

Who Knew the Great Books Could Save Your Life?

By Geoffrey Clarfield

Over two thousand years ago, the Greek philosopher and scientist Aristotle wrote that the nature of a governing body determines what can and cannot be discussed or investigated in any society. It has taken me much of my adult life to fully grasp how right he was—and that understanding saved my life.

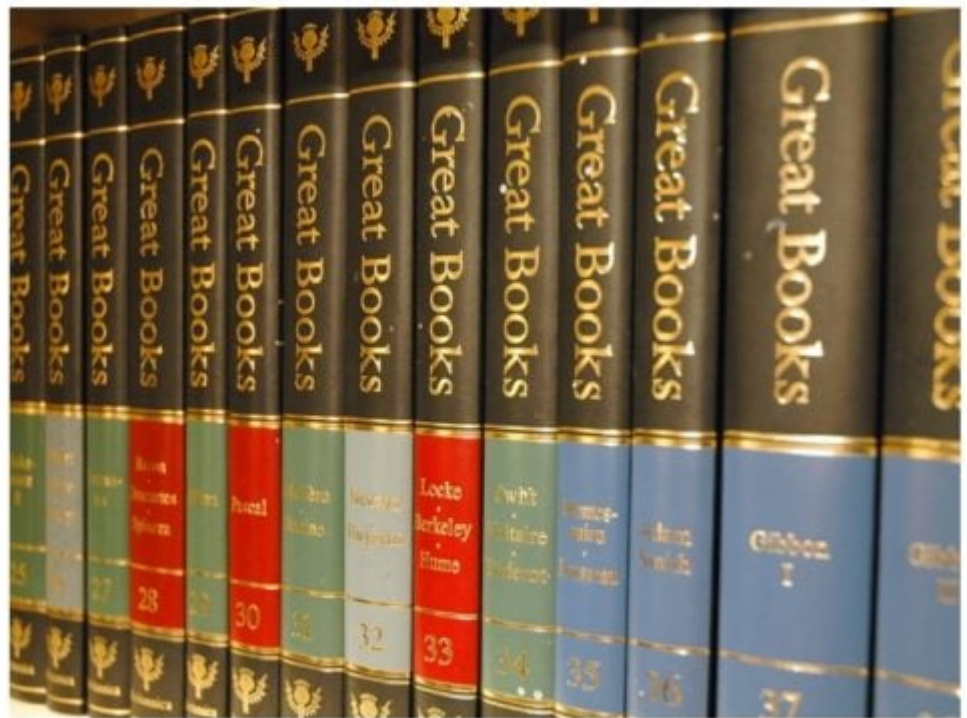
In 2019, a virus escaped from a lab in Wuhan, China. The disease spread rapidly and proved deadly.

At the time, the most influential public health official in the U.S., Dr. Anthony Fauci, suggested that the virus had originated from a fish market or some other such fairy tale. He knew that was not the case, for he had authorized \$58 million in United States Agency for International Development (USAID) funding for “gain of function” research at the Chinese Communist Party’s (CCP) government-run research institutes in that city.

It has taken five years and a presidential election to finally bring this fact to light, as Fauci had lied about it from the outset.

Meanwhile, hundreds of thousands of innocent people across Asia,

Europe, and the Americas fell ill. Many died. Some survived. I was one of the survivors—but not before Fauci's allies tried to kill me.



In late December 2020, as my oxygen levels plummeted and overwhelming weakness left me bedridden, I was taken to a local hospital in Toronto for diagnosis and treatment. In the emergency room, I tested positive for COVID-19. I was put on an IV and treated with steroids. Eventually, I was moved to a shared room with another patient—an immigrant woman from Nicaragua. Our room was just outside the nursing station.

There was a window, but we couldn't open it—there was no fresh air. We were not allowed to open our door or walk down the hall. No family or friends were permitted to visit, and all the doctors and nurses who treated us wore Hazmat suits.

Fortunately, I had my iPhone and headphones. I listened to music on YouTube and spoke to my wife on the phone each day. I also stayed in touch with my brother, a doctor overseas who acted as my advocate. He spoke to the lead doctor daily on my behalf and then briefed me. I was lucky.

