

THE ROOT CAUSE OF THE COVID-19 PANDEMIC AND ITS MISMANAGEMENT

Why did the pandemic occur and why has it been managed so irresponsibly and unscientifically?

How do we best proceed?



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[Eight fundamental principles of science and medicine:](#)

Allow me to start by listing 8 fundamental principles of science and medicine that I think all can agree are extremely important and must not be violated by physicians, health authorities, and health-related institutions:

1. To understand phenomena, a variety of plausible, scientifically-sound hypotheses should be solicited, welcomed, considered, respectfully discussed, and critically evaluated.
2. Data should be collected wisely, accurately, and honestly, and should be of the highest possible scientific quality. Those data should be properly analyzed and honestly reported.
3. Scientific investigation must not be biased, influenced, or affected by conflicts of interest.
4. Patient education is fundamental and should be thorough, honest and thoughtful.
5. Research involving human subjects should always involve proper informed consent.
6. Disease prevention is ideal; when illness does occur, early treatment offers the best chance for good outcome; when severe disease develops, bold appropriately aggressive treatment should be promptly provided. Treatment should be anticipatory,
7. The root cause(s) of problems should be sought, as opposed to only focusing on symptoms and epiphenomena.
8. Development and use of biological weapons represents a crime against humanity and should be strictly prohibited.

I think all can agree that none of the above principles should be violated.

Six characteristics of an “excellent physician:”

Allow me to also list six characteristics of an “excellent physician.” In addition to respecting and honoring the above 8 fundamental principles, an “excellent physician” is, all at the same time:

1. Radical---i.e., seeks to understand and address the root cause(s) of problems, instead of focusing only on symptoms and epiphenomena. (In Latin, “radical” means “root.” So, properly understood, a radical approach is one that seeks the root cause of problems and seeks to address those root causes.)
2. Conservative---i.e., seeks to preserve important understandings and practices that have stood the test of time (e.g., obtaining a thorough history, performing a complete physical exam, and altruistically spending the physician time and effort that a patient needs and deserves) and resists abandonment of such understandings and practices.
3. Liberal---i.e., is open to consideration of new, different ideas.
4. Revolutionary---i.e., is willing to participate in major change, when/if new knowledge and new research suggests that a new way of understanding and/or treating disease is likely to be superior to “old” ways.
5. Appropriately tolerant; appropriately intolerant; and knows how to wisely differentiate between the two.
6. Empathetic, compassionate, honest, courageous, and altruistic---to an exemplary degree.

So, an individual excellent physician is radical, conservative, liberal, revolutionary, appropriately tolerant, and appropriately intolerant---all at the same time---and is not reactionary,

authoritarian, or extreme. Later in this article, the term “excellent physician” will be used to refer to physicians (and other health authorities) who exhibit the above characteristics and honor the above 8 fundamental principles of science, medicine, (and ethics).

Key leaders of the pandemic response violated the 8 fundamental principles and failed to display the 6 characteristics of an excellent physician:

Unfortunately, throughout the course of the COVID-19 pandemic, the physicians and other health authorities who have been in positions of leadership and power have violated all of the 8 above-mentioned fundamental principles of science and medicine and have failed to display most of the 6 characteristics of an “excellent physician.” For example:

Regarding the 8 fundamental principles of science and medicine:

1. Only one hypothesis (only one narrative) about the COVID-19 pandemic and its management has been allowed.¹⁻⁴ In a nutshell, that narrative has been that: the SARS-CoV-2 virus came from nature (hopped from bats to humans); the virus (the initial Wuhan strain) was so infectious and so life-threatening that severe lockdown measures were necessary and could be justifiably mandated; at the beginning of the pandemic no effective/helpful antiviral therapies were available for early treatment, certainly not ivermectin or hydroxychloroquine; the primary solution was rapid development of a vaccine and urgent implementation of a mass vaccination campaign; vaccination could justifiably be mandated; in the meantime, little could be done for severely ill patients, other than supportive care and mechanical ventilation; unvaccinated individuals and those who questioned the scientific merits of the official pandemic narrative and the official management of the pandemic were a great threat to society (and to science) and could justifiably be punished.

