17 Things We Don't Know — And Shouldn't Pretend To Know — About COVID-19

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You don't have to have all the right answers. You just have to be willing to learn. – Katrina Mayer

A few days ago on Facebook, I made a casual comment questioning part of the dominant narrative (that the anti-viral remdesivir is indeed worthy of Dr. Fauci's optimism and a lightning speed rush to FDA approval). A physician and medical director challenged me, saying he was concerned I was dismissive of science and worried I might influence people in ways that would make them turn away from science.

I welcomed his challenge and asked for his email so I could get him to peer review something I was writing about remdesivir. He peer reviewed what I wrote and wrote a cogent response, which he also ran by some of his trusted medical sources. I was grateful for his scientific engagement and for the opportunity to have a respectful discussion. However, I noticed as I read his response to what I had written that his response was based on assumptions I was questioning (assuming that Covid-19 tests or Covid-19 death rates are accurate, for example). I realized that if any of those assumptions turned out to be false, our seemingly logical discussion could be at risk of cognitive error. This respectful scientific discourse with a professional colleague inspired me to make a list of all of the other assumptions I was questioning, which inspired me to crowdsource this list on Facebook, asking for help from my community to make a comprehensive list of assumptions we're making in public health policymaking and clinical decision making.

It's clear that there are many things we don't yet know about COVID-19 and the SARS CoV-2 virus, but I have yet to see any "expert" clearly admit what we don't know, so I thought I'd take a stab at it. Unless we're willing to be transparent about where we're uncertain, attempts at false certainty will only mislead the public and potentially interfere with personal and collective wise decision-making. After writing a first draft of this list, I also asked for peer review from ten medical doctors and researchers who I know well and trust that they have no hidden agendas or financial conflicts of interest. I then shared it with hundreds more doctors asking for feedback, including Gabor Mate, MD, author of *When The Body Says No*.

Gabor asked me a great question- "What is your intention for writing this essay? What do you hope to achieve by questioning these assumptions?" I told him that my intention is not to scare people or overwhelm anyone with all this uncertainty, but to be willing to question the dominant narrative respectfully and with scientific rigor, since good science is based on good questions, with a willingness to question every assumption. I told him I was also motivated to gather this list because I see people either rigidly complying with the rules of our leaders—and shaming everyone who doesn't. I see others blindly rebelling against the rules with no apparent concern for public safety. Both are the result of trauma and conditioning early in childhood. I was

conditioned to blindly comply with authority, so I have a tendency to just do as I'm told. Other people I know were conditioned to blindly rebel against authority, automatically resisting if anyone tells them what to do. Blind compliance is how Nazi Germany happened. Outright rebellion by not abiding by quarantine guidelines can compromise what's good for the collective. "Now is the time," I told Gabor, "for us to neither blindly comply nor automatically rebel. Now is the time to Self-lead our parts, letting what I call your "Inner Pilot Light" take the lead in your decision-making."

Self-leadership is not selfish; it doesn't just consider what's good for you. Because the divine essence of you is also connected to the divine essence of all beings, this center of your being can make wise decisions that expand to include all other beings. Compliant parts can put us at risk of becoming blind sheeple in the midst of corrupt leaders that could silence us when we need to be speaking out. Rebellious parts can behave like tantruming toddlers who feel entitled to freedoms they're not entitled to when public health is at risk. We need the inner children in us to calm down so the wise adults can lead our behavior. We also need to question the dominant narrative until we have better science- and better morals- informing those in positions of leadership.

So that is at the root of what motivated me to write this list of 17 assumptions I think are worth questioning. If we're basing global behavior on assumptions that turn out to be untrue, all of our epidemiological models about what the future holds become little more than guesswork in a situation where we keep making best guesses that turn out to be wrong. Of course, in an emergency, we need to be willing to do our best and then admit when we make mistakes. We try something, we observe what happens, we modify our behavior based on what we're learning—in other words, we use science to help us assess whether our hypotheses were correct—and we admit when we're wrong.

For example, many of the doctors I know who are on the front lines initially thought ventilators were the solution. Then the numbers started rolling in, and it became more clear that:

1. A huge proportion of people who got put on ventilators never got off them

2. Ventilators may have worsened already existing lung damage, which may turn out to cause permanent lung disability even if people do get off the ventilator

3. Early intervention with oxygen—and not ventilators—may turn around this disease without causing the harm ventilators cause.

