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Spring Break Day Camp, April 5-7

Thank You, Donors!

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The COVID Vaccine Just Saved My Life... But Not in the Way Intended



This is the closest we've come to an interruption in continuous monthly newsletters from Nature Discovery since I started composing them in late 2009. Through that stretch the opening column has been devoted to some Michigan nature/wildlife or wildlife education-related theme. While I'm happy, even relieved, that the streak will continue, for the first time the content does *not* fit the above themes.

A few days ago I wrote and submitted a guest column to the *Lansing State Journal* and to the *Lansing City Pulse* that I feel is interesting, important and timely reading for a general readership. As I write this there has been no response from either publication, but I can at least share it with Nature Discovery readers. Below is an adaptation of the column.

The COVID vaccine just saved my life... but *not* in the way the Pfizer folks intended. I am bound to share this as a cautionary incident that just may save your life or that of someone close to you – vaccine or not. Thanks to the competence of well-synchronized health care providers at Sparrow Hospital I sit here today relatively comfortably on the couch in my home feeling lucky to be alive two tumultuous weeks after the second dose went into my arm...

It will momentarily become clear as to why this opening statement is relevant: On Sunday, February 7, I took a brisk walk around the 3.4-mile "country block" in our rural neighborhood north of Williamston. It felt good, I felt good, and why not? I've been doing the circuit regularly for decades. Two afternoons later, amid an efficiently-moving queue of cars at MSU's Pavilion I received my second vaccine dose. I had read up on the potential harshness of the immune response, so it worked out well that my schedule was clear the following day.

At 6am I awoke to an intense merry-go-round of sweats, chills, nausea, headache and fatigue the likes and combination of which I had never experienced in my 63 years. Dedicated to the long-term good in getting the vaccine, though, I endured the day's agony. Besides, I had read that people with stronger immune systems should expect harsher reactions to the second shot, and I had always prided myself in striving to keep physically fit throughout my adult life: walking/jogging two to three times a week, moderate in-

home weight lifting and resistance exercises, even keeping up over decades with weekly pick-up full-court basketball. Up to last year, before the shutdowns I was by far the oldest guy on the court, yet running easily among men closer to my sons' ages who tolerated the old geezer's presence among them.

Mercifully, about twelve hours later the symptoms started to wane - the fever, the chills, and the headache had subsided. Some fatigue lingered but what else would I expect after such an intense punch to my system? I had gotten past the worst..., or so I thought.

The following day I felt almost back to normal. Ibuprofen took care of a mild headache. There was also this pesky bout of diminished lung capacity. When I inhaled, a tightness in my lungs prevented me from taking as normally deep of a breath as I would have liked. I barely noticed when I sat still, but definitely felt it when doing just basic things around the house. Day 3 after the shot nothing much had changed. Where I may normally steal an occasional nap during the afternoon of any day, though, since the shot I found that I wanted, indeed, needed two naps. Day 4 saw no improvement with this last stubborn side effect. It was unusual that I could merely walk from one room to another, sit down and find myself needing a few seconds for my shallow panting to stabilize. For the first time I began to wonder, could I have something going on here beyond a harsh vaccine response? Day 5, ditto. In fact, I told Carol that, if anything, the breathlessness felt a tad worse than the day before. My level of concern inched upward.

That night I awoke around 3:30 to use the bathroom, but, as often happens at this point in life I started thinking about stuff and lay there unable to fall back asleep. On this night the "stuff" was my lung issue. Wide awake now, I quietly slipped from bed and moved to the couch downstairs. I lay reading a book in the dim light waiting for drowsiness to return, but after another half hour I gave up. Still reclined I opened my laptop and began to type things like: "pneumonia symptoms," "contracting COVID during vaccination," etc., into the search bar. I perused over a half dozen articles, yet, was still uncertain about what was going on in my case; there was *so* much overlap in the basic symptoms of pneumonia, flu, COVID, and vaccine responses, including "shortness of breath."

An hour later Carol was up, the coffee was on and we sat at the table, with each of our devices open in front of us, reading the news amid sporadic conversation. I told her that lots of reading had given me no further insight into what was going on here, but one particular commonality kept popping up in nearly everything I had read: "If symptoms persist more than three days after the second vaccine dose, see a physician." I casually added that since I had no jobs scheduled that day, maybe I'd make an appointment at the Redicare in Okemos. She said she thought I should, too.

It didn't take long to fill out the appointment form online. In the symptoms box I had typed "diminished lung capacity, COVID-vaccine reaction, pneumonia? COVID?" I was scheduled for 11 that morning. I gave Carol a peck and left with the expectation that I'd be back in a couple hours, probably with a filled prescription.

