

A Little Economic Story:

To What Extent Should Capitalistic Activity Be Practiced Within a Children’s Hospital or Within a Public Economy?

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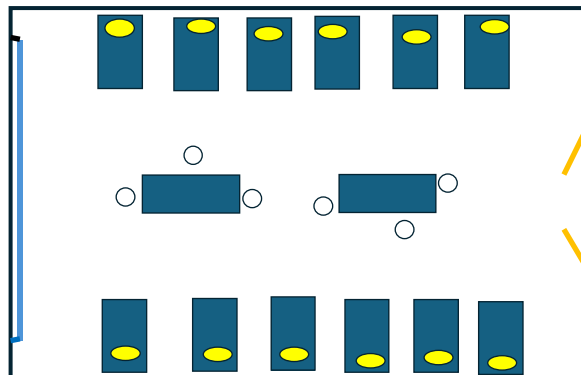
November 2024

The following “Little Economic Story” is offered to stimulate thoughtful dialogue about the extent to which capitalistic free enterprise activity should be practiced in a Public Children’s Hospital, or in a Public Economy (if transformation of the general economy into a Public Economy were democratically preferred and allowed).

Although the story and its characters are fictitious, they are based on the actual experiences of academic pediatricians at real children’s hospitals. Dr. H and the other characters in the story work at a fictitious children’s hospital called Victor Hugo Public Children’s Hospital. The footnotes refer to related articles that elaborate on statements made.

Ward Rounds at Victor Hugo Public Children’s Hospital

Early in the morning, Dr. H, a pediatric hematologist/oncologist at Victor Hugo Public Children’s Hospital (VHPCH), makes her usual “ward rounds” to check on her little patients, most of whom have leukemia. VHPCH is a bit old-fashioned in that it has “wards,” rather than individual private rooms. Each of the five hematology-oncology wards is one large rectangular room with six beds along each of the two long walls. The far short wall has floor to ceiling windows that provide a view of the courtyard and “nature’s garden” below. French doors within the near short wall provide entrance to the ward. Below is a drawing of a typical ward:



Importantly, the windows at the far end can be opened widely to admit fresh air and emit viruses. Even in cold weather these windows are kept at least partly open most of the time. To compensate, each bed has a thick down blanket encased in a colorful quilted duvet. In the middle of the room is an open space with play tables and chairs where children can do crafts or play board games. These wards resemble “camp barracks” more than a hospital. Like most camps, there is no TV. A craft activity that the children most enjoy is quilting their own duvet with their own colorful design.

One of the touching things about this ward arrangement is that the patients naturally and spontaneously support and help each other. When a “new patient” is admitted to the ward, the patients who have been hospitalized for several days or even several weeks warmly welcome the new patient and do all they can to calm the child’s fears and worries. When a new patient is about to have blood drawn for the first time or is about to receive their first dose of intravenous chemotherapy, or is worried about what the leukemia will do to them, the “veteran” patients explain that the child will be okay and why that will be so. Invariably, two of the 12 patients on the ward naturally become leaders of the group. They set the warm tone, organize the board games, and recognize who is suffering and needs help coping with worries and homesickness. The others soon seek to emulate the natural kindness of the leaders.

When Dr. H enters the ward, the children are always excited to see her. She is their favorite. Never in a rush, she sits on the edge of each child’s bed, softly holds one of their hands, calmly and warmly looks them in the eyes, and tenderly asks them how they are feeling. To those who are feeling glum, she tells a little story to raise their spirits and give them courage and confidence.

The children and their parents adore Dr. H and trust her, both for her knowledge and her devotion. Each day she wears a different colored flower in her gray-white hair. Before going home at night, she returns to the ward to say goodnight to each child and places her flower in a vase in the center of the room for all the children to enjoy. This habit of leaving her flower started when a little hospitalized boy asked her to leave the flower so that he could “remember her” when he became lonely and frightened at night. Her visits purposefully provide a moment of deep kindness, a moment of Social Beauty,¹ at the beginning and end of each child’s day.

Dr. H is similarly admired by her colleagues. She is an “altruistic natural leader.”²⁻⁵ She is hard on herself, but soft on her patients, families, and colleagues. She leads mostly by example. It is easy for her to visualize Social Beauty and how to create it. She understands moral incentive.⁶ The thought of monetary incentive never seemed to occur to her. She seeks and lives Social Truth. Her colleagues insisted that she be the Chief of the hematology/oncology division. Although she had no interest in power or prestige and did not particularly like administrative work, she reluctantly acquiesced to their wishes, out of a sense of duty.

The younger physicians at VHPCH naturally seek to emulate her kindness, humility, patience, work ethic, critical thinking, and altruistic spirit. Even her little patients spontaneously adopt her kind ways. Dr. H is uncomfortable when directly praised; but when pressed, she reluctantly admits that “I guess I am pretty good at noticing things.” (In fact, she seems to notice things

that others either cannot see, or do not want to see, or are afraid to see, or find too stressful to see.) The only criticism ever uttered about Dr. H is that some colleagues have said, “she spends too much time with her patients.”

Although all of her colleagues agreed that Dr. H is fair, honest, highly principled and incorruptible,⁵ they sometimes argued about whether she is a “conservative” or a “liberal,” a republican or a democrat, an incremental progressive or a radical revolutionary. No one label seemed to fit. Finally, one colleague suggested that Dr. H is conservative, progressive, liberal, radical, and revolutionary---all at the same time.⁷ That is, all of those labels fit. There was unanimous agreement that this understanding of Dr H was the most accurate and helpful. Furthermore, all marveled at how she always seemed to be both appropriately tolerant (e.g., of different opinions and hypotheses) and appropriately intolerant (e.g., of dishonest data collection and misleading analysis).

New Deliberations at Victor Hugo Public Children’s Hospital

On one September day the academic pediatricians at Victor Hugo Public Children’s Hospital (VHPCH) held a regularly scheduled quarterly meeting. On the agenda was discussion of a proposal by members of the cardiology and radiology divisions to permit at least some fee-for-service, profit-making private enterprise activity within VHPCH. This was a contentious issue because, historically, physicians at VHPCH had never practiced fee-for-service medicine. They were on a salary (paid by the government) and patients were never charged a fee for the services they received. Health care was considered a human right and the government, accordingly, budgeted ample funds for comprehensive health care. Decades earlier, Dr H had played a major role in creating this kind social arrangement. She managed to convince the government to markedly reduce its military expenditures and increase its budget for health care.

The cardiologists wanted the freedom to conduct a private clinic on at least one day per week, so that they could generate additional personal income. On that day they would perform cardiac procedures and charge a “private fee” for their service. They argued that wealthier patients would be willing and able to pay this fee, especially if those patients could be seen sooner than otherwise and treated with extra kindness. The cardiologists also argued that they would be happy to share some of their profits with the hospital in general---meaning that their private clinic would not just benefit them but would also benefit the hospital as a whole, financially. Similarly, the radiologists wanted to schedule private MRI scans on one day per week, to take advantage of the considerable revenue-generating potential of private MRI.

The Chairman of Pediatrics---who had been chosen because of his altruistic natural leadership characteristics and, like Dr. H, was revered by the entire faculty--- introduced the proposal and opened it for discussion.

Dr. H was the first to speak: “Let us remember that VHPCH is and always has been a Public Hospital whose activities are conducted according to a Children’s Hospital Public Economy

Model (CHPEM).⁸⁻¹⁰ All of the pediatricians on our staff receive an ample and appropriate salary; each of us is naturally motivated by a strong desire to contribute as much as we can to the care of children; we have been guided by the Foundational Principles of the CHPEM;¹⁰ and each of us benefits from the *esprit de corps* generated by all being similarly committed and motivated. Our colleagues in cardiology and radiology are, in essence, requesting that at least a little bit of capitalistic activity (market practices, including monetary incentive and profit-making) be practiced within the institution. I have great reservations about injecting capitalistic behaviors into our institution, and I am happy to explain why.”

Chairman: “Please do.”

Dr. H: “Let me start by reviewing some history. Some of us older pediatricians have practiced Academic Pediatrics in the USA both before and after corporate capitalist behaviors were introduced into Academic Medicine. In the 1970s Academic Medicine, at public university medical schools in the USA, was practiced according to a Public Economy model. All of us were on a salary, which was provided by the state budget. We had an appropriate workload, consisting of a mix of clinical care, teaching, and research responsibilities. We did not charge a fee for our patient care activities, or for our teaching or research---why? because our salary was already paying us to do this work. We worked very hard and altruistically. Our goal was to contribute as much as we could to the care of patients and the advancement of medical knowledge. Our incentive was a moral one, not a material one. Our incentive was the satisfaction that came from helping sick children and advancing medical knowledge. That satisfaction was enough. We did not feel a need or desire for monetary incentive.⁶ In fact, some of us had briefly been in private practice and had found the idea of monetary incentive counter-motivational---in an odd paradoxical way we felt less inclined to do extra work if the main motivation for doing so was to make extra money.

Spirit has always been high at VHPCH, because all of us have enjoyed an atmosphere of up-regulated expression of the altruistic capacities of our Human Nature¹¹⁻¹³ **We have enjoyed what, in my opinion, is the most precious freedom of all---the freedom that comes from participating in collective public efforts to genuinely look after others; the freedom to enjoy widespread up-regulated expression of the human capacity for kindness and altruism---up-regulation both in oneself and in the larger society.¹⁴ Our institution and our work have been things of Social Beauty.⁹ We have enjoyed and taken pride in ‘being Public.’¹⁵**

But then, during the 1990s things changed in many children’s hospitals. I know this from visiting and talking with colleagues at those hospitals. The corporate capitalist model was forced upon them, undemocratically, without their having any say. They were told that from that point on, the medical school was going to be ‘run like a business.’ It would no longer receive funding from the state to support physician salaries. Instead, money to cover physician salaries would need to be generated by charging patients a fee-for-service. They were forced to charge a fee for their patient care, and the fee needed to be as high as rules would permit. Salaries were tied to ‘production’ ---i.e. to the amount of revenue generated. Physicians were forced to generate net revenues that would at least cover their salaries---preferably many times more than their salary. Those whose revenue generation barely exceeded their salary were shamed

for not generating at least 2-3 times their salaries. Some of the quite entrepreneurial-minded physicians generated revenues that exceeded 5-10 times their salaries, and they were lavishly praised by the new entrepreneurial administration for doing so. Maximal charging was pushed; undercharging was punished. In fact, failure to maximally charge was considered to be a financial 'crime against the institution.'

