

Experiment in Progress: A Review of the Studies

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“I would love to be able to bring back our country into a great form of unity,” Trump said. “Without a major event where people pull together, that’s hard to do. But I would like to do it without that major event because usually that major event is not a good thing.” – [Donald Trump, Jan 30th 2018](#)

By April of 2020, within two years of Donald Trump’s prophetic message, millions of people had bowed the government’s request to “unite” by “social distancing,” under a “[Live Exercise](#)” revealed by Trump’s Secretary of State Mike Pompeo. About half of the world’s population agreed to some form of lockdown. More than 3.9 billion people in more than 90 countries had been asked or ordered to stay at home [by their governments](#). And they did.

In unison, millions donned a ritual mask to protect themselves against an invisible enemy. The effect was dubbed [virtue signaling](#) – *an attempt to show other people that you are a good person, by expressing opinions that will be acceptable to them, especially on social media.* How did so many people fall into lock-step to give up their freedom when they had previously been openly skeptical of [government ethics and policies](#)?

Social Engineering

The earliest social experiments had been successful using the tried-and true strategy of The [Hegelian Dialectic](#): Problem • Reaction • Solution. Introduce a Problem and roll out the Solution! Past experiments included “The New Deal” under Franklin Roosevelt in the 1930s, and “Great Society” under Lyndon Johnson in the 1960s. Then came the “financially sound” government programs of Social Security, Medicare, and Medicaid.

Money and politics aside, why trust a government’s blanket medical solution when it comes to health, a personal responsibility?

If we understand the mechanism and motives of the group mind, it is now possible to control and regiment the masses according to our will without them knowing it. – Edward Bernays

After three years of government-induced COVID, there is still no approved government *Solution* to the COVID *Problem* because the FDA-approved vaccine is still [not officially available to anyone](#), and may never be. Nonetheless, the Live Exercise of testing, tracking, experimentation, and restrictions, continues unabated.

While vaccine makers, such as Pfizer, insisted they need [75 years of data before releasing results](#) to the public, the “adverse events” of the public *subjects* are being tracked and published in medical journals, even if not widely reported.

In any true experiment, there are two groups: *the cases* and *the controls*. All subjects who consented, received vaccine lots coded by color and number. Did they receive a vaccine with a [Red cap or blue cap](#)? Did they receive [saline solution](#) or the COVID spike protein? Did they go from a “fully vaccinated” to “double boosted? Did they opt out?

Let The Experiment Continue!

They say a picture is worth a thousand words, even if the subject matter, a spike protein, has never been officially isolated, or seen with the naked eye. As of this writing, [there is no proof](#) the cause of COVID exists.

Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted... – [CDC 2109 document](#)

Even without proof, millions of people eagerly jumped aboard *The Spike Protein Train* to protect themselves with a mask, based on an image of a virus they believed in.

Then, by design, came the vaccines. A vaccine has always been the response to a government-declared pandemic. Recall the 1976 Swine Flu and the 1918 Spanish Flu? [See [The Making of a Pandemic](#) for more information]. Vaccine deployment is followed by the damage reports.

According to a June 2021 *Nature* Journal article, "[Six months of COVID vaccines: what 1.7 billion doses have taught scientists](#)," some Danish politicians were upset by the relatively low effectiveness in older recipients. And what about the [breakthrough infections](#), infections that happen in fully vaccinated people? And why does the CDC only [count a fraction of breakthrough cases while they report that cases surge](#)?

In any Live Exercise or Experiment, scientists cannot be expected to have any answers now, or possibly ever. Meanwhile, new symptoms to experimental mRNA vaccines create new, "rare" medical diagnoses. A quick search of Pubmed quickly shows that symptoms are the opposite of rare.

Post COVID Syndrome

What is [Post-COVID Syndrome](#) and is it related to a variant or

a vaccine?

