

Targeting Civilians with Directed Energy



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*To Targeted Individuals—men, women, and children—who suffer in silence from the most
horrific fate that advances in technology have allowed to exist.*

Authors Note

I was often subjected to additional impairment and torture with directed energy whenever I would start working on this book. This book was written with my highest effort over a period of 14 months.

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Introduction

Civilians in the United States and other countries are being targeted with technology that sabotage, subjugate, and neutralize them. It's capable of covertly and remotely monitoring thoughts, altering emotions, and controlling the mind and body of an unaware target. It has global reach and once it locks on the target there is no known way to prevent the effects from reaching them. This technology is being used by a NATO-aligned international deep state on both aware and unaware civilians, and it's actively being contained from the public's knowledge.

This technology utilizes what's known as electromagnetic (EM) waves. EM waves are what's used for radio towers, cell towers, Wi-Fi, Bluetooth, and radar. For example, a 5G cell tower directs EM waves towards cellular phones, and the phones convert these EM waves into data. What's less known is that EM waves can also interact with human biology in unique ways. For example, EM waves can be focused as directed energy and by pulsing it directly at a specific area of the brain, can make a target perceive the desired speech. There is a big coverup about the vast capabilities of directed energy and that it's being used on civilians. Reports from thousands of victims have revealed at least five categories of capabilities:

- **Remote neural monitoring** – surveilling the target's thoughts, emotions, and senses, such as mental imagery, verbal thoughts, and what the target is seeing.
- **Physiological manipulation** – forceful and precise control of the target's body, such as moving limbs, forcing the target to speak specific words, and directly controlling organ functions.
- **Cognitive dysfunction** – selective impairment of various functions of cognition such as memory and decision making, which can be done intermittently or remain for longer periods.
- **Artificial psychological and physiological states** – altering mental and physical states, such as inducing emotions, moods, stress, and altered consciousness.
- **Artificial sensory experiences** – inducing the target to perceive sensory experiences such as speech, pain, and visual imagery.

These effects are being induced remotely to civilians without a device on the targets body and without distance or barriers to block their effects.

Most of the victims to overtly and continuously experience these effects are what's known as Targeted Individuals (TIs). TIs are individuals whom the deep state has subjected to remote and covert systematic neutralization with directed energy (DE) and remote neural monitoring (RNM), which might also involve non-consensual experimentation. This is done to TIs as part of a black program. TIs are overtly targeted in such a way to know of these weapons' existence and capabilities, while other civilians are being covertly targeted. TIs are being systematically thwarted from adequately influencing others about this technology they are subjected to.

In addition to the non-consensual experimentation on unwilling civilians, this technology is also being used to non-lethally neutralize civilians. Whistleblowers such as former NSA Technical Director William Binney and former security industry specialist Bryan Kofron have become TIs themselves after whistleblowing activities. These technologies are being used against similar targets of interest to suppress undesirable influencers, quell dissent, and enforce social conformity.

By learning from the experiences of TIs and whistleblowers, the general public can become aware of the technology that is currently deployed against them. What's written in this book is actively being experienced by TIs in the United States and around the world.

Directed Energy & Nanotechnology

Electromagnetic (EM) waves are energy waves, often invisible, that can travel through space like ripples on a pond. These waves can vary in size from long to short. They move at the speed of light, don't need a medium (like air or water) to travel through, and can travel far and through objects. EM waves are what's used for radio towers, cell towers, Wi-Fi, Bluetooth and radar. For example, a 5G cell tower directs EM waves towards cellular phones, and the phones then convert these EM waves into data such as calls, texts, or videos. EM waves emitted from a source vary in dispersion, from more spread out (e.g. radio towers and 3G cell towers) to more focused beams (e.g. satellites and 5G cell towers).

EM waves can also manipulate the biological and neurological functions of humans, causing various effects. Neurons in the brain and body naturally communicate through electrical signals. For example, to move a finger the brain sends an electrical signal down the spinal cord and through the nerves in the arm and hand. At the points where the neurons connect, the electrical signals trigger the release of neurotransmitters, which are chemicals that keep the signal going. The neurotransmitter handoff at the end, where the nerve meets the muscle, prompts muscle contraction causing the finger to move. These electrical signals can be remotely evoked using EM waves and remotely recorded using equipment.

Two important qualities of the weapons deployed against the public are that they are “remote” and “covert.” Remote meaning the ability to operate and affect a target from a distance, without requiring a direct presence at the site. They are also covert, meaning these attacks are carried out in a way that hides the identity of the operators, the fact that a weapon is being used, or even that an attack is occurring at all.

Findings on the use of EM waves to remotely induce biological effects have a long history. In 1974, researchers Joseph Sharp and Mark Grove at the Walter Reed Army Institute of Research were able to remotely transmit audible words directly into a person's perception. This finding was published in 1975 by neuropsychologist Dr. Don Justesen, who wrote: “Sharp and Grove found that appropriate modulation of microwave energy [a type of EM wave] can result in direct “wireless” and “receiverless” communication of speech...By radiating themselves with

these "voice-modulated" microwaves, Sharp and Grove were readily able to hear, identify, and distinguish among the 9 words."¹

During the CIA black operations of MKUltra, EM waves became the focus of Subproject 119 which aimed at uncovering their potential for remotely controlling the human mind. MKUltra is widely known for attempting mind control with methods such as LSD, and this subproject pursued a similar goal using EM waves instead. One of the focuses of Subproject 119 was "Techniques of activation of the human organism by remote electronic means."² According to declassified documents, the CIA had accumulated some research in the form of books by the end of this subproject. Although the CIA did not achieve building such a device under Subproject 119, they had the intention dated back to August 17th, 1960. There are at least two other MKUltra subprojects, 62 and 94, where the results lead to the CIA noting interest in furthering research into EM waves for mind control.

In 1973, eight years after the end of Subproject 119, a letter was exchanged between a CIA official and Robert P. Gow, the president of a high-tech manufacturing company. In the letter, Gow stated the following regarding the recording of electrical activity emitted from a subject's brain using electrodes: "The real possibility that, at some point in the future, external measurements can be correlated with some degree of accuracy with simple thought processes in humans."³ Gow also wrote "This represents a potentially significant step forward which, while it is a very long way from thought reading, could eventually lead to a greatly improved understanding of the overall processing mechanisms involved." These statements imply that the CIA was interested in mind reading technologies. Gow mentions ongoing discussions with Dr. Ross Adey, who was one of the two researchers in MKUltra Subproject 119 mentioned earlier.

From 1980 to 1983, an American scientist named Dr. Eldon Byrd led the U.S. Marine Corps' Non-lethal Electromagnetic Weapons project. He was looking at electrical activity in the brain and how to influence it. Dr. Byrd conducted experiments on animals and even on himself to see if brain waves would synchronize with external EM waves affecting them. He found that they would, but the effects were short-lived.⁴

By using EM waves, Dr. Byrd found he could induce the brain to release behavior-regulating chemicals. He stated, "We could put animals into a stupor" and "We got chick brains-in vitro-to dump 80 percent of the natural opioids in their brains." He even ran a small project that used magnetic fields (a component of EM waves) to cause certain brain cells in rats to release histamine. In humans, this would cause instant flulike symptoms and produce nausea. The effects were nonlethal and reversible. He explained, "You could disable a person temporarily...It [would have been] like a stun gun."

Dr. Eldon Byrd also demonstrated that what's known as "scalars" were even more profound and effective at interacting with biological systems compared to EM waves. To put it

simply, this is because EM waves depend on broad neural excitation and cannot directly interact with the inner workings of neurons, while scalars can do so. Dr. Byrd demonstrated this by using scalars to modulate the uptake of neurotransmitters of nerve cells by directly affecting the molecules within the neuron that are responsible for it. He states:

We showed that in imaginary time and space, in hyperspace, electromagnetics results in solitons, and that only quantum events can occur in small neurons in your brain, and that phase conjugate fields, which create scalars, can cause profound effects in living systems. At the time, I thought that the shutdown of the project, which is stupid on the part of the government.⁵

Dr. Byrd never tested any of his hardware in the field, and his program, scheduled for four years, was shut down after two. "The work was really outstanding," he grumbled. "We would have had a weapon in one year." Dr. Byrd was told that his work would be unclassified, "unless it works." Because it worked, he suspected that the project "went dark." He enlisted the help of U.S. Senator Claiborne Pell to investigate his suspicions. Sometime after one year, Pell confirmed to Dr. Byrd that while he could not disclose details, the project did in fact "go dark."⁶

In a 2001 speech, a year before his death, Dr. Byrd states:

Today we know there are technologies that can induce sound into the brain at a distance, that can monitor and alter brainwaves at a distance, that can alter behavior at a distance, that can induce images into the brain at a distance, that can target individual organs at a distance and disrupt calcium ions binding on the cell—individual cell surfaces—at a distance, creating pain and other effects anywhere in the body and technologies that have moved beyond the realm of electromagnetics into the realm of hyperspace and scalars, and into the quantum realm. We have demonstrated the ability of electric and magnetic fields to alter DNA and control bioelectric and biochemical processes in living systems. In other words, the technology to affect mind control exists — without question.⁷

In 1992, a former NSA employee named John Akwei filed a lawsuit against the NSA. He claimed that the NSA is conducting extensive and covert surveillance of U.S. citizens using advanced technologies to monitor and influence human thought. He reported that the agency is employing "Remote Neural Monitoring" to track brainwave frequencies and interpret them as thoughts, memories, and images, all done remotely and without the target's knowledge.⁸ Akwei also stated that the NSA is using psychotronic weapons, that utilize EM waves, on American

civilians. However, the lawsuit was dismissed in court stating that his claims were not substantiated with hard evidence.

Based on the report of TIs, the directed energy technology currently deployed against civilians is developed far beyond the capabilities, effectiveness, and robustness of known patents and scientific research. These weapons are staying locked onto targets anywhere globally, maintaining their effectiveness with no success of detaching from it. The effects of these weapons are reaching targets submerged more than 8 feet underwater and buried deep inside mines, with some targets beneath as much as 960 meters of overburden, with no success of shielding from their effects. This is not possible for ordinary EM waves that can be used for precision targeting. For such reasons it's believed that at least some of the directed energy used for targeting are not made of EM waves but a type of wave that's ahead of the general public's understanding known as scalar waves.^{9,10} Scalar waves are the propagating (moving) version of scalars that Dr. Byrd experimented with. The term "directed energy" is used to include both cases of EM wave and scalar wave involvement, while also describing the focused transmission of the energy.

