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# The Long Watch: A Frontier Guide to Living After the Fall

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## Introduction

I didn't set out to write a book. I set out to keep a record—first of patients and phone calls, then of routes that stayed clear, then of the names of people we'd lost and the names of people who still needed checking on. In the early days, when the radio sputtered and the county map on my clinic wall began to mean less than the footpaths between porches, I found myself writing by lantern light. What started as charts turned into a journal, and the margins filled with the sort of notes a country medic makes when there's no one else to ask: what steadies a crowd, what calms a child, what to look for in a fever that won't break, and where the safest door is when the front one won't do.

This book keeps that shape. It's part story, because story is how we remember each other, and it's part field notes, because remembering isn't enough if we can't act with some measure of sense and care. I can't promise authority; I can only offer honesty. The techniques I describe are the ones that kept people breathing long enough to see another sunup in our hollow, done with what we had on hand and guided by a stubborn belief that a small act, done well, still matters. Your miles will vary. Your weather will be different. Your neighbors, too. But the bones of the work—notice, decide, tend, and hold—are sturdy anywhere.

You'll find that each chapter opens with an entry from my journal: the day the county went quiet, the first long night watching the yard, the winter when our breath iced the window glass while we sorted the day's troubles. After the entry comes what I learned from it, boiled down to the kind of notes I wish I'd had on the back of a pocket card. Nothing here is meant to replace real training or the counsel of someone you trust who knows better. If you have a wiser head nearby, listen to it. If you don't, listen to the calmest part of yourself and to the people you're trying to keep alive.

What surprised me most wasn't how thin the line is between order and panic—I'd seen that line plenty of times in emergency rooms and on gravel roads—it was how much thicker the line becomes when a few people decide to hold it together. A watch is a circle, not a tower: farmers, teachers, grandmothers, the high-schoolers who could run faster than the rest of us, all taking turns at the edge of the light. The work of surviving is shared, or it frays. Medicine is the same. A steady hand is only as steady as the hands that pass it water, hold the lamp, and keep the doorway clear.

I won't pretend there isn't fear here. There is, and there should be. Fear kept us from taking foolish chances; it taught us to step back when our feet were sure we could push forward. But there is also room, always, for gentleness. For asking a name before you ask for a wound. For looking people in the eyes even when you're tired enough to

weep. For making space at the table so someone else can sit down and feel the weight leave their shoulders for a minute. Those small courtesies aren't extras. They are the glue in the cracks.

If you're reading this, maybe you've already learned some of what's inside. Maybe you've kept a quiet watch of your own, or carried a list of neighbors to check on in your pocket, creased and re-creased until the ink smudged. Maybe you've never had to, and you're reaching for something to make the shadows make sense. Either way, I hope these pages give you company. I hope they offer steadier footing and kinder eyes. I hope they make you feel less alone when the wind rattles the windows and the coyotes sing like they know your name.

The long watch isn't a single night. It is the patient, everyday practice of paying attention to what is fragile and choosing, again and again, to protect it. The tools we use—words, habits, bandages, bowls, songs—are simple. The reasons we use them are not. This book is a record of both. If it helps you keep someone warm, or helps you keep your own heart from hardening, then the lanterns we lit out here on the edge of the map will have thrown their light a little farther.

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## CHAPTER ONE: The Day the County Went Quiet

The morning it started, I was up before dawn wrestling with a propane cylinder that had decided the cold had made it personal. I remember that because the little things stick with you—the absurd details that don't carry any weight at the time but become the whole shape of memory later. The valve was stiff, and I had to brace my boot against the base of the tank and work the connector with both hands, my breath coming out in ragged clouds that hung in the air like little ghosts that couldn't make up their minds about where to go. The clinic's old furnace had been sputtering since October, and I'd finally gotten it to kick on sometime in the grey half-light before five. No patients yet, obviously. Nobody came in before six unless they were bleeding or having a baby, and sometimes not even then, because the roads out here are the kind of dark that makes people philosophical about whether a nosebleed really warrants a drive.

I got the furnace going, put on a pot of coffee that tasted like it had been brewed in a tire, and sat down at what passed for my front desk—an old door laid across two filing cabinets, the paint still sticky on the cinderblock walls because I never did get around to finishing the renovation. I opened the ledger. That was my habit. Not anything noble, just the ingrained discipline of a man who'd learned in residency that if you don't write it down, it didn't happen, and if it didn't happen, you can't defend the decision you made about it. The ledger was a battered composition notebook, the kind with the marbled black-and-white cover, and I'd started it back in September when I first leased the old Canfield building and hung out my shingle as the only medical provider in Harlan County, Kentucky, for about fifteen miles in any direction.