So we try ventilators—and when we discover they may have unnecessarily killed people, we modify our behavior.

What other assumptions are we making that might be wrong? Everyone is saying "trust the experts," but as a critical thinker and physician who is not an infectious disease expert, an epidemiologist, or someone trained in public health, it seems to me that many of the assumptions our "experts" seem to be relying on seem erroneous at best and flagrantly misrepresentative of the truth at worst. It's crucial that we admit what we know and what we don't know—and remain transparent around our assumptions, not misrepresenting them as proven facts.

For the record, inquiring about our assumptions in no way says I'm taking a position on whether lockdown is good or bad, whether I believe any conspiracy theories, whether I agree with masks and social distancing, whether I think this whole pandemic is intended to serve some globalist agenda, or any other assumption you might make about someone who asks good questions. I'm not taking a position here- and I don't intend to take a position until we have more certainty. I've been 100% compliant with all of Governor Newsom's recommendations and have hardly left my house in eight weeks except for my daily walk with my dog. I am merely noticing that there is tendency for people to attack, demonize, and censor anyone who questions the dominant narrative, and that is not good science.

Rigorous science requires us to be curious and ask good questions! To put blind faith in the advice of "experts" is fundamentalism, not science. I realized in eight years of researching my book *Sacred Medicine* that sometimes it's less about knowing the answers with certainty and more about asking the right questions with humility and a willingness to say "We don't know."

So, with all those disclaimers, based on my copious research on this matter, some assumptions I question and think need elucidation include:

1. **That a COVID-19 PCR test is accurate.** From what I can tell, that is very much in question.

2. **That this is solely respiratory disease.** From what the doctors inside are telling me, the illness goes through phases, sometimes behaving like a respiratory disease, but sometimes more like a hematologic disease. If we treat hematologic hypoxia like a lung problem, we may do more damage than good.

3. **That COVID-19 death counts are accurate.** Some doctors I've spoken to who are on the front lines tell me they are being pressured by hospital administrators to label anything suspicious of COVID-19 as a COVID death—without testing (yet even testing might be inaccurate). This is unprecedented. Why would we label someone who dies of end-stage lung cancer who has a positive COVID test as a COVID death? If someone dies of influenza, we have never labeled influenza as the primary cause of death. We would label it respiratory failure or whatever actually killed the person. In all seriousness, if we don't have accurate death counts, how can we possibly test scientifically whether lockdown is helping or reopening is worsening the numbers?

4. **That a vaccine is likely to help and therefore complete economic collapse and the poverty, starvation, and mental illness likely to ensue is worth waiting until we might have an effective vaccine.** This is potentially a grave error in judgment, given that many viruses never get an efficacious and safe vaccine. I get why we needed to buy time so we could get adequate PPE and make sure hospitals don't get overwhelmed- and it seems that places that locked down early—like California—have achieved that. It's also true that in many other areas that locked down, hospitals are now way under normal capacity, with doctors and nurses getting laid off in many parts of the world.

   Most vaccines take years to develop, and to ensure that they're safe can take even longer. We need to have realistic expectations and ensure that if a safe, efficacious vaccine is developed, the medical ethics principle of informed consent is primary. Nobody should be forced to have any medical intervention without their consent. I am not an anti-vaxxer. I vaccinated my child because I trust my intuition and my intuition and intellect guided the choice her father and I made together. I'm only saying that in no way will any forced medical intervention uphold the principles of medical ethics, so we must be vigilant and ethical in our attempts to manage this public health threat.

5. **That once you have a positive COVID test, you will be immune and contribute to herd immunity.** We do not have any idea whether having had COVID-19 once confers future immunity. So why are the "experts" and the mainstream media floating the story that mass testing (with inaccurate tests) will allow those who are positive to safely come out of lockdown?