Reports from many whistleblowers about this technology are pointing to satellite and cell tower involvement. Dr. Paul Batcho, a former DARPA Senior Scientist, found through his research that cell towers are being used against U.S. civilians. In 2016, following his findings, Dr. Batcho attempted to notify the U.S. Department of Defense and Department of Homeland Security multiple times but received no response. He wrote in one of his emails:

I seem to have stumbled across an advanced technology that I would classify as synthetic telepathy. It clearly uses the cellular towers to transmit illegal signals. It sounds unbelievable but it is actual technology being used on civilians of the US.¹¹

Some medical doctors such as Dr. David Nixon, Dr. Len Ber, and Dr. Ana Maria Mihalcea have found evidence of nanotechnology in the blood of TIs and other civilians. Dr. Mihalcea has raised awareness about self-assembling nanotechnology that she has found in the blood of U.S. civilians through live blood analysis at her clinic. In 2024, she published a video showing nanoscale spheres in blood that self-replicate. These spheres are filled with what she identifies as nanorobots. Over time, the spheres and the nanorobots within them grow. Then, these nanobot-containing spheres migrate towards a main structure, where they release their contents to facilitate its growth. The nanobot-containing spheres utilized energy extracted from the blood to fuel the growth of these nanostructures. This process was found to lead to oxidative stress in the blood, deforming the blood cells, and disruption of their normal function. Dr. Mihalcea also

reported that EM fields played a role in enabling energy extraction and facilitating intercommunication among the micro- and nanorobots for the structural assembly.¹²

This form of nanotechnology that Dr. Mihalcea has found in human blood was made of PEG-based hydrogels, which contained nanobots of graphene oxide, titanium, and yttrium. She says these hydrogels are the substrate of a brain-computer interface and the primary method of “fusing humans with machines.” Dr. Mihalcea references an MIT article titled "Hydrogel Interface for Merging Humans and Machines.”

Dr. Hildegard Staninger, a world-renowned toxicologist, researched a less advanced phenomenon of nanotechnology in civilians than Dr. Mihalcea, known as the Morgellons phenomenon. Dr. Staninger had such samples reviewed by a world-renowned parasitologist who confirmed that they contained advanced nanotechnology and not parasites.

Nanotechnology might also play a role in reading from and writing to the brains of TIs. Some of the DE effects occurring require higher spatial resolution and precision, and nanotechnology might be used to support these capabilities.

Targeted Individuals

Targeted Individuals (TIs) are individuals whom the deep state has subjected to remote and covert systematic neutralization with directed energy (DE) and remote neural monitoring (RNM), which might also involve non-consensual experimentation. This systematic neutralization includes measures such as discrediting, decreasing effectiveness and isolation of the target. For example, decreased effectiveness can be achieved by using DE to cause communication difficulties, cognitive dysfunction, or torture. By using various DE effects, this will be done in amounts that hinders the target's ability to influence and sabotages other areas for the complete life of the TI. This neutralization will be described throughout this book.

Common patterns from the reports of TIs show this targeting is being done through a black program. The targeting of a TI by this program is covert to others because of the covert nature of DE and the intelligence in how it's done. DE effects are often induced in a way that appears natural and mimics natural phenomena. The program is using at least 5 categories of DE effects and surveillance technologies, as mentioned in the introduction:

- **Remote neural monitoring** – surveilling the target's thoughts, emotions, and senses, such as mental imagery, verbal thoughts, and what the target is seeing.
- **Physiological manipulation** – forceful and precise control of the target's body, such as moving limbs, forcing the target to speak specific words, and directly controlling organ functions.
- **Cognitive dysfunction** – selective impairment of various functions of cognition such as memory and decision making, which can be done intermittently or remain for longer periods.
- **Artificial psychological and physiological states** – altering mental and physical states, such as inducing emotions, moods, stress, and altered consciousness.
- **Artificial sensory experiences** – inducing the target to perceive sensory experiences such as speech, pain, and visual imagery.

TIs have two phases in their targeting. The first phase is when a TI is covertly targeted with DE. During this time covert DE effects will be attributed to natural causes even though some

occurrences will be unusual. The usual response of the target is to attribute the effects based on their understanding of how the world works, which does not include DE effects, and either address it as a natural occurrence or ignore it. For example, an intermittent induction of cognitive dysfunction could be attributed to a natural cognitive lapse, a physiological manipulation of dropping an item attributed to a mistake, and an induced emotional state attributed to an event. As long as an individual is covertly targeted, they will continue to be unaware they are being sabotaged by DE. Much of the DE effects can seemingly occur naturally and can feel natural to the person who it's being done to.

The second phase of the TI program is when the program's presence increasingly becomes known to the TI. One characterization of targeting going overt is the DE effects that are done more overtly, such as those used for torture. The program reveals itself and the capabilities of DE for this kind of neutralization and experimentation to occur. Then the TI becomes aware of the capability of DE and is sensitized to correctly identifying DE effects. For example, an induced physical movement will contrast with what the target intends, differ from their natural response to stimuli, or will be missing effort.

TIs experience commonalities in their targeting such as facing induced cognitive dysfunction, chronic torture, breaking down of ego via voice-to-skull (inducing a target to hear the desired voices), and it being done daily and lifelong from the time their targeting goes overt.

Most TIs reach their status by being selected, apparently at random, for a type of lifelong experimentation that involves torture and mind control using DE effects. The ordinary men, women, and children who are subjected to this experimentation are assigned a high neutralization level by default, regardless of their actions or circumstances. The program doesn't necessarily seek to kill such TIs but to neutralize them so that they can be experimented on with DE and RNM without consequences.

MKUltra

In January 1975, growing public concern and media reports about illegal domestic activities by U.S. intelligence agencies—such as the CIA, FBI, and NSA—led the U.S. Senate to establish the Church Committee and President Gerald Ford to create the Rockefeller Commission. The purpose of these bodies was to investigate abuses by these agencies, which were already under scrutiny at the time. In June 1975 the investigative bodies confirmed the existence of a program called MKUltra to the public from the gathering of documents and testimonies from CIA personnel. The goal of MKUltra was to develop mind control techniques. It involved experiments on mostly unwitting victims including civilians, military personnel, prisoners, and

mentally ill patients. The experimentation involved a variety of methods such as drugs, sensory deprivation, hypnosis, and other methods to explore the potential for mind control.

In 1977, following the investigations, a batch of about 20,000 documents related to MKUltra was found. These documents were uncovered by accident, as they had been stored in the CIA's financial records archive instead of the primary MKUltra files. These documents confirmed the CIA had downplayed the extent of experimentation on U.S. citizens disclosed to the investigative bodies.

The long-term psychological damage inflicted on MKUltra victims is profound and far-reaching. Many survivors continued to experience long-lasting, often permanent, mental health issues. No one was punished or lost pay for the illegal MKUltra program.

The TI program bears some similarities with MKUltra, including government involvement and non-consensual mind control experimentation. Former CIA and DARPA contractor Dr. Robert Duncan, who has worked on parts of the technology for the TI program, has informed the public that the CIA is involved with the program and the technology that is currently deployed against the public.

Brief history of Targeted Individuals

The term “Targeted Individual” might have been coined by former Navy scientist Dr. Eldon Byrd, who had received about 1000 emails from TIs asking him for help. In a 2001 speech, while discussing the possibility of TIs experiencing mind control, he stated “we’ll go over some of the possibilities concerning the source of the claim that mind control is real and being inflicted upon certain individuals, which we call the “Targeted Individuals.””¹³ However, the beginning of the TI program had started earlier. Dr. Robert Duncan, who has interviewed over 2,500 TIs, states that the earliest verified TI cases emerged in 1976, when a large number had come forward.¹⁴

Among the early generation of TIs is Eleanor White who’s targeting with DE effects started in 1990. In 1997, she wrote an article titled “Current Mind Control In America: What We Think Is Going On.” She writes about combined knowledge and experiences from working with other TIs. She highlighted a critical difference between TIs and MKULTRA victims, stating “Today’s e-weapon guinea pigs are fundamentally different from the old-style institutional and child-abused MKULTRA victims in that the torturers NEVER need to come face to face with their victims.”¹⁵

In her article, White describes what she says are “first-generation weapons” that can induce DE effects such as voice-to-skull, unrelievable itches, hot needle sensations, and burning of the skin. She also categorized “second generation weapons”, that can precisely scan through sheet steel, and can force “remote manipulation” of the target such as inducing synthetic dreams

or manipulating the hands of the target. She states these second generation of weapons work with an unknown signal type, and one of the possibilities that she and her group gave was that it might involve scalar fields.

White mentions collaborating and being in contact with 50 others with consistent stories. Other early generation TIs have independently reported similar targeting from around the world. New TIs have continued to emerge since the inception of this program, and all living TIs are still being targeted.

Reports of TIs confirm that the early years of the TI program included a more limited set of DE effects that appear to mostly work through simple thermal effects. These early-generation effects include voice-to-skull, artificial tinnitus, cognitive dysfunction, and sensations of burning, sharp, and electric pain on various parts of the body. Sometime later this was joined with more DE effects which coincides with what White referred to as “second generation weapons” that can manipulate biological processes in an increasingly sophisticated manner.

TIs from across the globe share significant commonality in their targeting. Despite this shared pattern, the specific combinations and frequency of DE effects they receive can differ. This variability is comparable to the approach taken by MKUltra, which utilized 149 subprojects to explore different methods and combinations, all aimed at achieving similar objectives. Today, there are still thousands of TIs from across the globe seeking liberation from this program.

Recurring Themes of Malicious Interference

DE effects are being used as a method to covertly misrepresent, disrupt, torture, impair, and condition civilians. The program manages the target’s abilities and credibility, and sabotages their efforts. To a TI, this is done in amounts that systematically and insidiously neutralizes them daily for the rest of their life.

Misrepresentation

DE effects are being used to misrepresent a target. Misrepresentation can be subtle or obvious. This can occur immediately or part of a prolonged, orchestrated effort, such as crafting a narrative over time. Some instances may go unnoticed by observers or register only subconsciously, while others may prompt a more conscious shift in how the target is perceived. Misrepresentation is typically done for malicious outcomes such as undermining or discrediting the target. This can be done indirectly such as by inducing emotional states to manipulate behavior, or directly, such as by forcing a target to speak specific phrases (that might be attributed to a “slip of the tongue”).

One aspect of misrepresentation comes from how targets are being suppressed from conveying themselves. For instance, a suppression of the ability to make facial expressions, or inducing cognitive dysfunction to suppresses personality expression.

Another part of misrepresentation is the additional malicious conveying. For example, inducing facial expressions or a shaky voice to convey the target as emotional, or inducing an emotional state like irritability to indirectly manipulate the target into lashing out. Even if a DE effect causes a hidden feeling, such as dissatisfaction, to be manifested by the target, it would still be considered misrepresentation if the target chose to conceal it and was capable of withholding that information. Often, the program misrepresents based on some stretch of what thoughts or emotions the target is holding in their mind (accessed from RNM).