Indeed, highly reputable, highly responsible, greatly experienced scientists and physicians who disagreed with the prevailing COVID-19 narrative and its management plans were publicly discredited, belittled, demonized, censored, or otherwise silenced or marginalized. Many excellent dissenting physicians and scientists were threatened with loss of employment, even loss of medical licensure. A good number of excellent dissenting physicians have lost their jobs, and some have lost their license to practice medicine. Witnessing this, many physicians and scientists who questioned the prevailing narrative and its mass vaccination campaign were afraid to speak up and have remained silent, lest they lose their opportunity to practice medicine and provide for their families.

Another example: Plausible alternative hypotheses about the origin of the virus (the possibility that the virus might have been bioengineered in a lab and might have been leaked, accidentally or otherwise) were not allowed and were immediately categorically dismissed as absurd, irresponsible “conspiracy theory.”

Also, important scientifically-sound warnings about the inadvisability of implementing a mass vaccination campaign in the midst of an active pandemic were ignored, belittled, unscientifically “debunked,” and dismissed. As Dr. Vanden Bossche has repeatedly explained, it was extremely unwise to have implemented a mass vaccination campaign in the midst of an active pandemic. He warned that such a campaign would convert a manageable, 1-2 year duration pandemic into a far more dangerous and prolonged pandemic, characterized by a vast array of increasingly infectious “immune escape” variants and the highly likely eventual emergence of highly virulent variants that would cause a catastrophic number of hospitalizations and deaths, particularly among the vaccinated.⁵⁻⁷ It should have been known by those who implemented and promoted the mass vaccination campaign that it would have serious short and long term consequences, at both individual and population levels.⁸⁻¹¹ But the promoters of the prevailing narrative did not want any other opinions to be heard. This egregiously violated the first fundamental principle of science and medicine.

NOTE: For further information and substantiation regarding the above (and subsequent) statements, please see the footnoted articles at the end of this article. These and additional relevant articles may be found on the “Notes on COVID-19” section of my website: www.notesfromthesocialclinic.org.

Also, please see the numerous relevant articles posted on Dr. Vanden Bossche’s website: www.voiceforscienceandsolidarity.org

2. Data were not collected wisely, accurately, honestly, or in a scientifically-sound fashion, nor were the collected data analyzed properly or reported honestly.^{1, 12-14}

For example, the Ct values at which PCR tests were positive were withheld (from patients, their physicians, and the general public), making it impossible to know whether an individual person’s “positive” result likely represented a strongly positive result (indicative of an extremely high viral load), a moderately positive result, a minimally positive result, or a false positive result.¹² This adversely affected the quality of epidemiologic data (e.g., “COVID-19 case counts”), clinical care and research results, including the results of the clinical trials of COVID-19 vaccine efficacy.

The collection and reporting of data on “COVID hospitalizations” and “COVID deaths” was also carried out in a scientifically unsound, greatly misleading, dishonest way that resulted in inaccurately high counts of COVID hospitalizations and COVID deaths.^{13, 14}

Furthermore, important Pfizer clinical trial data were manipulated and hidden. Moreover, “relative risk reduction” data were not only sloppily collected but also misleadingly presented to the public.

3. Conflict of interest has been rife, between the pharmaceutical companies, FDA officials, the CDC, the WHO, wealthy individuals, and key physician-leaders of the prevailing

narrative. Pharmaceutical companies have become immensely powerful and wealthy. On the one hand they have wielded far too much influence; on the other hand they have been far too willing to carry out governmental agendas. There has been little separation between pharmaceutical companies (and other wealthy entities) and the US government. We now have an extremely powerful and unhealthy pharmaceutical-medical-governmental-global corporate-conventional media complex. Even the nightly news is “brought to you by Pfizer,” with *ad nauseum* advertisements.