October 14th. I wrote the date and nothing else for a minute, my pen hovering. It was one of those still mornings where the world feels like it's holding its breath. The hollow was socked in with fog that lay across the ridge like a quilt someone had draped over a sleeping animal. I could hear the creek below the clinic, and somewhere off toward the Hensley place, a rooster was carrying on like it had something important to announce and no intention of being interrupted before it got to the point. I wrote "0 patients." Closed the book. Went back to thinking about whether I should call the propane company again or just learn to heat the place with righteous indignation.

By nine o'clock, I had four patients, and the day had changed its character entirely.

The first was Margaret Aldridge, seventy-six, come in for a renewal on her blood pressure medication. She sat in the old church pew I'd set out as a waiting-area bench and told me about the rattlesnake her nephew had shot in the holler the day before, as if I hadn't heard it three times already. The second was Dale Ferris, a handyman

from up Whitaker Creek way, who wanted me to look at a cut on his forearm that he'd gotten from a piece of tin roofing. I cleaned it, put three stitches in, told him to keep it dry, and watched him leave with the satisfied air of a man who considers a doctor visit a reasonable excuse to drive into town. The third was a young mother, Tammy Lou Barker, with a six-month-old who had a low-grade fever and wouldn't eat. I checked the baby over, found nothing alarming, gave Tammy Lou instructions on how to manage fluids and when to call me, and watched her ease her truck back onto Route 920 with the cautious relief that new mothers carry when they've been frightened and been told the danger had passed.

Normal Tuesday.

The fourth patient was what people would later point to as the first sign, though I didn't recognize it for what it was at the time. I'm not sure anybody did.

Her name was Opal Cline. She was thirty-four, a cashier at the Hometown Market over in Vicco, and she came in around half past ten on the arm of her sister, Darla, who was already talking before they got through the door.

"She's been sick since yesterday. Stomach bug, she says, but I don't know. She ain't right."

Opal was sitting upright but she had the look of someone whose body was borrowing energy from sheer stubbornness. Her skin had a grey undertone, the kind you see in people who've been fighting something off for longer than they'll admit. Her lips were dry, cracked at the corners. Her sister told me she'd been nauseated, running a low fever, sleeping poorly, and had refused to eat anything since the morning before.

I did the usual workup. Took her temperature—100.7, not alarming. Checked her blood pressure, which was slightly low but not dangerously so for a woman of her build. Asked her about pain, about recent travel, about anything unusual she'd eaten. Her answers were slow and thin, like she was pulling words out of mud. I noticed she kept her hands balled into fists in her lap, and when I asked her to open them, she did it slowly, like she was lifting something heavy.

Her fingernails had left crescents in her palms.

I asked Darla if Opal was on any medications. She shook her head. I asked about recent illnesses in the family, at the market, in the neighborhood. Darla frowned and said she'd heard that one of the stock boys, a kid named Ricky Short, hadn't come in for two days and wasn't answering his phone. That was odd, but kids don't answer their phones for all sorts of reasons, and a stock boy missing a shift in a county where most people work two jobs to keep the lights on isn't front-page news.

I gave Opal some fluids, an anti-nausea suppository because she couldn't keep water down, and a note telling her to come back if the fever climbed or if she stopped urinating. Darla helped her to the truck. I watched them pull out onto 920, gravel spitting behind the tailgate, and I went back inside and finished my notes and started to think about lunch.

That's the part I return to in my mind—the ordinary way I turned back to lunch.

Not because I was callous. I wasn't. But I'd been trained to assess risk, to sort the urgent from the routine, and by every measure I had, Opal Cline had a stomach virus. The county got them every fall. The water out of some of the wells up in the headwaters had been soft and slightly alkaline for years, and people with sensitive stomachs paid for it now and then. I had no reason to think otherwise, and in the absence of reason, you go with what you know.

I had no way of knowing that by the following Tuesday, Opal Cline would not answer her door. That Darla's husband, Buford, would go to check on her and not come back. That by Wednesday, there would be four houses up and down Route 920 with the same quiet wrongness to them—mail piled on porches, dogs barking without ceasing from behind fences, pickup trucks parked at angles that suggested the doors had been flung open and the drivers pulled out before the vehicle had stopped rolling.