Disruption

Disruption occurs as the program's effort to disturb or interrupt the targets' activities and normal functioning. This is often done to sabotage the target such as by causing mistakes or hindering their ability to recognize past or ongoing mistakes.

Torture

The entire TI experience is filled with psychological and physical torture. Each TI is assigned a set of DE effects that serve as their primary method of torture. A large portion of TIs are tortured through voice-to-skull and induced pain sensations. Torture is administered daily and throughout the day, with periods of intense, repeated attacks. The program is merciless and relentless, even to children. The entire TI experience must be considered as a whole to understand the extent of torture. The TI experience has caused a number of TIs to commit suicide, murder, and carry out mass shootings.

Impairment

TIs are often cognitively and physically impaired. The program can induce a variety of impairments with precision, such as impairing specific sets of cognitive processes, function of a body part, or a sensory ability of the target. TIs are often induced cognitive dysfunction, including impairments in working memory, long-term memory, and communication. A TIs psychological state is also managed through inducing artificial states such as passivity, sedation, restlessness, heightened emotions, or stress.

Conditioning

Conditioning is the process of training behaviors, such as through consequences, and this is being done remotely to targets using DE effects. Training a target to decrease a behavior can involve inducing aversive (undesirable) DE effects when the behavior occurs. For example, during exercise, the TI can get a punishment such as being induced an excessively increased heart rate or shortness of breath (these punishments are often disguised as natural occurrences). As punishments repeatedly coincide with exercise, the target may decrease attempts at exercising. More examples of punishments include the program inducing cognitive impairment while the target is thinking of specific topics, or increasing torture upon the target engaging in activism or job activities. Once the target has been conditioned to stop the behavior, the conditions or punishments can be stopped for a duration, and the victim may still practice avoidance.

Sometimes these DE effects aren't directly aversive but can make previously manageable behavior become aversive. For example, a target being induced a psychological state of restlessness that makes sitting down and working become aversive. In this case the DE effects "weakened" the target in a way that changed what behaviors became aversive (working while seated).

If the target thinks of covert-style DE interferences as natural occurrences, they might develop false beliefs regarding their association with the performed behavior (e.g. "I'm just not interested in this topic") or an additional and more conscious mechanism of changing behavior (e.g. "this activity is too much for my body"). The false belief can sometimes be superstitious (e.g. "this ritual removes torture, so it must mean something"), which further discredits the TI.

TIs are often being conditioned to avoid beneficial behaviors and activities, such as jobs, hobbies, self-care, good posture, and beneficial thinking. Instead, the program trains maladaptive and superstitious behavior. The program has 24/7 access to the target through DE effects and will inevitably and significantly shape them. Over time, the severity and unpredictability of punishments, and conditions imposed on the TI, can also lead to a sense of learned helplessness.

Some Areas Targeted

Through malicious and insidious interference, the program systematically slows the TI's progress, sabotages opportunities and stability, and drains time and resources throughout their lifetime. Most TIs are unemployed, and many have been homeless at some point. If a TI manages to secure employment, the job will often be much below the level they had before targeting became overt, and maintaining it will be challenging or impossible. Despite the TIs best efforts, the program is fluid and adaptive, enforcing a limit to their ability.

The program will try to isolate the TI and weaken their relationships with family, friends, romantic partners, and others. It punishes, impairs, or otherwise targets the TI while socializing or being in social settings. Socializing will often be made unenjoyable, and relationships sabotaged from behavioral manipulation. The program is always successful at doing this to a large extent. Additionally, the TI is often conditioned to stop hobbies. Even hobbies done in isolation will be punished, and the TI will be made to underperform.

The program will target the TI with DE in a way that makes them appear or become emotional, incompetent, unreliable, untrustworthy, indecisive, suggestible, mentally ill, and lacking good judgment. The program will systematically and insidiously target the TI's individual factors that influence their credibility every day. The program enforces a limit on a TI's image, ability to influence, and will adapt to increased effort put in by the target.

The program sleep deprives most TIs through inducing DE effects. TIs regularly report being allowed less than 4 hours of sleep per day. To prevent the TI from sleeping they can be tortured, disrupted, or their psychological and physiological state can be altered. This is sometimes referred to as sleep deprivation torture. Following the TI's short sleep, the program usually induces DE effects that make them more alert and remove feedback for the need to sleep. It will sometimes reduce these DE effects, and the TI will instantly feel tired from their lack of sleep.

The program prefers to manipulate a TI to discredit and neutralize themselves by their own reactions to targeting. It doesn't always aim to directly and objectively neutralize the target. DE effects will be done to, for example, make the target distressed or insecure to indirectly manipulate the target to react badly. If a TI manages to avoid traps and correctly directs their maximum effort, their targeting will be adjusted to maintain the limit to their ability. The program is fluid and will adapt to enforce the limit. TIs often report increased targeting during activism, such as when reporting their targeting or raising awareness about the program.

The TI will be targeted from a fundamental level—from their eye contact, voice, and behaviors, to their communication and cognitive abilities, to their social life, career, and more.

Remote Neural Monitoring

Currently deployed against the public is technology that can remotely surveil a person's thoughts, emotions, and senses. This technology is known as Remote Neural Monitoring (RNM), and it works by remotely reading and decoding the electrical signals emitted by the human brain and nervous system, allowing for the extraction of information. This can be done to civilians anywhere, including residential areas and buildings, in the United States and Europe. Ex-NSA whistleblower John Akwei warned the public that this technology has been deployed since the early 1980s, and this is confirmed by independent reports from thousands of TIs. One of the earliest known reports of RNM comes from a TI named Dorothy Burdick in her 1982 book *Such Things are Known*. In her book she describes her verbal thoughts being remotely read along with being targeted with DE effects.¹⁶ Since the time of Burdick's book, RNM has advanced beyond what she describes and can capture other information such as visual imagery. This technology can work without the target's awareness and doesn't require any device on or near the target's body.

RNM can monitor thoughts that are verbal, visual, and more. This technology is precise and can identify entities (people, objects, concepts), words, phrases, inner speech, visual imagery, intentions, movement plans, and more. There doesn't appear to be a type of thought that RNM will not capture. Every silent planning, reasoning through problems, visualizing, and reflecting on past events can be eavesdropped. Additionally, it can monitor the target's senses such as what they see and hear, along with the emotions of the target. Together, all this information gained about the target through their electrical activity provides a comprehensive view for the program.

The program accumulates the RNM data of a target over their lifetime. Through this data, the program has an extensive understanding of the target and can predict their behavior, thoughts, and feelings to situations. It knows the target's values, goals, and personality. It exploits the target's vulnerabilities, fears, misunderstandings, and irrational thought patterns.

Malicious interference

RNM is a passive technology that is used to augment the use of DE effects. RNM and other monitoring technologies are an important part of the program, providing directional guidance, real-time feedback, and expanded capabilities. It gives the program knowledge about the target and the environment for the appropriate DE effects to be used. This technology gives the capability to induce a DE effect at approximately the speed of a given thought occurring.

TIs report of being induced DE effects that show knowledge of what they are thinking or actions they are performing. For example, a target can be induced voice-to-skull transmissions that comment on their thought, a physiological manipulation to manifest a target's thought physically, or induced cognitive dysfunction on specific thoughts. RNM is used to aid in neutralizing TIs by enhancing the use of DE effects. The program continuously surveils the target. In addition, the program also maps the physiology of the target and their environment, even inside enclosed areas.

The program also leverages RNM to sabotage plans made by the TI. This technology can be used with DE effects to disrupt, impair, and misrepresent the target. For TIs, the program's constant interference and communication to the target's thoughts, senses, and behaviors is disruptive, takes up their time, and is distressing to be reminded of such surveillance. The thoughts and emotions of the target can be manifested through a DE effect, such as forcing a target to speak their inner thoughts or emotions.

Additionally, RNM and other monitoring technologies give the information about the target's behavior that is used for conditioning. For example, thoughts that are beneficial to the target can be continuously punished while allowing other thoughts, leading the target to eventually change their thought patterns. These are just some of the ways RNM and other surveillance technology are being used on civilians.

Cognitive Dysfunction

Cognitive dysfunction is a decline in cognitive processes, such as memory and language comprehension. DE can cause cognitive dysfunction by either causing brain injury or from actively induced functional disruption, which can vary in severity. There are various aspects of cognition that can be impaired in a target.

Actively induced cognitive dysfunction does not behave like brain injury. On induction it quickly impairs the target, and quickly resolves when halting the DE effect, like a light switch. These targeted effects can be done on various aspects of cognition such as memory and language comprehension. Different sets of cognitive processes can be impaired intermittently, such as allowing memory while weakening comprehension. Many TIs have been sensitized to identifying these effects from being chronically and overtly targeted. However, these effects are also often covertly done to where a target would attribute it to natural cognitive lapses, natural cognitive states, or not noticed.

A target's executive functions can be impaired with DE, which are the cognitive processes that are essential for controlling and managing thoughts, emotions, and actions in order to achieve goals. One component of executive function that TIs report being commonly impaired is working memory, which enables an individual to temporarily hold and manipulate information in their mind. For example, working memory can be impaired to not allow the target to finish reading a sentence without forgetting what was already read. Another component of executive function that can be impaired is inhibition, which allows someone to suppress or override automatic, impulsive, or habitual responses. While inhibition is compromised, targets may struggle to stop automatic responses, filter out distractions, or suppress irrelevant thoughts.

Impairments of such fundamental executive functions lead to difficulties in higher order cognitive processes that depend on them, such as planning, problem-solving, critical thinking, and decision-making. Additionally, memory retrieval, particularly when it's strategic, controlled, or effortful, often depends on executive function and may be indirectly affected when executive function is impaired.

An target's ability to form or access any type of memory can be slowed or blocked for seemingly any duration with DE. This includes episodic memory, which is the ability to recall

personal experiences and specific events from the past, including the context of time, place, and emotions associated with them. For example, an individual attempting to recall how they had spent their time during a specific day of the week can be made to struggle or be unable to do so. Another type of memory that can be impaired is semantic memory, which is an individual's general world knowledge about facts, concepts, and meanings. An impairment of semantic memory can prevent a target from recalling knowledge they acquired over their lifetime, regardless of their level of expertise. This impairment of semantic memory can also hinder a target from actively retrieving or triggering mental frameworks, such as a sequence of actions in a specific context (e.g. the "attending a job interview" script includes arriving on time, introducing oneself, shaking hands, etc.), or it will be made difficult for a target to know how to act in social situations, even though they naturally would have done well. Also, an impairment can be induced to prevent the target from remembering to do something in the future.

Inner speech can be prevented, which is a form of silent, verbal thinking that allows humans to engage with thoughts, plan actions, regulate emotions, and reflect on experiences. Other cognitive processes that can be impaired and manipulated include emotional regulation, reward processing, mental imagery, and motor coordination.