6. **That overall mortality is up in 2020 because of the coronavirus.** There's definitely a novel illness killing lots of people, and places like Italy and New York have been hit really hard. But what does it mean when the *New York Times* reported that we're missing 46,000 deaths. But what does this really mean? If causes of death are not being accurately reported, how can we know whether someone actually died from cancer, heart failure, or another preexisting condition—and just happened to have a positive test. How can we know if more people are dying because they're having heart attacks at home instead of coming to the ER for early intervention because they're scared of getting infected? How can we know whether these deaths are side effects of lockdown and not the virus—from suicides, starvation, overdoses, etc? Again, I'm not disputing that there is a novel human illness, something my friend on the front lines in emergency rooms have never seen before. But is this novel illness increasing overall mortality? We can't be clear if we don't have accurate death certificates.

7. **That masks, lockdown, and social distancing definitively work to reduce the spread of this illness.** For an infectious disease communicable through social contact, this certainly makes common sense. But is it scientific?

   It certainly appears that early intervention, like we did here in California, seems to result in a flatter curve and has successfully bought us time. But will it definitely result in fewer overall deaths because we delayed when we all get exposed? Has it worked before? If Woodstock happened in the middle of a pandemic, why did we lock down now and not back then? Did we gather more science to prove this strategy would work and be worth the economic collapse and all its resultant side effects?

   One of my peer reviewers, a front line ICU doctor and biohazard virologist, offered this: https://business.facebook.com/lissarankin/?__tn__=kC-R&eid=ARD-

CrBtypB5Q3QgAOs36BwfGyU-itUWeqCxFWTyBCk-a0ch9xGw6IB6Qo_Jcby3v6giMB4zmNF4D7ei9L&hc_ref=ARRM30I7sxC0U0nSGoO66eOknVPOcADJwEw5x-1stB_DfsvcF-J_LHthRYKoX9ltZZ0c&fref=nf

8. **That this novel human illness we're calling COVID-19 is 100% for certain viral in origin.** It looks like a virus. It acts like a virus. I believe it probably IS a virus. There's definitely a real, novel human illness and it's behaving like it's viral. But are we 100% certain that it's not the result of some other cause, like an environmental insult that could look like contagion because people in the same environment may have the same toxic exposure?

   Given how this virus was purified and isolated, some scientists are questioning whether our COVID-19 tests are actually testing for the presence of naturally occurring exosomes, which can look remarkably similar to a coronavirus under an electron microscope. Because exosomes can be found in any human body exposed to physical or emotional stress, is it possible we're actually testing for emotional stress and not the presence of the virus? Could this explain so many "asymptomatic" positive tests, since we're all under a great deal of emotional stress right now, but maybe some of us are handling it emotionally and physiologically better than others? As one person who helped me peer review this article wrote, "Exosomes can be 'contagious' as well, blurring the distinction between exosomes and viruses. In many situations it is good that they are contagious: basically, what is happening is that one cell or organism is 'teaching' others how exactly to meet the environmental challenge." Because, exosomes are not generic, a specific configuration is necessary for each type of challenge. So, the genetic information spreads from organism to organism. For some, it is "too much information," and the infected person gets sick and dies. Bad news for them, but on the population level, that is what has to happen for the new information encoded in the exosomes to spread.

   One of the hardest things for our polarized political culture to understand is that things are not usually black and white. When one learns that naive virus theory cannot explain COVID-19, there is a temptation to jump to a polar alternative and say there isn't a virus or even that no diseases are caused by viruses. That will make you sound silly to anyone who has studied virology.

   Viruses were discovered at the end of the 19th century BECAUSE of infection. The Tobacco Mosaic Virus was the first discovered, when they took sap from infected plants and injected tiny amounts of it into healthy plants. The healthy plants got sick, and there were no bacteria present. It was originally called a 'non-filterable virus.'

   So, I would challenge those who are promoting exosome theory to be less dogmatic, and look at the possibility that viruses and exosomes are on a continuum; that each offers a lens. In some cases the virus lens is more useful. In the case of COVID-19, I actually think the exosome lens is more useful. It would invite us to ask what is making our environment so toxic. It would invite different social responses. It would shift focus onto boosting overall health and immunity. And it would undermine the rampant fear of the world and other people that the virus lens plays into."

9. **That the scientifically proven "nocebo effect" (the opposite of the well-studied and poorly understood "placebo effect") isn't amplifying what might have been a relatively benign outbreak were it not for a media-driven pandemic of terror and fear.** Think about it as a sort of medical hexing, a kind of institutionalized power of suggestion leading to real physiological symptoms and measurable changes in the body, as happens in patients in pharmaceutical trials who are warned about the side effects of the drug being tested—and then they get those side effects, even though they are taking nothing more than a sugar pill.