And I had no way of knowing that the term for what was happening—the one the television stations would adopt weeks later when the signal got patchy and the anchors stopped bothering to keep their voices steady—would be the Reclamation. That was the word the governor's office used in its last coherent broadcast, taped sometime in late October and replayed on a loop by a radio station out of Lexington that most of us could only pick up on the higher ridges. Reclamation. As if what was happening out in the hollows and hardpan roads of eastern Kentucky was some kind of correction, some long-overdue settling of accounts.

But all that came later. The day the county went quiet didn't sound like anything special when it started. It sounded like a Tuesday.

There's a thing about rural places that city people don't always understand, and I don't say this with any superiority on my side because I'm the same way: you can feel the absence of people before you have any proof of it. We live spread out. Our nearest neighbor on the clinic road is a quarter mile off. The Holbrooks are maybe two miles past that. Between us and the county seat of Vicco, there are hollows and ridges and small settlements with names that don't appear on maps anymore—places like Possum Trot, Hell for Certain, and Slick Rock that are just a church, a cemetery, and a collection of houses held together by kinship and property lines. On a normal day, you hear things: trucks on gravel, dogs, the distant mechanical sound of someone running

a chainsaw or a tractor. Silence, real silence, the kind that has texture and weight, is what you get in the deep hollows before dawn or during a heavy snow.

On October 17th—four days after Opal Cline walked out of my clinic—I woke up and the silence was wrong.

It wasn't peaceful. It was empty. And there's a difference. Peaceful silence has a fullness to it. It hums with the small sounds of a world going about its business without you. An empty silence is just absence. It's the sound of a held breath.

I stood on the clinic porch and looked out. Fog was sitting in the hollow like a pond that had overflowed its banks. No trucks on 920. No dog barking. No roosters, which was the detail that got me, because roosters don't stop just because people do. Roosters don't care about anything. But the one over at the Combs place, the one that had been crowing at three in the morning since I'd moved here, was silent. I stood there a long time and listened to nothing, and what I felt was the same thing you feel when you drop a glass and watch it fall—this slow, crystalline awareness that something has gone irreversibly wrong, coupled with the animal certainty that if you move fast enough, you might still catch it.

I got dressed. Made another pot of coffee, blacker and stronger than the first, because some part of me knew I was going to need it. Opened the clinic for the day. Checked my supplies, which were modest: a hundred-count of gauze rolls, two boxes of sutures, a case of oral rehydration salts, three bottles of amoxicillin, a blood pressure cuff, an otoscope, two canisters of oxygen that were running low, and whatever was in the crash cart I'd put together from a garage sale and a catalogue. It wasn't much. In a county with one hospital that had closed in 2011, what I had was almost luxurious compared to what most people had in their kitchen drawers. But it wasn't an emergency room. It wasn't even close.

I made my first call at seven-thirty to Linda Henninger at the Vicco post office, because she was the person in the county who knew where everybody was on any given day. She didn't answer. I called her three more times, let it ring six rings each, which is what you do out here because nobody has voicemail and people let it ring to show you they got the call.

On the seventh ring, I heard something. Not Linda's voice. Something else. A low, ragged sound, like a person breathing through a lungful of water. It came from the direction of her office, and it kept going, rhythmic and wet, and then it stopped, and then it started again from a different place, farther away, as if the building itself were full of it.

I hung up. Sat in my chair. Looked at the framed medical degree on the wall and thought that no part of my education had prepared me for the particular horror of

hearing someone you know make a sound like that from a distance.

The next two hours were the most important of the outbreak, though I didn't know it then. I went through my clinic records and pulled up every patient I'd seen in the last two weeks. Fifteen names. I wrote them on a fresh page in my notebook and put a checkmark next to each one that I had reason to believe was alive: confirmed contact, seen in person, spoken to on the phone. I got ten checkmarks. Three I couldn't reach. Two—Opal Cline and Ricky Short—I had expected to lose contact with already, but I wrote their names down anyway and put them on a separate list because I did not yet have the vocabulary for what they'd become.

That list—alive, unreachable, unknown—became the backbone of how I operated for the rest of the fall. I refined it over the following days, adding columns and notes, and it sits now on page seventeen of this journal, smudged with coffee and rain. The information was imperfect. The information was always imperfect. But it was the best map I had of who needed help and who might still need saving, and in a crisis, the best map is the one you have, not the one you wish you had.

Around ten o'clock, my neighbor Jed Tabor came by. Jed was sixty-two, owned a hundred and sixty acres of mixed hardwood and pasture up the holler, and had been my most reliable patient since I'd arrived in the county, mostly because Jed had a heart condition and knew it and didn't let it stop him from splitting his own firewood. I owed Jed more than I could repay. He'd brought me a deer the previous November when my freezer was nearly empty, and he'd fixed my truck's alternator twice without accepting payment more than once. He was a man who showed up, which in a place like Harlan County was worth more than any credential.

