

The Miserable Pseudo-Science Behind Face Masks, Social Distancing And Contact Tracing

By Patrick Wood, June 19, 2020

Once upon a time, there was something called science. It included the discovery of truth about nature, the elements, the universe, etc. It was practiced by honest and accountable practitioners called scientists and engineers. They often invented cool new things as a result of their studies, but generally they had no primal urge to use their knowledge to dominate other people, groups or even entire societies.

Then certain other scientists and engineers rose up and made a discovery of their own. If true science was ever-so-slightly skewed and engineering disciplines were applied to society at large, then they could indeed use their "knowledge" to dominate and control other people, groups, entire societies or even, heaven forbid, the entire planet.

The first group pursued science. The second group pursued pseudo-science.

Merriam-Webster defines pseudo-science as *"a system of theories, assumptions, and methods erroneously regarded as scientific."* The Oxford dictionary clarifies by stating, *"a collection of beliefs or practices **mistakenly regarded as being based on scientific method.**"*

Pseudo-science quickly emerged as the principal domain of Technocrats, but they soon found that scientific debate with those promoting real science was most inconvenient to their social engineering goals. The solution was simple: **claim that their own pseudo-science was indeed the real science, and then refuse debate by excluding all other voices to the contrary.**

In the context of pseudo-science, this report will examine the three primary tools of fighting COVID-19: **face masks, social distancing and contact tracing.**

Face masks

The Occupational Safety and Health Administration (OSHA) website plainly [states](#) that cloth face masks *"Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration."*

But, what about surgical masks? OSHA is clear here also that they *"will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration."*

But then right under these statements, OSHA furiously backpedaled by adding an FAQ section on COVID-19 directly underneath and [stated](#),

OSHA generally recommends that employers encourage workers to wear face coverings at work. Face coverings are intended to prevent wearers who have Coronavirus Disease 2019 (COVID-19) without knowing it (i.e., those who are asymptomatic or pre-symptomatic) from spreading potentially infectious respiratory droplets to others. This is known as source control.

Consistent with the [Centers for Disease Control and Prevention \(CDC\) recommendation for all people to wear cloth face coverings when in public and around other people](#), wearing cloth face coverings, if appropriate for the work environment and job tasks, conserves other types of personal protective equipment (PPE), such as surgical masks, for healthcare settings where such equipment is needed most.

So, wearing a face mask cannot protect you from getting COVID, but it is supposedly able to keep someone else from getting it from you? OSHA is speaking out of both sides of its mouth. What it calls "***source control***" likely puts the real motive out in the open: since you are the **source**, it's about controlling ***YOU***. There is no true scientific rationale for anyone but the sick and medical workers to wear masks.

The truly healthy have no business wearing a mask, period.

But, what about asymptomatic carriers?

On June 8, 2020, Maria Van Herkove, PhD., head of the World Health Organization's emerging diseases and zoonosis unit released a compilation of a number of contact tracing programs from various nations and plainly stated "*From the data we have, it still seems to be very rare that an asymptomatic person actually transmits onward to a secondary individual.*"

This writer hates to think what happened to Dr. Herkove overnight at the hands of her WHO handlers, because the next day she *also* furiously backpedaled and stated "*I used the phrase 'very rare,' and I think that it's misunderstanding to state that asymptomatic transmission globally is very rare. I was referring to a small subset of studies.*"

It is clear that Dr. Herkove's first statement that naively repeated the clear facts of the matter did not follow the WHO's justification for non-infectious people to wear masks. In fact, the entire mask wearing narrative hangs on the single pseudo-scientific idea that asymptomatic people can spread the virus.

In a recent Technocracy News article authored by highly-respected neurosurgeon Dr. Russell Blaylock, MD titled [Face Masks Pose Serious Risks To The Healthy](#), he concluded, "*there is insufficient evidence that wearing a mask of any kind can have a significant impact in preventing the spread of this virus.*" (Blaylock represents real science.)

Nevertheless, in the face of clear evidence of the worthlessness of face masks for preventing disease,

- States and municipalities are mandating that face masks be worn by all citizens when outside their home

- Large and small companies are forcing their employees to wear masks
- People at large are scared to death to not wear a face mask for fear of getting sick or being mask-shamed by others if they take it off.

A Matter of Oxygen

Face masks lower the percentage of oxygen available for inhaling.

Normal fresh air contains 20.95% oxygen. OSHA [defines](#) an oxygen deficient atmosphere as an "atmosphere with an oxygen content below 19.5% by volume." The reason we breath air is only for our lungs to harvest the oxygen it contains so that we don't suffocate and die.

OSHA [documents the effects](#) of the first level of oxygen deficiency from 16% to 19.5%:

*At concentrations of 16 to 19.5 percent, workers engaged in any form of exertion can rapidly become symptomatic as their tissues fail to obtain the oxygen necessary to function properly (Rom, W., Environmental and Occupational Medicine, 2nd ed.; Little, Brown; Boston, 1992). **Increased breathing rates, accelerated heartbeat, and impaired thinking or coordination occur more quickly in an oxygen-deficient environment. Even a momentary loss of coordination may be devastating to a worker if it occurs while the worker is performing a potentially dangerous activity, such as climbing a ladder.***

This writer has already encountered several store employees, forced to wear a face mask during work hours, who exhibit one or more of these exact symptoms. When asked if they relate their symptoms to wearing the mask, every single one has emphatically said "Yes!".