A 'see and drop' policy, regarding clinical care, was implemented and rewarded. The idea of this policy was to populate a physician's clinic schedule with new patient visits, as opposed to follow-up visits, because an hour spent with one new patient could generate more revenue (was reimbursed at a higher rate, by the health insurance companies) than an hour spent on 4 follow-up visits. So, physicians were encouraged to 'see' as many new patients as possible, then 'drop' them (not schedule follow-up appointments for them) so that more new patients could be seen.

Under this new capitalistic system, workloads were increased in order to maximize revenues. Instead of being in clinic on 4 half days per week, with plenty of time to adequately meet patients' needs (including the answering of post visit phone calls) and plenty of time to teach and do research, physicians were required to be in clinic 9 half days per week, with a patient volume each day that forced them to provide rushed care, with no time for follow up patient work and no time for teaching or research. In fact, research was forbidden, unless the physician had a grant that paid for their research time, or unless they did their research on their own time, after hours. The message was to maximally engage in 'billable' activities and minimally engage in 'non-billable' activities.

The previously practiced CHPEM (the Children's Hospital Public Economy Model)⁸ was not just discouraged, it was largely forbidden. Those who insisted on practicing the altruistic CHPEM were punished. One pediatrician was sent to a psychiatric clinic that specialized in evaluation of impaired physicians---the reason for referral being 'impaired ability to comprehend and/or comply with (corporate) changes at the hospital (e.g., fee-for-service charging).' After a week-long evaluation, the psychiatry clinic determined that the physician was suffering from 'pathological altruism.' Shortly thereafter, that physician was driven out of the institution.

This switch from the CHPEM to the capitalist model had many adverse effects on Academic Medicine. The patient volume that physicians were forced to see grossly over-extended physicians. Patient care became rushed. Quality of care declined. (Medicine was never meant to be practiced in a rush.) Physicians had no time to follow-up on patients' needs, except at night and on weekends, on the physician's own time. Teaching suffered, because there was no time and, besides, teaching (a 'non-billable' activity) did not generate revenue. Since unfunded research was no longer allowed (at least on company time) research decreased. Educational conferences, which had been devoted to discussion of diseases and their treatment, were increasingly replaced with conferences devoted to learning how to maximally charge for patient care provided.

Moral incentive was replaced by monetary incentive. Economic altruism was virtually criminalized. Individual and group spirit declined. Leadership became increasingly populated by those who most enthusiastically bought into, relished, and cleverly practiced the capitalist model, with its emphasis on revenue generation.³ Candidates for leadership who were ‘too altruistic’ and too unenthusiastic about revenue generation, were considered to be a liability and a threat to the institution. These adverse results are facts, not opinion.

In other words, the capitalist economic model had very unhealthy, dehumanizing side effects that rapidly and increasingly worsened as the capitalist mentality and behaviors increasingly invaded and took over the entire institution---crushing and driving out those who wished to practice altruistically, while elevating and rewarding those who most enthusiastically practiced entrepreneurship. Increasingly, altruistic behaviors were replaced with cold behaviors and decisions. The capitalist behaviors and attitudes have greatly threatened the Academic Medicine that we have known and loved and still have here at VHPCH.

At many other children’s hospitals Social Beauty and the morale it creates have been replaced with a cold social milieu and considerable moral distress. One of my colleagues pointed out, ‘During the 1970s we were physicians who served patients. By the 1990s we were providers who served clients. Then, we were transformed into revenue generators who serve the institution.’ The difference between children’s hospitals during the ‘altruistic era’ and children’s hospitals during the ‘corporate era’ has been striking.⁹ Physicians and patients have become commodities. Even medical knowledge has become commodified and monetized.

Now, you might argue that the above history represents only anecdotal evidence. But, qualitative research and quantitative data collection reveal that these same themes (the negative consequences of the capitalistic transformation of Academic Medicine) have been repeatedly experienced throughout Academic Medicine, both by academic physicians and their patients---not just in the USA, but in many countries. Look at what has happened to the National Health Service (NHS) in Britain, for example.

Please realize that corporate capitalism is based upon several erroneous premises. For example, it is based on an incomplete, erroneous, and excessively negative view of human nature;¹¹⁻¹³ it erroneously insists on the necessity of monetary incentive;⁶ and it promotes an incorrect, perverted understanding of competition.¹⁶ We can talk more about these unfortunate premises later, if you wish---or, I can provide you with essays on these subjects, which you can read later, at your leisure. It is my conclusion that capitalism is inherently a terribly flawed, unhealthy, dehumanizing, and increasingly harmful social and economic model.”¹⁷ That is why I must resist its introduction into our hospital.

Chairman: “You make corporate capitalism sound as though it has malignant characteristics. Do you believe corporate capitalism has malignant characteristics? If so, please explain why.

Dr. H: “I hesitate to use that word, but the honest answer is that I do think corporate capitalism, inherently, has malignant characteristics. I appreciate that many of you may think it is much too harsh to apply the word “malignant” to capitalism. I realize that that it is a

provocative and uncomfortable thing to hear. But I am not using that word lightly or without a great deal of thought and evidence. As a pediatrician who takes care of children with cancer, I am probably more vigilant and protective than most when it comes to noticing and reacting to characteristics of malignancy.

I know malignancies very well. Malignancies start small, even unnoticeable and undetectable, but once they get a foothold they tend to inexorably worsen, invade, take over, and potentially kill. They are ruthless, heartless, without conscience. Look what they do to poor innocent children!!! They are diabolically clever in the way they take over and develop resistance to treatment. Malignancies bypass rules and the body's regulatory efforts. Malignancies do not permit democracy; they ultimately create a totalitarian state within the body. Once established, malignancy becomes very difficult to rein in. The only ways to eradicate malignancy are to prevent it from developing in the first place (our best option); or lethally impair its early development; or, once it is established, treat it with dangerously aggressive therapies.

In my opinion, corporate capitalism does have some characteristics in common with childhood malignancies. It may start innocently enough. But, once corporate capitalism gains a foothold, the quest for growth, profit, power, control, and ever-increasing wealth---especially in the cut-throat competitive environment that capitalism creates---inexorably leads to a ruthless, heartless behaviors. It is diabolically clever in the ways it seduces, propagandizes, and takes over. Inherently, it up-regulates¹¹⁻¹³ expression of the least altruistic capacities of our Human Nature (instead of our most altruistic capacities), and by so doing, it tends to create a different, less kind and caring human being---particularly among the people it promotes to leadership positions.³ It transforms motivations. It transforms behaviors.¹⁸ It changes the way people treat one another. It transforms societies and cultures. It becomes master over Humanity and crushes individual and collective souls. It spawns 'Mean Arrangements of Man'¹⁹ that result in social ugliness, rather than spawning kind arrangements that create Social Beauty.¹

Once capitalism establishes a foothold it becomes very difficult to rein in, much less replace. It fights back violently. It works around regulatory efforts. A major reason for these behaviors and consequences is that capitalism, by nature, populates leadership positions with people who are inclined and willing to up-regulate expression of the non-altruistic capacities of our human nature, while it marginalizes people who prefer to up-regulate expression of the altruistic capacities of our human nature.³ Soon, the most powerful leadership positions increasingly become populated by the less altruistic among us, and those leaders increasingly and predictably make poor, heartless decisions that have strong adverse effects that are difficult to reverse. Increasingly, capitalism leads societies down the path towards a heartless, dehumanizing, authoritarian state, with leaders feeling a need to increasingly use censorship, control of information, surveillance, and punishment of dissident voices, and other forms of intimidation and oppression to crush inevitable resistance and rebellion. Even information (erroneously called 'misinformation') that threatens to create public 'hesitancy' in accepting the preferred government/capitalist narrative must be quashed. Ultimately, governments and Humanity come under the control of a small group of extremely wealthy, extremely powerful

transnational corporate capitalists whose most powerful leaders make poor decisions that profoundly harm humanity.

Why would we want to introduce such an economic model into our treasured Public Activity at VHPCH? Why would we want to abandon or compromise our successful altruistic CHPEM---a model that has greatly benefitted children throughout the world, at a bargain price for societies? Why would we want to replace our CHPEM with a capitalist model that has already proven to have adverse effects on patients and those who serve them? Why would we want to replace kind social arrangements and Social Beauty with mean social arrangements and social ugliness?"

Dr. C-1 (the first cardiologist): "I respect your opinion, but don't you think you are being a bit dramatic, a bit rigid, too purist, and perhaps a bit dogmatic? Should you not be a little more liberal in your thinking---more willing to give creative, alternative ideas a chance?"

Dr. H: "If my concern that 'capitalism has malignant characteristics' were a reckless opinion for which there is no large body of evidence, then I would agree that we should be open-minded and give capitalism a chance, followed by careful observation to see if it is having adverse effects, or not. However, capitalism has had more than 400 years to demonstrate its merit. It has been given more than ample opportunity to prove its worthiness to be the predominant economic model for Humanity. It has been tested. And it has failed, miserably, to act kindly towards Humanity and the planet.

There is ample evidence that capitalism, especially global corporate capitalism, has behaved in malignant ways and has had devastating effects on the majority of the world's people and the earth itself. This has become increasingly obvious to anyone who carefully studies history and carefully examines geo-political-economic-social-environmental problems in today's world. There is solid evidence that capitalism has malignant characteristics.

Again, I would be more open-minded, more willing to accept your proposal to practice capitalistic activity within our institution, if my concern that capitalism has malignant characteristics were not based on ample solid evidence. In my opinion, there is no place for capitalistic activity in the operations of our institution. I need to vote against introducing capitalistic activity into our institution.

