



TargetedHumans.org

Newsletter

February 15, 2026

Email: TargetedHumans@proton.me
YouTube Channel; [@TargetedHumans](https://www.youtube.com/@TargetedHumans)

Targeted Humans Conference Call
Saturday 8:00 p.m. EST

7:00 p.m. CT, 6:00 p.m. MT, 5:00 p.m. PT, 4:00 p.m. AKT, and 3:00 p.m. HST

Free Conference Call: 1-971-224-6579

Access Code: 910804



TI Experience: TI Accosted on sidewalk, pushed and assaulted

TI went to the 7 Eleven about 2:00 a.m to pick up some drinks. When she got out of her car, this woman in stripes came at her from the side of the building gesturing and talking loudly. She held out a package and urged TI to take it into the store and give it to the employee. TI thought she was an Amazon delivery person and told her that was her job and No! The woman leaned onto her touching her on the arm and front. TI continued into the store for safety.

The woman followed her in and gave the package to the employee. She was gesturing wildly the whole time and telling him not to open it yet. It could have had drugs in it and the plan may have been trying to have TI take possession to it for entrapment. It was not even closed and it was bulging with whatever was in it. There is always a handler somewhere outside watching these things. Stacy did not go to the 7-Eleven to shop and the timing was just right to stop TI's progress into the store. The employee asked her to leave and let him take care of his customer. She said she hadn't seen the employee in a long time and that the package was a Christmas present and "Don't open it yet." Then she leaned in to TI and held her hand out to shake and said, "I'm the mayor of New Smyrna Beach," and "I'm a nurse of 24 years" which were both lies.

The employee told her to leave the store. The TI did her shopping, paid her bill and the employee escorted her out just in case there were more problems. Stacy, the woman in stripes attacked her again as she was going out. The 7-Eleven employee stood in between the TI and Stacy blocking her getting close again. It never does any good to call the police but threatening to do so prompted Stacy to start videoing the TI. Then she argued with the employee for a few more minutes and then went to her car.

The TI went around to the side of the 7-Eleven and put their headlights on Stacy's car and got her license plate. Stacy got out of her car and stood there taking a video of TI driving off. Then Stacy tried to follow TI but did not catch up.

The video is on YouTube at: <https://www.youtube.com/watch?v=s1wRFU5OnSc&t=42s>
This was a public conversation in a public place and was lawful to video. There were cameras inside and out of the store so there was no expectation of privacy on the part of any participants. No videos are used for commercial purposes.

Change happens in response to societal demands. What would it take for society to react to the plight of TI's, the implantation of the WBAN, the privacy issue, the cancer risk and the torture by an illegal government program? There is a tipping point for the public to get involved. What is that tipping point? Can we make that tipping point happen? How?

Conceptually, with the WBAN as an at-risk technology, we are going to look at this question scientifically. Modeling the WBAN as a latent-risk, high-trust medical technology with three perceived threats: (1) Privacy / surveillance risk and (2) Long-term biological risk (e.g., cancer, inflammation, RF exposure) and (3) misuse for torture when misused.

- Most people **do not react** until at least one of these becomes: either personally salient, or socially undeniable.

We are going to segment the population segmentation as a key to tipping points with the total population = **N**. We divide the population into groups:

- **E – Experts & advocates** (biomedical engineers, ethicists, civil liberties groups)
- **A – Early-concerned citizens** (tech-savvy, privacy-sensitive)
- **M – Majority** (trusts institutions, low attention until forced)
- **R – Resistant / dismissive** (strong institutional trust or apathy)

The result is that each individual i has: a **concern threshold** $\theta_i \in [0,1]$
 Individuals become concerned when the perceived risk $\geq \theta_i$.

Using a mathematical **threshold model** let:

- **C(t) = proportion of population publicly concerned at time t**
- **R_p(t) = perceived privacy risk**
- **R_c(t) = perceived cancer/health risk**
- **α, β = weighting factors (how much people care about each risk)**

the activation function looks like this:

Individual i activates if: $\alpha R_p(t) + \beta R_c(t) \geq \theta_i$ Individual i activates if: $\alpha R_p(t) + \beta R_c(t) \geq \theta_i$

Population concern evolves as:

$C(t+1) = F(C(t), I(t), M(t))$ $C(t+1) = F(C(t), I(t), M(t))$

Where:

- **I(t) = institutional signals (government, hospitals, regulators)**
- **M(t) = media amplification (news, social platforms)**

The key to the actual tipping point according to research across risk sociology shows that mass urgency begins when 15–25% of the population is visibly concerned *and* institutional trust fractures (people don't trust government institutions), not when everyone is affected, not when the risk is proven, not when denial becomes socially uncomfortable.

- Mathematically, the tipping point occurs when: $C(t) \geq C^*$ and $dI/dt < 0$ where: $C^* \approx 0.18-0.25$. $dI/dt < 0$ means **institutions contradict themselves, delay answers, or lose credibility**.

What *actually* triggers urgency for technologies like implants and the loss of privacy, from historical analogs (asbestos, lead, tobacco, thalidomide, NSA surveillance), concern explodes when:

- One **documented misuse case** affects a politically connected or high-status individual
- Data is shown to be accessed **outside healthcare**
- Courts, not activists, raise alarms
- Health concern explodes when a single, well-documented adverse outcome is biologically plausible, there is latency and uncertainty (“we don’t know yet”), and regulators say “*probably safe*” instead of “*proven safe*.” **Uncertainty accelerates concern, not reassurance**.