The severity of the selected induced cognitive dysfunction (CD) can be applied with precision. For example, the level of working memory impairment can range from shallow processing of the information, to failing to remember information upon a minor disruption, to being unable to finish reading a sentence while remembering it.

Some TIs have reported experiencing persistent CD from a single incident of a DE attack. This implies that some of the persistent CD experienced by TIs might be related to damage from DE attacks. A TI named Dr. Len Ber, a retired medical doctor with over 30 years of experience in executive positions, is one of several civilians formally diagnosed with what's known as Havana Syndrome. Havana Syndrome is the result of a type of brain damage caused by DE, and only a few U.S. physicians are known to have given its diagnosis. Dr. Ber's ongoing DE attacks caused him to experience difficulty working, stating "All my attacks are domestic, highly debilitating, and resulted in my disability and early retirement." Repeated functional assessments on Dr. Ber's brain showed delta wave activity while awake, which typically only occurs in deep sleep, indicating potential brain degradation. Dr. Ber is currently the Global Medical Leader for Targeted Justice, a human rights organization for TIs. He manages a registry that, as of January 2025, includes seven civilians formally diagnosed with Havana Syndrome, all of whom have submitted their information to Targeted Justice.

Malicious Interference

Inducing CD is a significant part of neutralizing a TI. Everything mentioned about induced CD is being applied across a variety of behaviors, activities, and thoughts to neutralize a target. TIs are also given damage related CD and aspects of their cognition are being impaired daily and for long periods. There is less regard for whether a TI notices induced CD, even though it is also often done in a covert manner. Induced CD can be done to guarantee sabotage, or to weaken the target to specific situations, making them more vulnerable to mistakes.

TIs report heavy interference to their communication abilities from induced CD, which will be used to illustrate how induced CD is being used on civilians. The program can increase or decrease CD at specific times, leading a target to speak less on certain topics and more on others. Their thoughts can be made disorganized, and their ability to produce fluent speech can be strategically hindered, resulting in fragmented or incomplete sentences at critical moments. While the target is listening, words that are kept in mind to be spoken can be actively erased, causing the inability to remember what to say.

Beyond this, the target can be made vulnerable to accepting topics and answering questions that would normally be rejected. A targeted speaker can be blocked from recalling knowledge or past events. Even those with extensive social experience can become impaired in basic interactions as socially relevant memories and schemas are blocked. CD can be induced to make a social interaction very effortful and shallow, forcing the target to put excessive effort into formulating responses that are often lacking.

At a given moment in a conversation, if the program wants the target to miss a critical piece of information, the target's comprehension can be made impaired. A target can be prevented from thinking anything other than what a speaker is saying, resulting in accepting the frame of another individual. Thoughts or words being held in working memory during a conversation can be actively erased or made vulnerable to being lost.

These same types of impairments are applied to other areas of life such as career, relationships, and activism. Even TIs with decades of professional experience, medical degrees, and other graduate-level degrees are being sabotaged into unemployment. TIs have reported interference from induced CD during interviews and on the job. The program will also interfere with the target's general functioning and survival, for example, by impairing driving, causing them to forget appointments, or making them miss daily tasks.

This induction of CD is also used to condition a target. The program often induces CD in the target when they are performing or thinking about certain topics, activities, or behaviors, particularly those beneficial to the individual or undesirable to the program. For example, a target can be continuously induced CD when thinking of a project, but allowed to think of

unproductive thoughts. Such interference is used to steer a target's thinking, and when done for longer periods, the target can become conditioned to instinctively resort to avoid disallowed areas of thinking. This can happen without the target's awareness, or the target might make sense of the induced CD using their understanding of the world that doesn't involve DE (e.g. "This must be challenging for me" or "I must not be interested in this project"). There are a variety of different behaviors that are being conditioned through induced CD.

A TI is induced overt levels of CD and their long-term memory, communication abilities, and other cognitive processes are often left impaired continuously, with additional CD induced as desired by the program. Even TIs who were previously highly competent are being made to struggle with basic tasks from induced CD.

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Artificial Sensory Experiences

DE is being used to force a target to perceive artificial sensory experiences. Targets are being induced to hear artificial speech, see artificial visual imagery, feel artificial pain, and imposed other artificial sensory experiences.

Forcing the target to perceive speech by directly pulsing DE at a target's head is known by the U.S. Army as V2K (for voice-to-skull).¹⁷ This works by vibrating the brain directly, through small pulses of DE that expand and contact the tissue of the brain, which the brain interprets as sound. There are no methods for the target to block the program's voice-to-skull, because it bypasses the ears. Below are some of the artificial sensory experiences that are being reported by Targeted Individuals:

- **Voice-to-skull:** The closest attempt at mimicking an external human voice with DE. Voice-to-skull has a distinct quality to the voice, and doesn't sound like it's coming from a clear direction. The voice can be made to sound like anyone. It's often used to torture and can be used to disorient and confuse the target.
- **Artificial imagery:** The image being perceived by the target can range from outlines to full images with color.
- **Artificial pain:** Can be covertly induced pains such as induced migraines, painful bowel movements, or pain induced to areas of actual injury. It can also be overtly induced pains (for TIs) such as stabbing, jolting, and burning pains. It has been reported to be done to various areas of the body such as chest, back, legs, arms, and eyes. It can be worse than physical pain and without leaving a physical mark.
- **Artificial sexual stimulation:** TIs commonly report being remotely raped with DE, experiencing forceful sexual stimulation to genital and anal areas.
- **Temperature:** Causes the body or specific areas to feel artificially warmer or cooler
- **Interoception:** Evokes or suppresses the sensing of physical needs of the body like hunger, thirst, or need to urinate.

Dr. Robert Duncan has interviewed over 2,500 TIs and found that the voice-to-skull scripts all share commonalities of being derogatory, confusing, and associated with ego breakdown. Some

scripts include suggesting sexual deviance and criticizing the target's decisions. The victims are constantly denied privacy, as the program uses voice-to-skull to comment on the victim's experiences, such as what they are thinking, seeing, and engaging in at the moment (from RNM data).

Voice-to-skull takes on one or more major characters for a given TI. The identities chosen for the voices vary among TIs and are usually set for life. Some examples of characters chosen by the program for voice-to-skull includes known individuals like family members or neighbors, unknown people, or fictional characters such as Satan or aliens. This plays a major role in attempting to deceive the TI into believing that such an individual is involved with targeting them remotely, and further away from believing that it's a black program that is run by the deep state. Most TIs who are active online are not deceived into believing that the voice-to-skull technology is being operated by the character it's playing. However, some TIs still fall for the deception, which is part of the effort to discredit them.

Malicious Interference

Most TIs receive voice-to-skull or artificial pain as one of their primary DE effects for torture. Torture with voice-to-skull is administered daily and throughout the day, with periods of intense, repeated inductions. Some aspects of the program's voice-to-skull that make it torturous over time include the relentless mental intrusion, combined with cognitive overload and the inability to escape or control the experience. Many targets try to distract themselves during attacks.

The suffering accumulates—from disruption and disorientation to the voice-to-skull that reminds the target of their lack of privacy to their thoughts and activities, to the criticism, humiliation, and the breakdown of their ego. The experiences saturate the time, energy, and life of the TI. The voice-to-skull builds a kind of forced relationship with the target, and the target will often feel compelled to respond or think about its behavior. In addition, voice-to-skull is often used as a punishment to condition the target to decrease behaviors, such as leaving their place of residence.

Inducing artificial pain is also a common primary torture method for many TIs. In October 1996, a TI named Carole Sterling wrote a letter to the editor of a newspaper that was published. In it, she described her targeting that went over in December 1995:

.. I noticed that I had an injection mark on the base of my spine which was sore. Then the nightmare started three days after my return to Washington, DC An irregular pulsing and humming sound- which at first seemed impossible to tell what direction it came from- it seemed louder when I was lying down, was

crushing me with pain. The oppression was unbearable; shockwaves, like a beating, were particularly painful in the head and in the areas where I had scars or surgery.

... It totally scrambled my brain, leaving me unable to think properly, simply functioning on sheer shock and horror, with total incomprehension of what was going on. It actually was debilitating. The room felt like a torture chamber.

...My flesh felt as if it were being kneaded like dough; the glands under my chin were excruciatingly painful, as was the area next to the knees where I had scars.

...It followed me like radar, zeroing in on me, to two other friends' home a few miles away, where I had gone to because I was trying to get away to avoid the pain. Since then, I have felt extremely ill with recurring excruciating symptoms every day.

... I believe that the technology used, be it some type of a frequency assault, some sort of directed energy, in addition to whatever was injected in me, has caused damage to my brain.

...[I have] been living with this debilitating and excruciating pain for the last eight months so far. The pain, which feels like an extremely sharp sciatic pain localized in the left side of the brain, is accompanied by stupor, memory loss. My brain feels scrambled, at times far worse than at other times.

...Needless to say, this is something I no longer discuss with some family members or doctors, as they think it is so far-fetched, they just do not believe me. Only very few people do I discuss this with.

...I am trying to get better physically and get rid of the pain, hoping that somewhere there are individuals who are familiar with this kind of technology and can help me. ^{18,19}

On November 6th, 1997, Sterling died by suicide. Since the inception of the program, many TIs have done the same to end the torture.

Artificial pain is also induced in ways that make it seem naturally caused. This includes inducing aching pains after physical activity, inducing under the guise of medical conditions such as inducing migraines, inducing pain in existing injuries, or causing pain during bowel movements. This can be done in a way so that a civilian will not know they are being targeted.

Artificial Psychological & Physiological States

DE is being used to induce artificial psychological and physiological states in civilians. These induced conditions can involve direct alterations to emotions, moods, stress levels, cognition, and consciousness. These artificial states are effective, robust, and vary in how much more artificial they are from a natural state. The mental, emotional, and physical dimensions of these induced states can shape an individual's behavior and perception at any given time. Artificial states are closely related to indirectly manipulating the target but can also be used to directly impair or disrupt.

These artificial states can start and last as desired by the program and can affect behavior in ways that do not align with an individual's normal responses. Artificial states are often induced covertly such as by timing it to situations or the target's thoughts. The target might place blame on the stimulus or believe they had responded naturally to it.

This is not a comprehensive overview of the broad range of artificial states that are used by the program. The parameters and combinations of affected components that make up a state can be adjusted to create a large variety.

The program can induce artificial states that incorporate elements of sedation and passivity. These states result in a condition in which an individual exhibits decreased engagement, awareness, arousal, emotional responsiveness, initiative, assertiveness, reactivity, critical thinking, cognitive processing speed, overall cognitive function, and physical activation. One manifestation makes the target passive and suggestible, even in situations that strongly conflict with their values. Another composition may lean toward keeping the target in more of a passive tranquility, that can be used to pacify the target. A different composition may emphasize physiological sedation, creating a sensation of heaviness to the body and reduced physical responsiveness to stimuli.