   If the nervous system is in chronic repetitive stress responses (sympathetic overdrive) because of fear and terror, many symptoms of sympathetic overdrive are similar to COVID symptoms. I have a whole chapter in *Mind Over Medicine*, including the shocking data of how powerful nocebo effects can be in producing legitimate physiological illness. (Read *Mind Over Medicine* if you really want to nerd out on nocebo effects.)

   In short, though, nocebo effects are not just the power of suggestion causing psychosomatic side effects. Believing you might be getting the real drug—and knowing the side effects of the real drug—might cause real physiological change in the human body in someone who's taking the placebo and not getting the real drug.

10. **That people aren't dying of sudden death as a result of acute terror.** Sudden death in the face of a terrifying

threat is a real thing. You can read about the science of it in my book *The Fear Cure*. If we can't test anyone accurately, how do we know that someone who dies from acute terror is getting the cause of death counted accurately (acute sympathetic overdrive leading to heart attack or stroke, rather than COVID-19).

How can we possibly get an accurate case fatality rate if we're not peeling these potentially confounding factors apart? And if we still don't know the real case fatality rate, how can we make wise public policy decisions about lockdown, reopening, or other public behaviors intended to save lives?

11. **That reducing COVID deaths is the #1 public health threat the world faces right now.** Our reaction to COVIDd-19 has shown us how quickly we as a collective can mobilize and make radical change when faced with a public health threat. But why haven't we done that to address the reality of one in five people on this planet starving to death? Nine million people die of hunger every year, but we didn't rally to solve that problem. Is it because we care about rich white people dying of a virus but we don't care about nine million mostly brown people dying of hunger?

    There is a very real threat that starvation or mental health deaths may actually increase as an unintended consequence of lockdown, social isolation, loneliness, and the long term sequelae of economic collapse. Do we not care, as long as rich white people don't die of this virus? If we save 500,000 people from COVID deaths but increase the hunger, suicide, and overdose deaths by two million, will we have made wise decisions that serve overall public health?

12. **That the WHO and the public health branches allied with it (the CDC in the US, the NHS in the UK, etc.) can most certainly be trusted to protect the health of the world's population.** Are we certain the WHO, the CDC, and other organizations tasked with altruistically protecting the health of the collective have not been corrupted by financial or political agendas? History has shown us that humans can be ruthless. Many ruthless humans pretend to care about the good of the whole while actually intentionally harming the collective. What kind of oversight is in place to ensure that the WHO and other public health institutions have not sold out to corporate or political interests? Is there full transparency in how they get their funding and are there clear laws to protect them from conflicts of interest?

13. **That scientific journals like the New England Journal of Medicine are unbiased, devoted to scientific purity, and uncorrupted by financial or political agendas.** From what I can discern, they survive financially largely because of pharmaceutical ads and donations from sources like the Gates Foundation, which is perhaps why Bill Gates seems to have been given free license to publish in the NEJM, even though he is not a doctor, epidemiologist, public health expert, or in any way academically qualified to write in our most venerated medical journal.

    Why is Bill Gates writing opinion papers in the *New England Journal of Medicine* during this pandemic when he comes right out and discloses that he has a vested financial conflict of interest? (In his own words in the disclosures section, he writes, "Bill Gates and the Bill & Melinda Gates Foundation work with numerous companies in a broad range of fields, including companies working with vaccines and other methodologies to eliminate infectious diseases." Read the disclosures for yourself here.) In this article intended to be read by front line doctors desperate for good advice, Bill Gates says, "The world also needs to accelerate work on treatments and vaccines for COVID-19." He stands to profit from having doctors promote the use of said antivirals and vaccines. How is this ethical?

    Don't we want our doctors getting advice from our most trusted medical journal from people who do not have any vested interest in promoting any particular pharmaceutical or vaccine? I have always trusted the *New England Journal of Medicine*. Now, I no longer assume they can be trusted to have the public's unbiased best interests motivating editorial choices. Maybe they can be trusted. Maybe not.