After my hospital stay, I received a survey form from the hospital. I filled it out and included an attached letter. I wrote:

Thank you for sending me the random survey that I have filled out and sent along with this letter for your appreciation. I am grateful to your hospital, its doctors, nurses, support staff and administration for the care that I received after showing signs of Covid and then arriving by ambulance at your hospital on Dec 25, 2020.

It was quite frightening as I was eventually diagnosed with Covid, put in the respiratory ward, on oxygen and an IV for the first four days and then without it during the last three days of my stay, as my own weakened immunological system began to once again "kick in."

The doctors and nurses were friendly and attentive and did their best to help me. The measure of success is that I am alive and 95% better, living once again an active life and working.

I am a social researcher and have made my living in the field of international development for more than three decades. I spent twenty years living and working in Africa and Asia and many of my projects had a medical component so, I am slightly more informed than the average layperson when it comes to challenges in the "health sector."

Bearing this in mind I share the following comments with you, not as criticism or out of any lack of appreciation and gratitude for running a good hospital, but so that this one letter may provide some insight and food for thought for you and your colleagues on what it is like to experience your hospital, "from the ground up."

Pillows and Beds

When confined to a hospital bed for seven nights one would

think that the physical comfort of the patient would be a priority. That is not yet the case. The standard Toronto hospital bed is very well designed to assist the caretakers in managing and giving the patient care, but extremely uncomfortable for the patient. I have discussed this with doctors' and friends, and they heartily agree.

Now, it appears funny but at the time it was not. The two small cushions and their slippery pillow covers that I was given were among the most uncomfortable cushions I have ever come across, and I have had occasion to sleep beside camels on mats in the desert. As I point out in the survey, the noise outside my door at night was considerable. Uninterrupted sleep was at a premium during my stay.

I am known for my Spartan tastes, and I am used to "roughing it." But as rest and sleep are two fundamental medical aspects of stabilization and recovery, this is not a minor issue. The pillows were almost as uncomfortable as the bed but clearly will not or would not be as expensive to change or modify as other hospital equipment. Has anyone done a study about this? Somehow, I believe this can be changed.

Hot Water?

There was no hot water in the room that I was in for the last few days. I cannot imagine why this was the case. And there was no way to shower other than a sponge bath. That may be because of Covid and isolation but no hot water? Something really fell between the cracks here. No one seemed to be paying attention. I was just told, "Sorry, no hot water." At the time in my Covid brain fog and weakness I did not have the energy or assertiveness to complain.

Food

I am a 67-year-old baby boomer with friends who have become doctors and nurses, and so nutrition is a conversation I often have with them. As you know, there has been a

revolution in this field and there is now a consensus that fresh, healthy, and tasty food are not oxymorons.

The food at the hospital was ghastly and I am known not to be a gourmet. I felt like I was time travelling into the 1950s. When I finally came home, I had dinner at home with my wife and my appetite came back vigorously. At the hospital I would have ordered in if I could have, but as I was in an isolation ward this was not possible.

The Nature of Teams and Medical Error

Pillows, beds, hot water, and food are challenges that can be solved without much effort, but the following issue bothers me deeply. I understand that the work breakdown structure of any complicated institution like a hospital in the midst of an epidemic crisis demands the best and most efficient planning. Doctors, nurses, and others must move in and out of shifts and make sure that they too have enough rest and private time to deal with their clients effectively.

I must have interacted with about twenty nurses who in my admittedly Covid induced brain fuzz I could barely remember their names. There was a doctor in charge from start to finish, Dr. _____ with a fine bedside manner. But I fear that there may be a correlation between the growing number of medical errors that occur in our system and the lack of continuity in the teams that treat patients.

You may say that the system is designed to be both efficient and effective but in my mind I believe that a team that stays with the patient from start to finish or, at least with one nurse who is the "point person" from start to finish, to coordinate teams, share information and connect to the patient, would not only provide a way of making sure that errors do not occur because of changing personnel, but for the patient, there would be a name and a face (or at least a mask) that he or she could turn to. Perhaps research has been

done on this. If so, I would like to know about it.