In fact, **I would argue that if we, as pediatricians, truly and comprehensively care about the health of the world's children (and I think we all do deeply care), then we need to consider how the social, economic, and political milieu in which children are living can profoundly affect their over-all health.** With this deep and wide concern in mind, **it is my opinion that nations, globally, should consider applying the CHPEM (or a similar model) to their general economies.**²⁰ Indeed, the Chairman and I have been thinking of establishing a Social Clinic here at VHPCH, where the effects of the social milieu on children's health can be examined---a time and space where we can serve as Social Clinicians who examine the effects of these social, economic, and political issues on the health of children and the health of societies.^{21, 22}

Now, I do not want to be authoritarian and oppress those who do not believe that capitalism is a harmful model. If there are those among us who do not think capitalism is harmful and think it would be okay to introduce capitalism into our institution, my suggestion is that we devote ample time to thoroughly debate and better understand this issue. Education, discussion, and creative constructive discovery are what is needed, not suppression of different ideas.^{23, 24} I am optimistic that after kind, respectful, and thorough dialogue about social and economic models, it will become clear that it would be best to not introduce capitalistic activity into our institution. Although such an introduction might result in some financial benefit for the institution in the short term, the side effects are much too great in the long term, in my opinion. The seductive temptation is best resisted. But let's see what our further study and dialogue produces. Ultimately, we should democratically decide what to do."

Dr. C-2: "With all due respect, and in the spirit of evidence-based decision-making, could you please review the 'ample evidence' that capitalism has malignant characteristics and consequences?"

Dr. H: "In addition to the already mentioned harmful effects that capitalism has increasingly had on Academic Medicine, there is further evidence, outside of Medicine, that capitalism has malignant characteristics---in the history of the world's geo-political/economic activities. As physicians, we know the importance of taking a thorough history, not only of the present illness, but also a past history. And, good physicians look for patterns. If we take a detailed history of geo-political-economic-social-environmental events, presently and over the past 400 years, it is obvious how malignant capitalism has been. Capitalism, particularly the current practices of its giant transnational corporations and the governments who support them, has brought about ruthless wars, enormous human rights violations, obscene and ever-increasing income inequality, and catastrophic environmental degradation.

Examples:

Capitalism, by its own inherent nature, including its perverted and incorrect understanding of 'competition,' encourages its practitioners to seek and win 'competitive advantage' over others---to 'win the competition;' 'to beat others.' It preaches that those individuals, corporations, and nations who do not adequately look after their own self-interests will 'lose;' while those who most aggressively attend to their economic self-interests will 'win.'

For example, Corporate/governmental quest for control of oil has resulted in endless wars in the Middle East. Are you familiar with 'Operation Ajax' in Iran in 1953?²⁵ Briefly, Mohammad Mosaddegh, who was the brilliant and popular democratically-elected Prime Minister of Iran at that time, thought it was unjust that the British Petroleum Company (BP) was sharing only a small percentage of the oil profits it was making from the oil it was extracting from Iran's enormous oil fields. Mosaddegh pointed out that this oil, Iran's oil, was being extracted by Iranian oil workers who were receiving very low wages from BP and were working under miserable conditions, and BP was sharing only very little of the oil profit with the Iranian people. Despite Iran having enormous oil reserves, Iran remained an impoverished nation,

except for the Shah and his family and friends who benefitted from the mutually lucrative arrangements between BP and the Shah.

Mosaddegh initially asked BP and the Shah to share 50% of the oil profits with the Iranian public. If BP refused that request, Mosaddegh said that he and his parliamentary colleagues would 'nationalize' the oil industry in Iran and 100% of the profits would go to the Iranian people. After all, it was not BP's oil, and Iranian people had the competency to extract and refine the oil without help from outside oil companies. BP and the Shah refused.

BP, the British government, and the Shah then asked the USA to help them eliminate Mosaddegh. President Eisenhower gave his approval for 'Operation Ajax,' which was a regime change operation orchestrated by the CIA, run by Allen Dulles, designed to remove Mosaddegh from power and replace him with a pro-American, pro-British, pro-BP, pro-Shah politician. The strategy was to demonize Mosaddegh by, among other things, hiring mercenary Iranian thugs to masquerade as 'Mosaddegh's men' (which they were not) and physically terrorize neighborhoods, including putting up frightening signs with communist slogans, giving the impression that Mosaddegh was a communist who planned to take away the freedoms of Iranian citizens (which was patently untrue). The CIA and its operatives, including its hired thugs, created chaos in Iran, to which the Shah 'felt compelled' to react and restore order by placing Mosaddegh under house arrest for the rest of his life. Laws were passed that forbade citizens from ever even verbally mentioning his name in public. An extraordinarily competent, caring, and popular democratically elected leader was totally and literally marginalized. Operation Ajax enabled BP, the Shah, and now US oil companies to continue the unimpeded exploitation of Iranian oil and the Iranian people. This regime-change operation did not bring democracy and freedom to the Iranian people, nor did it intend to; it did the opposite. Its purpose was to protect the opportunity of capitalist corporations and capitalist governments to plunder another nation and its people."

Dr. C-2: "Wait a minute, Dr. H, this sounds like anti-American propaganda to me. I have never heard of 'Operation Ajax' or this guy Mosaddegh, and I bet that is true of everyone else in this room, except for you. I think it is shameful and irresponsible that you spew such misinformation. What is your source?"

Dr. H: "I had never heard of Operation Ajax either, until about 2005, when I read a detailed account of Operation Ajax, written by Stephen Kinzer, an excellent investigative journalist.²⁵ The CIA and the Eisenhower administration hid this secret CIA operation from the public by declaring that all documents pertaining to 'Operation Ajax' were top secret and, therefore, 'for national security reasons' needed to be sealed for the next 50 years. It was only in 2003 that these archived documents first became available to the public. Stephen Kinzer poured over these documents, which included detailed conversations between Allen Dulles, his brother John Foster Dulles (who was Secretary of State during the Eisenhower administration), and President Eisenhower. Kinzer then wrote an excellent book based on his study of these documents which had been kept secret and hidden for 50 years. The Book is entitled, "All the Shah's Men."²⁵ He introduces the book with a quote attributed to former president Harry Truman: "**The most**

interesting news is the history you never knew.” The accuracy of the information in that book has not been disputed.

Operation Ajax was just the first regime change operation executed by the nascent CIA. It became the playbook for many similar regime change operations that the CIA has executed since then. Please investigate the history of what happened to Arbenz in Guatemala, Che Guevara in Bolivia, Patrice Lumumba in the Congo, and Salvador Allende (a fellow physician) in Chile, just to name a few. The purpose of these operations was not to bring democracy and freedom to oppressed people. The purpose was to protect mutual corporate and US government interests in those countries and to eliminate leaders and movements that represented a threat to US-Corporate power and financial interests. The goal has always been to ensure that the leaders of countries in which US corporations are lucratively operating (i.e., where they are exploiting resources and/or workers) are pro-American, pro-corporate, pro-capitalist and are willing to do what they are told to do to protect American interests and oppress any opposition leaders/movements.

Are the above behaviors not direct products of ultra-competitive global corporate capitalism? Do they not represent ‘Mean Arrangements of Man?’ Are these behaviors and arrangements not malignant?

Look at what capitalist powers (particularly the USA) did to Iraq, even before the devastating and totally unjustifiable 2003 Iraq War. I am referring to the severe Clinton sanctions on Iraq during the 1990s, which resulted in the death of at least 500,000 Iraqi children. When asked about these children’s deaths, Secretary of State, Madeleine Albright, publicly and shamelessly stated ‘the price was worth it.’ Is that not malignant?²⁶

Look at what has happened in Yemen. According to the international charity ‘Save the Children’ and data gathered by the United Nations International Children’s Emergency Fund (UNICEF), 85,000 children under the age of five may have died during the war in Yemen---another war perpetrated by capitalist powers in order to control oil and shipping routes in the Middle East.

Look at how many children have been killed in eastern Congo over the past 35 years as transnational corporations (and the colonized government whose corrupted leaders protect the interests of those corporation) have vied for control of the natural resources in that country. The Democratic Republic of the Congo is considered to be the world’s richest country as far as natural resource wealth is concerned. It has extremely valuable reserves of coltan, cobalt, cassiterite, copper, and lithium, as well as gold, diamonds, and oil. Its coltan reserves are the largest in the world. Coltan is used in the making of cell phones, laptops, and other high tech products. It is an essential, but rare mineral.

Speaking of Africa, during the past 65 years many African political leaders have been assassinated.²⁷ These assassinations have been arranged by North American and European colonizing governments in partnership with the transnational corporations they support and protect---much like the arrangement between BP, the British government, and the US

government, Operation Ajax. For decades, these North American and European nations and these transnational corporations have been extracting valuable natural resources (e.g., coltan in east Congo) and exploited cheap labor (including child labor) in their colonized African countries. The strategy of the colonizers has been to place corrupt leaders, whom they have hand-picked and handsomely reward, into positions of highest power so that those leaders will protect the interests of the colonizing countries and the transnational corporations. The leaders who have been assassinated are those who have led liberation movements that have threatened the opportunities of colonizing countries and their transnational corporations to continue their plunder. Here is a list of some of the African leaders who have been eliminated via assassination:

- 1961: Patrice Lumumba—Democratic Republic of the Congo
- 1963: Sylvanus Olympio—Togo
- 1966: Sir AbubakarTafawa Balewa--First Prime Minister of Nigeria
- 1966: Sir Ahmadu BelloPrime Minister of north Nigeria
- 1969: Eduardo Mandlone--Mozambique
- 1973: Amilcar Cabral—Guinea-Bissau
- 1974: Abram Onkgopostse Tiro—South Africa
- 1975: Samora Moise Machel—Mozambique
- 1978: Thomas Sankara—Burkina Faso
- 1993: Chris Hani—South Africa

The above assassinated leaders wanted to liberate their country from colonialism and exploitation, free their people, and use the country's natural resources to benefit the people. For example, Thomas Sankara developed free health care and free educational opportunities for the people of Burkina Faso, until he was assassinated and his efforts were reversed.

Are these assassination arrangements not 'Mean Arrangements of Man?' Are the colonization and exploitation conducted in African nations by transnational capitalist corporations and the governments that support them not malignant? Is this malignant behavior not a product of global corporate capitalism?