Every employer and government entity that mandates the wearing of face masks are required to do two things: first, they must provide atmospheric testing to each person to measure average oxygen levels inside the mask when it is being worn and second, if oxygen is below 19.5%, they must be provided with an oxygen enriched breathing system.

To this writer's knowledge, there has been zero testing of oxygen levels anywhere in the country even though it is plainly clear that many people are experiencing symptoms of oxygen deficiency.

Many state-level politicians are now mandating the wearing of face masks for all citizens in public places. That they have fallen prey to pseudo-science is now putting entire populations at risk for physical harm that has nothing to do with the COVID-19 virus.

Social Distancing

Adding to the fear of contagion, people across the nation are driven to practice social distancing, or staying 6 feet apart at all times. This is practiced to excess in almost every commercial establishment with markers taped or painted on the floor and shopping isles converted into one-way travel only.

Yet, two real scientists at the University of Oxford in Britain, Professors Carl Heneghan and Tom Jefferson, wrote in [The Telegraph](#) (UK) recently that *"the two-metre rule has no basis in science."* Their article was titled *There is no scientific evidence to support the disastrous two-metre rule.*

According to these scientists,

The influential Lancet review provided evidence from 172 studies in support of physical distancing of one metre or more. This might sound impressive, but all the studies were retrospective and suffer from biases that undermine the reliability of their findings. Recall bias arises in research when participants do not remember previous events accurately, and it is problematic when studies look back in time at how people behaved, including how closely they stood from others.

*More concerning was that only five of the 172 studies reported specifically on Covid exposure and proximity with infection. These studies included a total of merely 477 patients, with just 26 actual cases of infection. In only one study was a specific distance measure reported: "came within six feet of the index patient". **The result showed no effect of distance on contracting Covid.***

Heneghan and Jefferson further noted,

*On further independent inspection of 15 studies included in the review, we found **multiple inconsistencies in the data, numerical mistakes and unsound methods** in 13 of them. **When assumptions over distance were made, we could not replicate any of them.***

This is the hallmark of modern pseudo-science: inconsistencies in the data, numerical mistakes, unsound methods and inability to replicate results.

What is the real purpose of social distancing? It certainly is not to curtail contagion. The only other possibility is to curtail economic activity and prevent social cohesion. Humans are social beings, after all, and lack of close proximity leads to depression, anxiety and even serious health consequences.

Contact Tracing

Contact tracing is an established practice in modern medicine. It is useful for the early stages of serious infectious diseases like Ebola, tuberculosis and sexually transmitted diseases like chlamydia.

Every credible expert on contact tracing says that it is effective only up to the point of mass distribution. In other words, during the early stages of a contagion or a slow moving or very serious disease.

In the case of COVID-19, the horse has already left the barn. Except to harass people, there is nothing useful that contact tracing can accomplish.

Yet, almost every state in America is implementing a wide-ranging contact tracing program that may ultimately employ some 300,000 tracers.

The Center for Disease Control website [states that](#) "*Contact tracing will be conducted for [close contacts](#) (any individual within 6 feet of an infected person for at least 15 minutes) of **laboratory-confirmed or probable COVID-19 patients.***"

Furthermore, CDC complete definition of "close contact" is,

Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.

If you are "exposed" to such a person, your personal information will be collected and you will be contacted by the "tracer" to be instructed to quarantine for up to two weeks. The infected person could have been mistaken about having contact with you. They could be someone who just wants to get you in trouble. If you live in Washington state, where all restaurants are now required to record the contact information of every patron, you might not have a clue who was infected, but you will be quarantined anyway.

Now, the CDC's declaration of "6 feet" above takes us back to social distancing, where we just learned above that there is "***no effect of distance on contracting COVID***" in the first place.

Thus, find that contact tracing misses the mark on two main points: first, the virus is too widespread throughout the population to make tracing effective and second, the criteria of six feet for defining a "contact" is bogus.

So, why are governors, mayors and health departments ramping up for a nationwide exercise in obtrusive contact tracing? Again, pursuing a path of pseudo-science, the intended outcome is control over people.

Conclusion

The American public is being spoon-fed a steady diet of pseudo-science to justify the wearing of face masks, social distancing and contact tracing. Yet, the actual science points in the polar opposite direction.

Furthermore, those who try to present the real science are shamed, ridiculed and bullied for having such narrow-minded views.

This is a clear sign of Technocrats-at-work. Instead, these are the ones who should be exposed, shamed and ridiculed.

These dangerous and destructive policies are designed to curtail economic activity, break down social cohesion and control people. Moreover, they fit the original mission statement of Technocracy as far back as 1938:

Technocracy is the science of social engineering, the scientific operation of the entire social mechanism to produce and distribute goods and services to the entire population...

It is highly doubtful that most state and local leaders understand the lack of real and verified science behind their actions and mandates. Nevertheless, they are implementing policies that are destructive to our economic system, harmful to our personal health and ruinous to personal liberty.

This writer suggests that you print multiple copies of this report and deliver it to every political leader, every commercial establishment, all family and friends, etc.

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