

Directed Energy Weapons (DEW): Calibrating Signal Measurements against Thermal and Radiation Exposure Baselines

Directed-energy weapons are documented military systems. The investigative task is to distinguish weapon classes, measure the right physical quantity, and connect any exposure to a repeatable thermal or signal record.



Conceptual TARGETED.ARMY editorial illustration visualizing the article's technical framework.

THE WEAPON CLASS EXISTS

Military records describe directed energy designed to create an intense burning sensation

Directed Energy Weapons are not a speculative category. Lasers, high-power microwaves, millimeter-wave systems, and electromagnetic attack systems appear throughout public defense research. The U.S. Army's Solid State Active Denial Technology fact sheet describes an aimable 95-gigahertz system whose energy is absorbed in the outer layer of skin and produces an intolerable burning sensation within seconds.

That record ends the empty argument that directed electromagnetic energy cannot produce rapid localized effects. It supplies the physical baseline for investigating sudden burns, cranial pressure events, headaches, and weaponized sleep disruption. The next move is calibration: identify the energy class, expected signature, proper detector, and physiological record.

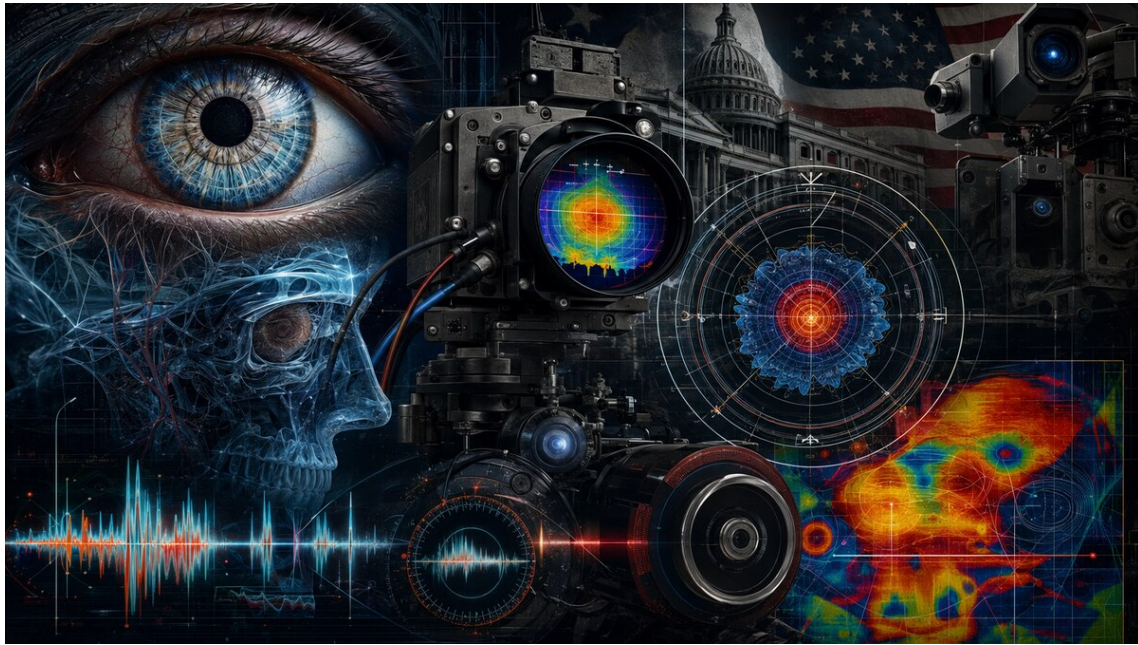
SEPARATE THE PHYSICS

Thermal effects, nerve stimulation, ionizing dose, and electronic disruption are not interchangeable

A 95 GHz Active Denial beam is non-ionizing millimeter-wave energy designed for shallow absorption and rapid surface heating. A laser deposits optical energy differently. High-power microwave systems may target electronics. Ionizing radiation requires different detectors, units, exposure pathways, and medical interpretation.

Do not call every meter value a radiation dose. RF electric fields may be recorded in volts per meter, magnetic fields in amperes per meter or tesla, power density in watts per square meter, ionizing dose in gray or sievert, and thermal change in degrees over time. Precision prevents a valid anomaly from being dismissed because the record mixed incompatible quantities.

- Record frequency range, bandwidth, peak and average level
- Record pulse duration, repetition, duty cycle, and detector response
- Preserve instrument model, calibration, orientation, distance, and uncertainty
- Log weather, HVAC, sunlight, reflections, appliances, and known transmitters



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SYMPTOMS NEED A BASELINE

Sudden skin burning, cranium compression, and sleep disruption must be logged as timed physical events

Targeted individuals report localized burning, intense head pressure, vibration, muscle activation, and artificial sleep deprivation. Those reports deserve a disciplined physical record. They are not unique signatures of one weapon class; thermal, neurological, vascular, auditory, medication-related, and environmental causes can overlap in sensation.

Build a baseline before events when possible: normal skin temperature at fixed locations, room temperature, heart rate, blood pressure when appropriate, ambient RF level, sleep schedule, and equipment cycles. A baseline turns sudden into a measurable change and establishes whether the instrument was stable.

CALIBRATE THE SURVEY

Use synchronized thermal and spectrum measurements instead of chasing isolated numbers

Place instruments at fixed photographed positions and synchronize clocks. Record a control period, event window, and recovery. Preserve raw RF traces rather than only maximum values. For thermal imaging, record emissivity, distance, angle, reflected-temperature assumptions, and the exact surface region.

A broadband meter can show that energy within its response range changed; it usually cannot identify a transmitter, resolve every pulse, determine intent, or establish compliance. A thermal camera can show a surface pattern but not its source. The strongest record aligns multiple independent channels in time.

ESCALATE THE RIGHT EVIDENCE

Demand qualified analysis when the pattern survives controls

If a pattern repeats, give an RF engineer, industrial hygienist, thermal specialist, radiation-safety professional, or laboratory the raw data, manuals, photographs, calibration records, known-source tests, and the precise question. Ask which bandwidth, dynamic range, sampling speed, antenna, and spatial survey can confirm or reject the suspected exposure.

Document visible burns and urgent symptoms through appropriate medical care. Severe pain, confusion, weakness, loss of consciousness, sudden neurological change, chest pain, or a serious burn demands immediate help. Health records and calibrated measurements serve different purposes; together they can establish timing, injury, and environment.

- Use the RF measurement guide: </content/tactics/understand-rf-measurements>
- Never trespass, open energized equipment, jam signals, or build untested shielding
- Keep raw files private and publish redacted working copies

Primary sources and technical records

1. Key Facts: Solid State Active Denial Technology. U.S. Army 2024

<https://www.cpeae.army.mil/Portals/94/CCS/FactSheets/CAPS/SS-ADT%20Fact%20Sheet.pdf>

2. Directed Energy Futures 2060. Air Force Research Laboratory 2021

https://www.afrl.af.mil/Portals/90/Documents/RD/Directed_Energy_Futures_2060_Final29June21_with_clearance_number.pdf

3. OET Bulletin 65: Evaluating Compliance with FCC RF Exposure Guidelines. Federal Communications Commission 1997

https://transition.fcc.gov/Bureaus/Engineering_Technology/Documents/bulletins/oet65/oet65.pdf

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