4. Inadequate patient and public education: Neither individual patients nor the public were thoroughly, thoughtfully, honestly, or accurately educated about the COVID-19 pandemic or its proper management---particularly regarding the mass vaccination campaign and proper treatment of COVID-19. Physicians, too, were mis-educated about these matters.
5. The COVID-19 mass vaccination campaign was implemented without a proper informed consent process.¹ The vaccines were not even close to being as safe and effective as advertised.^{1, 8-10} It should have been known that the mRNA platform, particularly the use of pseudouridine and lipid nano-particles would have unacceptable side effects. These potential side effects were well-known (at least to some responsible scientists and physicians) before the vaccination campaign was rolled out.
6. During the initial months of the pandemic, no effort was made to develop and test the potential efficacy of early treatment with safe antiviral therapies; patients with severe COVID were grossly undertreated and mis-treated.^{15, 16} Mass vaccination was touted as the only solution. Leaders of the pandemic response knew that emergency use authorization (EUA) for implementation of mass vaccination could be approved only if there were no other effective treatments available. Physicians who challenged the prevailing narrative and physicians who studied, used, and tried to help patients by providing early treatment with safe therapies (e.g., hydroxychloroquine and ivermectin) were ridiculed, censored, and punished.
7. Root causes of the pandemic were not thoroughly investigated---certainly not the deepest roots. Again, only one narrative was allowed, and it was very shallow, scientifically and philosophically.
8. There has been strongly suggestive evidence that the SARS-CoV-2 virus was bioengineered, and there is legitimate reason to think it was created with malevolent intent. At the very least, these legitimate concerns warranted proper investigation, but key promoters of the prevailing COVID-19 narrative were not interested in conducting such an investigation.

[Why were the above mistakes made?](#)

There were three main, inter-related reasons:

1. The physicians and other health authorities who were in key positions of leadership and power (the key promoters of the prevailing COVID-19 narrative and management of the pandemic, including the mass vaccination campaign) did not display most of the above-mentioned 6 characteristics of an “excellent physician.” They did not display an abundance of honesty, conscience, empathy, kindness, compassion, and altruism. Most notably, they were inappropriately tolerant of their own mistakes and inappropriately intolerant of those who sought to correct those mistakes; and, while claiming to be “following the science,” they violated all 8 fundamental principles of science and medicine (and ethics). Instead of “excellent physicians” (those with an abundance of the 6 characteristics mentioned earlier, including a commitment to honoring the 8 fundamental principles of science, medicine) being in positions of leadership and power, physicians with a dearth of those 6 characteristics had ascended to positions of leadership and power, and they recruited like-minded and like-behaving people to join them. Excellent physicians were sidelined, or worse.
2. With such people in positions of leadership and power, it is not surprising that the 8 fundamental principles of science, medicine (and ethics) were violated, egregiously so. Unfortunately, these violations were tolerated (even cheered) by the conventional media, who unwisely trusted the “leaders” in power. These leaders were not held accountable for these violations.
3. Furthermore, the key physicians and scientists in leadership positions did not possess a sufficiently deep and broad understanding of the complex immunology, virology, vaccinology, and developmental biology involved, and they did not deeply comprehend or anticipate the complex interactions between the virus, the immune system, and vaccination---either at an individual level or at a population level. Their knowledge was insufficient, and they failed to consult scientists and physicians who had deeper insight and greater experience.

Two important and revealing questions:

Why did physicians and health authorities who lacked the 6 characteristics of an excellent physician, were prone to violate the 8 fundamental principles of science, medicine, and ethics, and lacked sufficient knowledge, ascend to positions of leadership and power in the first place?

Why didn't physicians and health authorities who were committed to honoring these fundamental principles and who exemplified the 6 characteristics of excellent physicians ascend to positions of leadership and power? These are two critically important and revealing questions.

The corporatization of health care:

A major reason (but not the deepest root cause) for the above is that over the past several decades the entire health care system has increasingly become extremely corporatized and profit-driven---i.e., influenced and controlled by the beliefs and practices of corporate capitalism. The pharmaceutical industry and health insurance companies have always been corporatized and profit-driven. In recent years, hospitals have become increasingly corporatized, as have medical schools and the government itself. This increasing corporatization of health care and government has been promoted and funded by extremely wealthy and extremely powerful corporate entities and the politicians who serve those entities. This corporatization of health care has promoted and placed physicians and health authorities who enthusiastically embrace a corporate mentality and enthusiastically display business savvy and profit-making behaviors into positions of leadership and power. Physicians who have been willing to enthusiastically serve the corporatization of health care have ascended to positions of leadership and power. Physicians and health authorities who exemplify the characteristics of “excellent physicians” do not fit well with the corporate capitalist model and have therefore been marginalized and excluded from positions of leadership and power.