Do you cardiologists and radiologists know the history I have been recounting?"

Dr. C-2 (the second cardiologist): "No. We are cardiologists, not historians."

Dr. R-1 (the first radiologist): "We study Medicine, not politics and Marxism. Since you seem to enjoy history and economics so much, maybe you should have gone into politics rather than Medicine."

Dr. R-2: "Chairman, for how long are you going to let Dr. H drone on and on about her disdain for capitalism and her love for socialism? Her history lesson is getting tedious, and I don't see how this history is relevant to our proposal."

Chairman: “Dr. H is explaining that whether we are talking about the proposed practice of capitalism within a children’s hospital or the current and past practice of capitalism in the global economy, we need to appreciate the inherent flaws in the corporate capitalist economic model and how these flaws have already led to profound harm to the world’s people and would also lead to harm when capitalism is practiced in our hospital. Her point is that application of the corporate capitalist model predictably generates regrettable behaviors that have serious and escalating consequences, whether practiced in the general economy or in a hospital.

The issues we are discussing are important and complex. We should not address these issues only briefly and superficially. They require and deserve prolonged discussion and attention to detail. In fact, I think we need to convene several additional sessions to adequately discuss these matters. Dr. H has important things to say. She is providing a solid background and readings for further discussion during subsequent sessions. She is daring to sincerely share her honest thoughts. She has done so in a kind, caring, thoughtful manner. We should welcome and appreciate such sincere contribution to dialogue, not discourage it and punish it. Making people afraid to sincerely share their true thoughts leads to absence of much needed healthy dialogue.

Each of you will have equal time to make your points during subsequent sessions. Please, let’s be respectful and patient. Please continue, Dr. H.”

Dr. H: “Thank you, Chairman. Please also consider the current Ukraine war, starting with the US-orchestrated and manipulated protests on the Maidan in 2014, which led to a regime change that ousted Yanukovich (democratically elected) and replaced him with Poroshenko, then Zelensky, both of whom are pro-American and pro-corporate and willing to use violence and intimidation to protect US and corporate geopolitical and geo-economic interests in Ukraine.^{28, 29}

Over the past 70 years it has been estimated that wars waged by capitalistic powers (primarily the USA) have killed 20-30 million people, in 37 ‘victim nations.’³⁰ Does that not seem malignant?

The above regime changes, assassinations, and wars (atrocities, all) are a predictable outcome of the global capitalist model---a model that espouses and encourages an abusive and incorrect view of Human Nature, a perverse and incorrect understanding of competition, a need to exploit and dominate others, a need to aggressively pursue and protect self-interests, and a need for continued consumption and economic ‘growth.’ These wars and regime changes are the predictable results (repeated patterns) of capitalist powers vying for control of resources and domination of markets in a global atmosphere of cut-throat competition---an uber-competitive atmosphere that capitalism created in the first place. How can an economic model that predictably leads to the slaughter of innocent children not be deemed malignant? How can a model that repeatedly and predictably places profits over children’s lives, without remorse, not be viewed as malignant? How can a model that employs assassination to protect

its self-interests not be considered a malignant model. Again, why would we want to inject such a model into the workings of our beloved VHPCH?

I would add that use of assassinations, regime changes, and military might are not the only ways, and not necessarily the most successful means by which corporate capitalism is able to quash alternative social and economic models and impose the corporate capitalist model. In Vietnam, for example, the USA was unable to conquer the North Vietnamese with bombs, Napalm, Agent Orange, and other military tactics. But after the war, the degraded and impoverished Vietnamese people were isolated, economically destroyed, and desperate for stability and some degree of material comfort. The victorious Vietnamese government eventually (in 1986) turned to capitalistic activities, including state capitalism, as a pragmatic way to temporarily survive in a thoroughly capitalist world. Capitalistic activity in Vietnam has increased ever since. It is now a highly capitalistic country, with corrupt billionaires. My point is that the power and allure of capitalist ideology by itself was stronger than all of the US military might rained down on Vietnam. Such is the power of the capitalist ideology and its propaganda.

Also, look at the obscene income disparity that global capitalism has created. Thanks to capitalism, in 2017 half of the world's wealth was owned by just 8 men.³¹ This absurd income inequality is an inevitable result of capitalism and has been steadily and predictably worsening throughout the past few decades. The ultra-capitalists have become increasingly powerful, increasingly ruthless, increasingly undemocratic, and increasingly out of control---just like cancers behave. How can this phenomenon not be viewed as malignant?

Look at what transnational capitalist corporations (and the governments who support them and protect their interests, by violence, if necessary) have done to the environment---in Borneo, for example. Once a source of rich natural biodiversity, Borneo has been slashed, burned, and replaced with rows and rows of corporately owned palm oil trees. And, in the process, the indigenous peoples of Borneo have been ruthlessly displaced, often killed. In a global capitalist economy, profits have been far more important than people and the earth itself. Similar stories are playing out in Papua New Guinea, in the Amazon, and in many other places---at the expense of the environment and indigenous peoples.

Furthermore, Big Agriculture and its associated Big Agro-Chemical have increasingly contaminated the soil with chemicals like glyphosate, which not only contaminate the soil but also the human body, leading to digestive difficulties and cancers. How are these not malignant results of capitalism? How can an economic system that inherently requires, depends upon, and rewards ever-increasing (and never satisfied) 'growth' and harmful 'consumption' and aggressive 'competition'---to the detriment of the earth and much of Humanity---not be considered malignant? From an environmental standpoint alone, capitalism is obviously a malignant economic model.

And I have not even mentioned the relationship between capitalism and slavery. Yes, slavery existed many centuries before capitalism developed and became the dominant economic

model. But it is important to realize that a major reason that capitalism began to flourish and become globally dominant and powerful was the African slave trade that provided labor for the lucrative production of cotton and sugar in the Caribbean and Americas. Capitalism promoted, accelerated, and benefitted enormously from slavery. Is that not a malignant characteristic?

The above represent just a few examples of Capitalism's dismal record regarding issues of war and peace, equitable income distribution, human rights, and the environment. All of the above atrocities have been directly due to the unfortunate economic model that the world's ultra-capitalists (and the governments and armed forces who support them) have imposed on Humanity and the Earth. It has been very difficult for countries that favor a Public Economy/Public Culture to withstand the immense power of capitalism's simplistic and erroneous social philosophy, unfair economic practices, and seductive promises of 'prosperity.' Also difficult to overcome are the deliberate attempts of capitalist nations to sabotage the attempts in other countries to develop a public economy (as in Sankara's case in Burkina Faso).

The effects of capitalism on the environment and most of the world's population have been nothing short of malignant, leading to the killing of millions of people, the suffering of billions more, and the destruction of the environment---to the point of potentially killing Humanity and the Earth itself. These poor outcomes of capitalism are as predictable as the poor outcomes of untreated lethal cancers. By definition, malignant systems predictably and inexorably lead to destruction, devastation, and death---and are very difficult to stop once they get a foothold.

I am sorry for being so harsh on corporate capitalism. I am sorry if some pent-up anger over what capitalism has wrought has seeped into my language and added emotion to my statements. But, I have been treating childhood malignancies for over 40 years and am particularly sensitive to and upset by malignant phenomena. It saddens me to see innocent children, historically and still, suffering from malignant behaviors that are directly due to the social and economic model that has been ruling humanity for almost 5 centuries. I am against malignancies of all sorts.

I ask you, if nations throughout the world were to democratically implement CHPEM-inspired national public economies, with collaborative international arrangements whereby nations mutually help each other to create greater social beauty (just as public children's hospitals and academic pediatricians throughout the world have worked collaboratively to improve health care for the world's children), to what extent do you think colonialism, regime change operations, assassinations, economic wars, and other malignant activities would occur?

Incidentally, on a different note, there is one other concern that I would like the cardiologists and radiologists to consider: I don't think it is wise or fair to create a two-tiered system of health care---a system in which the wealthy can enjoy prompt, unrushed, kinder care, while the less wealthy must wait and receive rushed, less kind care. Care should be egalitarian. All deserve the same degree of prompt, unrushed, kind care. The proposal presented by the cardiologists and radiologists introduces a two-tiered health care system."

Dr. C-2: “Okay, you build a strong case for the harm that capitalism can cause and has caused, assuming your ‘history’ is accurate. But, what about the tremendous advances that have occurred over the past one hundred years under capitalism---in technology, science, Medicine, and material standards of living? What about all the people, globally, who have been lifted out of poverty?”

Dr. H: “First of all, many of those advances (in science, technology, and Medicine) were the result of Public Activity, not private capitalist activity. In fact, most of the advances in Medicine have resulted from the dedicated work of modestly salaried physicians and PhD-level scientists at public universities and other public institutions---that is, those advances have been the product of Public Activity.

Secondly, **where is the evidence that any reduction of poverty achieved by capitalism could not have been equally achieved, or achieved to an even greater extent, under Public Economies?** I would contend that a global network of Public Economies would diminish poverty (and increase peoples’ quality of life) to a far greater extent, and more efficiently, than has the global network of capitalist economies. Finally, is the relatively hollow prosperity that capitalism brings to only a portion of the population worth the side effects of capitalism’s sick social and cultural philosophy---especially when there is a better, healthier, more equitable way to raise the living standards and spirits of all people?”

Dr. R-1: “But, what about our freedom? Should people not be free to create their own businesses and do things in their own way? What about individual liberty? The more I listen to you and your socialist drivel, the more I think you must be a communist. Furthermore, have you never considered that slavery was, in fact, a blessing for black people, at least in the long run? Without slavery, those who became slaves would have languished in the jungles of Africa, and their descendants, the African-Americans of today, would not be enjoying the fruits of living in America that they are now enjoying. They would not now be living in the greatest country the world has ever known, with opportunity to achieve the American Dream. I bet you have never thought of it that way.”

