summer after my junior year, I collected data that helped emergency managers locate residents who used electricity-dependent medical equipment. I graduated midyear and was officially working in the Center for Emergency Preparedness and Response by February 2020.

I bet you can see where this is going.

If not for Covid, my career might not have advanced so quickly. There wouldn't have been such burnout turnover, and by 2023, I would likely not have been made the acting deputy of the department, frantically getting a crash course in management. Maybe my boss would not have retired to the Keys last year. But three months ago, I officially became the permanent chief of the department, who—with a staff of thirteen—oversees the public health of all Rhode Islanders.

When I say I work in public health, most people nod, though they rarely know what that encompasses: All the things happening behind the scenes to keep you safe. Making sure you don't have lead paint in your house. That your food and water are not going to make you sick. That it's safe to swim at the beach. That if you're in a car accident, the best technology keeps you from getting injured. And vaccines, of course, are another polarizing example. It's all of these things and more: communications, lab and epidemiology preparedness, chronic disease prevention, acute disease management—all wrapped into one.

Preparedness is the crystal ball of public health. We've done enough training for that muscle memory to kick in on the day you need it. My business is held to an incredibly unfair standard—survival—because acceptable loss is an impossible concept. But public health isn't what's best for every person; it's the greatest good for the greatest number. If you run out of ventilators during Covid, who gets one? The child with Down syndrome, or the sixty-five-year-old epidemiologist who might find a cure for the virus? It's like the famous moral dilemma of the trolley problem over and over.

Luckily, we don't do it alone, though it wasn't always like this.