[Why have we allowed the health care system and the government to become extremely corporatized---so influenced and controlled by the beliefs and practices of corporate capitalism?](#)

I would contend that **the deepest root cause of the corporatization of health care and the associated ascendancy of corporate-minded people** (as opposed to “excellent physicians”) to positions of leadership and power is that too many people have, actively or passively, accepted three particularly unwise, erroneous, and closely related social notions. Namely:

1. Regarding Human Nature:¹⁷⁻¹⁹ An incomplete, erroneous, negative, and harmful understanding of human nature has been promoted and accepted, and has prevailed. Namely, a simplistic notion that human beings, by nature, are primarily selfish and rather hopelessly so, has been promoted by corporate capitalism and has been inadequately challenged. This notion contends that “because of human nature” it is unrealistic to expect altruistic approaches to social and economic organization to succeed. **This incomplete notion fails to recognize that human nature is comprised of a spectrum of capacities---ranging from extremely selfish and unkind capacities at one end of the spectrum to extremely kind and altruistic capacities at the other end**. Yes, a capacity for selfishness and unkindness is certainly one aspect of human nature (and that capacity and/or its tendency to be expressed may be greater in some individuals than others). But, a capacity for unselfishness and kindness is also an aspect of human nature (and that capacity and/or its tendency to be expressed may be greater in some individuals than others).

The incomplete and erroneous understanding of human nature also fails to recognize that **the characteristics of the social milieu can affect the extent to which certain capacities of our human nature are expressed and gain practice**---both in individuals and collectively. For example, if the social milieu is dominated by a culture that

promotes and rewards selfishness and/or unkindness, it is more likely that expression of our human capacities for selfishness and/or unkindness will be upregulated and gain practice. If the social milieu is dominated by a culture of altruism and kindness (as has been characteristic, historically, of the culture within children's hospitals, for example) it is likely that our human capacities for kindness and altruism will be upregulated, individually and collectively. A healthy social milieu can be transforming, in a positive direction; an unhealthy social milieu can be transforming in a negative direction.

2. Competition:²⁰ an inaccurate, incomplete, and perverted understanding of competition has also been promoted and inadequately challenged. The word "competition" comes from the Latin words "*com*," which means "together," and "*petere*," which means "to seek." So, the word "competition" means "to seek (new heights) together." Accurately understood, the purpose of competition is to "seek new heights together" in a spirited and fun way. Accurately understood, the purpose of competition is not primarily to "win" or "defeat" the opposition. The purpose, the primary goal of competition, is to "seek new heights together" in an enjoyable way that benefits all who participate. Who wins or loses is interesting and informative, but is not the primary goal of competition. All getting better is the primary goal.
3. Monetary incentive:²¹ A third unwise and erroneous social notion that has been promoted and inadequately challenged is that "monetary incentive" is a necessary motivating factor and "without monetary incentive people will have inadequate motivation to work hard or well." This notion does not recognize that "moral incentive" can serve as a powerful motivating factor and that monetary incentive is, in fact, not only unnecessary as a motivating factor but also can be a destructive force. Those who believe in the necessity for monetary incentive may not even know that there is such a thing as "moral incentive."

I have had the pleasure and privilege of spending my entire adult working life in children's hospitals. During the first 20-25 years of my career those children's hospitals were bastions of altruism and kindness (exhibited by virtually all employees, from physicians to the janitorial staff), led by "excellent physicians," and the primary motivation was a moral incentive to serve children as superbly as possible. Monetary incentive was not needed to ensure that children would be superbly served. During the last 20-25 years of my career, children's hospitals and most health care institutions became increasingly corporatized and profit-driven. As the corporatization increased, and as monetary incentive increasingly replaced moral incentive, the children's hospitals became increasingly less altruistic, and administrative decisions became increasingly less empathetic and kind.