Jed stood on the porch with a shotgun across his chest and a look on his face like he'd swallowed something sour.

"Henderson," he said. That's my surname. He didn't say it like a greeting. He said it like a diagnosis.

"Jed."

"Your mama's neighbor, Delia Bell, came banging on her door at five this morning screaming that Harold Bell was out in the yard and wouldn't come inside. Harold's been dead three days."

I waited, because the way Jed told stories, there was always another shoe.

"Delia went out there with a cast-iron skillet to knock sense into him, and Harold hit her. Knocked her flat. She says he wasn't—she says his eyes weren't right. She ran back inside and locked up and called her son in Lexington, but the call wouldn't go

through."

Harold Bell had been one of my oldest patients. Emphysema, mostly, and the kind of wheezing laugh that made you forget how sick he was. He'd been dead, I'd later confirm, since October 14th, the same day I'd seen Opal Cline. Delia Bell was sixty-eight years old and hit like a woman who'd spent forty years kneading bread dough, and her husband had just gotten up off whatever slab he'd been laid on and knocked her down.

I asked Jed what he thought we should do.

"I think," Jed said slowly, "we'd better figure out how many Harolds we got out there."

That was the moment the weight of the situation made itself known—not as a sudden impact but as a gradual settling, the way a house gives you a season or two before the foundation cracks start showing. I looked at my clinic, at my modest supplies, at the notebook in front of me, and understood that my role had changed. I wasn't a country medic anymore. I was something closer to a triage officer standing at the edge of a war that had no front line and no supply chain and no end date that anybody could see.

The question was how to hold the line with what we had.

Jed and I talked for an hour on that porch. He had practical intelligence that compensated for what I lacked in local knowledge. He knew which families had wells that depended on electric pumps and which had hand-cranked draws. He knew which roads were passable in a truck and which turned to mudslide after a hard rain. He knew that the Pentecostal Holiness church on Route 68 had a basement full of canned goods from a fall drive that hadn't been distributed yet, and that old Mrs. Puckett, who lived alone up on the ridge, had a wood-burning stove and a shotgun and wasn't the sort of woman who was going to be rescued so much as she was going to negotiate terms.

I wrote everything down. I wrote it down because I was terrified of forgetting, and because the act of writing gave me the illusion of control over a situation that was rapidly becoming uncontrollable. That illusion was useful. It kept my hands steady. It kept the next step visible even when the five steps beyond it were swallowed in fog and dread.

By midday, we had a rough count. Seven houses with no response—no phone calls, no lights, no movement visible through windows. Three confirmed dead: Harold Bell, Ricky Short, and a man named Earl Darnell who Jed said had been found by his wife at the edge of their timber plot. I didn't have the word for the rest yet, but we'd get it soon enough, because the ones who were sick—the Opal Clines of the world—were

beginning to stir.

What I should tell you now, before we go any further into this story, is not what happened next but what I learned from those first hours that I wish I'd known before. Not because it would have changed anything—we can't unlearn the world, only adapt to what it's become—but because adaptation starts with understanding, and understanding starts with honesty about what you didn't see coming.

The first thing: people move slower than you expect. In those early hours, I kept waiting for the worst to arrive all at once, a wave of it, the way you imagine floods or wildfires approaching. But the reality was incremental. One missing person. One unanswered phone. One neighbor who looked wrong. The danger wasn't that it happened fast. It was that it happened a half-step at a time, each step reasonable enough to explain away until you turned around and realized you'd come a long way from safety without ever feeling the ground shift beneath you.

The second thing: your neighbors are your infrastructure. Not the road, not the power grid, not the supply chain that had been humming along so reliably that we'd forgotten it was a chain and not a permanent feature of the landscape. Jed knew things about this county that no official record would ever capture. Mrs. Puckett knew things about weather and woodsmoke and wound care that she'd learned from her grandmother during the Depression. The teenager down the road, Caleb Morrow, who was seventeen and quiet and ran like a deer—turns out, that matters more than a medical degree when you need someone to scout a road at dusk.

The third thing: write everything down. I cannot say this enough. Memory is a liar under pressure. It smooths over details. It rearranges sequence. It drops the names of the dead because the mind has a merciful way of forgetting what it cannot afford to mourn. A notebook doesn't forget. A notebook doesn't soften. It sits on the table and holds the truth of what happened, and in the days ahead, that notebook would be more valuable to this community than any weapon or any stockpile, because it told us who needed help, who was coming to help, and who we had lost.