I phoned them as I entered the lot and was ordered to join a short queue of cars around back. They had to administer a rapid COVID test before they would let me through the door. Twenty minutes later I got the call: "You are COVID-negative. You can come in now."

I was led to an examination room and the practitioner read aloud what I had written in the symptoms box and asked for me to expound. I gave her the detailed series of events starting with the second COVID shot. She then informed me that it is standard operating procedure to do an EKG on any adult that comes in with chest discomfort, lungs or otherwise. I shrugged and said let's do it. She efficiently taped and snapped



electrodes into place. I watched my steady, strong resting pulse bob along on the monitor. She turned it off, said just a minute, and left the room.

A few minutes later the door opened. It was not the same practitioner, but a male doctor around my age who even at a glance exuded the aura of being the top dog in this facility. The realization triggered an inner twinge of apprehension in me before he had even begun to speak. He then quickly yet, calmly informed me that I had either recently incurred, or am currently in the midst of a serious cardiac event. My jaw hit the floor. He asked if I had driven here alone. When I said yes, he responded that they were not allowed to let me get behind the wheel of a car with an EKG that looked like this, and I needed either someone else to come get me immediately or they could call an ambulance. Either way, I needed to get to Sparrow Hospital Emergency as soon as possible.

He left the room while I called Carol. Shock and dismay on the other end. She would arrange for my daughter to drive her to the Redicare and she would then take me in our car to emergency.

While I sat and waited the doctor reentered and we engaged in deeper conversation about what was happening and why. He interpreted the printed EKG pointing to a particular shallow trough on the back edge of each pulse spike that indicated a significant blockage of blood flow in the heart. He asked if I saw a personal physician regularly and, in retrospect I think, probably knew what I'd say before I did. In fact, I hadn't seen a physician for a checkup in at least six or seven years. My most recent GP had moved from the area in the past year and I had been lax about finding another. Then he asked me about my lifestyle, diet, smoking, drinking, etc., and my family history of heart disease. As I went into detail about how physically and cardiovascularly active I had been my entire adult life, he nodded like he had heard this all before.

He described it as a hidden, ticking bomb in my chest that was inevitably bound to detonate in the midst of some routine, normal-for-me, physical exertion. He added that while I was following a path through my adult life that was healthy in every other way, the physical fitness was simultaneously serving to mask the progression of my heart disease. Without regular checkups with a physician I would have no reason to suspect anything was wrong.

He described my "type" and rattled off an array of connected traits and activities: lifelong athletically-active but aging male; has a routine, perhaps in the gym, perhaps engaging in one or more cardioactive



Day 2 out of ICU.

sports, perhaps jogging miles at a time on a regular basis; *and* is complacent about regular physical checkups because he "feels" so healthy. This is the guy that is discovered collapsed with a massive heart attack on the side of the road. Everyone who knows him is shocked that it could happen to *him* of all people. Sometimes he pulls through, many times not, but after the incident, inspection of his cardiac condition reveals arterial blockage that had been progressing over many years. He ended by saying he had personally known of three different adult males with this profile who had died suddenly under similar circumstances.

By mid-afternoon I was checked in at Sparrow and off on a wild ride of tests. I had blockage but to what extent could only be determined by a catheter inspection of my heart. I was told that most likely if they found the point of blockage they could secure a stent and send me home... Nope. They removed the catheter from my arm a mere fifteen minutes later and announced that I had one fully-blocked artery and a second blocked at least ninety percent. Stents could take care of things temporarily, but a second cardiac

event down the road and eventual bypass surgery would be almost certain at some point if I took this route. Two mornings later I was played on the table for double bypass surgery.

Post-surgery, I was in and out of the cardiac ICU in a mere day-and-a-half. On the first full day I took three separate walks while holding a wheeled support. Then I was moved to my own room in the cardiac step-down ward where I quickly ditched the walker and ambled unfettered in increasing numbers of laps around the corridor while chatting with the attending nurse.

The nurses on every shift over these days commented on the remarkable pace of my recuperation and they noted that being physically fit for my age was surely contributing to the pace of recovery. They didn't see people come through CVSU that fit this profile very often. Such reassuring and encouraging feedback motivated me even more to get better and get home as soon as possible. At almost any hour of the day, if I was awake when a nurse entered my room I suggested taking a stroll in the hall: "I'm ready when you are." They couldn't walk the dog enough.

Yet, despite all this gold-star progress, the reason for my being there to begin with was not lost on me. Long-term lapses in attitude to my own regular, preventative health care were responsible for landing me in here. This life-threatening scare was totally avoidable.