The program can induce various artificial emotions and moods. It can induce streams of pleasure, a false sense of well-being, and positive-like emotions that cause the target to lose focus of carrying out intended behaviors, which can result in inaction or compromised efforts. The program can induce artificial fear-like states or the fight-or-flight response. DE can be used to instantly demoralize a target, weaken their motivation, and discourage them from facing challenges by inducing negative moods of hopelessness, defeat, and powerlessness. It can make

the target vulnerable to feelings of guilt to make them more suggestible. Sometimes emotions and moods are timed to stimuli, such as an event or encounter, to create an association, like how natural emotions and moods are connected to one's personal experiences and thoughts.

The program induces artificial states of impatience and restlessness, that can vary in severity. This is used to indirectly manipulate a target to move, perform actions, change tasks, and make mistakes. This effect can be intensified to make a target appear unstable, incompetent, and lacking in self-control. It can be done so that even the most determined person will find the usual activities or hobbies they do to be irritating. These states can also be used to condition a target to quit a usual activity.

Synthetic dreams can be induced which can be highly vivid. To TIs, the dreams are often negative, such as being belittling, humiliating, or horrific. Inducing synthetic dreams is also done in attempt to create new false memories, alter existing memories, or add to past experiences.

DE can be used to induce varying degrees of artificial sexual arousal, up to extreme arousal levels. This can indirectly manipulate a target into thinking sexual thoughts or engaging in sexual activities, and can condition the target to do so over time. Even stimuli that the target doesn't naturally find sexually stimulating can become stimulating.

A TI's psychological and physiological state is heavily modulated. They are induced overt levels of artificial states that aid in neutralization. Some examples include strategically masking psychological and physical signs of torture, and suppressing drive for activism.

Physiological Manipulations

Directed Energy is capable of remotely controlling the body. It can be used to forcibly suppress, alter, or invoke specific body movements, organ functions, and physiological processes. There are a vast number of ways DE can manipulate physiology. This can be done covertly to where the target will not attribute it to a DE effect and will feel natural, or it can be done overtly like to TIs. For example, an induced physical movement will contrast with what the target intends, their natural response to stimuli, or a missing effort. DE is currently being used to remotely control people like puppets. These DE effects are done with precision to control only what is desired by the program. DE can be used to force parts of a target's body to mimic seemingly any movement or physiological process that can be done naturally and more. Below are some examples reported by TIs.

Vocalization

DE is being used to force a target to speak specific words or phrases, or cause mispronunciations. The voice of the target can also be altered, including changes to tone, pitch, or volume. The technology can also induce laughter.

Nonverbal communication

DE is being used to control nonverbal communication in targets. This includes inducing facial expressions, eyebrow and eye movements, nodding, head shakes, gulping, postural positions, fidgeting or tapping, head turns or positions, jaw movements, finger pointing, and thumbs-up gestures. The program can also alter hand gestures made by the target, such as its speed and force.

Suppressive

DE can suppress physiological movements and processes by inhibiting the contraction of muscles, such as those involved in facial expressions, posture, and movements. It can be used to reduce physical strength or cause premature fatigue in the targeted muscles.

Movement functions

The technology can impair or alter movement functions of various parts of the body. For example, targeting parts of hands used for grasping.

Movement modulation

Altering the threshold and speed for body movements, organ function, or physiological processes (e.g. heart rate, breathing rate and depth). This DE effect can be continuously applied to function preemptively.

Senses that directly coordinate movement

Impairing the sense of proprioception which impairs coordination, awareness of body position, and the ability to maintain and adjust posture. Another sense that can be impaired is balance.

Organ functions & physiological processes

A target's organ function and other physiological processes can be controlled. For example, DE can be used to induce heartbeats, breathing, shivering, urges to urinate or defecate, sneezing, itches, coughing, or alterations in peripheral vision.

These physiological manipulations (PMs) can be done in a way where an unsuspecting civilian will believe that the PM is happening as a natural response, condition, or result from their own effort. TIs who are overtly targeted can distinguish these effects due to differences such as how the PMs manifest, the target's intentions, and the sensitization to PMs that TIs have developed (e.g. the feeling of how the muscle contracts). TIs also receive overt PMs used for torture.

PMs are often applied for misrepresentation and can be used to directly and definitively do so. DE is being used to force civilians to speak specific words or phrases in the desired tone, pitch, and volume. A manipulated tone or pitch can convey the target in various ways, such as appearing confused, aggressive, or disinterested. For example, pitch manipulation can be induced to force a target to place emphasis on inappropriate words, or inducing an upward inflection to make the target appear unsure. The manipulation of volume is also used, such as lowering the voice to make the target appear unconfident, or to hinder effectiveness of speech.

TIs are sometimes induced to exhibit nonverbal communication to indirectly convey information to other individuals, such as inducing high heart rates and blood pressure to be captured during vital recording at medical appointments, to establish the TI as emotional (this is also sometimes done by inducing the fight-or-flight response). Targets have also been induced bad posture alignment, dark circles under their eyes, and more rapid and visible breathing. TIs

are also being induced DE effects to exhibit odd behaviors, such as vocalizing odd sounds, odd positioning of body parts, erratic movements, or self-striking.

The hindrance or suppression of the target from conveying themselves is also used for misrepresentation. This also prevents the target from contrasting with how the program is conveying the target. For example, DE effects can be induced to remove resolve from the target's voice or to make hand gestures and facial expressions require increased conscious effort.

PMs are also used for disruption, ranging from subtle to severe. Even basic physiological functions can be manipulated for sabotage, such as by timing the induction of urges to urinate or defecate, urges to stretch, sneezing, or targeting body areas to prevent the target from maintaining a particular posture. A target can also be induced disruptive PMs while thinking of specific topics or performing specific tasks. For some TIs, PMs are chosen as their primary torture method. Torturous PMs can involve inducing painful organ activity, or forcefully bending the spine with damaging strength. For some TIs, such torturous PMs are induced daily for many hours.

PMs are also used to impair a target. Sabotage can be definitively achieved in various ways, such as by forcing a target to drop items or fail to interact with an object in some way. Parts of the body can be continuously made to function badly, such as contracting, suppressing, or loosening specific spinal structures or part of the foot to impair its function.

Impairments can also be induced to increase the target's susceptibility to fail in some way, rather than direct sabotage. Such impairments can be continuously induced and require the target to increase effort for an activity to be performed successfully, such as weakening a target's voice, balance, peripheral vision, feedback to retract an arm, or destabilizing the muscle contraction of holding or manipulating objects. The degree of such impairments can be increased to ensure sabotage of the target, but this is not always desired by the program. Additionally, the threshold for movement can be increased, which can be used to require the target to make a more conscious effort to switch to a beneficial behavior. Conversely, a decrease in movement threshold can increase susceptibility to errors, such as speaking a thought or performing an incorrect movement.

PMs are also used for training a target through conditioning. Punishments done under the guise of natural responses are commonly done to TIs. For example, being induced an excessively increased heart rate, shortness of breath, or premature muscle fatigue while exercising. The degree of the punishment will not be the natural response of the target and can be significantly abnormal. Another example can include moving the target's hand when writing or typing. Targets can be conditioned to avoid thinking beneficial thoughts with disruptive PMs. The severity of a punishment can be torturous. There are a large variety of PMs that are being used for malicious interference, only some have been mentioned.

Deceptive Cause and Effect

DE effects are being used on civilians under plausible deniability and to deceptively convey a cause-and-effect relationship. The neuroweapon operators of the program, those who induce the DE effects, continuously monitor real-time information about the target and their environment. Then, the neuroweapon operators time the induction or reduction of DE effects to stimuli in the environment (such as visual or auditory events) or internal stimuli (such as specific thoughts or emotions). This synchronization is done to falsely attribute the DE effects as a response to the stimulus, which deceives the target and others. Understanding deceptive cause and effect is important in seeing through the program's deception as malicious interference is often done this way. Below are two of the methods being used for this form of deception.

The first method deceptively conveys that a stimulus is affecting the target. The steps occur as follows:

- 1) An internal or external stimulus is experienced by the target.
- 2) The neuroweapon operator induces DE effects that can sound plausible to have been caused by the stimulus.

Some examples of this are as follows:

- The target is being confronted, and then a DE effect of irritability is induced
- The target is exercising, and then a DE effect for excessively increased heart rate is induced
- The target eats a meal, and then a DE effect of lethargy is induced

The program is continuously monitoring the target and is opportunistic for malicious interference through deceptive cause and effect. The DE effect is chosen based on patterns that occur in the world, and so can appear plausible. However, the intensity of the DE effect can also be done to absurd amounts. For example, causing severe body pains when the target sneezes.

The second method deceptively conveys that a stimulus is relieving the target. The steps occur as follows:

- 1) The neuroweapon operator continuously or repeatedly induces a DE effect
- 2) An Internal or external stimulus is experienced by the target
- 3) The neuroweapon operator reduces the initial induced effect (which deceptively appears as a response to the stimulus).

Some examples of this are as follows:

- The target is induced a torturous DE effect, then the target performs a specific behavior, then the DE effect is reduced
- The target is induced a torturous DE effect, then the target takes a medication, then the DE effect is reduced

The reduction of the initial induced DE effects will be done in a controlled way to present a believable appearance. This method is often used to falsely imply that the target has a medical condition or mental illness. For example, the neuroweapon operator reducing a DE effect of voice-to-skull sometime after the target starts taking a medication, implying that the cause was a mental illness. The deceptive response will be made more believable if the target has previously been falsely established as having an associated mental illness or medical condition.

Over time the target is often transitioned and falsely established as having certain traits or factors that make the induction of a corresponding DE effect more plausible. For example, an induction of a shaky voice during a disagreement already follows a plausible pattern, however the interference can further be made more plausible if the target has previously been associated with having an emotional personality (from repeated targeting in this area). This transition can be carefully done over time, such as steadily increasing the frequency of inducing an effect, and carefully building how the target is perceived by others. This transition can range from establishing that a target occasionally exhibits a specific behavior, to a more aggressive transition as done to TIs. Transitioning also includes normalizing impairments induced on the target. Some common transitions include the target having: communication barriers, emotional manifestations, reduced competence, and impulsive or impatient tendencies.

The induction or reduction of DE effects are often falsely attributed to occur or be a relief from, diseases, injuries, disorders, other medical conditions, or mental health disorders. For example, it's common for TIs to have their reports of voice-to-skull misinterpreted as a symptom of schizophrenia. However, sometimes an induced DE effect will be done under the guise of a true medical condition.

Often the program induces DE effects that are coherent and plausible with the current behavior of the target. For example, inducing a DE effect that conveys dissatisfaction while a target is actively displaying another form of dissatisfaction, or turning the targets head in the

direction they're looking at. Multiple complementary DE effects can be stacked to make the presentation appear more coherent. For example, inducing cognitive dysfunction along with inducing a DE effect that slouches the target's body, to make the target appear disinterested.

