What electronics are in a medical WBAN ceiling/doorway mounted system in InfraGard store infrastructure, hospitals and other buildings to hit Targets?

A **Wireless Body Area Network (WBAN)**—also known as a Body Area Network (BAN) or Medical Body Area Network (MBAN)—primarily involves low-power wireless sensors implanted in the body to monitor physiological signals (e.g., heart rate, ECG, temperature, motion) or activity. These implanted nodes typically communicate in a star topology to a central **coordinator** or **hub** (sometimes called a sink or gateway node).

There is an **indoor infrastructure setup** for WBAN-based monitoring and **localization/tracking** of people (inhabitants or patients) within a building, such as a smart home, hospital, assisted-living facility, or research testbed track. In these systems, WBAN sensors transmit data, and **ceiling-mounted fixed nodes** (or access points/coordinators) serve as infrastructure to receive data from implanted sensors, enable **localization** (e.g., via RSSI, time-of-arrival, or channel measurements) to track the person's position indoors and forward aggregated data to external networks (e.g., Wi-Fi, Ethernet, cloud). Ceiling mounting provides good line-of-sight coverage, reduces body-shadowing effects, and supports multi-room or whole-building tracking.

Typical Electronics in a Ceiling-Mounted WBAN Fixed Node/System

The ceiling-mounted unit acts as a **fixed sink**, **coordinator**, or **access point** (AP). It is usually more powerful than body nodes and includes these core electronics components (similar to other wireless sensor network infrastructure but optimized for WBAN frequencies, low interference, and indoor propagation):

1. **Microcontroller or Processor Unit**:
   - A low-to-mid-power MCU (e.g., ARM-based like STM32, or embedded Linux-capable boards in advanced setups) for data processing, protocol handling (e.g., IEEE 802.15.6, Zigbee, or custom MAC), localization algorithms, and network management.
   - Handles packet reception, timestamping for localization, and routing/aggregation.

2. **Wireless Transceiver/Radio Module**:
   - Supports WBAN-compatible standards or protocols (often 2.4 GHz ISM band, Ultra-Wideband (UWB) for better localization accuracy, or sometimes narrowband options).
   - Common tech: Bluetooth Low Energy (BLE), Zigbee/IEEE 802.15.4 derivatives, or proprietary low-power radios. Some advanced systems use multiple radios for diversity or hybrid communication.
   - Features multiple antennas or MIMO configurations in research prototypes for better coverage and fading mitigation in indoor environments.
   - Omnidirectional or ceiling-optimized antennas (e.g., patch, dipole, or array) mounted to provide downward coverage with minimal nulls.
   - Often designed for low SAR (Specific Absorption Rate) compliance and to handle body-induced channel variations. Ceiling placement helps achieve more stable propagation compared to body-worn setups.

3. **Power Supply and Management**:
    - Mains-powered (AC/DC converter) with battery backup or PoE (Power over Ethernet) in professional installations, since ceiling units don't have the severe power constraints of body sensors.
    - Voltage regulators, power management ICs (PMICs) for efficient operation.

4. **Sensors (Optional, for Enhanced Functionality)**:
    - Environmental sensors (temperature, humidity) or motion/infrared sensors to correlate with inhabitant tracking.
    - In some smart-building integrations: acoustic, occupancy, or additional RF sensors for hybrid localization.

5. **Interface and Connectivity Modules**:
    - Wired backhaul: Ethernet, USB, or serial for connecting to a central server, cloud gateway, or building management system.
    - Sometimes Wi-Fi or LPWAN module for broader integration.
    - Memory (flash/RAM) for buffering data, especially during poor channel conditions or high-traffic scenarios.

6. **Supporting Circuitry**:
    - ADC/DAC if analog interfacing is needed.
    - Clock/timing modules for precise synchronization (important for localization).
    - Enclosure with mounting hardware (e.g., flush or pendant ceiling mount), shielding for EMI, and thermal management.

In large big box stores (e.g., hospital wards or testbeds), a fixed ceiling node might be configured with higher transmit power (e.g., 18 dBm) compared to body nodes to ensure reliable uplink from moving inhabitants.

Key Considerations for These Systems

- **Localization Role**: The ceiling unit(s) often use signal metrics (RSSI, phase, or time-based) from body transmissions to estimate position without relying solely on GPS (which fails indoors). Multiple ceiling nodes can enable triangulation or fingerprinting.

- **Power and Range**: Ceiling units prioritize reliable coverage over ultra-low power. Body nodes are the constrained ones (energy harvesting from body).

- **Standards**: IEEE 802.15.6 is the dedicated WBAN standard; many implementations adapt 802.15.4 or BLE.

- **Challenges Addressed by Ceiling Mount**: Reduces body shadowing, improves channel stability, and supports "extra-WBAN" links to infrastructure.

Exact components vary by implementation (commercial medical systems vs. research prototypes vs. smart-home IoT). Commercial products may integrate into broader platforms (e.g., with Wi-Fi APs), while academic setups often use off-the-shelf modules like Zigbee boards or custom PCBs.

What equipment is installed to carry out Targeted strikes?