Note: For more detailed discussion of human nature, competition, and incentive, please see the many essays posted in the "Notes on Social Beauty" section of my website: www.notesfromthesocialclinic.org

The above three inaccurate and inadequately challenged social notions are the core social notions upon which the corporate business model (corporate capitalism) is based: The corporate business model is based upon and requires belief in an inaccurate, incomplete, and very negative view of human nature; an inaccurate and perverted understanding of competition; and an erroneous assumption that monetary incentive is a necessary motivating factor (the *sine qua non* of a successful economic system). The corporate business model insists that it is the only realistic economic model because it is based on the “realities” that human beings, by nature, are selfish and rather hopelessly so; that fierce competition is necessary; and that monetary incentive is necessary. The corporate business model promotes these inaccurate social notions and rewards those who embrace and exhibit these notions. This economic model depends on widespread acceptance of these inaccurate social notions and uses these inaccurate notions to justify its claim to be the best, “only realistic” model. That is why corporatization inevitably and predictably places people who strongly believe in these inaccurate social notions in positions of leadership and power and chooses not to place those with a healthier, more accurate understanding of these social principles in positions of power.

Unfortunately, promoters of the corporate business model (corporate capitalism) have convinced too many people that its social notions are correct and that its model, therefore, is the best and only realistic model. Because these social notions have not been adequately challenged and corrected, the corporate business model has been allowed to not only prevail but to increasingly become immensely powerful and wealthy.

So, the deepest root cause of (the root reason for) the corporatization of health care (and the consequences of that corporatization) has been a failure to challenge these inaccurate social notions. This has allowed corporatization to prevail and become immensely wealthy and powerful, which, in turn, has resulted in “corporate-minded physicians,” rather than “excellent physicians” ascending to positions of leadership and power. Since corporate-minded physicians (and other corporate-minded health care authorities) are prone to violate the 8 fundamental principles of science, medicine, and ethics and are also prone to not exhibit the 6 characteristics of “excellent physicians, it is not surprising that the 8 fundamental principles are violated (as we have seen during this pandemic) when such individuals are placed in positions of leadership and power.

Regarding the appearance and management of the pandemic, what could have happened if the above-mentioned social notions had been effectively challenged well before the pandemic ever appeared?

What could have happened if we had recognized that the corporate business model (corporate capitalism) is based upon and justified by inaccurate understandings of human nature, competition, and incentive and is unhealthy, especially (but not only) when applied to health care)?

We could have developed and proposed an alternative economic model to the public, for the public's consideration---namely, an economic model based on an accurate understanding of these social notions.²² We could have worked hard to educate people about a more accurate and healthier understanding of these social notions. We could have promoted vast public dialogue about a new, better understanding of these social notions and a new, better economic model that is based on those notions. We could have explained that this alternative economic model (which was the model practiced in children's hospitals during the first 20-25 years of my pediatrics career) would have resulted in "excellent physicians," rather than "corporate-minded physicians" ascending to positions of leadership.

These "excellent physicians" would not have made the mistakes that have been made during the COVID-19 pandemic. They would not have violated the 8 fundamental principles of science, medicine, and ethics (and fundamental principles of democracy, for that matter). They would have exemplified the 6 characteristics of excellent physicians. An accurate and honest COVID narrative would have been explained to the public. A mass vaccination campaign would not have been implemented. In fact, the COVID pandemic would not have appeared in the first place (if it is true that the SARS-CoV-2 virus was bioengineered, which is a very legitimate hypothesis for which there is considerable evidence), because excellent physicians would not have tolerated development of bioweapons, even as a defensive measure.

Note: For further explanation and discussion of an "alternative economic model" (which could also be called the "children's hospital economic model," or a "public economy model," or "economic altruism") please see the many essays in the "Notes on Social Beauty" section of my website: www.notesfromthesocialclinic.org

SUMMARY:

So, why has this COVID-19 mess occurred? How could it have been prevented? Why has the pandemic been managed so irresponsibly and unscientifically? How can we now fix this mess?

The deepest root cause has been acceptance of inaccurate, unhealthy, negative understandings of three fundamental social notions---about human nature, competition, and monetary (vs moral) incentive. These inaccurate understandings have not been adequately challenged.

This has paved the way for corporatization (corporate capitalism)---which is based upon, justified by, and dependent upon acceptance of these misunderstandings---to prevail and to become immensely wealthy, powerful, and influential---in government, health care, and society in general. Corporate capitalism strongly promotes these simplistic notions and depends on these inaccurate notions being accepted and unchallenged.

This has resulted in the corporatization of health care, which, in turn, has resulted in "corporate-minded physicians," instead of "excellent physicians," ascending to positions of leadership and power. Excellent physicians have been sidelined.