Dr. H: “Regarding your last point, no, I have never thought that way and I never will. Regarding individual liberty, in my opinion, true freedom, or at least the most important and precious freedom, does not come from the individualism and self-interest orientation that capitalism espouses, requires, rewards, and depends upon. As I mentioned earlier, it comes from participating in collective public efforts, like our efforts here at VHPCH, to genuinely look after others. **The most precious freedom is the freedom to enjoy widespread up-regulated expression of the human capacity for kindness---up-regulation both in oneself and in the larger society.**¹⁴ This precious freedom is, unfortunately, quite delicate, sensitive, and fragile. It is dependent on a healthy social milieu. It is easily taken away, when that social milieu is invaded by the malignant mentality, motivations, and behaviors of capitalism. Just as Human health is easily destroyed by malignancy, this most precious of freedoms is easily destroyed by capitalism. Such is the destructive power of malignancies. In the past, Academic Medicine (before capitalism was undemocratically forced upon it) provided wonderful opportunity for

this ‘most precious freedom’ and protected it. Instead of providing that opportunity, **capitalism robs us of this most precious freedom.**

Regarding opportunities to start private small businesses in a CHPM-inspired public economy, I can provide you with several essays on that subject.³²⁻³⁴

Let me point out one other thing. To me, the motivation behind actions is of paramount importance. Prior to the forced insertion of capitalism into Academic Medicine, we were uniformly motivated by a commitment to altruistically meeting the needs of children. We were motivated by a moral incentive. We were not motivated by a desire to make money. We did not feel a need for, nor did we want, monetary incentive. That uniformity, that solidarity, regarding motivation, created a wonderful individual and group spirit. It created the Social Beauty that we enjoyed and that benefitted our patients. That spirit is jeopardized when capitalism is introduced---when some members of the group become motivated by monetary incentive, while others continue to be motivated by moral incentive. That difference in motivations is divisive, erodes the spirit we once enjoyed, and diminishes opportunity for the “most important and precious freedom” just mentioned. I recognize that one well-meaning purpose of the cardiologists’ proposal is to generate new and greater income, which can then benefit the institution as a whole. But, for the reasons I have already stated, I think the undesirable side effects of injecting capitalism into Academic Medicine greatly outweigh the benefits. I think injection of capitalism into the workings of our institution would be a big mistake.

Regarding your other point, that you interpret me to be a socialist or communist:³⁵ I prefer to avoid narrow labeling of myself and others.⁷ But if pressed, I would say that **I am a public economist.** If further pressed, I would accept being called a “Hugoist,” in that I strongly support the social, economic, political, and spiritual philosophy of Victor Hugo (at least what I perceive to be his philosophy, based on my reading of *Les Misérables*).

Like Hugo, I have faith in Human Goodness, and I believe in the need to create vast fields of public activity³⁶

I am an educationalist. I believe in bringing about social change via widespread public education and dialogue that are based on careful individual and collective study and research.^{23,24}

I am a pacifist. I see no place for violence, no place for war, no place for violent protest, no place for destruction of buildings or property. Only peaceful demonstration.

And I am against oppression of all sorts: censorship, hateful intolerance, demonization, silencing, and persecution of those who voice dissent. Such behavior is the behavior of totalitarian and fascist dictatorships, as was seen most heinously under Stalin.

For those of you who are concerned about potential totalitarianism, I would remind you of the behaviors that have been exhibited by global leaders during the COVID pandemic: We have witnessed hateful intolerance directed against those who were hesitant to participate in an ill-

advised, scientifically unsound mass vaccination campaign that, furthermore, employed a vaccine that was not nearly as safe and effective as it was irresponsibly presented to be. We experienced mandatory vaccination and punishment of those who resisted vaccination. We have seen the demonization, censoring, and persecution of highly responsible scientists and physicians who appropriately warned of scientific, clinical, and public health mistakes being made. I know excellent colleagues (scientists and physicians) who have lost their jobs, lost their medical licenses, been threatened with arrest, even imprisoned for voicing appropriate and important concerns about the management of the COVID pandemic. During the COVID pandemic we have seen gross violation of the most fundamental principles of science, medicine, ethics, and democracy—including fraudulent data collection and reporting, hiding of data, and failure to provide informed consent. These are examples of totalitarian behaviors, and they have been perpetrated by top business leaders and top government leaders in thoroughly capitalist countries. If you are worried about rising authoritarianism/totalitarianism, take a close look at behaviors exhibited by capitalist government leaders and capitalist leaders of the Pharmaceutical/healthcare industry during the COVID pandemic.

CHPEM--inspired leaders would have handled the COVID situation in a completely different manner. Excellent scientists, physicians, immunologists, virologists, vaccinologists, and epidemiologists—with a variety of views, with open minds, and without conflict of interest—would have been rapidly convened to engage in respectful scientifically rigorous dialogue to determine best plans for management of the COVID pandemic. There would have been no censorship, no vaccine mandates, or hateful intolerance. The fundamental principles of science, medicine, ethics, and democracy would have been honored. And the overall outcome of the pandemic would be far better than what we are now witnessing and will see in the future.

[Note: see articles in the *Notes on COVID-19* section of the *Notes From The Social Clinic* website: www.notesfromthesocialclinic.org]

So, if you are concerned about potential totalitarian behavior, I would point out that, throughout the COVID pandemic, we have seen considerable totalitarian behavior exhibited by capitalist leadership, both at the pharmaceutical level and at the governmental level (FDA, CDC, NIH, COVID Task Force, and the President of the USA), and I would submit that we would not have seen that behavior if the pandemic had been managed by CHPEM-inspired leaders.

Dr. R-3: “I am more than a little tired of all this talk about ‘altruism’ and ‘moral incentive.’ It seems much too moralistic and self-righteous to me. Have you ever studied Ayn Rand’s philosophy of ‘Objectivism?’ She is brilliant, and her main character in *The Fountainhead*, Howard Roark, is my hero. Ayn Rand has written about ‘The Virtue of Selfishness’ and ‘The Evil of Altruism.’ Alan Greenspan, an excellent economist, the former Head of the Federal Reserve, and a great American, is a big fan of Ayn Rand. Maybe you should study Ayn Rand’s philosophy.”

Dr. H: “Actually I have read writings of Ayn Rand, including *The Fountainhead*. Also, I have viewed several of her prolonged interviews. I know that she has been very popular among

many libertarians. I find her thinking and behavior quite disturbing. For those who are not deeply familiar with Ayn Rand, I recommend Mike Wallace's revealing interview of her.^{37, 38}

Regarding my being too moralistic and self-righteous, I would point out that historically academic physicians at VHPCH have behaved altruistically in a very natural way, without the word 'altruism' ever needing to be spoken or mentioned in any way. Altruism has occurred spontaneously and has naturally flowed throughout the hospital. I would add that the culture we have created at VHPCH has not included self-righteous back patting and has warned against overzealous behaviors."

Dr. C-2: "Dr. H, I think you have generalized too much in your critique of capitalism---painted it with too broad a brush. I know of many small business owners who are very fine people, who care much about their customers and their community, and who give generously and kindly. The private clinic that we are proposing would be similarly kind and generous. You seem to be suggesting that all business-people and all capitalist leaders are selfish and uncaring. That strikes me as being not only an over-simplification, but unfair and untrue."

Dr. H: "You raise an important point. I fully agree that there are many wonderful small business owners that kindly meet people's needs and treat people with dignity and great care. When I talk about 'capitalism,' I am primarily referring to large corporate capitalism (e.g. giant transnational corporations), as opposed to small 'Mom and Pop' capitalism (small businesses). My criticisms of capitalism are primarily directed at big businesses and apply much less to small businesses.^{32, 33} My main concerns about capitalism are its beliefs (the mistaken premises upon which it is based), its ideology, its methods, its motivations, and its serious (malignant, in my opinion) side effects.

However, just because some (even many) small business owners (and some leaders of large corporations) have operated very admirably, does not mean that capitalism is okay. In fact, it is my opinion that the many truly kind and altruistic small business owners could feel more fulfilled, and less stressed, if their businesses were a component of a Public Economy. In a Public Economy, they could still lead and manage their businesses, but they would be doing so at the request of the Public and with the financial support, admiration, and gratitude of the Public. Furthermore, in the current capitalist economy, what choice have people had if they want to develop a small business to meet a community need and to do so in a creative, kind fashion? Have they had the choice of doing so as part of a Public Economy, or has their only choice been to start their own private small business? Those who support capitalism talk about 'freedom of choice.' But, do people who would like to develop a small business to kindly meet a community need have the choice of doing so as part of a Public Economy, or is 'starting their own business' their only option?"

Dr. R-2: "Dr. H, I don't think you are giving us enough credit. If we are careful, I think we will be able to control and contain the adverse effects that worry you. I don't see any harm in allowing a little bit of market dynamics and monetary incentive, as long as we are vigilant and keep it from getting out of hand. In fact, allowing a little bit of such freedom and diversity might be good for VHPCH and our society as a whole."

Dr. H: "I am all for diversity and inclusion. After all, as physicians we have learned that diversity, flexibility, and adaptability are essential features of healthy human physiology. But, **the wonderful intrinsic diversity and flexibility of human physiology does not include placement of a welcome mat for malignancy.** For example, do we think the human immune system's cancer surveillance system is designed to purposefully and willingly 'allow a little bit' of lethal cancer? (I can understand it allowing a little bit of relatively benign cancer, like some skin cancers, but not lethal cancers.) Or, is a normal healthy immune system designed to try to completely eradicate incipient lethal malignancies (i.e. disallow such malignancies)? As a hematologist/oncologist, my goal is to eradicate life-threatening malignancy (e.g. acute leukemia) as completely as is safely possible---otherwise, the patient will likely die. After a child and I go to great lengths to eradicate the child's acute leukemia, is it okay for me to purposefully allow a 'little bit of leukemia' to return? Why, after eradicating a child's leukemia and restoring the child's health, would we choose to purposefully re-introduce 'a little bit of cancer?' To reintroduce malignancy would be criminal, would it not? How is giving cancer a little bit of freedom, a little bit of opportunity, a potentially good thing---particularly when we know that, by nature, malignancies take over? The human body should not have to suffer malignancy, nor should Humanity, and certainly not children.

By the way, what makes you so sure that you and others would be 'able to control and contain' the practices and effects of capitalism---of even 'limited capitalism?' Let me state again, malignancy is very difficult to control. Capitalism is malignantly seductive. It certainly grew out of control very quickly in many of the corporatized children's hospitals that I mentioned earlier. And the entire 400-500 year history of capitalism has demonstrated how difficult it has been to control capitalism, how increasingly powerful it inexorably becomes, despite great efforts to regulate it."