At a deeper level, a point person that stays with the patient from start to finish would also act the psychological equivalent of a parental figure or sibling-someone who is there throughout and provides a face, a voice and a personality that is consistent and reassuring-shades of Dr. William Osler.

I admit that this is a subtle, psychological point that I am trying to make, trying to persuade you to take a quiet moment and consider it, as the research to confirm this would be complex, but as with many things common sensical and medical, I hope it makes you reflect on the following point.

When we are ill or at death's door we naturally regress as we are vulnerable and need a parental or sibling like substitute that our soul or our unconscious calls out for. Given that family members cannot be in hospitals during this epidemic I think this may make my point stronger.

I do hope that someone in your office will read this letter carefully and get back to me. I once again thank you and your colleagues for the renewed gift of life which I am now enjoying.

***Most sincerely,
Geoffrey Clarfield***

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Eventually, a lady from the hospital called me back. I went over all these details, and she listened sympathetically but did not respond to my questions. Eventually, I got tired of our conversations, as they got nowhere.

I asked her to do some reading on the Swedish and Israeli medical insurance systems, where everyone agrees that "one size does not fit all." These systems guarantee every citizen

full health coverage, but if you want your own room at a hospital, you pay more; if you want to choose your surgeon, you pay more; etc. I am one of those types who would gladly pay more and know that I could take a hot shower during my hospital stay.

I doubt that our exchange meant anything to her as once or twice she would gently interject and tell me, "But that would be against equity!"

I have so far omitted a key incident that happened when I was in the hospital. First, I must share with the reader that I am the kind of person who invites surveys. Wherever I go, I am often randomly chosen to complete a survey, whether on an airplane or in a shopping center. I think it may have something to do with my naturally gregarious nature.

And so, one almost sunny morning during a grey Canadian winter day, a group of well-turned-out and oh so attentive people gathered around my bed. It was the lead doctor, some nurses whose faces I recognized, and a short, petite blond-haired woman a bit younger than me.

When the woman introduced herself as Dr. X, I said, "You look familiar, and I do not know why." She said, "I am a regular medical interviewee for the CBC" (The Canadian National Broadcasting Corporation). "Ah" I said. "Now I understand."

Being savvy, this doctor/journalist explained that the hospital was engaging with a new trial drug to treat COVID-19 and asked if I would like to join the trial. To make her argument stronger, she added, "It is a partnership trial with the Center for Disease Control and the United Nations-the World Health Organization." For post-national Canadians who think that the UN should rule Canada in a Star Trek-like capacity, they clearly thought that I would be a willing candidate.

I listened carefully and told them I would consider the

matter. Over the years, I have learned painfully never to make a medical decision in a doctor's office or dentist's chair. I have learned that it is best to sleep on it, and so I did.

I woke up the next morning and told them I would not join their Remdesivir trial group. Instead, I would take my chances with what I was on so far, and in private, I hoped that my own immune system would kick in.

I said no to this trial run for two reasons. Having worked in the international development field in Sub Saharan Africa for just under two decades, I knew that anything connected with the World Health Organization was, from the start, 50 percent morally, institutionally, and probably financially corrupt. I correctly assumed that Big Pharma may push this agenda, and I did not want to be a guinea pig. Secondly, by that time, I had read enough about Fauci to know that he, too, was in the hands of Big Pharma and that anything he said or did was not to be trusted.

During my recovery, I read Robert F. Kennedy Jr.'s book *The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health*. In that book, RFK shows how scientifically, morally, financially, and institutionally corrupt Dr. Anthony Fauci is and that his support for the use of Remdesivir as an emergency treatment for COVID-19 sufferers did the opposite, often causing the death of the patient. I was stunned, and since that reading, I have recommended RFK's book to all my family and friends. Despite his Democratic Party leanings, at the time, I explained that regardless of his political affiliation, he was driven by a high moral purpose and that old fashioned thing, "the facts."

I did not accept treatment for COVID-19 with Remdesivir, not because I am well-trained in the sciences and medicine but because I had learned from Aristotle that the regime in power decides what is and is not "science."

Luckily for me, I was a dissenter and knew that Aristotle was right and the regime in this case was wrong. So, who says that the Great Books cannot save your life? Aristotle saved mine.

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