Leveraging RNM data

A DE effect can be induced as an (often distorted) manifestation of the target's RNM data, such as the target's real-time or recent thoughts, desires, emotions, or physiological data. For example, a target can be forced to speak words that correspond to thoughts or emotion, induced to grab objects when subtle muscle recruitment is made towards doing so, or induced facial expressions that correspond to thoughts. This would still be considered malicious interference because it isn't what would naturally manifest. Inducing effects like this can also deceive the target into believing the behavior was their own.

Hiding and lowering

Neuroweapon operators will often reduce or adjust the induction of DE effects in situations where the target could be observed or engaged with others. For example, the neuroweapon operators reducing DE effects when the target enters a crowded public place or is being recorded by a camera. The neuroweapon operators sometimes resume the induction of DE effects once the target leaves the situation, observation or engagement becomes unlikely or inconvenient, or observers momentarily look away. However, sometimes the neuroweapon operators will increase targeting in front of others to cause the target to react badly in front of others, shorten the targets time of exposure by getting them to leave a public place, or to condition the target to self-isolate.

In 2006 Gail Hall had a car accident. She had stopped her vehicle to try to assist someone who was having car problems, when another car rammed her from behind and ejected her from her car. She was sent to the hospital with a broken nose, ribs, thumb, and injured shoulder. She had been on pain medications ever since, even after her wounds had healed. She went to multiple physicians to try to locate the source of her pain to no avail.²⁰

Then after 2010, Hall had an onset of more unexplained pains and other discomforts such as ringing in her ears and the sensations of poking and being stabbed in her back, legs, arms, head, and eyes. She had searched to try to find out what was happening to her and eventually learned about TIs who had similar experiences, and that her suffering was being caused by covert technologies.

While being tortured by the constant barrage of attacks, Gail wrote letters to her governor, her senator, the ACLU, even the president, all to no avail. Finally, seeing no end to her

suffering and unable to shield herself from constant and escalating pain, on Friday, July 6, 2012, Gail took an overdose of prescription pain pills and died.

Gail was transitioned before her targeting went overt. While she had actual injuries, the primary DE effect chosen for her torture, induced pain, was done under the guise of an actual medical condition. Once Gail had the car accident, her complaints became misattributable to an actual medical condition.

More Program Containment

The program, which involves DE effects and RNM, is the largest source of thwarting escalation efforts by TIs. However, there are additional measures to ensure containment of the program. The program's research, containment of this technology, and its illegal use on civilians are sufficiently important for the deep state to spend significant amounts of resources on each TI.

Deep state proxy network

TIs are also being targeted using human involvement. This program directs a global network of individuals who aid in containment efforts, operating under plausible deniability. These individuals, who can be referred to as proxies, will plausibly be around the TI much of the time. When a TI goes shopping, proxies might be shopping nearby, walking nearby when a TI goes on a walk, be clients at the TI's business, or be the cashier at a store the TI goes to. These proxies will often be matched with the TI on phone calls to companies, be assigned as their nurse or doctor at a hospital, and move in as their neighbor. Whether it's an area or organization, contacted or visited, the TI has a high chance of being exposed to proxies. Proxies appear to live ordinary lives. They can work regular jobs and engage in civilian activities. The program relays instructions to proxies somehow (likely through various means). Sometimes the instructions are delivered beforehand, while at other times they are covertly transmitted in real-time, ranging from simple to more detailed (e.g. specific words to speak during a conversation).

The program, with its knowledge on the target and environment, relays instructions to proxies on where to be, and they are often there before the target is. The proxy network is nearly global, and even if a TI flees to most countries, they will still encounter proxies who often appear as locals to that country. Proxies are often capable of being used for multiple purposes and some of their uses include discrediting, baiting, and more. They will mostly act plausibly to achieve an impact.

Former head of the Los Angeles FBI, Ted Gunderson, spoke out about a covert network targeting civilians in a 2008 speech:

Based on my thirty years' experience and research, I have determined there are thousands of victims who have been targeted by an illegal U.S. government rogue criminal enterprise — military intelligence, probably, tied into CIA and FBI and so forth — that is active 24 hours a day throughout the United States.²¹

Much of what proxies do is under the guise of good intentions. The program aims to avoid any appearance that the TI is being targeted. Proxies are skilled actors and can convincingly display emotions. They say and do things that can be effective in impacting the target because they act on instructions that are relayed from the program, which knows the target thoroughly. By using the proxies, the program conveys the target as emotional, incompetent, mentally ill, and having bad judgment. Some tactics include:

- Undermining and discrediting. This can be done in public, through medical records, and so on. It can involve subtle insinuation or disinformation.
- Baiting or “nudging” the target into reacting a certain way or making mistakes. For example, by crossing boundaries of the target.
- Preventing the target from demonstrating credibility.
- Interrupting the target. For example, calling or engaging at undesirable moments.
- “Preparing” the target for another interaction or situation. For example, misleading the target into adopting a certain lesson, eroding the targets ego, or fostering paranoia such as by conditioning the target to associate proxies with specific “tells” (by encounters with them).
- Preventing the target from gaining access, resources, or information, or waste time or money.
- Framing the DE effects the target is experiencing or mentioning. For example, to misattribute DE effects to a medical condition, or to spin what a TI communicates about their targeting.
- Taking the place of others who might “help”, escalate, or compromise the targeting of the TI. Proxies also interfere with the target from gaining such interactions with others.
- Break-ins, theft, vandalism, identity theft

By using proxies, the program orchestrates a planned trail of experiences for the TI over their lifetime. The accumulation of a TI's experiences from these tactics can increase the tactics' future plausibility and effectiveness. For example, the trail of conveying the target as emotional allows a more plausible instance of disinformation about the target as emotional.

How proxies manifest and engage varies widely. They can be a young college student, a homeless individual with a ragged appearance, or a respected medical doctor. Their outward

occupational roles range from temporary to established career, and the program can place them in desired positions as needed at most organizations. While working, they speak like someone from their profession would. They are often likable, verbally strong, and exude authority.

Proxies can receive instructions in advance or covertly in real-time. Some real-time instructions appear simple, functioning as signals. Others are more detailed and acted on with great speed during a conversation, demonstrating training. The real-time instructions that are given to proxies can be matched against the target's RNM data, which can be done to verbally dominate the TI.

The program often induces DE effects to strategically make the TI vulnerable to proxies, which can be capitalized on. There can be orchestration between impairing the TI, life events of the TI, and the words or actions of multiple proxies. The program generally allows more targeting of a TI with DE effects in front of proxies than others. Given the role that the proxies play, their knowledge might be compartmentalized from the existence of DE effects and RNM technology, TIs, or how their involvement is overall impacting the TI. However, they follow instructions calculated by the program to impact the target, and so are essentially vessels for the program.

Proxies excel at quickly influencing others when needed such as through friendship, blackmail, or other forms of pressure. Such influenced individuals can have just as much of an impact on the target as proxies, since they can be influenced or manipulated to act on instructions calculated by the program.

The TI community is heavily infiltrated with proxies posing as TIs across platforms like social media (e.g. X), support groups, and video sites. Like other proxies, they are opportunistic and multi-purpose, employing tactics outlined earlier. Some of their observed behaviors include consuming time in TI meetings, controlling areas of conversations, and subtly distressing and undermining TIs, all done plausibly. Their claims can also mislead outsiders about the experience of being a TI. Some infiltrating proxies will build credibility, make seemingly damaging statements about the program, appear well-meaning, raise awareness about infiltrating proxies, and give support.

Orchestrating and Engineering Interactions and Situations

To implement the tactics mentioned in the previous section, various components of an interaction or situation are orchestrated and engineered — such as the proxy's timing of entry, word choice, and character. Proxies act on this from instructions that are relayed from the program. Below are more examples of such components:

- Engaging or encountering the target at strategic times, from initial contact or encounter to key moments within an interaction.
- Implementing a tactic or component under the guise of good intentions such as help, favor, concern, or courtesy. It's often unsolicited or unwanted. The act or relationship might provide a benefit to some extent.
- Feigning that a target's effort is insufficient, such as pretending to misunderstand.
- Prematurely or unnecessarily taking excessive action instead of allowing normal engagement, clarification, or discussion.
- Capitalizing on DE impairments or other DE interference. For example, while the target is actively induced cognitive dysfunction or a psychological state, a proxy could speak in a tailored way that leads the target into making a mistake during conversation. Capitalizing is a prominent part of effective tactics against TIs.
- Exploiting the target's personal vulnerabilities such as specific doubts, irritations, misunderstandings, or ambiguity.
- Strategically asking the right questions, bringing up topics, noticing indicators, or making connections. This can be done to plausibly uncover information and reveal truths from the target. In such cases, the program already knows this information but desires it to be plausibly known by the proxy or others.
- Not respecting the targets request

On the outside, the behavior of the proxy often appears plausible and insignificant. It can be difficult for others to believe how a TI, who might be homeless, could warrant such an unprecedented level of coordinated encounters from unassuming civilians.

COINTELPRO

The FBI is historically known for using a less advanced version of the proxy network under a program called COINTELPRO, short for Counter-Intelligence program, which began in 1956. Its goal was to target various civilian-led political organizations and individuals in the United States. The FBI used unconventional and unusual tactics through COINTELPRO which included: spreading misinformation and rumors about the personal lives of individuals to undermine their credibility, harassment campaigns such as sending threatening letters, making anonymous phone calls, and false prosecutions to finally drain leaders of political organizations. The FBI also sabotaged civilian activities by disrupting events, spreading false information, and undermining leadership. The FBI infiltrated lawful organizations with undercover agents and would even use them to instigate violence. COINTELPRO was forcefully exposed on March 8, 1971 when a

group of eight anti-war activists broke into an FBI office and stole hundreds of classified documents on COINTELPRO. The activists anonymously mailed the stolen documents to major media outlets, one of which published the first major report a few weeks after the break-in.

Mental Illness

Part of the narrative control perpetuated against TIs by the deep state is to associate them with mental illness. The deep state necessitates labeling TIs as mentally ill for many reasons. For example, there is no TI alive today that has stopped being targeted with DE, even those whose targeting started in the 1970s. Such claims cannot simply be dismissed as bad judgment or a mild psychiatric issue, but necessitate a psychotic label to discredit the reports of the TI. One of the most common labels is schizophrenia.

The labeling of schizophrenia to explain the claims of TIs is dismissible. Schizophrenia typically develops between ages 18–25 for men and 25–35 for women, but many TIs throughout the past 50 years have had their targeting go overt during ages 40–60. Also, the delusions in schizophrenia are highly specific to the individual, yet there are commonalities from thousands of TIs from across the world over the past 50 years whose reports involve similar DE effects, RNM, torture, and their targeting being carried out under a government program. Furthermore, schizophrenia typically develops over time which does not follow the pattern of how a TI's targeting goes overt.

