CHAPTER 1

# Chapter 1: The Warning Nobody Wanted to Name

Picture a kitchen on a gray February morning. The coffee is made. A man in his late sixties reaches for his mug and misses it by an inch. He laughs it off. His wife asks if he's all right, and he says, "Fine. Just didn't sleep well." His words come out a little thick, and she notices. She decides not to make a fuss. He is a grown man who splits his own wood and fixed the furnace last fall. If something were really wrong, he would know.

They spend the next part of the morning waiting to see how it goes.

That pause, in a warm kitchen between two sensible people, is what this book is about. The pause itself hurts no one. What it costs comes afterward, and neither of them can see that yet.

## Why smart, capable people wait at home

The people who wait are rarely careless. More often they are the most capable people in the family. They are the ones who fix things themselves, who drove through the blizzard, and who never called a plumber they didn't need.

That competence becomes a trap. For decades, "handle it yourself" has been the right answer. A sore back gets rest. A cut gets a bandage. A strange noise in the truck gets a week of listening before anyone spends money. Most of the time, waiting works, so the habit gets stronger every year.

A stroke doesn't fit that pattern, and nothing in a practical life trains you to spot the difference.

> **Case:** Imagine a woman who lives alone on a county road, forty minutes from town. One evening her right hand goes numb while she's peeling potatoes. It fades after a few minutes. She finishes supper, washes up and goes to bed early. She doesn't call anyone, because she doesn't want to "cry wolf," and the numbness is gone anyway. (Illustrative example.)

Nothing in that story is foolish. Every step makes sense on its own. Put together, the steps add up to hours lost at the very time hours matter most.

#### The reluctance to ask

There is a quieter reason people wait. Many of us were raised to believe that asking for help is a small failure, and that shows up well beyond medicine.

Take home heating aid. The main federal energy assistance program reaches only a fraction of the households that qualify for it, and that gap is one reason rural families improvise their own heating rather than apply (Utility Dive, 2026-02-05). The money exists. Many people simply don't reach for it.

> Only about **1 in 5** income-eligible US households receives federal home energy assistance (LIHEAP Clearinghouse, HHS/ACF, 2026-04-01).

I raise this because the same reflex shows up at the worst possible moment. The person who won't fill out a form for heating help is often the same person who won't dial 911 for "just some numbness." Pride and thrift are fine virtues. On the day of a stroke they get in the way.

## The cost of 'let's see how it goes'

Here is the idea I want you to carry through every page that follows. I call it **the Wait Tax**.

> **The Wait Tax:** every minute you spend deciding whether it's serious gets paid for by the brain. You won't get a bill, and you can't get a refund.

In Chapter 3 I'll explain in plain words why brain cells can't wait. For now, one simple point is enough. The treatments hospitals use for stroke depend on time. The earlier a person reaches the right care, the more options the doctors have. You don't need to know the exact time limits, and I won't ask you to memorize any. Deciding whether a window is still open is a judgment for the doctors. Getting the person to them fast is your part.

### What waiting actually looks like

The Wait Tax rarely looks dramatic. It usually looks like one of these:

- Lying down "for a few minutes" to see if the dizziness passes.
- Calling a grown child three states away to ask what they think.
- Looking up symptoms on a phone.
- Driving over to a neighbor's house to "get a second opinion."
- Waiting until morning so as not to wake anyone.

Each of those feels responsible. Each one also spends time you can't get back. In Chapter 2 we'll take the five most common excuses one at a time and swap each for a single action.

### My own ten minutes

Last winter I was splitting kindling on the back step when my left hand went clumsy on the hatchet handle. I stood there telling myself it was the cold. It was the cold, as it turned out. But I spent ten full minutes arguing with myself before I walked inside and asked my wife to check my smile. Those ten minutes are the reason this book exists.