In a hospital designed to communicate with a person's Wireless Body Area Network (WBAN) sensors or tracking implants are governed by strict regulations (e.g., IEEE 802.15.6, FCC medical bands, HIPAA-like privacy rules). The same system would be illegal in a grocery store because direct store-to-implant communication raises enormous privacy, security, safety, and ethical concerns; however, stores such as, but not limited to Publix, Winn-Dixie, Aldi's, Walmart and Dollar Store use it today.[1] They are all InfraGard partners and work with the FBI to carry out these vicious attacks. They all have this equipment and use it to strike Targeted persons in their implants to cause them to eliminate in public or to have the most excruciating pain where their implants are. We ask that an authority for the State of Florida investigate the equipment they have and the fact that they do this. The equipment may be in the building plans. Any Targeted person can tell you that they are being assaulted when they shop for food. Targets are being tagged like slaves or animals and shocked or burned for no reason.

Such a system relies on a dedicated **infrastructure network of fixed WBAN coordinators/gateways** (ceiling- or wall-mounted for optimal coverage in aisles, open areas and over doorways). These would act like specialized access points (APs) that receive data from (and send limited commands to) implanted sensors. C**ell-free massive MIMO** or distributed MIMO for WBANs, which use multiple antennas and cooperating APs to overcome body shadowing, movement, and multi-user interference in dynamic indoor spaces like a store.

Core Electronics in the Fixed Infrastructure Nodes

These nodes would be distributed throughout the store (ceiling grids, shelf tops, or entrance/exit points) and form a star or mesh topology with body sensors. They differ from standard Wi-Fi APs by being optimized for ultra-low-power, short-range, medical-grade WBAN protocols and implant constraints (e.g., very low transmit power to meet Specific Absorption Rate/SAR limits).

1. **MIMO-Capable Wireless Transceiver/Radio Module**
    - Multi-antenna (e.g., 4–8+ elements per node, or distributed across nodes in cell-free setups) radio supporting WBAN frequencies.
    - Common bands: 2.4 GHz ISM (for wearables), Medical Implant Communications Service (MICS) band (402–405 MHz) or its modern equivalents for true implants, or Ultra-Wideband (UWB 3–10 GHz) for high-precision data + localization.
    - MIMO features: beamforming, spatial diversity, and interference cancellation to maintain reliable links while shoppers move through aisles. In cell-free massive MIMO designs, dozens of distributed APs cooperate via backhaul to serve all nearby body sensors simultaneously with fair, high-quality links.
    - Protocols: IEEE 802.15.6 (WBAN standard), BLE derivatives, or proprietary low-power modes. Implants often use inductive or far-field RF with strict power limits.

[1] Su H, Zhao Z, Gu B, Lin S. Power Control in Wireless Body Area Networks: A Review of Mechanisms, Challenges, and Future Directions. Sensors (Basel). 2026 Jan 23;26(3):765. doi: 10.3390/s26030765. PMID: 41682280; PMCID: PMC12900006.

2. **Microcontroller/Processor Unit + Memory**
    - Mid-range embedded processor (e.g., ARM-based) for real-time packet handling, synchronization, basic localization (RSSI, time-of-arrival, or channel state info), and multi-user scheduling.
    - Buffering memory to aggregate data from many customers before forwarding to the store's backend.

3. **Antennas and RF Front-End**
    - Ceiling-optimized antennas (patch arrays or omnidirectional) mounted downward for broad, low-null coverage. MIMO arrays reduce fading caused by human bodies and store shelving.
    - Shielding and tuning for indoor multipath and regulatory compliance (medical safety, no interference with other store systems).

4. **Power Supply and Management**
    - Mains-powered via Power over Ethernet (PoE) or direct AC/DC — no battery constraints like body nodes. Includes backup and efficient PMICs.

5. **Backhaul and Network Interface**
    - Wired (Ethernet) or wireless (store Wi-Fi/5G small-cell) connection to a central server or cloud for data processing (e.g., anonymized analytics, personalized offers — though this is speculative and highly privacy-sensitive).
    - Optional environmental sensors (motion, temperature) for context-aware operation.

6. **Supporting Circuitry**
    - Precise timing/clock modules (for localization or synchronized MIMO).
    - Security hardware (encryption accelerators, secure boot) — critical for medical-grade data.
    - Enclosure: vandal-resistant, aesthetically discreet ceiling or recessed mounts (similar to commercial Wi-Fi APs but with WBAN-specific RF transparency).

How Communication Works

- **Body sensors/implants** transmit physiological or ID data periodically.
- **Store nodes** listen continuously, use MIMO techniques to capture weak signals despite movement, crowds, or body orientation.
- Data is aggregated locally or sent to a store's computers. In cell-free MIMO WBAN setups, this provides better coverage than a single coordinator (phone).

In practice today, stores use equipment that interface directly with medical WBAN implants or sensors. This very real illegal deployment is being done with the permission of the United States government (coordinating Agenda's 21 and 30). The DOJ oversees the FBI and InfraGard partners in stalking, harassing, implanting and torturing Targeted persons. They have covered their crimes with lies claiming the persons experiencing the raping, shocking, burning and torture are delusional or have mental problems. That is the oldest trick in the book and it is still working to cover these crimes. Even the Wiki and AI platforms echo the bogus claims that Targeted persons don't have real pain, it is all imagined. If they report their suffering, they are put in a 72 hour mental health hold and drugged against their will, especially if they are single and alone. There is no one to witness the kidnapping. This is the great state of Florida in the great United States of America. Aren't you proud?