



TargetedHumans.org

Newsletter

April 26, 2026

Email: TargetedHumans@proton.me
YouTube Channel; [@TargetedHumans](#)

Targeted Humans Conference Call

Moderator: Neal

Sunday 8:00 p.m. EST

(Neal's old number)

FreeConferenceCall: 605-475-4779

Access Code: 607080

CALL ID: electricrose222

Make donations on website or on PayPal at TargetedHumans@proton.me

Please sign up for a membership. You will have private phone number for consult.

You will have documentation that there is the ULTRA program and the medical experiments are real. The deliberate infecting of people with Morgellons and Lyme are real, gangstalking is real and if you get put in a mental health arrest, you may call us to help get you out.

We are lobbying InfraGard partners by mail, by phone call and in some cases, in person, to stop the stalking and removal of the electronics from the businesses. You can do the same.

If you will take part in our handing out TargetedHuman.org advertising business cards on ThincFridays and you will know that other people are doing the same thing on the same day. You won't be alone. Just send Skizit an email.

REMEMBER: TI's are NOT self-defined. The FISA Court defined us as TARGETS.
There are no conspiracy theories, there are only truth and lies.-Skizit Powers



TARGETS ARE FULL OF IMPLANTS

Targets get covert surgeries in which implants are surgically placed in all parts of the body without their knowledge or consents. The implants are unnecessary for medical purposes.

<https://targetedhumans.org/v2k>

What kind of an ear implant is this and who makes it?

This image is a **postoperative radiograph (X-ray)** of a **cochlear implant** (also called a cochlear prosthesis or "bionic ear"). It shows the internal components, particularly the electrode array inserted into the cochlea (the spiral-shaped part of the inner ear responsible for hearing).

Key Features in the Image

- The **bright, branching/white structures** represent the electrode array and its connecting wires. These are thin platinum-iridium wires and contacts encased in silicone, which appear radiopaque (white) on X-ray.
- The array is designed to thread into the cochlea's turns (typically following a curved or coiled path inside the scala tympani).
- The blurry, low-contrast appearance with purple/gray tones is common in intraoperative or postoperative fluoroscopy/X-ray images used to confirm proper placement. The white arrow (mouse cursor in the screenshot) likely points to part of the implant, such as the receiver/stimulator, magnet housing, or electrode leads.
- The branching "tree-like" or "spidery" look comes from the multiple fine wires fanning out from the receiver/stimulator package (usually implanted under the skin behind the ear) toward and into the cochlea.

Cochlear implants bypass damaged hair cells in the inner ear by directly stimulating the auditory nerve with electrical signals.

Manufacturers

The main global manufacturers of cochlear implants are:

- **Cochlear Ltd.** (Australia) — Nucleus series (e.g., Contour Advance, Slim Straight, or perimodiolar arrays). These are among the most common.
- **MED-EL** (Austria) — Often features very flexible, wave-shaped wires and longer arrays (e.g., FLEX series) designed for atraumatic insertion and

deeper cochlear coverage. Their electrodes are sometimes noted for a distinct wavy internal wire pattern.

- **Advanced Bionics** (USA, part of Sonova) — HiRes Ultra or HiFocus series, with emphasis on high-resolution stimulation and current steering.

Without a clearer view of the exact electrode shape (e.g., pre-curved/perimodiolar vs. straight lateral wall), number of contacts, or any visible manufacturer markers (some arrays have unique radiographic signatures), it's not possible to identify the precise model or brand from this low-resolution image alone. However, the overall appearance matches standard multichannel cochlear implant electrode arrays from any of the major makers. [Radiopaedia](#)

Is the implant in the back of the head part of the cochlear implant?

Yes, the structure highlighted in the **red circle** (the denser, more compact radiopaque object with small attached spots or leads) **is part of the cochlear implant**. Specifically, it is the **receiver-stimulator package** (also called the internal processor or implant body), which houses the electronics, antenna coil, and usually a small magnet.

