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Scientific Evidence of DEW Targeting - Jay - Medium

Jay

5-6 minutes

Some of you may have read my writeup on [analyzing the frequency involved in DEW](#) that is used to target TI's and cause them pain and damage to their bodies. For that analysis, I rented the [Narda NBM 550](#); it is an industrial-strength, wideband radiofrequency measurement device (that retails at \$30,000-\$40,000 with probes). Over a period of a month I kept careful measurements of the frequency I was exposed to using the NBM 550.

I am convinced that to gain credibility with the police and courts, TI victims must produce **actual scientific evidence**.

Testimonials/affidavits related to DEW targeting will not cut it. Because the likely DEW frequency for physical attacks of TI's is likely 18–50 GHz+ based on my testing, average commercial RF meters cannot measure it (as most such meters go up to 6 GHz max or thereabouts). But anyone can rent wideband EMF meters and collect this scientific evidence for their own targeting.

What I found is that I was routinely exposed to frequency 1000x problematic EMF levels. It was not uncommon that I saw readings of 400 mW/m² and higher. [Patrick van der Burght \(an](#)

[authority on radiation assessment in homes](#)) [describes here](#) that a 0.01 mW/m² RF reading as ideal in the home and a 0.3 mW/m² reading as potentially problematic possibly requiring shielding. The 400 mW/m² levels I was exposed to are more than 1000x this frequency level.

The FCC uses a higher standard for determining ‘acceptable levels’. [The FCC puts out guidelines on maximum exposure of frequency](#) (“Limits for Maximum Permissible Exposure (MPE) — from §1.1310”). According to their guidelines, the maximum exposure for frequencies between 1.5 GHz and 100 GHz is 5 mW/m². Even by this standard, the frequency levels I’m seeing are 40–80x the maximum permissible levels.

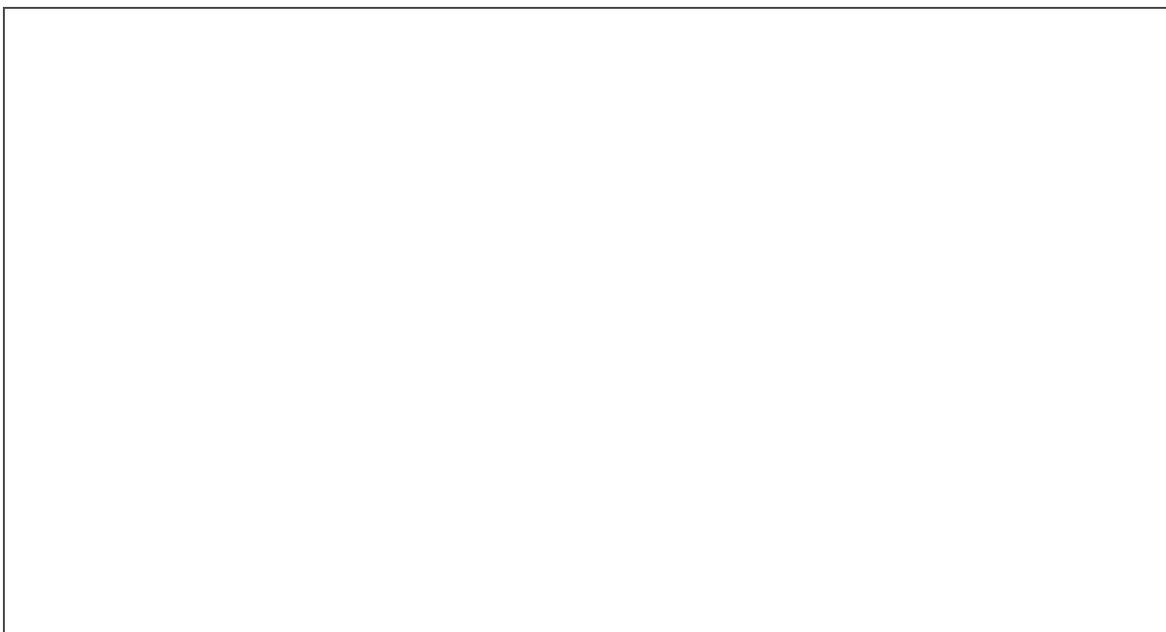
Clearly, there is a reason many of us have the symptoms we have: radiation targeting causes oxidative stress in the body, malfunctioning immune systems, mitochondrial damage and more — [all outlined in University of California- San Diego’s study on health effects of microwave exposure led by Dr. Beatrice Golomb](#).

The EMF Data Itself

Let’s take a look at one data set I collected from the Narda NBM 550. Some notes about the data:

- The data was recorded by the device itself; stored on the device, and outputted directly to a Google spreadsheet. There is no room for human error because I was not manually recording the measurements, writing, or transferring them. It all came directly from the Narda device and then outputted to my computer.
- Narda NBM 550 produces a log file. I specified in this case to collect data over a 2 hour period, and track readings every minute.

There are 120 readings in total. Below is a sample of readings from this data set. Note: I converted the W/m² reading to mW/m² reading as the latter is what more people are familiar with, given its a more commonly used metric.



This reading was taken from my dining room on Nov 11, 2018. The date and time stamps are there for each reading. The Narda device was not near any major electronics. My wifi was turned off during this test. As you can see the average and max EMF frequency readings, as measured by milliwatt per square meter (mW/m²), were abnormally high. Recall EMF levels are problematic at 0.3 mW/m² and the FCC says maximum exposure should be 5 mW/m². **The average and peak frequency levels are routinely above 100 mW/m². The peak readings reach up to 442 mW/m² and the average EMF reading reaches up to 372 mW/m² just in the data listed above.**

From my month of testing, I have data spanning different days, across weeks, in different parts of my home, and also tests where I took the meter with me outside of my home. I will share those findings another day. I wanted to keep this post short and sweet-

showing the scientific data that indicates DEW targeting is a real phenomenon as verified by an industrial-strength wideband radiofrequency meter.

There is no reasonable explanation for these readings that can be explained by household devices (which were not in use, and my meter was not close to). These levels coincide with my growing fatigue which itself has no other plausible explanation. Over months, tests by medical professionals have shown that I have an overactive immune system, evidence of Endothelial Dysfunction, and mitochondrial damage — all symptoms of microwave exposure (as described in the Golomb study). Since there is no natural cause of the elevated EMF levels in my home, microwave targeting via an external source is a likely cause.

Ultimately, the data does not lie; it is not subjective nor an opinion. It is essential that now we have scientific evidence behind EMF targeting, that further steps are taken both in terms of adding consumer protections in the law and that we *legitimize investigation protocols for use of such electronic weapons- that law enforcement and the courts can agree upon in terms of identifying use of such weapons*. Clearly further work must be done in terms of identifying the direction and possible location of such frequency weapons when EMF abnormalities are detected. But we are on our way to building a basic framework with which criminal enforcement against use of frequency weapons may be possible.