Since corporate-minded physicians (and other corporate-minded health authorities), compared to “excellent physicians,” are prone to violate the 8 fundamental principles of science, medicine, ethics, (and democracy), and fail to exemplify the 6 characteristics of excellent physicians, those 8 principles have been violated, and those 6 characteristics have not been displayed---as we have seen during the COVID-19 pandemic.

This has resulted in the pandemic being irresponsibly and unscientifically managed, and is probably responsible for the appearance of the virus in the first place.²³⁻²⁵

To Recap:

1. We have accepted an incomplete, inaccurate, unhealthy, inadequately examined understanding of human nature, and we have allowed that understanding to prevail.
2. We have accepted a perverted understanding of competition and allowed it to prevail.
3. We have accepted the claim that monetary incentive is necessary and have allowed this claim to prevail.
4. We have paid little or no attention to the concept of “moral incentive.”
5. This has led to acceptance of the corporate economic model (corporate capitalism), which is based upon and depends upon acceptance and inadequate examination of the above-mentioned simplistic understandings of human nature, competition, and motivation, as the “only realistic model” and therefore the preferred model. That is, we have accepted the claim that, realistically, no other economic model could work, in the general economy or the health care economy.
6. Inherent in the corporate capitalist model is its ever-increasing selection and dominant propagation of corporate-minded physicians (and health care authorities), its ever-increasing placement of such individuals in positions of leadership and power, and its ever-escalating sidelining of “excellent physicians.”
7. As a result, positions of leadership and power in health care have increasingly been placed in the hands of people with a dearth of the characteristics of “excellent physicians,” and these leaders increasingly place like-minded, like-behaving people in their circles.
8. This leads to poor, often ruthless decisions---decisions that violate the 8 fundamental principles of science, medicine, and ethics (not to mention democracy); decisions lacking in empathy, compassion, honesty, and insight.
9. At the health care level, corporatization has led to gross violations of fundamental principles of science, medicine, ethics, and democracy---as has been abundantly clear during this pandemic (outlined earlier).
10. The result is the enormous COVID-19 mess we now have---an abnormally and unnecessarily prolonged and more dangerous pandemic; an ever-expanding vast array of increasingly infectious SARS-CoV-2 variants; millions (if not billions) of vaccinated people whose immune systems have become derailed and are now more prone to autoimmune diseases, cancer, and infectious diseases; and the highly likely arrival, soon, of a SARS-CoV-2 variant that will be highly virulent when contracted by highly vaccinated individuals.

This mess would not have occurred if “excellent physicians” had been entrusted to manage the pandemic. They would not have made the mistakes made by the corporate enthusiasts, including the mistake of launching a mass vaccination campaign. Under the leadership of excellent physicians, excellent scientists, and excellent health authorities, the pandemic would have been over within 1-2 years, and far fewer people would have died or become injured than has been the case during the corporate mismanagement of the pandemic.⁵⁻⁷

So, how do we reverse all of this?

We stop watering the roots of corporate capitalism, which have been supporting the growth of unhealthy phenomena that are choking Humanity. And we start planting new seeds, whose roots will support the flowering of social beauty and will intrinsically possess resistance to the products of corporate capitalism’s roots. Specifically:

1. We encourage vast public dialogue and education regarding a more accurate understanding of human nature; a more accurate understanding of competition; and the need to replace monetary incentive with moral incentive and an associated new, healthier consciousness.
2. We emphasize that it is realistic to base an economic model on the above more accurate understandings.
3. We initiate dialogue and public education regarding the option of replacing the corporate capitalist model with a “children’s hospital-inspired public economy model.” We emphasize that children’s hospitals, world-wide, have already proven (prior to their corporatization) that this model can work extraordinarily well, to the great benefit of the world’s children, at a bargain price for society. We emphasize that children’s hospitals were successfully proving the value of the “children’s hospital-inspired public economy model,” until those hospitals were corporatized, which resulted in “corporate enthusiasts” being placed in positions of power, “excellent physicians” being marginalized, the altruistic culture being damaged, and the abundant Social Beauty that had been flourishing in those hospitals being greatly diminished.
4. A “children’s hospital-inspired public economy model” would, by nature, result in the selection of “excellent physicians” to populate positions of leadership and power, both in the health care economy and in the general economy.
5. These leaders would not violate basic principles of science, medicine, ethics, and democracy.
6. They would not have made the mistakes made by those who have promoted the prevailing COVID narrative and its mass vaccination campaign. They would fully expose and explain these mistakes; work hard to correct the harm done by these mistakes; and work to ensure that these mistakes are not repeated.
7. Had “excellent physicians” been in positions of leadership and power, the pandemic would have been properly handled; would not have evolved into the more dangerous and prolonged pandemic that now plagues humanity; and probably would never have developed in the first place. Countless lives would have been saved.