14. **That drugs and vaccines are the best and only way to treat COVID-19.** I was alarmed when I heard from many colleagues in complementary and alternative health practices that their treatments were deemed "ineffective" in the midst of lockdown. How can you tell a Chinese Medicine doctor or a chiropractor or an energy healer who treats the terminally ill that her acupuncture services or her adjustments or hands-on healings are not needed in the middle of a public health crisis?

If the WHO and CDC sincerely have our best interests at heart, why are they not recommending nutritional guidelines, vitamin and supplement recommendations, scientifically proven mind-body medicine interventions, evidence-based trauma healing therapies that clear trauma, and scientifically validated alternative medicine treatments like acupuncture? For example, one of the scientists and energy healers I spoke with today, who I interviewed for my *Sacred Medicine* book, claims he has treated 34 very sick COVID-19 patients who got better with his scalable energy healing method within 12-24 hours. He's rushing it through scientific channels to try to prove that it works.

But who will make money from it, when he's creating something he intends to give away to the public for free? If nobody stands to profit, who pays for expensive research studies? Why would the WHO and CDC not recommend proven CAM modalities that treat viral illnesses, especially when conventional medicine has so little to offer?

15. **That the anti-viral remdesivir is definitely effective enough and safe enough to justify rushing it through FDA approval.** If you've read all the studies on remdesivir like I have, you'll see that most of them showed no clinical efficacy and horrifyingly dangerous side effects. What you won't see is any peer review of the government-funded study of 1000 patients that has not been published in any journal or been made transparent to doctors or scientists. So why is the FDA rushing hundreds of thousands of doses of this drug to ICU's all over the country? Have we not learned our lesson about poorly tested drugs rushed to market, and the damage many of them turn out to cause? What about "First, do no harm?"

16. **That clinical pharmaceutical research science itself can always be trusted**. Because pharmaceutical companies pay to research the medical treatments they will directly profit from, they are at risk of corruption. Science is cleanest when it is funded by unbiased sources that have no vested interest in proving that something is or is not effective and safe. Pharmaceutical drug trials are anything but clean.

    As someone who used to work as a physician getting paid to participate in performing pharmaceutical research, I was shocked and horrified by the corruption I witnessed directly. It was not unbiased and not even trying to pretend that profit wasn't the motive. They gave lip service to patient wellbeing and new innovations to save lives, but the way the drug companies talked to us as insiders in the research team was alarming, to say the least. They made it clear that we would be financially incentivized if we got the results they wanted, but if we got, for example, "too many placebo effects," we might be passed over for further profit-earning research studies.

    Having spent ten years working with maverick scientists in the healing arts who don't have a profit motive and have already been discredited and lost their reputations (they waited until they had tenure to "come out" about their data on energy healing and such), I see that if drug companies and other biotech companies do not stand to profit, funding for genuine scientific inquiry into cutting edge medical treatments is absent.

    So how we can say we trust science if there's no funding for anything that questions the dominant narrative as the one and only way to cure a human? I'm all for science—and I want to trust science—but in times of crisis, funding for scientific research should include testing possible treatments that lie outside the mainstream medical orthodoxy.

    Can science be trusted? Yes, but not if the money only funds those that support the mainstream narrative. If there's no room to expand to the outliers, science is no longer science; it's a kind of modern-day fundamentalist religion that punishes and excommunicates the heretics.

17. **That rushing to a drug or vaccine is the right thing to do.** Of course, we want a cure- and we want it now. While we may enjoy some benefits from the radical changes in our lives and culture—and while we're seeing the environmental benefits of what we're doing—many people are nostalgic for business as usual and want it back. However, if you trace medical history, you'll see that when doctors and scientists rushed to new medical treatments, we often had devastating results. Just look at thalidomide as a treatment for vomiting in pregnancy. Many drugs that are rushed to market are later pulled when we discover they are killing people. With any new medical technology, slow and steady wins the race. We need to slow down, not rush at warp speed.