With the introduction of vaccines came the subsequent introduction of Vaccine Inflammatory Syndromes. From Autoimmune Inflammatory Syndrome Induced by Adjuvants, ([ASIA](#)), to Post Vaccination Inflammatory Syndrome ([PVIS](#)), and [Multisystem Inflammatory Syndrome](#) (MIS), all related acronyms describe one cause: [Vaccine toxicity](#).

Since the deployment of COVID injections, the new COVID is **Long COVID**, ranging from back pain to sleep and digestive disorders, that go [beyond 6 months](#). Symptoms also include postural tachycardia syndrome or [POTS](#).

POTS affects the [autonomic nervous system](#), or the parasympathetic nervous system that regulates voluntary and involuntary actions, as well as thinking, communication, and memory. These symptoms have been long studied as [conditions of vaccine injury](#). Therefore, the injected spike proteins that bring on autoimmune-mediated endothelial injuries can also lead to POTS, especially in the lungs, as evidenced by this study in [Clin Auton Res](#).

Other medical diagnoses of [Myocardidits](#), [Tachycardia Syndrome to Vestibular neuritis to Vaccine-Induced Immune Thrombotic Thrombocytopenia With Cerebral Venous Sinus Thrombosis](#), and life-threatening conditions, [including deaths post-vaccine](#), are now commonplace in the medical literature. For instance, [vaccine-induced endothelial damage](#) in numerous studies causes blood clots, stroke, heart attack, cardiac arrest or organ failure. COVID patients diagnosed with vaccine-induced [autonomic condition](#) mimic past vaccine injuries seen with [HPV vaccine](#), and other vaccines.

Simply go to the [VAERS database](#) to search and download the data collected from vaccine-induced injuries the government lists on its own website. VAERS data released by the CDC included a total of 700,000 adverse event reports from all age

groups following COVID vaccines, including 15,386 deaths [between December 14, 2020, and September 17, 2021](#). Vaccine-injured patients become lifelong customers of pharmaceutical treatments, with doctors and scientists knowing that [many will never return to their normal lifestyles](#).

All patients were treated with non-pharmacologic therapies, and most required pharmacologic therapies. Six to 8 months after COVID-19, 17 (85%) patients had residual autonomic symptoms, with 12 (60%) unable to return to work.

Published mRNA Vaccine Toxicity Studies: Dizziness

Whether by case study, small study, epidemiological study, or case-control study, all studies are ongoing and accumulating. Searching Pubmed by “*dizziness or vertigo*” and “*COVID vaccine*” and find dozens of studies. Here are a few:

1. **Vestibular neuritis** – dizziness, sudden vertigo, brain lesions, autoimmune reaction.

[COVID-19 BBIBP-CorV vaccine and transient heart block – A phenomenon by chance or a possible correlation – A case report](#)

*An 80 years-old-man presented with complains of **dizziness**, trepidation and shortness of breath following his first shot of COVID-19 BBIBP-CorV.*

[Side effects of BNT162b2 mRNA COVID-19 vaccine: A randomized, cross-sectional study with detailed self-reported symptoms from healthcare workers](#)

Side effects of BNT162b2 mRNA COVID-19 vaccine: A randomized, cross-sectional study with detailed self-reported symptoms from healthcare workers.

Commonly reported symptoms (occurrence in descending order) were soreness, fatigue, myalgia, headache, chills, fever, joint pain, nausea, muscle spasm,

sweating, **dizziness**, flushing, feelings of relief, brain fogging, anorexia, localized swelling, decreased sleep quality, itching, tingling, diarrhoea, nasal stuffiness and palpitations.

[Non-life-threatening adverse effects with COVID-19 mRNA-1273 vaccine: A randomized, cross-sectional study on healthcare workers with detailed self-reported symptoms](#)

Among all the symptoms reported, localized pain, generalized weakness, headache, myalgia, chills, fever, nausea, joint pains, sweating, localized swelling at the injection site, **dizziness**, itching, rash, decreased appetite, muscle spasm, decreased sleep quality, and brain fogging were the most commonly reported symptoms (in descending order of occurrence). Most of the symptoms reported were nonlife threatening.