That afternoon, I made my first house call of the new world. Jed drove his truck, a battered Ford with more bondo than original metal, and we went to check on Margaret Aldridge, who had taken her blood pressure medication from my clinic three days ago and who, as far as I knew, had every reason to be alive and every reason to be frightened.

Her house was the one with the blue porch, halfway down the holler road that bore her family's name. The truck crunched to a halt on the gravel. We sat there a moment, both of us looking at the place. The curtains were drawn. No sound from inside.

"Go ahead," Jed said, not because he didn't want to come but because someone had

to stay with the truck and because he understood, as I did, that the medic goes first.

I walked up the steps. Knocked. Called her name. The door was unlocked—she'd never locked it, her own granddaughter had told me once, because she said God and a screen door were all the protection a person needed in this life. I opened it.

Margaret Aldridge was sitting in her recliner, knitting needles in hand, a half-finished washcloth in pale yellow yarn draped across her lap. She looked up at me with clear eyes and the mild irritation of someone who has been interrupted during a perfectly ordinary afternoon.

"Dr. Henderson," she said. "I've been waiting for you. I believe my pills are wearing off."

I checked her over. Blood pressure was elevated—152 over ninety-four—but not dangerously so. She was hydrated, oriented, had no fever. She fed us coffee while we talked, and in the space of thirty minutes, I learned that she'd been watching her neighbors through the kitchen window for the past two days and that she had opinions about every single one of them, most of them hilarious, none of them cruel.

"I don't know what's going on out there," she said, peering past me toward the window, "but Delia Bell's dog won't shut up and that means something, because that dog barks at its own shadow on a clear day."

We brought her extra medication and told her we'd be back. Jed drove me home. It was getting dark by then, earlier than it should have been for mid-October, or maybe I was just noticing more. The hollow had that end-of-day quality it sometimes carried in late autumn, when the trees are bare enough to let the light fall straight into the creek bed and the whole landscape looks like a pencil sketch of itself.

I sat on the porch that night with a shotgun I didn't know how to use and a cup of coffee that had gone cold an hour ago, and I wrote the first real entry in the journal I intended to keep.

I wrote it because someone needed to remember. I wrote it because if I didn't get the details down, I knew with the certainty of a man who has held a dying person's hand, I would wake up tomorrow and not remember whether it was Tuesday or Thursday, whether Harold Bell's dog was still barking or had gone quiet, whether I had checked on Mrs. Puckett or just thought about checking on her. The details, in the end, are the only thing that separate a record from a rumor, and rumors out here would get people killed faster than the Reclamation itself.

The fog came in after dark, thick and low, and the clinic light shone out into it like a single candle in a cathedral. I could hear the creek, and I could hear, distantly,

something that I tried to convince myself was a dog or a branch falling or the wind finding a new gap in the ridge.

I did not sleep that night.

I sat in the clinic with the door locked and the lantern burning and listened to the county breathe—or not breathe—and I thought about what a medic is supposed to do when the sick outnumber the well and the well outnumber the ones who know what to do. I thought about my mother, who had been a nurse in Memphis during a time when hospitals were short on everything except dying, and who had told me once that the secret to getting through a bad shift was to focus on the patient in front of you and let the rest of the world sort itself out.

Good advice, as far as it goes. But what happens when the patient in front of you is the whole county, and the whole county is in the dark, and you are the only one with a lantern?

You hold the lantern. That's what you do. You hold it steady, and you keep the door open for as long as you can, and you write down everything you see, and you hope that someone else is holding a lantern somewhere down the road, and that your lights will meet before either one goes out.

That was the first night of the long watch. Not the first night of the crisis, exactly, but the first night I understood that the crisis would not be resolved by morning, that I was in it for the duration, and that the measure of my usefulness would not be how much medicine I practiced but how long I stayed awake and how honestly I kept the record.

I closed the journal and set it on the table beside the cold coffee. Through the window, the fog had swallowed the lantern whole. Outside, something moved in the dark, slow and deliberate, carrying a sound that I would learn to identify in the days ahead but that, on that first night, was brand new to me—a shuffling, heavy-footed drag through the underbrush, unhurried, as if the creature making it believed, with the patience of something that no longer needed to breathe, that it could simply wait for the light to come up and find the world already theirs.

I put the kettle on. Wrote down the time. Waited for dawn.

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