8. By developing more accurate understandings of human nature, competition, and incentive, and by placing “excellent physicians” into positions of leadership in health care (and in government), we can stop watering the roots of the current economic system, and start planting new seeds, whose roots will support the flowering of social beauty and will provide strong resistance to the currently prevailing system.

A PERSONAL NOTE TO PHYSICIANS:

Physicians, particularly those who are still in practice (as opposed to being retired), have been placed in a horrible and unfair position since the beginning of the COVID-19 pandemic. Throughout the pandemic, only one narrative has been allowed. Early on, those who voiced opposition to that narrative were quickly vilified and threatened with loss of employment and loss of medical licensure. Because of this, practicing physicians have, understandably, been hesitant to criticize that narrative, its treatment approaches, and its mass vaccination campaign. Understandably, they have not wanted to risk losing their employment, their medical license, and their opportunity to provide for their families. The threat of reprisal has been particularly real because individual physicians who might have considered speaking up had to reconsider because they could not count on support from colleagues---i.e., they could not count on a critical mass of fellow-physicians to support them; they could not count on solidarity .

Furthermore, throughout the pandemic, it has been very difficult for practicing physicians to find the time to do their own independent homework and critical examination of the prevailing narrative. The immunology, virology, vaccinology, and developmental biology involved in the COVID-19 situation is extremely complex. Most physicians do not have deep background in these fields, and they have been too busy to spend the time necessary to fill in their knowledge gaps and critically examine the complex science involved. They have not had sufficient confidence in their own knowledge to challenge the “wisdom” of the leaders of the prevailing narrative. Out of humility and in a spirit of “trusting and supporting the experts,” many physicians have, understandably, gone along with the prevailing narrative and its directives.

It is not surprising, therefore, that the majority of the physicians and scientists who have spoken up are either retired (like me) or close enough to retirement. I have spent the past nearly 4 years doing the intensive homework that I realized most practicing physicians have not had the time or background to do. My background in pediatric rheumatology and immunology has facilitated that work. A major intention of sharing my homework and writings has been to make it easier for physicians with less time and less background to comprehend the COVID-19 pandemic, its mis-management, and its proper management. I wanted to provide physicians with the knowledge and understandings that might give them sufficient confidence to challenge the prevailing narrative and its directives.

Because the majority of physicians have remained silent (for the reasons mentioned above), a significant percentage of the general public has, understandably, lost considerable trust in the

medical profession---despite the fact that the vast majority of physicians are exemplary human beings who have worked very hard to learn medicine and to superbly and altruistically provide medical care. The reputation of the medical profession has taken a hit and will take an even greater hit when the full truth of the COVID-19 pandemic is exposed.

This leads to my suggestion, which is more of a plea: It is time for physicians, as a large group, both in the USA and internationally, to band together and support one another to challenge, *en masse*, the prevailing COVID-19 narrative and its directives. Physicians are in the best position to expose and correct the mistakes made by the leaders of the prevailing narrative. If a vast majority of physicians were committed to this challenge, these mistakes could be stopped and corrections could be made. Physicians owe it to the public, they owe it to their patients, they owe it to themselves, and they owe it to the medical profession itself, to stand up, as a group, *en masse*, and correct these mistakes.

AFTERWORD---THE BIG PICTURE:

Acceptance of incomplete, inaccurate, unhealthy, inadequately examined understandings of human nature, competition, and monetary vs moral incentive---and the resultant acceptance of the corporate capitalist economic and social model, which is based on these inaccurate social notions and populates positions of leadership and power with loyal corporate enthusiasts who believe in these inaccurate notions---is not only the deepest root cause of the COVID-19 mess, but it is also the deepest root cause of many other major social problems that have been facing Humanity---e.g., global geo-political tensions, global economic inequity and instability, frequent wars, global poverty and social chaos, escalating totalitarianism and extremism, and associated widespread psychological anxiety and depression.^{23, 24}

Resolution of these other major social problems will also require, as an initial step, thorough examination and widespread public dialogue about healthier, more accurate understandings of human nature, competition, and monetary vs moral incentive---followed by vigorous dialogue about potential new economic and social models, like the “children’s hospital-inspired public economy model.”