Dr. C-3: "The model you prefer is certainly a noble one, but, realistically, we are now practicing Medicine in the context of widespread capitalization of health care, not to mention a capitalist economy in general, globally. Most health care institutions are now practicing a capitalistic economic model. Health care has become very competitive. Those institutions that play the capitalistic game well have been winning; those who stick to older models, noble and altruistic though they are, have become isolated and have been losing. The huge corporate health care institutions have become so powerful and wealthy that smaller, more noble institutions simply cannot compete. This phenomenon has been occurring increasingly over the past several years. We cannot afford to isolate ourselves from the competitive interdependent capitalistic world that we now live in; we must become integrated with it. Your altruistic model is too idealistic; no longer realistic in today's world. We must not be afraid to change with the times. Change is difficult, but change we must."

Dr. H: "I agree that we now live in a world where almost everything has been commodified, including health care, including physicians. As I mentioned earlier, at one time we were physicians who took care of patients; then (at least in the USA) we became 'providers' who served 'clients;' and, now, we are 'revenue generators' who serve the 'enterprise.' This

transformation has sacrificed the human rights of patients (and of altruistic physicians). Their needs have been marginalized, often neglected. Patients have suffered as a result, and so have physicians and Medicine itself. Such is the malignant transformative power of capitalism, which places profit over people. I am fully aware of this context. In fact, your very argument serves as support for my concern that corporate capitalism has malignant characteristics---i.e., becomes increasingly out of control, powerful, and destructive.

In my view, we have an obligation to stand up for our principles, not capitulate to the capitalization of Medicine. It is our duty to practice our CHPEM, exemplify it, teach it, and advocate for implementation of this model not only throughout health care, globally, but throughout general economies, globally. **We need to change the current context, not capitulate to it and become integrated (I would say complicit) with it.** Besides, today's reality does not necessarily need to be tomorrow's reality. **We can change current realities.** After all, in 1970 the reality was that 90 percent of children with acute lymphocytic leukemia (ALL) died. We did not accept that reality; we sought to change it. We did not capitulate. Now, the reality is that 90 percent of children with ALL go into and stay in remission. **The tradition of Medicine is to continually challenge current realities and create new realities. Rather than capitulate to diseases, we seek to make diseases capitulate to us.** If this can be done in Medicine, it can be done regarding economic models and social ills in general.

We have been privileged to enjoy the wonderful experience of working in children's hospitals that have practiced an altruistic economic model. Our children's hospitals have been sanctuaries, where this economic model and the Social Beauty it creates have a chance to flourish. We know, first-hand, how well this model works---not just in theory, but in actual practice. And we have also experienced what happens when Medicine is practiced according to a capitalist economic model.⁹ This has positioned us to be strong, confident, and credible advocates for the Public Economy model, not only in health care, but throughout the general economy, not only in our country, but globally.

It would be a huge change for the world to abandon its current capitalist economic model and replace it with Public Economy models. Change is difficult, but we must not be afraid of change. As pediatricians, we have the experience, the confidence, the respect, the credibility, and the duty to take the lead in advocating for replacement of the capitalistic model with a Public Economy model---not just in Medicine, but potentially in the general economy. **We must not capitulate to capitalism; we must help bring about the capitulation of capitalism to the will of the people, if, after thorough dialogue about the CHPEM, they democratically vote for a Public Economy model.** We do not capitulate to childhood malignancies. Why would we capitulate to the malignancy of capitalism?"

Dr. C-2: "But, Dr. H, I still worry that you are being too dogmatic, too rigid, too uncompromising. Dogmatism typically leads to suppression of creativity and imagination, silencing of dissent, loss of individual liberty, and a culture of intolerance, authoritarianism, and oppression."

Dr. H: "There is no place for dogmatism in Medicine, but there is a place for thoughtful conservation. **I don't think I am being dogmatic when I advocate for the conservation of a model that has proven to be healthy; or when I resist replacement of our healthy model with a model that has proven to be unhealthy.**

Among the things we should seek to conserve, in Medicine, are the fundamental principles of compassion, altruism, moral incentive, unrushed care, scientific rigor, discipline, hard work, curiosity, imagination, creativity, hypothesis-driven testing, and evidence-based decision making. I feel obligated to conserve these principles. It is not dogmatic to insist on conservation of these principles, nor is it oppressive. What is oppressive is capitulation to the corporatization of health care, society, and Humanity. Such capitulation results in loss of the most precious of freedoms and stymies imagination and creativity. What employs and honors creativity and imagination is the process of transforming a corporate capitalist world and its 'mean arrangements' into one that embraces economic altruism and creates kind social arrangements and Social Beauty---the process of continually changing the status quo for the better."

Dr. R-3: "As long as we are being honest and upfront, let me say that you, Dr. H, sound too moralistic to me, and this makes me uncomfortable. You come across as too sanctimonious, too self-righteous for my tastes. If I may say so, you come across as rather priggish. In addition, I think you are just way too idealistic and unrealistic."

Dr. H: "Priggish? I am not familiar with that word."

Dr. R-3: "Google it."

Dr. H: "Well, I grant you that I have a very active, very much alive moral imagination, as opposed to a deadened moral imagination, and I am certainly guided, strongly, by moral incentive, but I don't think my moral attitude is excessive, too narrow, or too judgmental of other people---at least I hope not and do not mean to be. In Medicine, are we being 'too moralistic' when we protect children from decisions that are based on little or no evidence and have proven to have life-threatening side effects, especially when better options are available--options based on solid evidence and proven efficacy and safety? Are we being 'too moralistic' or 'too judgmental' when we encourage preservation of the CHPEM, which is based on solid principles and proven efficacy and value, and discourage the capitalistic model, which is based on erroneous and abusive notions and has proven serious side effects---or, is it our obligation to make these judgments? I certainly want to be careful, though, to not be too judgmental; so I am glad that you have raised this concern.

As far as idealism is concerned, I have always thought that, in Medicine, pursuit of 'the ideal' is one of our major goals---not that we will ever be able to achieve the ideal, but that we should at least strive for the ideal. As Victor Hugo said, 'Progress is the aim; the ideal is the model.'³⁶ Furthermore, idealism nourishes the soul. When one loses their idealism, the soul becomes mortally wounded. I think being sufficiently moral and idealistic is important."

Dr. C-5 and Dr. R-5: “We would like to state for the record that not all of us in the Cardiology Division and Radiology Division are in agreement with our colleagues who have proposed introduction of fee-for-service practice in our hospital. The two of us strongly agree with Dr. H, for the reasons she has explained. In fact, both of us came to VHPCH from other children’s hospitals that had become corporatized. We would not like to see that happen at VHPCH.

Dr. R-4 (At this point, a radiologist who had been silent, but had become increasingly agitated, suddenly blurted, with a hint of anger and more than a hint of frustration): “Dr. H, I’m sorry, but you do not seem to realize that this socialist public economy model you speak of has been tried many times over the past 100 years and has always disastrously failed, only to be replaced by capitalism. Capitalism may not be perfect, but it is the best system that has ever been developed. Your model naively depends too much on human goodness. It does not take human selfishness into account. It is not in alignment with Human Nature. It is too idealistic. It will never work.”

Dr. H: “With all due respect, it already has worked. We, in Academic Pediatrics, have been successfully practicing this altruistic CHPEM for many decades, to the great benefit of children, at a bargain price for society. We have already proven its feasibility and merit. And, we have also documented the negative results when capitalism is injected into Academic Medicine. It is, therefore, factually incorrect to say that the Public Economy model has ‘always disastrously failed’ and that capitalism is the ‘best system.’

Now, one could argue that the kind, altruistic Public Economy model we have successfully practiced in Academic Pediatrics might not work equally well in the general economy, but that is a separate and additional issue. Where is your evidence that our model (CHPEM) cannot be successfully applied to the general economy?²⁰ I urge you to review the great contributions made by Tommy Douglas in Canada during the 1940’s 50’s, and 60’s. He is responsible for the Canadian national health care system, which has been immensely treasured by the Canadian people. Although there have been legitimate complaints about long waits (for elective surgeries and MRI studies, e.g.), these short-comings have been due to deliberate underfunding (sabotage) of the Canadian national health care system, not to the model itself. While Premier of Saskatchewan Tommy Douglas developed an altruistic public economy within Saskatchewan’s general economy that was very much appreciated by the common people of Saskatchewan.

I see no reason why the CHPEM cannot be implemented throughout the general economy. My hypothesis is that the CHPEM can be successfully applied to the general economy. In the tradition of Academic Medicine, I suggest that this hypothesis be tested. I would suggest that we be willing to fully apply our creativity, imagination, flexibility, ingenuity, experience, and compassion to consideration of such a transformation of the general economy. Given the life-threatening problems facing Humanity and the Earth itself, wrought by the corporate capitalist model, I think we have an obligation to encourage and participate in the testing of this hypothesis---particularly for the sake of the world’s children, many of whom are currently suffering mightily because of the mean arrangements of man spawned by the capitalist economic model.

If the CHPEM were applied to general economies throughout the world, and if these efforts are not deliberately sabotaged, I think wars would most likely cease and not return. Kind arrangements would replace the Mean Arrangements of Man that capitalism breeds. In fact, I think it is totally unrealistic, naïve, even Pollyannish, to think that the dangerous phenomena that are currently threatening Humanity and the Earth itself can be remedied, if corporate capitalism continues to be the dominant social and economic model. Some who favor capitalism but admit that it has gotten out of control believe that the solution is better governmental regulation of capitalism, including a “wealth tax” and perhaps a “cap” on the total wealth capitalist individuals or institutions are allowed to accumulate. But these solutions are unrealistic. A realistic approach to remedying these problems is to collaboratively apply the CHPEM (or a similar model) to general economies throughout the world.³⁹ For the sake of the children of the world, I think we have an obligation to maintain the CHPEM in health care and consider the option of CHPEM-inspired general economies.”