[Vestibular neuritis after COVID-19 vaccination](#)

Vestibular neuritis (VN) is an acute vestibular syndrome that causes **acute and spontaneous vertigo** due to unilateral vestibular deafferentiation, leading to nausea or vomiting and unsteadiness that can last from days to weeks. Reactivation of latent type 1 herpes simplex virus, autoimmune disorders, and microvascular ischemia are hypothesized to be etiologies.

[Watch out for neuromyelitis optica spectrum disorder after inactivated virus vaccination for COVID-19](#)

We reported for the first time a case of neuromyelitis optica spectrum disorder (NMOSD) that developed after the first dose of inactivated virus vaccine for COVID-19. The patient developed mild fever, vomiting, diarrhea, and cough after receiving the first dose of inactivated virus vaccine. Two months later, she experienced **dizziness and unsteady walking**.

MRI scanning of the brain revealed lesions in area postrema and bilateral hypothalamus, typical for NMOSD. Serum antibodies for AQP4, ANA, SSA, SSB, Ro-52, and p-ANCA were positive. The patient was diagnosed as AQP4-positive NMOSD with coexisting systemic autoimmunity.

[COVID-19 vaccine safety monitoring in Republic of Korea from February 26, 2021 to October 31, 2021](#)

*The most frequently reported adverse events were headache, myalgia, and **dizziness**. Of the 835 reported deaths after COVID-19 vaccination, 2 vaccine-related deaths were confirmed.*

[Rheumatologists' knowledge and perception of COVID-19 and related vaccines: the vaXurvey2 online survey](#)

*AEs were present in 82%; 66.7% had injection-site tenderness, 50% fatigue, 35.5% fever, 15% chills, 42.5% myalgia, 14.5% arthralgia, 8% low back pain, headache 31%, **dizziness 10%**, sleepiness 16% and 15% developed post-vaccine.*

[Multisystem Inflammatory Syndrome in an Adult after COVID-19 Vaccination: a Case Report and Literature Review](#)

*A 67-year-old man who was medicated for hypertension and diabetes was admitted complaining of fever, maculopapular rash, diarrhea, headache, chills, and **dizziness** 6 days after the first vaccination of ChAd0x1 nCoV-19 in Korea. The COVID-19 test was negative but with low blood pressure, leukocytosis, skin rash, pulmonary edema, and increased inflammation markers. His lab findings and clinical course were consistent with those of MIS after COVID-19 vaccination.*

[Acute Vertigo After COVID-19 Vaccination: Case Series and Literature Review](#)

*The 9 patients had an evoked nystagmus pathognomonic for benign paroxysmal positional **vertigo**; in the remaining 17 cases, peripheral vestibular dysfunction could be excluded and central disorder may be suggested. Due to the prevalence of nystagmus of non-peripheral origin, a central nervous system involvement could not be excluded.*

[Post-vaccination \(COVID-19\) impacts in healthcare personnel](#)

*38% mild side effects were observed from vaccination. Following were the general side-effects: myalgia (18.2%), the feeling of sickness (16%), fever (15.6%), **dizziness** (7.8%), joint pain (7.4%), chills (4.8%), and flu (4.8%). Following were the common neurological side-effects reported: headache (18.2%), fatigue (16.5%), muscle pain (16%), numbness/tingling (3%), and migraine (2.6%). Nausea and diarrhoea were reported in only 3.5% of respondents.*

[Long-term adverse events of three COVID-19 vaccines as reported by vaccinated physicians and dentists, a study from Jordan and Saudi Arabia](#)

*The collective symptoms of fatigue, myalgia, arthralgia, **dizziness**, and headache were significantly associated with Sinopharm vaccine.*

[Immediate adverse events following COVID-19 immunization. A cross-sectional study of 314,664 Italian subjects](#)

*The three most frequent AEFI recorded were vagal response (30%), anxiety reaction (24%) and **dizziness** (21%). AEFI were more frequently observed among women [aOR= 2.24 (95%CI= 2.00 – 2.50)], and those with at least one previous disease [aOR= 1.47 (95%CI= 1.22-1.76)].*