One of the hallmark criteria for the diagnosis of schizophrenia is belief in a delusion. It has long been recognized that for a belief to be a delusion it must meet four criteria: be false, held with strong conviction, resistant to change despite evidence to the contrary, and not be widely accepted within that person's cultural or social group. The claims of TIs are being labeled false without due investigation, and without attempting to provide evidence to the contrary. Claims about MKUltra by its victims could have also been dismissed as a delusion if MKUltra hadn't been exposed, since it involved government mind-control experimentation that sounded implausible and were not widely believed at the time. Below are the truths for the schizophrenia criteria being misapplied to TIs:

Falsely met criteria	True explanation
Delusions	Use of advanced directed energy neuroweapons, and the ability to target covertly.
Hallucinations	DE effects such as voice-to-skull

These criteria come from the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition, Text Revision* (DSM-5-TR), which is the standard manual used by mental health professionals in the United States to diagnose and classify mental disorders. There have been 8 major editions of the DSM since its inception in 1952. Changes to the DSM have included the addition or removal of disorders and changes to diagnostic criteria, which are determined by the American Psychiatric Association.

Attempts to associate the reports of TIs with delusional disorder are also not valid. There are claims that the reports of DE effects that target the senses such as voice-to-skull are hallucinations in delusional disorder. Delusional disorder does not typically include hallucinations. The DSM had not mentioned hallucinations as a possibility in delusional disorder (or its previous names) until 1987 in DSM-III-R, where it had only stated “Auditory or visual hallucinations, if present, are not prominent.” The latest edition of the DSM (DSM-5-TR) says “Hallucinations, if present, are not prominent and are related to the delusional theme (e.g. the sensation of being infested by insects associated with delusions of infestation).” Here, “not prominent” means that hallucinations would be minor, infrequent, and not intense. For example, occasionally hearing a faint sound that aligns with the delusion (e.g. a faint whisper of conspirators). Claiming that “hallucinations” here are like the voice-to-skull that TIs are receiving is false, as TIs are reporting of being tortured from the sheer frequency and intensity of how it’s done. This alone strongly excludes the possibility of delusional disorder as all TIs extensively experience DE effects. Even when a part of a TI’s targeting is simplified, delusional disorder cannot begin to cover their reports. This diagnosis also does not cover reports of dynamic external control experiences such as reports of how DE is being used for manipulating the mind and body in real time.

In addition, the earlier quote above from the DSM-5 and its diagnostic criteria establishing delusions as the sole required symptom means that hallucinations are secondary to the delusional theme. This implies that the delusion first forms, which then triggers the hallucinations. However, once a TI’s targeting goes overt, the whole context formed by a TI about their targeting stems from their sensory, cognitive, and bodily experiences. While going through these experiences, the TI will try to understand what’s happening to them.

Unlike schizophrenia, the delusions in delusional disorder are “non-bizarre”, which means they can conceivably occur in real life (e.g. being followed, poisoned, infected, or deceived by one's spouse or lover). If the reports of TIs are labeled non-bizarre then this would admit that the reported DE effects, RNM, and other reports can all occur. The non-bizarre feature has a long history of being used to distinguish delusional disorder from other psychotic disorders that started with the famous German psychiatrist Emil Kraepelin in 1893 (the disorder was

known under a different name) and had also been extensively used in the DSM which stated, “Psychotic symptoms in Delusional Disorder are restricted to nonbizarre delusions.” However, in 2013 a change was made for DSM-5 that does not require that delusions in delusional disorder must be non-bizarre. So, an individual can since be diagnosed with delusional disorder even if their claim is deemed impossible.

Attempts to associate the reports of TIs with mass psychogenic illness (also known as mass hysteria), or other collective delusions involving persecutory delusional thinking are also not valid. The kind of delusional thinking in mass psychogenic illness are usually short-lived, always socially driven, and situational. As mentioned, targeting has not permanently ceased for any TI.

The program will actively try to target the TI in a way to make their reports appear as mental illness. The program will choose the character of voice-to-skull or time the initial targeting of a TI (such as after a conflict), to trick the TI that such an individual or group is causing their targeting. These tactics are often ineffective. For example, a TI will be assigned voice-to-skull of a given individual, but the TI will know it’s not actually this character causing this. The program also commonly tries to make the TI appear mentally ill by conditioning the target to believe in superstition, perform odd rituals, or hold odd beliefs. The program also employs other deceptive techniques to achieve the appearance of mental illness.

It’s well-known governments all around the world have abused mental illness to serve political goals. This is known as “political abuse of psychiatry” and has been used to silence dissidents throughout history. TIs report an abnormal process of being diagnosed as mentally ill and forced into psychiatric hospitalization. For example, in one case a TI urgently sought medical treatment after he started seeing dark spots in his vision after the program induced a further increase in tinnitus levels. He was then unexpectedly and involuntarily transferred to a psychiatric ward where he was confined for over 38 days. In another case, a TI was given a psychotic diagnosis without being spoken to. Former security industry specialist and whistleblower Bryan Kofron, who was part of the proxy network, stated “Those who speak out about this issue are *funneled* to psychiatrist for evaluation to render a diagnosis ... so that they will be discredited.”²²

The deep state is managing the perception of the public to associate TIs and their claims with mental illness. This appears in various information channels such as the mass media, Wikipedia, language models such as ChatGPT, Google search results, YouTube, Reddit, X, and most sources outside the TI community.

The deep state also shapes the narrative about TIs by distorting, downplaying, or completely omitting information about DE and RNM. Instead, it emphasizes “gangstalkers” or other individuals. When the technology is mentioned, the false narrative often obscures the truth

by suggesting that TIs believe these “gangstalkers” or other individuals are behind using technology on them. The downplaying and distortion of the technology not only hinders awareness of it but makes reports more easily attributable to mental illness (e.g. closer to a typical case of delusional disorder). These misleading sources are not describing targeted individuals or the program and yet are associating the terms with such. These are just some of the ways the deep state shapes public perception about TIs.

Some past efforts

Several non-TIs have investigated or supported claims from TIs, as well as related technological aspects. However, there has been targeting and loss of such individuals, as well as obstruction or cessation of efforts that benefited the TI community:

- Dr. Eldon Byrd, who received 1000 emails from TIs, stated intent to escalate his investigation on TIs in a 2001 lecture.²³ However, Dr. Byrd died of cancer the following year.²⁴
- Dr. Robert McCreight coined the term NeuroStrike in 2023, defining it as warfare targeting the human brain and nervous system through non-kinetic methods, such as DE. Dr. McCreight faced significant challenges in publishing his NeuroStrike article, first attempting publication in 2020 but succeeding only in 2022. He died of a rare cancer the following year. Before his death, he reached out to a member of Targeted Justice, a human rights organization aimed at shutting down the program, and informed them about his condition.²⁵
- Dr. Rauni-Leena Luukanen-Kilde, former chief medical officer of Lapland, Finland, stated that U.S. intelligence agencies are using cell towers to implement mass mind control, and have the ability to remotely read thoughts and intentions even before the individual becomes conscious of them. She stated that EM weapons could manipulate thoughts, emotions, behavior, and causes diseases such as cancer. She died from severe cancer all over her body in 2015 and reportedly believed she was being murdered.
- Ted Gunderson investigated the reports of TIs and other victims, which led him to exposing the deep state proxy network. Gunderson himself also stated to be targeted through the network. He died of bladder cancer in 2011.
- CIA and DARPA whistleblower Dr. Robert Duncan profoundly engaged in activism to ending the TI program from the early 2000s until his death in July 2024. He engaged in various forms of activism including writing books, speaking at podcasts and

documentaries, and speaking to senators about the program. He unexpectedly died in his apartment at the age of 53.²⁶

- Former NSA Technical Director William Binney became a TI after whistle-blowing on U.S. intelligence agencies.²⁷
- Dr. John Hall, MD, a retired anesthesiologist, became targeted with the proxy network after attempting to help the TI community. He became a prominent whistleblower and authored two books about the program. He also faced professional retaliation, leading to his retirement in 2019 at the age of 55.
- Bryan Kofron, a former security industry specialist, was an operative for the program. However, he chose to become a whistleblower, exposing the deployment of this technology against the public. To raise awareness, he launched his own website, hosted a podcast, and frequently spoke out about the program. He stated that he became a TI while exposing the program.²⁸
- Carl Clark is a former operative for the program who worked freelance for various intelligence agencies including the CIA, Mossad, MI5, and others from 1980 to 2003. He left after realizing, in his own words, “what I was doing was wrong.” He stated that he became a target of EM weapons for three years after opting out. Clark has also since continued to be targeted through the proxy network.²⁹
- Former DARPA Senior Scientist Dr. Paul Batcho sent multiple emails to the U.S. Department of Defense and Homeland Security regarding his independent findings that DE from cellular towers is being used on US civilians but received no response. Following this, he showed the emails to Targeted Justice due to the lack of response. He doesn’t appear to have ever mentioned the issue again.³⁰
- Dr. Lynn A Surgalla had a successful career, including as an engineer at Lockheed Missiles & Space Company, vice president at Integrity Electronics & Research, and research associate at the State University of New York. She also served as Vice-President of the United States Psychotronics Association. In 2005, she wrote a letter to a court on behalf of citizens, assuring that psychotronic weapons (weapons that induce DE effects) are being used against civilians.³¹ In 2007, Dr. Surgalla was collaborating with Dr. Duncan, Eleanor White, Cheryl Welsh, and many other individuals and organizations to expose the program. At some point, Dr. Surgalla and her family became TIs. In 2007, she stated that she and her family were being “fried in our home with the same “SLOW-KILL” ELECTROMAGNETIC MILITARY WEAPONS and assaulted in the various ways reported by all of the other activists, worldwide.”³²

Over the past five decades, the program has demonstrated its ability to withstand efforts to expose it, and has continued to perfect this. TIs who engage in activism against the program face intensified targeting, typically proportional to the threat posed by such exposure. Serious activism comes at significant personal costs. The following are TIs with titles that show competence who have been involved in attempts to expose the program:

- Dr. Ana Maria Mihalcea, MD
- Dr. Daniel Lebowitz, MD
- John St. Clair Akwei, former NSA
- Dr. Corkin Cherubini, educator, superintendent, and author
- Karen Stewart, 28-year NSA veteran
- Dr. Len Ber, MD
- Dr. Richard Lighthouse, former NASA
- Dr. Joanna Lipka, MD
- Dr. Susan Holland, MD
- Dr. Spencer Carter, MD
- Spencer L. Malone, former Assistant Police Chief
- Dr. David Reznik, MD, Psychiatrist
- Dr. Linda Pimenta, MD
- Dr. John Hall, MD
- Ana Toledo, attorney
- Geral Sosbee, Attorney and former FBI Special Agent
- Chris Burton, founder of two Silicon Valley IT staffing and consulting companies

One of the early efforts to expose the program was by a TI named Cheryl Welsh, whose targeting with DE and RNM started in 1987. In 1996, she founded a nonprofit organization called Citizens Against Human Rights Abuse (now Mind Justice), dedicated to banning mind control weapons. Welsh is a respected journalist and conducted numerous interviews, wrote articles, and compiled research that can be found on the Mind Justice website. By 2002, she had received emails from about 1,800 TIs, but didn't investigate them due to financial constraints. She made multiple appearances on major television networks and participated in activist events. Additionally, she was formally endorsed by Dr. Eldon Byrd for her efforts to expose the TI program, and was listed as one of six non-lethal weapons experts by the United Nations Institute for Disarmament Research.³³

Eleanor White, a TI and former engineer, managed the website Raven1.net from 1996 to around 2010. The website emerged as one of the earliest and most prominent online platforms for the TI community. The site allowed TIs to share experiences, research, and resources. White could no longer afford to keep up the website, and it was taken down in 2010.