Please allow me to make the following extremely important point: If efforts to carefully and appropriately apply the CHPEM to general economies²⁰ ultimately fail, I can tell you what the cause of that failure WILL LIKELY BE, and what the cause of that failure WILL NOT LIKELY BE. The cause of that failure will NOT likely be because the CHPEM “naively depends too much on human goodness; does not take human selfishness into account; is not in alignment with Human Nature; is too idealistic; and depends too much on (and over-estimates) the altruistic capacities of CHPEM’s leaders and the general public.” The failure WILL LIKELY BE because powerful individuals and institutions who strongly favor capitalism and do not want a public economy to succeed will do everything in their power to sabotage the CHPEM-inspired public economy. They will use their wealth, power, influence, the conventional media (which they control), and a variety of other “dirty tricks” to prevent public economy efforts from succeeding. What these individuals did to Mossadegh and what they have done with all of their “regime change operations,” including assassinations, represent examples of the lengths to which they will go to destroy alternative social and economic movements. Their sabotage will occur in many forms---cyberattacks, smear campaigns, inaccurate propaganda, economic warfare, violence, even assassination.

If CHPEM-inspired public economy efforts fail, the primary cause will be deliberate sabotage by the above-mentioned pro-capitalist individuals and institutions. That is why it is so important to not try to apply the CHPEM to a general economy until/unless the public has, first, become thoroughly educated about the CHPEM model; second, has engaged in thorough public dialogue about the CHPEM and the option of a CHPEM-inspired public economy; and has democratically decided to implement a CHPEM-inspired public economy. Only after those conditions have been met should implementation of a CHPEM-inspired public economy be attempted. Importantly, part of the public education should include an understanding of how pro-capitalist leaders, historically, have sabotaged non-capitalist movements and how they will likely try to sabotage a CHPEM-inspired public economy. Such education will prepare the public to recognize and appropriately protect the public economy from such sabotage.

Dr. C-1: “But, Dr. H, physicians are not like most people. Most people are not as idealistic and altruistic as physicians.”

Dr. H : “Is that not a rather arrogant thing to say? Furthermore, is it true? Most nurses are at least as altruistic as physicians, if not more so. Most minimum-wage-earning care givers in nursing homes are at least as unselfish and altruistic. The same can be said for most teachers, ministers, and most workers in general. It seems arrogant to claim that physicians are special, exceptional, superior, and unrepresentative of Humanity.”

Dr. C-4: I would like to say that I agree with others who have pointed out that Dr. H seems to have too much faith in Human Goodness and is much too hard on collaborative efforts between ultra-wealthy capitalists and pro-capitalist governmental officials.

Dr. H: In discussions like the one we are having, I have noticed a common tendency among those who favor capitalism and argue against a public economy: They underestimate the capacity that the vast majority of people (perhaps, even 99% of people) have for altruism and Goodness; and they underestimated the capacity that a tiny percent of people (perhaps, 0.1% of the human population) have for extreme evil.

Dr. R-3: “I’m uncomfortable with your message that we all need to be paragons of virtue. I have problems with ‘do gooderism.’ I don’t want to be a self-righteous do-gooder. In fact, ‘do-gooders’ rather nauseate me, with their sanctimonious ‘holier than thou’ and ‘know it all’ attitudes. Frankly, you come across as a ‘goody two shoes’ and I find that quite annoying.”

Dr. H: “I do not like do-gooderism, either. I, too, am bothered by self-righteousness behavior and sanctimonious attitudes. But, I think you are misinterpreting my message. I am not suggesting that we each must pursue virtue. On the contrary, virtue is not a goal that interests me. I do not purposefully strive to be virtuous. I am not advocating that we ‘aim to be virtuous.’ I am advocating that we collectively contribute to the creation of conditions that naturally and authentically up-regulate expression of our best human capacities and allow us to maximally enjoy our individual and collective humanness.”

Then, Dr. H summarized her argument as follows: “In short, please consider that the CHPEM creates kind social arrangements and results in Social Beauty; while capitalism creates mean arrangements and results in worrisome social behaviors.”

At this point the Chairman of Pediatrics thanked the participants in the discussion. Before taking a vote on the proposal of the cardiologists and radiologists, the Chairman suggested that at least two more sessions be scheduled. In particular, he wanted the radiologists and cardiologists to have equal opportunity to state their cases. Dr. H fully agreed that a vote be deferred until all faculty members had had a chance to adequately think about the issues raised at the meeting---issues regarding Human Nature, up-regulation and down-regulation of the expression of our many Human Capacities, the concept of competition, the pros and cons of capitalism, the nature and value of Public Economy, etc. She recommended several articles about these subjects. She thanked the cardiologists and radiologists for raising important issues.

All agreed that more discussion would be beneficial. Dr. H was thanked for sharing her thoughts---thoughts that were new to many of the faculty; thoughts that intrigued and excited most of them and raised their spirits.

As the cardiologists were leaving the room, one of them said to his cardiology colleagues, "What is 'Social Beauty,' and what is a 'Public Economy' and 'Public Activity?' I have never heard these terms before." One of the radiologists chimed in, "And what is a 'Social Clinic' and a 'Social Clinician?' Are these Marxist terms?" Another cardiologist said, "And, what is 'moral incentive?' What is this 'most precious kind of freedom' that she is talking about and this concept of 'up-regulation and down-regulation of the expression of Human behavioral capacities?' I, too, have not heard these terms before. She seems to just make up words that are hard to comprehend and do not seem to have any real meaning. I think she is just being tricky and manipulative with her clever language. Frankly, rather than a force for good, I think she is a radical socialist and an enemy of the people."

"To be honest," said one of the radiologists, "I didn't understand most of what she said, and it occurs to me that she might be a little crazy. At the very least, she is a conspiracy theorist who seems to believe her own misinformation/disinformation. She makes me uncomfortable."

The Chairman of Pediatrics, who happened to overhear this conversation, joined the cardiologists and radiologists and said: "It is quite telling and quite sad that such terms, particularly 'Social Beauty,' seem so new and so strange to so many. Such is the power of the propaganda arm of capitalism, which, by the way, was largely developed by a powerful corporate capitalist named Edward Bernays---propaganda that not only repeatedly espouses untruths (about History, Human Nature, and the need for monetary incentive and capitalism's perverted version of competition), but also deliberately blocks recognition of historical truth and Social Truth. Such is the power of propaganda and malignancy. I think we need to listen to Dr. H. She speaks, and, more importantly, she lives with clarity, strength, and heart. When fighting malignancies, she has an unconquerable mind. She is anything but 'an enemy of the people,' and she is not a conspiracy theorist. She is just sharing what her nearly 50 year study of history and social issues has taught her. Have you ever read Henrik Ibsen's play, '*An Enemy of the People*?' Ibsen's point is that the 'enemy of the people' is not Dr. Stockmann (the play's main character) but the economic model that rules the town.⁴⁰

After the Chairman had departed, one of the cardiologists muttered, "Who is Edward Bernays?" His friend chimed in, "And, who is Victor Hugo for that matter, and why is our hospital named after him; was he a big donor or something?" both shrugged their shoulders and moved on.

POSTSCRIPT:

Although Dr. H and the Chairman of Pediatrics had recommended further discussion of these important issues, no further discussion occurred. Seduced by thoughts of how increased revenue generation could enrich the institution, the cardiologists and radiologists became increasingly convinced that their proposal should be implemented. They were well-meaning.

They imagined that an influx of new revenues would result in a much needed up-grade of equipment and facilities, including the building of a brand new state-of-the-art hospital and a new research building.

Because the cardiologists and radiologists had more revenue generating potential than any other faculty members, they felt entitled to wield greater influence than other faculty members. They urged two particular changes---that the Chairman of Pediatrics be replaced with a specific member of their cardiology division who had demonstrated great entrepreneurial spirit, savvy, and talent; and that three prominent ultra-wealthy corporate businessmen be appointed to the Board of Directors of the hospital. They firmly believed that these changes were in the best short and long term interests of the institution. Their genuine, heart-felt goal was to improve patient care. Because they had enticed the Board to add the three new businessmen, and because the new Board highly valued revenue-generation, the cardiologists and radiologists prevailed. The Board undemocratically approved their plans for private practice activity.

Two weeks later, the new Board dismissed the Chairman of Pediatrics and Dr. H from the institution. Dr. H was thought to be too rigid, too dogmatic, too unwilling to try new approaches, too resistant to change. She was considered to be too moralistic, too idealistic, and a harmful influence (possibly even a communist) that would oppress creativity, imagination, exploration, and progress. She was suspected of suffering from “pathological altruism,” which was “impairing her ability to change with the times.” She was also strongly suspected of “manifesting subconscious totalitarian inclinations.” The former Chairman of Pediatrics was similarly perceived. Both were offered psychological counseling. Neither was given an opportunity to plead their case before the minority group that had assumed power. Although the vast majority of the faculty disagreed with the changes being made, they remained silent.

One month later VHPCH was renamed Liberty Hospital for Children. The new Board did not think the social philosophy of Victor Hugo was appropriate for their children’s hospital.

Such is the power of capitalism’s ideology and propaganda.

Where are Dr. H and the former Chairman of Pediatrics now? Shortly after their dismissal, both turned 70 years old. Although neither wanted to stop practicing Medicine, they had little choice, but to retire, at least officially. They have now transitioned from the Medical Clinic to what they like to call the Social Clinic---from providing care for individual patients to serving as physicians for society.^{21, 22} Now, as Social Clinicians, they are tackling the biggest and most lethal (in terms of total number of people killed) disease of all---global corporate capitalism. They are guided by a deep understanding of Human Nature, including confidence that the human capacities for goodness, in all of us, can be up-regulated and can prevail. They are driven by moral incentive, their deep concern for children, and an unquenchable thirst for Social Truth. They are aided by their knowledge of History, their “pathological altruism,” their ability to imagine Social Beauty, and their unconquerable minds. They are finding their work in

the Social Clinic to be as important and rewarding as was their work in the Medical Clinic—perhaps, even more so.

Although Dr. H and the Chairman lost their jobs at VHPCH, they were allowed to visit the hospital, and they frequently did so. They liked to sit in the courtyard, next to “Nature’s Garden.”⁴¹ One day, while sitting in the courtyard, they had the following conversation:

Chairman: “Where do you think we went wrong?”