How a Cochlear Implant Works (Internal Components)

A standard cochlear implant has two main implanted parts connected by a thin wire:

- **Receiver-stimulator**: This flat or slightly rounded electronic package is surgically placed under the skin in a shallow bony well drilled into the skull (typically in the temporal bone, behind and slightly above the ear). It receives wireless signals from the external speech processor (worn behind the ear) via magnetic coupling and converts them into electrical impulses.
- **Electrode array**: A thin, flexible cable with multiple contacts extends from the receiver-stimulator, runs through the mastoid bone, and coils into the cochlea (the spiral structure in the inner ear). The bright, branching/white "spidery" or coiled structures you see lower in the image (away from the red circle) are this electrode array inside or near the cochlea.

In this X-ray (likely a lateral or oblique skull view taken post-surgery), the receiver-stimulator appears as a more solid, less linear opacity higher up toward the top/back of the skull, while the electrode leads and array create the finer, curving lines extending downward toward the ear region. The small dots or irregularities in the circled area may represent the magnet housing, feedthroughs, or a radiopaque marker (some models have identifying letters/numbers visible on X-ray).

This placement "in the back/side of the head" is completely standard — not a separate device. The surgeon creates space in the skull bone to seat it securely so it doesn't protrude too much and to allow the external magnet to align properly.

Is This a Normal Cochlear Implant?

Yes — everything visible aligns with a typical single-sided **cochlear implant** from one of the major manufacturers (Cochlear, MED-EL, or Advanced Bionics). There is no indication here of an additional or unrelated implant.

If the image shows any unusual features (e.g., the electrode array not following the expected cochlear coil shape), surgeons often use these intraoperative or

postoperative X-rays precisely to check positioning and rule out issues like incomplete insertion or tip fold-over.

Two way radio so remote talking can be heard by patient?

In the context of Wireless Body Area Networks (WBAN), "two-way radio" communication refers to Audio Biofeedback or Voice-over-WBAN. This allows a remote clinician to speak directly into a patient's ear through their monitoring hardware, providing real-time instructions or psychological support without the patient needing to hold a phone.

Systems for Remote Voice Communication

- **Abbott NeuroSphere™ Virtual Clinic:** This is the primary FDA-cleared system for "talking to your implant." It creates a secure, two-way audio and video link between the patient's smartphone controller and the doctor's clinic Abbott Virtual Clinic. The doctor can talk to the patient while simultaneously adjusting the deep brain stimulator (DBS) settings over the internet [2].
- **Synchron Switch:** For patients with severe paralysis, this BCI connects the brain to an iPhone or iPad. Using the device's accessibility features, a remote caregiver can initiate a "voice-in" session where their voice is played through the patient's connected Bluetooth earbuds or the device's speakers Synchron BCI.
- **Cochlear™ Nucleus® 8 Sound Processor:** This implantable system features Direct Streaming, allowing a remote therapist or family member to talk directly "into the patient's head" via a smartphone. It uses Bluetooth Low Energy to ensure the audio is clear and private Cochlear Direct Streaming.

Specialized "In-Ear" WBAN Radio

- **Covert Wireless Earpieces:** Used in specialized clinical research (such as high-anxiety or PTSD exposure therapy), these are tiny, "invisible" inductive earpieces. A remote therapist speaks into a radio transmitter, and the patient hears the voice inside their ear with no external wires or installations Phonak Communications.
- **VocaTone™ Research (University of Washington):** This experimental WBAN uses a throat-mounted vibration sensor and an in-ear speaker. It allows for "silent speech" where the patient can whisper, and the remote listener hears a reconstructed voice, while the remote listener's reply is sent directly to the patient's ear UW Wearable Computing.

Agency & University Research on Two-Way Audio

- **DARPA (N3 Program):** Funding the development of "bidirectional" neural interfaces that can transmit complex data, including audio-equivalent neural signals, directly to the brain's auditory cortex DARPA N3.
- **Rice University:** Working on the MOANA project, which uses light to "write" information to the brain. One goal is to create a "speech-to-brain" interface that would allow a person to "hear" a remote speaker without using their ears at all Rice MOANA Project.