I asked for peer review on this list, and a friend who is physician and medical school professor at Harvard Jeffrey Rediger, MD, MDiv, who wrote the wonderful book *Cured: The Life-Changing Science of Spontaneous Healing*. Dr. Rediger added these questions and comments to the collective inquiry:

1. *Does anyone know if good, reliable information exists in regards to the pressures on the media to take or avoid certain perspectives? There are probably different ways to look at this. Our amygdalas tend to notice 10 times more bad news than good, and media arguably benefits from paying attention to this with its well-known mantra, "If it bleeds it leads." What about other levers? To what degree are they influenced by sponsors, especially pharmaceutical companies? A significant percentage of commercials are pharmaceutical-related in the US.*

2. *Organization is everything. What can be done to ensure that vaccines for C19 are clearly efficacious and safe before potentially being required? We all know that the history of vaccines raises considerable concern, including the history of rolling them out in spite of poorly demonstrated efficacy and safety.*

3. *What would best organize the indisputable facts of the important issues in the best possible way and then make them publicly available for debate and refinement?*

4. *Is there anything that can be done to increase the accuracy of recorded C19 deaths?*

5. *What can be done to ensure that the human fallout from current restrictions, such as quarantine, etc. receives adequate, rigorous attention and research? What would it take to ensure that the main attention is to human life, well-being, and freedom rather than to deeper economic concerns on the part of pharmaceutical companies and their affiliates who stand to profit? Again, organization is key.*

Here are a few stories from Harvard in the last 24 hours:

A patient I saw last evening: 86 years old with Parkinson's disease, unable to leave his assisted living quarters for six weeks, unable to visit with his wife in the same building, see his children, or see anyone really. Walking has long been how he has managed his Parkinson's. Now he can't do that, and finally, two weeks ago, in the context of his isolation and loneliness, he quit eating and has been declining. He can't stand the four walls any longer with nothing to do and no one to see. His son said, "The cure is going to kill him; he can't tolerate not seeing anyone and not being able to move around." I think he's right. This seems to be a theme that I'm starting to see. Another patient (76 yo) admitted from the Nursing Home: he and his roommate at the nursing home had been diagnosed with C19 and isolated from everyone else. His roommate died three weeks ago, and the patient is restricted to his room without a TV, telephone, or anything to do. He already has mild dementia; now, he also has both grief (to the degree that he has awareness and can process such things) and depression and no way to fully comprehend what is going on. He quit eating and has been declining. He, like many others, depends in a vital way on social connections and activities. There are lots of stories like this, and they seem to be invisible stories.

We are now seeing an increasing number of patients admitted to both Good Sam and McLean, who are terrified that they have C19. Sometimes the tests say they have the diagnosis and sometimes the tests are negative (whatever that means). They are freaking out at least to some degree because of the media stories and hype. We need more data on what fear is doing to people.

Has Medicine Become A Fundamentalist Religion?

As Charles Eisenstein said when I asked for his feedback on this list of assumptions, these days, modern medicine behaves more like a fundamentalist religion with doctors as their priests than like a true, pure science. "Our culture has its peculiar set of rituals for healing. Anything from outside that ritual system will be rejected as heresy. For something to be a legitimate potion, it must have gone through extensive rituals (called "laboratory research," "animal trials," "clinical trials," and so forth). Those administering these rituals must have gone through multiple initiations (e.g. graduate school, medical school, etc.). They present their findings in a specialized dialect that only the initiated can read (medical journals.) They perform divination too (epidemiological projections). However, just as in the late Middle Ages with Catholicism, this system of ritual has been highly corrupted by profit motives. So we now have an Inquisition to enforce the purity of the cult; hence the crackdown on alternative medicine."

We see how the public is revering doctors right now, giving their power away to authority figures like Dr. Fauci like he's a kind of god. Those on the political left laugh and rage at silly and dangerous Donald Trump, while we pedestalize Dr.

Fauci as the epitome of grounded, objective science. But are we 100% certain that all scientific experts are objective and pure of heart?

Most doctors I know are so good-hearted. We care deeply about our patients, even to the point of loving them. But this does not make us perfect gods or worthy of being pedestalized as holy heroes.
Yes, it's true that front line workers are all in positions where they've been drafted to fight a war they never signed up to fight, martyring themselves—and dying of COVID-19 and suicide—in the face of this public health crisis.