Dr. H: “What do you mean?”

Chairman: “Well, we failed. We sought to preserve the Social Beauty that was benefitting the children we served; we tried to protect the hospital from the harmful effects of capitalism; but ultimately we failed. The cardiologists and radiologists prevailed, and they are now rapidly transforming the culture of the hospital, sending it in a capitalist direction. The hospital is no longer a thing of Social Beauty. Furthermore, we lost our jobs and the opportunities of influence that went with our employment. Our efforts were not effective. We failed to protect the hospital and further its Social Beauty. In fact, matters are now worse.”

Dr. H: “You are right---we failed.”

Chairman: “But, why did we fail---that is an important question? How could we have approached matters differently? How could we have more effectively influenced matters? Where did we go wrong?”

Dr. H: “I don’t know. Maybe I was too fierce in my criticism of capitalism. Maybe I should not have tried to build a case for capitalism having ‘malignant characteristics.’ Maybe I should have been softer, less certain, more empathetic and complimentary to the cardiologists and radiologists. Maybe my approach pushed people away. Maybe I, or at least my ideas, were much too threatening, too unsettling. Maybe I should have acknowledged that there are things to admire about capitalism---its emphasis on hard work, dedication, innovation, and creativity, for example.”

Chairman: “Yes, maybe we were too adversarial, too intent on winning the debate, and, thereby, failed to create true dialogue. Dialogue is always better than debate, and certainly better than argumentation. Maybe we tried to present too much information, too rapidly. Maybe we needed to take smaller and fewer steps, advancing more slowly. On the other hand, the vast majority of our colleagues fully and quickly agreed with us. It was only a minority---a few of the cardiologists and radiologists---who disagreed. But that minority proved to be very powerful and prevailed. I wish more of our colleagues had spoken up. Why was it so difficult for the cardiologists and radiologists to understand our position?”⁴²

Dr. H sighed and said: “I think I did try to present too much information. It is good that I decided not to share my hypotheses regarding the plans of the ‘Consortium of Transnational

Corporate Capitalists.’^{43, 44} But I think the main reason for our failure is that the capitalist propaganda has been too powerful for too long. People are so conditioned by that propaganda that it is almost impossible to get them to consider an alternative social and economic model. **It was the capitalist propaganda that won.** We need to figure out a better, more effective approach. I think the two keys are to attack corporate capitalism at its Achilles’ heel’⁴⁵ and to present an alternative social and economic model that the majority of the public feels comfortable with and is willing to enthusiastically support.”

Chairman: “We probably should not be too hard on ourselves, though. After all, capitalism has been around for at least 400 years, and, to date, no approaches have succeeded in dislodging it from its position as the world’s prevailing economic model---despite its malignant nature, or probably because of its malignant nature. As you well know, the fight against malignancy is a challenging one. Malignancy is cunning, very clever. It is extraordinarily powerful. Do you sometimes lose faith in Human Goodness and feel like quitting, giving up?”⁴⁶

Dr. H: “Sometimes, but only briefly. I will never give up!”^{47, 48}

Dr. H and the Chairman sat together silently, looking at each other with kind, knowing smiles. Although they were quiet on the outside, their unconquerable minds were fiercely at work.

While they were sitting in the courtyard, they looked up to the windows of the hematology/oncology ward. There they saw 24 hands gently waving to them, with excited, smiling faces behind them. The waving hands looked like fluttering butterfly wings.

Just then, one of Dr.H’s former patients, LH, appeared in the courtyard. Many years ago she had overcome a particularly difficult form of leukemia. She was now in medical school. She was visiting little patients on the hematology/oncology ward, which she did on a monthly basis. From the windows of the ward she had spotted Dr. H and had rushed down to greet her.

LH: “It is so good to see you, Dr. H. I have missed you.”

They hugged each other, and Dr. H said, “Look at you; all grown up, as pretty as ever, and now almost a doctor!! I’m so happy for you and so proud of you!!”

LH: “I was so sad and dismayed when I heard that they had dismissed you from the hospital. That was so wrong. Are you and the Chairman doing okay?”

Dr. H: “Yes, we are fine.”

LH: “Dr. H, do you remember the time, during my first admission to the hospital, when on your evening rounds you sat on the edge of my bed, listened to my fears, and wiped my tears. I was terribly frightened about what leukemia was going to do to me. I was homesick and sick with worry. You softly held my hand and told me a story that I will never forget.

It was a story about the steenbuck, *The Magic of the Steenbuck*.⁴⁹ You explained that the steenbuck is a stunningly beautiful and graceful small antelope in Africa. When hunters encounter the little steenbuck, she stands still, upright, with her head held high and her chin slightly raised, and makes enduring eye contact with the hunters. The hunters are stunned by her beauty, her fearlessness, the dignity and self-worth that she innocently and naturally projects, and the faith she appears to have in the goodness of the hunters. The hunters are so moved by her beauty and behavior that they put down their guns and just marvel at the dignity and grace of the steenbuck. Such is the 'Magic of the Steenbuck.' You also told me about the duikers, another type of African antelope that, when confronted by hunters, fearfully slinks away, only to become a quick and easy target for the hunter.

I have always remembered that story. I vowed to be a steenbuck, rather than a duiker. I think it was the 'Magic of the Steenbuck' that helped me to conquer leukemia.

I want you to know that my friends in medical school plan to resist the corporatization of health care. We heard about your efforts to start a Social Clinic at VHPCH.⁵⁰⁻⁵² We want to help make that project a success. We want medical students and young physicians to study not only medicine but also social philosophy and the CHPEM so that they can recognize, resist, and reverse the corporatization of not only health care but also of society and Humanity—for the sake of the world's children who are suffering from the poverty and wars created by the Mean Arrangements of Man. We want to disassemble those arrangements and replace them with kind arrangements that create Social Beauty.”

Then, LH reached over, softly held Dr H's hand, and said: “We want to be steenbucks like you and the Chairman. We will not be duikers! We want you to know that, Dr. H.”

Dr. H thanked her and they warmly embraced, after which they turned and waved to the butterflies in the window. This time, it was Dr. H who had the tears.



FOOTNOTES:

Most of the Footnotes refer to related essays that are posted (or will soon be posted) on the **Notes From the Social Clinic** website: www.notesfromthesocialclinic.org These essays are listed, by title, in the Table of Contents (TOC) of the website.

1. Social Beauty
2. Altruistic Natural Leaders
3. Key Problem: Under Corporate Capitalism, Leadership Positions are Populated With People Who Are Inclined to Express Non-Altruistic Capacities of Our Human Nature
4. Capitalistic Leaders-By-Default
5. Does Power Always Corrupt?
6. Moral Incentive versus Monetary Incentive
7. Narrow Labelling of People's Social and Political Beliefs
8. The Children's Hospital Public Economy Model (CHPEM)
9. The Social Beauty of Children's Hospitals
10. The Foundational Pillars of the CHPEM
11. Human Nature
12. Up-Regulation and Down-Regulation of Human Behavioral Capacities
13. Human Nature—A Graphic Depiction (a power point presentation)
14. A Most Precious Freedom
15. Pride in Being Public
16. On Competition
17. Problematic Aspects of Capitalism---Its Malignant Nature
18. Capitalism Transforms Human Behavior
19. Mean Arrangements of Man
20. Application of the CHPEM to the General Economy
21. Welcome to the Social Clinic
22. What is the Social Clinic and Why Do We Need Social Clinic Sessions?
23. Public Education, Dialogue, and Informed Consent Prior to Application of the CHPEM to the General Economy
24. Addressing Concerns about the CHPEM
25. Operation Ajax: *All the Shah's Men: An American Coup and the Roots of Middle East Terror*, by Stephen Kinzer; 2003.
26. Madeleine Albright: "The price is worth it."
<https://www.youtube.com/watch?v=1tihL1IMLLO>

27. African Assassinations: <https://www.rt.com/shows/lumumbas-africa/607509-african-leaders-assassinate-west/>
28. An Analysis of the Situation in Ukraine (See Table of Contents of Notes From the Social Clinic)
29. To Weeping Mothers Whose Children Have Been Killed in Wars (See Table of Contents of Notes From the Social Clinic)
30. The US has Killed More Than 20 Million people in 37 Victim Nations Since WWII
<https://www.globalresearch.ca/us-has-killed-more-than-20-million-people-in-37-victim-nations-since-world-war-ii/5492051>
31. *Giants: The Global Power Elite*, by Peter Phillips; 2018.
32. Mom and Pop Capitalism vs. Corporate Capitalism
33. Small Business Opportunities within a CHP-EM-Inspired Public Economy
34. Agricultural Activity in a CHP-EM-Inspired Public Economy
35. Is the CHP-EM a Socialist Model?
36. Create Vast Fields of Public Activity
37. Mike Wallace Interview with Ayn Rand:
<https://www.youtube.com/watch?v=IHI2PqwRcY0>
38. Ayn Rand: The Virtue of Selfishness:
<https://www.google.com/search?q=ayn+rand+virtue+of+selfishness&ie=UTF-8&oe=UTF-8&hl=en-us&client=safari#ebo=0>
39. Which Economic Model is Most Realistic?
40. An Enemy of the People
41. Nature's Garden
42. Why Is This So Difficult For People To Understand?
43. The Corporate Consortium
44. Power Table X
45. The Achilles' Heel of Corporate Capitalism
46. Is Faith in Human Goodness Justified?
47. ...Because Humanity is Being Abused
48. A Little Recognized But Most Pervasive Racism
49. *The Magic of the Steenbuck* (See the *Leo The Lion Stories* at the end of the Table of Contents of the Notes From the Social Clinic.) The story, *The Magic of the Steenbuck*, is an adaptation of a story with this title that was originally written by Laurens Vander Post and published in his book "*The Heart of the Hunter*." The illustration of the steenbuck is an illustration that appears in *The Heart of the Hunter*.
50. What is the Social Clinic and Why Do We Need Social Clinic Sessions?
51. The Goal of the Social Clinic
52. A Social Clinic Curriculum