I know the subject well and I've talked about it for years, and I still stood out in the cold and argued with myself. Knowing about strokes wasn't enough. What I was missing was a plan I had already agreed to follow before anything went wrong.

### The lives you actually lead

This book is written for people who don't sit still. That matters, because your ordinary week carries risks a desk worker's week does not.

You heat with wood or propane through long winters. Heating equipment plays a part in about one in six US home fires, and nearly half of heating fires happen from December through February[21]. You run tools in a shop, often alone. Angle grinders alone have been tied to nearly 25,000 US injuries a year (FEIN Industrial Power Tools UK, 2025-04-01).

These numbers don't measure strokes. I include them because they show where you spend your hours: alone, in the cold, around heat, with your hands busy. That is where a warning sign is most likely to show up and be brushed off. Later chapters take up each of these settings, because a plan that ignores where you really live won't work when you need it.



## How this book is built to be used in a crisis

Most health books are written to be read once in an armchair. This one is also meant to be grabbed in a hurry, with shaking hands and a spouse slumped at the table. So I've built it in three layers.

### Layer one: recognize (Chapters 4 through 13)

These chapters teach you to see a stroke. Everything hangs on six letters, **BE FAST**, which you'll learn in Chapter 4 and practice with your partner the same night. Then we go through the body one part at a time: the face, the arms and legs, speech, balance and vision. After that come the quieter signals, the mini-strokes that vanish, and the look-alikes that fool people. The last chapter in this layer covers the one fact doctors will ask you first: when the person was last known to be well.

### Layer two: act (Chapters 14 through 17)

These chapters walk through the call, the ride and the emergency room. You'll find the exact words to say to the dispatcher, the reasons not to drive yourself, and what happens in the first hour. There is also a chapter for the reader who reads all this too late, after the signs were already missed. That chapter is about what to do now, and it leaves blame out of it.

### Layer three: protect (Chapters 18 through 26)

The final chapters cut the everyday risks. They cover home blood pressure checks, blood thinners in the workshop, shoveling and heavy lifting in the cold, and heating a home safely and affordably. They also cover staying active on a bike and building a plan for working alone out back. The book ends with a stroke card for your fridge door and a ten-minute drill for the whole household.

> “
>
> If you only ever read one part of this book in an emergency, read the 911 chapter. If you have one quiet evening before any emergency, spend it on the recognize chapters.

**Your first action, tonight**

Don't wait for Chapter 4 to start. Do this before you go to bed.

- ✓ Choose one spot on your fridge door and clear it. That is where your stroke card will go (Chapter 24).
- ✓ Write the words "CALL 911 FIRST" on a sticky note and put it there now.
- ✓ Ask your partner, or yourself if you live alone: "If my face drooped at breakfast, what would I do in the next sixty seconds?" Say the answer out loud.
- ✓ If the honest answer includes "wait" or "see how it goes," mark this page.

That last question is the most important thing in this chapter. Most people find their honest answer includes some version of waiting. That's why the answer needs to change while you're calm, well before the day it's tested.

### KEY TAKEAWAYS

- **Treat your own competence as a risk factor.** The habit of handling things yourself is the habit most likely to delay a 911 call.
- **Count the Wait Tax.** Every minute spent deciding, phoning family or lying down is time taken from treatment. Call first and sort it out later.
- **Leave the timing to the doctors.** Your job is speed. Judging whether a treatment window is open belongs to the hospital.
- **Know where your warnings will appear:** alone, in the cold, in the shop, near the stove. Plan for those places.
- **Take one physical step tonight.** A cleared spot on the fridge and a sticky note beat good intentions.

Everything so far rests on one assumption: that when the moment comes, you'll recognize the voice in your head that says *wait*. That voice is a skilled talker, though. It rarely says "ignore this." It says *I'm just tired*, or *I slept on it wrong*, or *I don't want to bother anyone*. Those sound so reasonable that you may not notice you're waiting. So which exact words will your own mind use to talk you out of the call?