Knowledge does not lead to urgency because urgency requires:

- **Visibility (public cases, not anonymous claims)**
- **Legitimacy (recognized institutions or journals)**
- **Narrative coherence (clear mechanism of harm)**

Without these, even true risks stall below the tipping point.

What it would *take* for whole-population involvement?

At least three of the following five must occur simultaneously:

1. **Regulatory contradiction.**

Health authority admits unknown long-term effects

2. **Legal action**

Court cases, injunctions, or whistleblower protections

3. **Elite defection**

Insiders (doctors, engineers) publicly dissent *with credentials*

4. **Demonstrable harm**

Peer-reviewed, replicated biological evidence

5. **Forced choice**

Technology tied to employment, insurance, or access to care

Only then does concern cascade into the majority. Therefore, claims about **covert implantation, secret trials, or targeted individuals** are not supported by verifiable evidence, do not activate the models above, and tend to *reduce* public uptake of legitimate ethical concerns. If your goal is **real public involvement**, arguments must be grounded in open science and regulatory transparency.

The bottom line is there *is* a rigorous way to model how concern about implantable body networks would spread—but **the tipping point is social and institutional, not informational.** Roughly **one-fifth of the population**, combined with **institutional credibility loss**, is what flips future risk into universal urgency.

Does that give you something in regard to what you can do about tipping the point? **Targeted Individuals can spread the word about the program. We need to work harder on educating that one-fifth.**

How human are you? The Internet of Bodies is here, but are we ready?

<https://www.taylorwessing.com/en/interface/2023/iot---next-gen/how-human-are-you-the-internet-of-bodies-is-here-but-are-we-ready>

Miles Harmsworth considers the next generation of IoB devices and the approach to regulating them.

Recent leaps in neurotechnology signal a distinct shift from a world in which we 'use' technology, to one where we 'become' the technology. The third generation of the Internet of Bodies is approaching, so what exactly is it, what are the legal issues, what are countries doing (or not doing) to get ahead of the game and why is the UK taking a different approach to some of its global counterparts?

What is the Internet of Bodies?

Internet-connected devices like smart fridges, video doorbells and voice assistants are all examples of the Internet of Things (IoT) – smart devices that connect and communicate through a network.

The Internet of Bodies (IoB) describes a sub-set of IoT devices that interact far more intimately with the human body. They connect the body to an online network through technology that you can wear, ingest, implant or otherwise link to a human body. IoB devices fall into three [categories](#):

- **External devices / 1st gen** – these are devices that you can wear and that collect and transmit data using external sensors, such as smart watches.
- **Internal devices / 2nd gen** – these are devices that you can ingest or have implanted to control and monitor various aspects of your health, such as digital pills and smart pacemakers.
- **Embedded devices / 3rd gen** – these are devices that completely merge with your body while maintaining a real-time connection to a remote machine, such as a brain computer interface (BCI).

<https://www.congress.gov/bill/119th-congress/house-bill/7296>

Here's a current, concise summary of the SAVE America Act — a controversial federal elections bill recently passed by the U.S. House of Representatives and now before the Senate:

What is the SAVE America Act?

The SAVE America Act is a Republican-backed federal election overhaul bill (introduced by Rep. Chip Roy and Sen. Mike Lee) that seeks to tighten voter eligibility and identification rules in U.S. federal elections.

Key Provisions

1. Proof of U.S. Citizenship for Registration
 - Requires individuals to provide documentary proof of United States citizenship when registering to vote in federal elections — going beyond the existing system of self-attestation.
1. Photo ID Requirement to Vote
 - Voters would need to show an eligible photo ID (federal government issued) when casting a ballot in federal elections.
1. Roll Maintenance & Citizenship Verification
 - States would be directed to identify and remove non-citizens from voter rolls and establish processes to address any discrepancies in documentation.
1. Alternative Verification Path
 - The bill outlines how people without standard documentation could attempt to establish citizenship via affidavits and other evidence under penalty of perjury, but it still imposes in-person documentation requirements.



Legislative Status

- The House passed the bill along party-line or near party-line votes (e.g., 218–213).

- It now moves to the Senate, where its prospects are uncertain given expected opposition.

Why It's Controversial

Supporters say the bill strengthens election integrity by ensuring only U.S. citizens vote and bolstering confidence in elections. Critics argue it would create new barriers to voting — especially for:

- people without easy access to passports or birth certificates,
- elderly, rural, and <https://www.congress.gov/bill/119th-congress/house-bill/7296ow-income> voters,
- states relying on online or mail-in registration.

Voting rights groups and civil liberties organizations have condemned it as disenfranchising eligible voters and increasing federal overreach into state-run elections.



Antenna installation to disrupt your physiology into feeling "off." I don't know where exactly this is. Antenna creates a feedback loop between your nervous system and the environment. Sarah Real's channel on Facebook

<https://www.facebook.com/reel/1389039412493699>



Have you seen the drones that are very commonly flashing red and green? These different drones were found in Florida. They look to be diamond shape.

<https://www.facebook.com/reel/908959908276917>



[jasmine.alferez](https://fliphtml5.com/diahh/nrck/TI_FINAL_REPORT-compressed/)

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Published on Jun 23, 2024

This is a really good format for a TI story

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