What a way to break a lifetime run of no overnight stays in a hospital. Going in with a mild uneasiness about them (i.e., institutions of injury, infirmity, death), this eight-day ordeal largely within the Sparrow Cardiac Unit allowed for drastic adjustments in my perception of them, and in a way that is all good.

The surgeon, Dr. Hisham Qandeel, no less than saved my life on that table then supervised my recovery through coordination with a veritable beehive of able role-players. I've always respected nurses and their role in patient convalescence, but this is the first time it had gotten personal. Every one of the many female and male nurses assigned to me through the various shifts and days performed tasks, administered medication, and tended to my every need with an impressively unwavering combination of competence, positivity and amiability that, I must say, restored my faith in humanity. Upon my discharge on February 23 I felt a bit like Dorothy on the cusp of returning to Kansas from Oz. These professionals elicited in me a perception that they were my good friends, and it is unnatural to leave good friends voluntarily.

The professionals at Sparrow rose to the occasion, but circumstances would have been much more dire, even deadly, had I not received that second COVID vaccine. The injection triggered my body's hard response and pulled the shroud from the lurking time bomb in my chest thus, alerting me in time to seek diagnosis and treatment.



These tools to Jim's convalescence are only an arm's-length away.

If you or someone you know and love is lax or complacent like I was about engaging in regular checkups with a physician, please encourage them to read this.

My physical limitations during convalescence over the next month will eliminate my ability to lead outdoor excursions, however, we continue to be available for in-person visits here as well as virtual ones. Also note that we will be offering up to three days of day camps here over spring break but with a more limited enrollment. Details straight ahead.

-Jim McGrath

Nature Discovery

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Visit Our Nature Center by Appointment

*Suggested Minimum
Donation: \$5/person/hr*

The sky's the limit for natural science learning here – with a Michigan twist! Through the duration of pandemic restrictions individual adults, couples and individual families are welcome to schedule a safe, intimate outdoor or indoor visit to what we call “The Biggest Little Nature Center in Michigan,” and “Home to the Largest Zoo of Michigan-native Reptiles and Amphibians.” The unique, in-person, hands-on experiences here are a welcome relief to a student’s screen-learning time! We will bring snakes, turtles, frogs and salamanders out of tanks to interact with adults or students of any age or grade-level. Visitors are required to wear a mask during all indoor time.

Identify and feed “the grand slam of Michigan turtles” - all ten species native to our state! Meet, pet and feed “Milberta”, our always hungry Red-footed tortoise.

Handle any or all of Michigan’s three species of garter snakes while learning how to tell them apart, then watch them gobble up worms and live frogs. Hold or “wear” a gentle 6-foot Black Rat Snake – the largest in the state!

Many more snakes, turtles, frogs and salamanders to identify and feed. Take a guided walk on our trails to identify birds, trees, vines, and invasive plants.

Ask about arranging weekly or monthly visits, or regarding custom natural science lessons to supplement your student’s interests and grade-specific science requirements.

Contact us for more info or to make an appointment.



Dangle a worm over our two big Bullfrogs, but be careful. They’ll just as readily try to eat a finger!

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Visit Us
Virtually
By Appointment
Virtually Any Day!
Via Zoom or Facetime



Arrange your own personalized virtual tour!

Our busy little nature center is home to the state's largest zoo of Michigan-native reptiles and amphibians. Twenty-four tanks plus a pool on the floor hold nearly 100 individuals of 38 combined species of snakes, turtles, frogs, salamanders and lizards.

Your personal tour guide will take you tank to tank identifying, then giving viewers up-close looks at the creatures within while throwing in interesting and useful tidbits of information about each one and answering your questions along the way.



Nearly any of our cold-blooded menagerie can be taken out of tanks for even closer views on request. We can also feed them a wide range of foods, including crickets, worms, minnows and even frozen-thawed mice.

**Base suggested minimum donation
\$25/hr/household.**

Ask about special arrangements for multiple-household sessions.

Contact us for further information or to schedule a date.

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Spring Break Wild Life Day Camp

**Monday thru Wednesday
April 5, 6 & 7, 9am-3pm**



For K & older.

Enroll your student for one, two or all three days of nature and outdoor-oriented activities, while spaces are available. Enrollment will be limited to only 6 students per day in order to facilitate spacing between students, especially while indoors. Masks will be required for all indoor time, but will not be required while outdoors.



Each day will encompass feeding, caring for, and handling our huge captive collection of Michigan snakes, turtles, frogs, salamanders and lizards.