These same doctors are my clients in the Whole Health Medicine Institute, and I adore them and am grateful for them—and they're telling me how brutal it is to be on the front lines and how much PTSD it's causing. Yet the doctors I'm working with are not making assumptions. We are asking good questions together—and questioning everything. Some of these doctors are horrified by what they're seeing, especially when many realized that ventilators may be killing people who would have survived if they were just given oxygen without mechanical ventilation. It crushes us when we realize that medical intervention is the #3 cause of death in the US, when we try so hard to save lives. These doctors are questioning these same assumptions alongside me, as compassionate, ethical, spiritually attuned priests must have done during the Inquisition. Are the doctors like us who are questioning such assumptions about to get excommunicated, or even worse, beheaded?

Science must be objective, free of agenda, without conflict of interests, ego-free, and committed to questioning our assumptions, challenging the status quo, making hypotheses, understanding that we will make mistakes, and then publicly admitting when our hypotheses sometimes turn out to be wrong with humility and understanding that being wrong is part of good science. Doctors and scientists who challenge the dominant narrative must not be written off as quacks or labeled as "pseudoscientists." Maverick doctors and scientists have always been the ones who make exciting new scientific breakthroughs. We need our mavericks right now—and we need them to ask good questions.

In Case Questioning These Assumptions Scares You

It is too soon to suggest that we understand what is happening. We do not know what is really going on, and to pretend we do is morally questionable. Conspiracy theories are not good science. Neither is fake certainty with political or financial agendas.

I know it can be uncomfortable to stay in the place of uncertainty when many are so frightened and even dying. As one sweet woman who touched my heart on Facebook disclosed, "This post is the opposite of *The Fear Cure*. For my own mental and emotional health, I am going to stop reading news and social media posts that perpetuate fear, while also trying to diligently keep myself safe. It's confusing and sad. The questions in this post do not move humans towards healing. In my opinion, they create more fear and confusion. You have always been sensitive to your followers, and I appreciate that, but my boundary at this moment in history is to avoid anything that takes away from feeling safe inside my own body."

I responded to her, saying, "I totally understand if you need to set boundaries around what you consume. Uncertainty does make some people scared. For me personally, right now, I am more scared by people who are pretending to be certain, when we can easily prove they're lying. The craving for certainty is part of what I'm hoping to heal with posts like this. If we can develop psychologically and spiritually (by healing trauma) we can feel safe in the face of uncertainty—because, to quote *The Fear Cure*, 'uncertainty is the gateway to possibility,' and when you don't know what the future holds, anything can happen, even miracles!

I just got off the call with my doctors in the Whole Health Medicine Institute, and we were just talking about this—how to help cancer patients who are terrified of getting a CT scan, for example. They have a valid reason to feel fear. They might indeed get bad news from the test. But when we start to trust that there is an organizing intelligence that is conducting a grand symphony of which we are all a part, and if we can quit clinging to certainty and be willing to just let go and flow with the river when it's in the rapids like it is now—if we can trust that we don't have to control life, that life is living us—to stop resisting change or uncertainty, there comes a time when uncertainty can even become exciting—because if you don't know what the future holds, there could be amazing surprise plot twists full of blessings.

It's true that there could also be pain—but unless you're willing to go for the ride, you'll never resolve the mystery that is unfolding for us all. The key shift comes when we discover the Mystery can be trusted—and at its heart, this Mystery is benevolent. Call it God, call it the Universe, call if Self or Inner Pilot Light—if you can "let go and let God"—not in a passive way but in a fully surrendered way, if action

is needed and you feel certain, you will be guided—and will trust that action. Sending love. I hope that comforted rather than scared you. It was my intention to offer comfort."

So. . . let us be humble in our not knowing, for in the space between stories, in this place of uncertainty, when we don't know what the future holds, anything can happen—even miracles.

* Hat tip to Kevin Dieter, MD, who inspired me to write this post. Also to Charles and Stella Eisenstein who have sent me links, given me feedback on this list, and generally kept me in the loop about the many seemingly competing narratives around COVID-19 during this pandemic. My hat is also off to a highly respected group of inquisitive doctors and intellectuals who helped me peer review this list, along with everyone on Facebook who helped me crowdsource this list, cheering me on while also pushing me to challenge even my own assumptions. I am so grateful when it feels safe to have open, unpolarized, respectful, compassionate scientific inquiry together. You all are the best!