To address these social problems and to increase respectful dialogue about them, it would help if all citizens, like “excellent physicians,” would endeavor to be appropriately radical, conservative, liberal, and revolutionary---all at the same time---instead of viewing themselves and others as being only “conservative” or “liberal,” without the other characteristics. Human beings possess capacities for all four of the above-mentioned characteristics, and respectful expression of each of those capacities can be appropriately upregulated, individually and collectively, especially in a healthy social milieu.

NOTE: For further information and discussion about the “children’s hospital-inspired public economy model” and the Social Beauty it creates, please see the “Notes on Social Beauty” section of my website: www.notesfromthesocialclinic.org

REFERENCES FOOTNOTED IN THE TEXT/FURTHER READING:

All of the footnotes embedded in the text refer to articles, below, that may be found on the following website: www.notesfromthesocialclinic.org

The title of each article (in blue) serves as a link to the full article. To see any of the articles, hover over the title, press Ctrl, and click. The date in parentheses is the month in which the article was written.

In particular, please see the companion article to this article---reference 25.

1. [An Open Letter to Parents and Pediatricians—Part I](#) (March 2022) (This article provides 1078 references, the vast majority of which are peer-reviewed publications in the medical literature.)
2. [Open Letter to Parents and Pediatricians—Part II: A Review and Update](#) (May 2022)
3. [Analysis of COVID-19---An Additional Narrative--An Alternative Response--Long Version](#) (April 2020)
4. [A Middle Narrative](#) (March 2021)
5. [How Has the COVID-19 Mass Vaccination Campaign Made the Natural Selection and Rapid Propagation of a HIGHLY Virulent Variant Highly Likely?](#) (September 2023)
6. [In Anticipation of a Highly Virulent SARS-CoV-2 Variant: An ADDENDUM](#) (Oct 2023)
7. [Respecting the Immune Ecosystem—Slide-by-Slide Written Transcript](#) (May 2023)
(This is a verbatim transcript of an audiovisual presentation that is viewable on the website.)
8. [Vaccine Concerns](#) (September 2021)
9. [Open Letter to Parents Regarding COVID Vaccination—Part III: Questions to Ask Your Physician](#) (July 2022)
10. [Open Letter to Parents and Pediatricians—Part IV: The Harmful Immunologic Consequences of Vaccinating Children Against COVID](#) (September 2022)
11. [Open Letter to Parents and Pediatricians—Part V: Let us Forget neither the Art nor the Science of Medicine](#) (September 2022)

12. [The Importance of Knowing the Ct Value at which COVID PCR Tests are Positive---Long Version](#) (December 2020)
13. [Critically Examining COVID Data---Long Version](#) (January 2021)
14. [How Would Three of Canada's Greatest Historical Figures Respond to the COVID Situation, If They were Alive today?](#) (October 2022)
15. [Treatment of Severe COVID-19 Illness---Long Version](#) (January 2021)
16. [Letter to Fauci](#) (April 2020)
17. [On Human Nature](#)
18. [Up-Regulation and Down-Regulation of the Expression of Human Behavioral Capacities](#)
19. [Human Nature--A Graphic Depiction--Sowing the Seeds for Public Economy and Social Beauty](#)
20. [On Competition](#)
21. [Little Economic Story: To What Extent Should Capitalism be Practiced within a Public Economy?](#)
22. [Public Economy and Development of a Collaborative International Network of Unique, Creative, Self-Determined, Self-Reliant, and Democratic National Public Economies](#)
23. [The Corporate Consortium](#)
24. [COVID---THE BIG PICTURE](#) (April 2021)
25. [A Brief Summary of the COVID-19 Pandemic \(An article to be posted soon\)](#) (Nov 2023)

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Listen, take a complete history, perform a complete physical exam, seek the root cause, teach the patient, provide emotional support, and include the family

Let's not forget the art of medicine, which includes deeply caring, deeply comprehending, and deeply loving Humanity