We will also offer a variety of engaging outside explorations and activities dependent on the weather, including bird-watching and exploration of our vernal pond now alive with breeding frogs and invertebrates galore. Weather-permitting, students who wish to wade into the pond can bring old shoes, socks and pants, a change of clothes, and a towel. Boots are NOT recommended for wading.

Cost: \$70/day. Hot lunch and snack are provided. Advance registration required.



We are humbly thankful for the outpouring of support from friends and family, especially during this latest trial in which Jim finds himself thrown on “medical leave,” including these recent donors...

*Sandy Carey * Debbie & Andy Clay
de Barbaro Family
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The Dilemma of Medical Waste

You need not look back more than a few issues to find how strongly we feel about the growing environmental dilemma of fossil fuel-driven climate change including rampant production of plastic items, many of which are meant for single-use purposes, then discarded into the garbage and ultimately into a landfill and into the environment where they will persist in some form beyond any of our lifetimes.

Despite the top-notch care I received over a nine-night stay at Sparrow, I cringed from my bed at not only how rapidly the trash receptacles would fill with largely recyclable, mostly plastic items, but how thoughtlessly every single staff person deposited waste as they passed one. I had been dropped into an environment where the very concept of, the very *word*, recycling, was so subverted institution-wide it was as if it didn't exist.

I asked myself, is it psychologically possible for someone to completely disregard this basic environmental responsibility at work, then, flip a switch to become a responsible recycler in their home life? My gut feeling is no. What I observed gave me a strong sense that generally, people who work in health care must have a weak environmental ethic concerning recycling in *all* aspects of their lives. Their workplace instills then reinforces this disconnect in them every single day.

Sparrow is not an outlier.

From ACT Enviro's Medical Waste Disposal Guide:

*According to a 2018 study, the US alone produces more than **5.9 million tons** of medical waste every*

year, and that only constitutes the medical waste from hospitals.
<https://www.actenviro.com/medical-waste-disposal-guide/>

This August 2020 article from the BBC explains the scope of the issue worldwide:
How Do You Fix Healthcare's Medical Waste Problem?

<https://www.bbc.com/future/article/20200813-the-hidden-harm-of-medical-plastic-waste-and-pollution>

Some takeaways...

If healthcare were a country, it would be the fifth-largest emitter of greenhouse gases on the planet according to the non-profit organization Health Care Without Harm.

Only 15% of healthcare waste is actually classed as "hazardous." The other 85% of medical waste is not much different from the waste we generate at home, or at work. This waste might cover used food containers, packaging materials or gloves worn to inspect a non-infectious patient. It's this non-hazardous 85% where the reductions could come.



From <https://www.youtube.com/watch?v=kg2cYjEweHk>

Single-use disposables are perceived to cost less upfront than supplies which need to be maintained carefully to prevent infection and early wear and tear. But in the longer term, there is a high cost to constantly replacing devices. Neurosurgeons at one Canadian hospital, for example, cut their costs by CA\$750,000 (\$570,000/£430,000) by reducing use of disposables by 30%.

In 2018, a survey conducted across four Mayo Clinic locations across the United States found that single-use plastics made up at least 20% of medical waste generated in US hospitals; 57% of those surveyed didn't know which items in operating theatres could be recycled, 39% said they either sometimes or never recycled, and that 48% had "a lack of knowledge" about recycling.

Those on the frontline often see providing necessary healthcare and being environmentally friendly as an either/or choice. "It's difficult to think about sustainability when we have to weigh that up against the safety of a patient," says cardiologist Ryan Ko.

"Hospital managements may have a lot of things that they have to put in place to make sustainability 'a thing', but in reality every healthcare professional should be thinking about it in the way you use products," says Sonia Roschnik, the former director of the Sustainable Development Unit for England's National Health Service. "How you do clinical practice in a sustainable way is going to require every healthcare professional to think about it."

-JM

The next generation would be justified in looking back at us and asking, "What were you thinking? Couldn't you hear what the scientists were saying? Couldn't you hear what Mother Nature was screaming at you?" - Al Gore

I don't want you to be hopeful. I want you to panic. I want you to feel the fear I feel every day. I want you to act. I want you to act like you would in a crisis. I want you to act like your house is on fire, because it is. - Greta Thunberg

Scientific findings should never be distorted or influenced by political considerations.

- from President Biden's Memorandum on Restoring Trust in Government through Scientific Integrity and Evidence-Based Policymaking.



Less Beef = Less CO₂
Cowspiracy.com

**[Union of
Concerned Scientists**
Science for a healthy planet and safer world



Worldwarzero.com



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