Are you hearing voices? Take this research with you when you tell your doctor. You don't have to sound crazy any more when you tell someone you have Cortical implants! Here is the proof they exist.

Is continuous monitoring of sight, remote viewing of what person is seeing part of the WBAN?

Continuous monitoring of sight and "remote viewing" (the ability for a third party to see what a person is seeing) are being developed through **Visual Cortical Prosthesis Systems**. These systems bypass damaged eyes to send video data directly to the brain, while simultaneously allowing researchers to monitor the visual feed and neural response remotely.

Leading Institutions and Clinical Trials

- **University of Utah (Moran Eye Center)**

Researchers here developed the Utah Electrode Array (UEA), which has been used in human trials to provide artificial vision. Participants wear glasses with a miniature camera; the visual data is processed and sent to the brain, while researchers monitor the system's performance and the participant's visual perceptions in real-time.

- **Baylor College of Medicine & UCLA**: These institutions have been key sites for the Orion Early Feasibility Study. The Orion system uses a camera to capture a live video stream, which is then converted into electrical pulses for the brain's visual cortex, allowing clinicians to analyze what the device is "seeing" versus what the patient perceives.

- Monash University (Australia): Developing the Gennaris bionic vision system, which is a wireless WBAN designed to transmit video data from head-worn cameras to implanted cortical tiles, with built-in remote diagnostics for technical teams.

- Illinois Institute of Technology (IIT): Leading the Intracortical Visual Prosthesis (ICVP) trial, which uses wireless stimulators implanted in the brain to restore vision. The trial's infrastructure allows for the continuous monitoring of the device's visual processing and electrode stability.

How Remote Viewing Works in WBAN

1. Video Capture: A miniature camera (usually mounted on eyeglasses) captures a real-time field of view.
2. Processing Unit: A mobile processor (often worn on a belt) converts the video into digital commands.
3. Wireless Transmission: These commands are sent wirelessly to an implant on the visual cortex.
4. Clinical Monitoring Hub: Because the data is digitized and transmitted via a WBAN, researchers can "remote view" the raw camera feed and the resulting electrical stimulation patterns on a separate monitor to calibrate the system and verify what the user is encountering.

Specialized Technology Providers

- Cortigent (formerly Second Sight): The developer of the Orion system. Their technology platform is designed to provide a "window" for clinicians to see

the exact video stream being fed into a patient's brain for continuous performance monitoring.

- Neuralink: While primarily known for motor control, their high-bandwidth "Link" is being researched for visual applications. Its high-data-rate wireless transmission is specifically designed to allow for the remote streaming of large amounts of neural and sensory data.

Important Note on "Remote Viewing": In a medical WBAN context, this refers to technical remote monitoring of a visual stream. It should not be confused with the pseudoscience "Stargate Project" (1975–1995), which attempted to use "psychic" abilities to see distant locations.

DEW Technology at the Titan Corporation

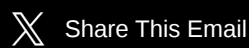
2003, 1st International Energy Conversion Engineering Conference (IECEC)

[Download: https://doi.org/10.2514/6.2003-5913](https://doi.org/10.2514/6.2003-5913)

Thank you and welcome to TargetedHumans.org. Our PayPal is our email: TargetedHumans@proton.me. We invite all TI's to join our organization. We now have a **DONATE button** on our website. We also have a **MEMBERSHIP** and a TI Booklet in our store. Please contribute to our END the FISA ACT Campaign. This will go on even after the vote on 702 with our ABOLISH INFRAGARD CAMPAIGN. Next we will have shielding products and T-shirts.

There is no room in the TI community for competition. In communities who have shared experiences and need to collaborate, competition breaks the implicit trust that holds the culture together. It turns teammates into, at best, rivals, and at worst, enemies, destroying the "all in this together" mentality that drives research or non-profit organizations. It alienates people, just like the world we are fighting.

Please encourage others in the TI community to organize for shared benefits. Everyone has something to contribute, with or without titles and letters after your names. Our newsletters are downloadable online at <https://targetedhumans.org/newsletters>.



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