It should be noted that the electronics, digital assets, and other properties of TIs are also targeted. Reports include account hacking and impersonation, sabotage of websites, and remotely controlling or breaking electronic devices. The current most prominent advocate for the TI

community, Targeted Justice, has accumulated significant interference to their electronics and digital assets over the years, including their website.

TIs also have a much higher diagnosis rate of chronic diseases and syndromes, such as cancer and heart issues, far exceeding that of the general public. Given the much higher rate of occurrence among TIs, the tactics and goals of the program, and the ruling out of confounding variables, this suggests that these conditions are caused by the program.

In 2019, the United Nations Special Rapporteur on Torture, Nils Melzer, mandated to transmit various reports of electronic torture. In February 2020, he issued a report that gave official acknowledgment to aspects of the TI program. The report from the UN is titled “Torture and Other Cruel, Inhuman, and Degrading Treatment”, and the acknowledgment was mentioned in a section called “cyber torture.”³⁴ The report also expresses concern that cyber technology may be employed to torture through “medical implants, and, conceivably nano- or neurotechnological devices.” This was also discussed at a February 28, 2020 proceeding at the UN. The report states:

More generally, in order to ensure the adequate implementation of the prohibition of torture and related legal obligations in present and future circumstances, its interpretation should evolve in line with new challenges and capabilities arising in relation to emerging technologies not only in cyberspace, but also in areas such as artificial intelligence, robotics, nano- and neurotechnology, or pharmaceutical and biomedical sciences including so called “human enhancement.”

About 10 days after the report was sent Melzer started facing resistance, including a withdrawal of \$100,000 in donations, leading to the loss of his investigative team. Melzer appealed for additional resources to address the growing number of individuals exposed to torture (the UN website still has some of the letters that TIs sent him). Progress halted and there was no further investigation or mention of cyber torture from the UN, anymore.

When Melzer had escalated the complaints of victims in 2020, the mainstream media had not acknowledged the UN report of these technologies being used on civilians. There was no mention in the Associated Press, Reuters, the NY Times, the Washington Post, and so on. Even the Activist Post article that mentioned this lack of exposure was taken down sometime between May 2024 and February 2025.³⁵ The web page of the February 28, 2020 UN proceeding mentioning Melzer’s escalation was also taken down. Had the UN fulfilled the ban on cyber torture, it would have brought attention to the program, as it was the reports that TIs sent to Melzer that played a role in initiating the process to ban unconventional forms of torture.^{36, 37, 38}

Havana Syndrome, a medical condition involving brain injury from DE attacks, was first reported by U.S. and Canadian diplomatic personnel in Havana, Cuba, in late 2016. Initially, it affected a cohort of 21 individuals. In 2020, the U.S. State Department commissioned the National Academies of Sciences (NAS) to investigate Havana Syndrome. NAS convened a committee of experts from various fields, including physics, medicine, and neuroscience, to examine potential causes by reviewing available data and scientific evidence. The NAS report, released later that year, concluded that "directed, pulsed radiofrequency energy" (a form of EM wave) was the most plausible explanation for the symptoms associated with Havana Syndrome. Several prominent individuals and organizations have also supported attributing Havana Syndrome to DE attacks. However, the CIA stated it's "very unlikely" that a foreign adversary is responsible, suggesting instead that pre-existing medical conditions, environmental factors, or stress are the likely causes. Attorney Mark Zaid has publicly stated that the CIA is involved in a cover-up over Havana Syndrome.

Acknowledgment of malicious applications of DE to the brain and nervous system of civilians would be a milestone in exposing the technology that is currently deployed against the public. This could explain the motive for covering up the attribution of Havana Syndrome to DE attacks. For about 50 years the public's perception of the biological effects of DE has been managed by the deep state:

- According to Dr. Eldon Byrd, Dick Cheney, who had substantial involvement with intelligence agencies, was sent documentation on the EM waves that were being emitted from the Soviet Union known as the woodpecker signal. Cheney dismissed the EM signal as unimportant and told the senders "forget about it." The same documentation was also sent to another group who immediately recognized it as a psychoactive signal and expressed curiosity about its origins.³⁹
- In 1977, Dr. Andrija Puharich informed the entire U.S. Intelligence community about the biological effects of the EM waves that were being emitted from the Soviet Union. He made the following statement about it at an Electromagnetic Conference in 1986: "I made the basic measurements which showed the ELF nature of ELF coming from Russia and that it was psychoactive, that was my finding and I deduced the chemicals that were released by the frequencies that were being used and I passed that information onto every intelligence agency we have in this country from the president on down and England and Canada and all I got was four years of harassment. My house was burned down, I was shot at, they tried to kill me, they tried to eliminate me."⁴⁰
- On July 7, 1989, author Larry Collins, who wrote a fiction book on mind control, interviewed CIA Director William Casey and asked "Could we influence human emotions

and behavior; are or were such experiments now going on?" the CIA Director responded "This is not a subject we're going to discuss with you or anyone else." Author Collins later stated in a newspaper "I knew I was on the right track."⁴¹

- Nuclear protesters against the placement of cruise missiles at the USAF base in southern England claim that they were harassed with non-ionizing electromagnetic radiation in order to get them to stop protesting. In support of their claim, the author, editor of the publication Microwave News, stated, "In The Search for the Manchurian Candidate, published in 1979, John Marks relates that in response to a Freedom of Information Act request, the CIA told him that it had a roomful of files on electromagnetic and related techniques to alter behavior and stimulate the brain. The agency refused to release the papers, and they remain classified." The protesters described agonizing headaches and unexplained anxiety among other symptoms.⁴²
- Ken Wheeler, a multifaceted researcher with contributions in various fields, stated in a video that he was disclosed knowledge about scalar wave technology that "he shouldn't have." He was reluctant to share the information or the source, despite revealing some. He stated that scalar technology is being used by the U.S. government. He implied that he was averse to disclosing information to avoid "strange people knocking on his door" and recalls a time when he received a phone call from Alexandria, Virginia—which he noted as a known government hub.⁴³
- In 2008, a web page discussing the microwave auditory effect (also known as V2K or voice-to-skull) was published on the U.S. Army's website but was later taken down.⁴⁴ Over the years, many links and sites about DE and the program have been taken down.
- On October 2nd, 2001, Ohio Representative Dennis Kucinich introduced the Space Preservation Act of 2001 (H.R. 2977). The bill aimed to ban U.S. space-based weapons. It states that included are weapon systems that work "through the use of land-based, sea-based, or space-based systems using radiation, electromagnetic, psychotronic, sonic, laser, or other energies directed at individual persons or targeted populations for the purpose of information war, mood management, or mind control of such persons or populations." He faced ridicule for including such weapons in the bill. The bill did not pass.

The deep state is actively managing the public's perception about DE and RNM, as confirmed by Ex-NSA John Akwei in his 1992 lawsuit against the NSA, stating:

The NSA monitors available information about this technology and withholds scientific research from the public. There are also international intelligence agreements to keep this technology secret.⁴⁵

Navigating the Landscape and Next Steps

The use of this technology on civilians is a major public issue that requires awareness and action from the public. It doesn't just affect TIs but can interfere with the lives of others the deep state deems a target. Civilians in the U.S. and aligned countries do not have privacy of their thoughts. RNM is being used to assess targeting for social control and to silence dissidents before any action is taken by the target. This technology can reveal any plan, intent, or value of anyone the deep state considers a potential threat. Even if a target is inside a dwelling with no cameras or other sensors, their complete physiology can still be monitored because this technology works through buildings.

An effort deemed undesirable can be remotely sabotaged without the target's knowledge. A basketball player can be made to miss shots, a speaker can have their speaking ability hindered, or a target can be forced to speak incriminating statements. The deep state chooses whose intelligence gets reduced, which relationships end, and who keeps their jobs—all of this done remotely and covertly using directed energy.

TIs are suffering the most from this technology. They are currently in dire need of action from the public to liberate them from the illegal program they are subjected to. This program is a serious public issue that violates basic human rights, personal autonomy, and constitutes a crime against humanity.

This program is well-contained and poses many challenges to raising awareness. The lack of knowledge about such capabilities and the unbelievable nature of such targeting are just a few of the barriers. The targeting is done in a way that avoids problems with the law, aligns with how humans perceive patterns, and judge based on appearances. The program's fluidity and adaptability allows it to commit human rights violations while maintaining complete plausible deniability. In addition, the vast majority of mainstream sources about TIs and their claims are compromised and convey a false narrative.

Unlike the 1970s when the mass media would expose illegal activities of the CIA and other intelligence agencies, today's landscape is much different. The deep state controls a vast global network of individuals who hold positions throughout corporations, the media, the judicial system, multiple levels of government, and numerous organizations. It will be much more

difficult to reopen investigations against the CIA as was done for the illegal activities of MKUltra.

If the right message spreads virally, the deep state might struggle to hinder too many individuals and efforts. TIs and allies have tried various methods such as petitioning, protesting, emailing senators, distributing flyers, filing lawsuits, and using social media without success. It's likely that escalating will require raising massive awareness. One way to do so is to distribute flyers in person. Another way to raise awareness is to use social media platforms such as X, Truth Social, and TikTok, especially to reach influencers with high follower counts who can help spread the message more widely.

The site CrisisUnseen.com contains a collection of validated TIs, a distributable flyer, and this book. Targeted Justice has been a reliable advocate for the TI community and warrants support. Their website is TargetedJustice.com. Activists should not rely solely on supporting any single individual or group but should also be carrying out activities to raise awareness.

The truth cannot be expected to steadily unfold over time as the trail is actively being covered. Addressing this issue will require a mass movement that can only happen by spreading virally and uncontrollably.

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