[Incidence, Pattern and Severity of Adverse Events Following](#)

[Immunization \(AEFIs\) Associated With Chadox1 nCOV-19 Corona Virus Vaccine \(Recombinant\) Among the Healthcare Workers of a Tertiary Care Institute of Eastern Uttar Pradesh, India](#)

*The most common AEFI was pain/tenderness at the injection site experienced by 59.3% of those who experienced any AEFI followed by headache/**dizziness** (35.3%), itching/rashes at the injection site (8.1%), nausea/vomiting (5.8%) and fever/chills (4.7%).*

[Acute liver failure after vaccination against of COVID-19; a case report and review literature](#)

*The patient was a health care worker, aged 34-year old. Past medical history was unremarkable and had not used heparin. Over the next couple of days after the vaccination, he reported headache, nausea, and **dizziness** as well as abdominal pain. His general status and the laboratories studies deteriorate quickly by increasing liver enzymes and severe coagulopathy. Clinically he had presented acute hepatic failure. He had been received blood products, prednisolone pulse along with broad antibiotics without benefit. He died on the sixth day.*

[Case Report: Anti-LGI1 Encephalitis Following COVID-19 Vaccination](#)

*Herein, we describe a 48 years old man presenting with **rapidly progressive cognitive decline** and hyponatremia diagnosed with anti LGI1 AE, occurring shortly after the second dose of mRNA COVID -19 vaccine and possibly representing a severe adverse event related to the vaccination.*

More mRNA-Related Publications

1. [POTS](#) following COVID vaccine

2. [Thrombosis](#) following COVID vaccine
3. [Myocarditis](#) following COVID vaccine
4. [Myasthenia Gravis](#) following COVID vaccine
5. [Skin Reactions](#) following COVID vaccine
5. [Spectrum of Neurological Events](#) following COVID vaccine, including Bell's palsy, cerebral venous sinus thrombosis, acute transverse myelitis, acute disseminated encephalomyelitis, and acute demyelinating polyneuropathy, reactivation of herpes zoster.

Questioning The Experiment

Is the Experiment-In-Progress a test of wits?

Is it a test of unity or uniformity?

Is it a pandemic of a [variant or of a vaccine](#)?

Are we living out a medical experiment or social/behavioral experiment?

Has the world been *Trumped*?

The government forever claims that people must [plan for rising healthcare costs](#). In 2019, U.S. medical health spending increased by 4.6% to \$3.8 trillion or \$11,582 per person. If the U.S. medical system is *the best in the world* then shouldn't the numbers be doing down?

Whether the crisis is called [The Opioid Epidemic](#) or The COVID Pandemic, it is a Crisis of Humanity. The conclusion is always the same when the requirement for more dollars and more research takes precedence over individual healing and freedom from government tyranny:

Understanding and managing "long-COVID POTS" [will require a significant infusion of health care resources](#) and a

significant additional research investment.

What's next on the COVID Exercise horizon?

The Coming Social Credit System

As part of the experiment, [hospitals are starting to refuse patients without a vaccine passport](#) even as [insurance companies refuse to insure COVID-vaccinated recipients](#). The trends show that businesses will demand that people be vaccinated before receiving any treatment or service. Will a government [Social Credit System](#) track every purchase and every move people make, as introduced and practiced in China? China also claimed COVID began within its borders, even without proof.

Three years after COVID, critics claim that [China's COVID-19 data doesn't match its harsh restrictions](#). Is the Live Exercise succeeding to modify behavior? To [weaponize healthy people?](#) To bring about a new Social Order?

Related articles:

- [The Opioid Crisis: Epidemic By Design](#)
- [Weaponizing Healthy People](#)
- [Losing Identity to the Hive Mind](#)

Rosanne Lindsay is a Naturopath, writer, earth keeper, health freedom advocate and author of the books [The Nature of Healing, Heal the Body, Heal the Planet](#) and [Free Your Voice, Heal Your Thyroid, Reverse Thyroid Disease Naturally](#).

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