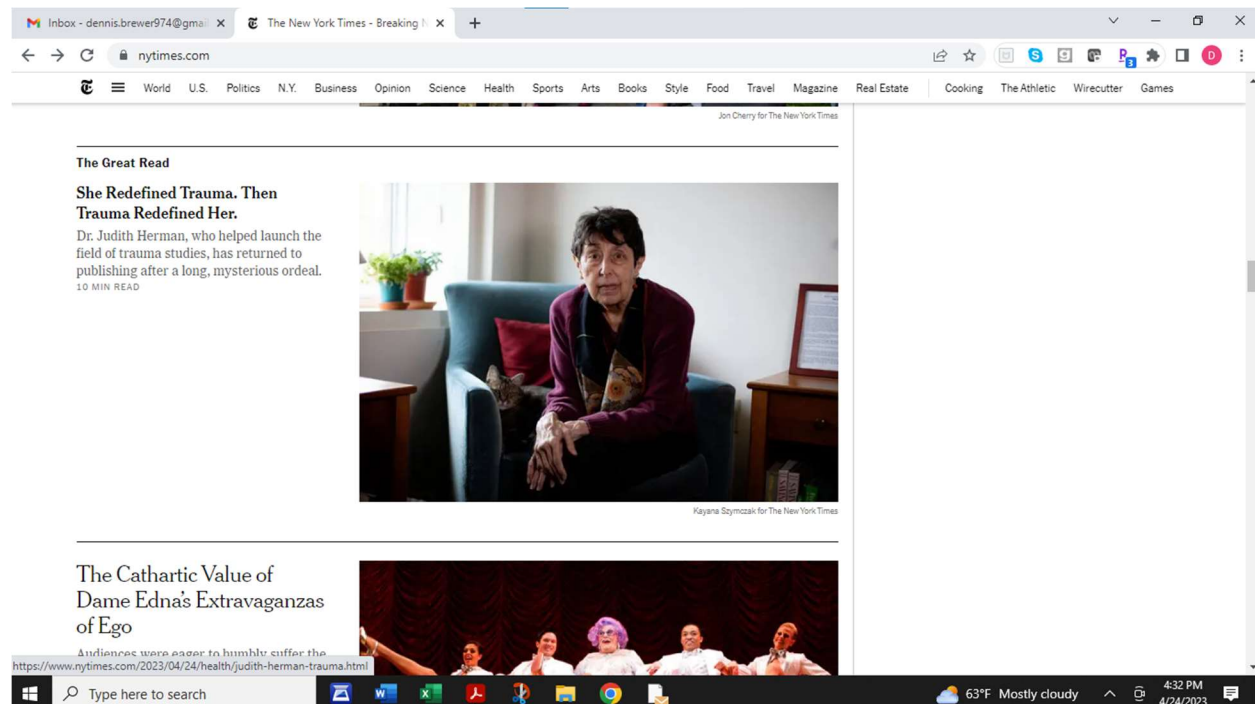


Bergen Regional Medical Center Last Leg of Confinement – Trauma issues – Herman positive id as attending physician final leg at Bergen



Salovey, Pres Yale Emo Intel expert and potentially engaged pre and post 2008 trauma issues

President Salovey of Yale resigns – backcheck likely places this individual in the Yale Pres rural/summer “cabin” residence during Marinka weekend in appx June 2008, including CT hotel with fire police on hotel exit next morning (incl automated dragonfly in hallway during initial trip to room in otherwise completely empty hotel on summer weekend, then Pankowski wedding reception at winery on Hudson (Marinka on swing under tree, which is reprised in Gia photo), then CT Yale cabin trip with two couples, kids, ostensibly meeting friends of Marinka for Saturday night cabin stay.

Salovey is psychology PhD and emotional intelligence expert per Hartford Courant 230831:

Salovey, who earned his doctorate from Yale in 1986, previously served as provost, dean of Yale College, dean of the Graduate School of Arts and Sciences and chairman of the Department of Psychology. He is also a professor of psychology and will continue teaching and assisting with fundraising, he said.

Note that WSU professor who worked alongside Shaffer was Dr Yale, a former Navy Logistics Officer before joining WSU in 1978 or 1979

She Redefined Trauma. Then Trauma Redefined Her.

Dr. Judith Herman, who helped launch the field of trauma studies, has returned to publishing after a long, mysterious ordeal.



By Ellen Barry

April 24, 2023

10 MIN READ

CAMBRIDGE, Mass. — In the fall of 1994, the psychiatrist Dr. Judith Herman was at the height of her influence. Her book “Trauma and Recovery,” published two years earlier, had been hailed in The New York Times as “one of the most important psychiatric works to be published since Freud.”

Her research on sexual abuse in the white, working class city of Somerville, Mass., laid out a thesis that was, at the time, radical: that trauma can occur not only in the blind terror of combat, but quietly, within the four walls of a house, at the hands of a trusted person.

More than most areas of science, psychology has been driven by individual thinkers and communicators. So what happened to Dr. Herman — as arbitrary as it was — had consequences for the field. She was in a hotel ballroom, preparing to present her latest findings, when she tripped on the edge of a rug and smashed her kneecap.

“Just, wham,” she said. “Smack.”

On and off for more than two decades, Dr. Herman groped her way through a fog of chronic pain, undergoing repeated surgeries and, finally, falling back on painkillers. The trauma researchers who surrounded her in the Boston area moved on with their work, and the field of trauma studies swung toward neurobiology.

“She is a brilliant woman who lost 25 years of her career,” said her friend and colleague Dr. Bessel van der Kolk, whose 2014 book, “The Body Keeps the Score,” helped propel the field toward brain science. “If you talk about tragedy, that is a tragedy.”

At the age of 81, Dr. Herman has rejoined the conversation, publishing “Truth and Repair,” a follow-up to her 1992 book “Trauma and Recovery: The Aftermath of Violence — From Domestic Abuse to Political Terror.” During that period, trauma has gained broad acceptance in popular culture as a way to understand mental health.

But the dominant idea now comes from Dr. van der Kolk, who argues that traumatic experiences are stored in the body and can best be addressed through the unconscious mind. “The Body Keeps the Score” has appeared on the best-seller list for an astonishing 232 weeks. TikTok bulges with testimonials from members of Gen Z, identifying all manner of habits and health conditions as trauma responses.

Dr. Herman does not want to use this flush of attention to debate her old friend. But in “Truth and Repair,” she picks up where she left off in 1992, arguing that trauma is, at its heart, a social problem rather than an individual one.

Drawing on interviews with survivors, she lays out a theory of justice designed to help them heal, centering on collective acknowledgment of what they have suffered. Her approach is frankly political, rooted in the feminist movement and unlikely to go viral on TikTok.

This does not seem to trouble her at all. “In my own life, I feel like I’m in a good place,” she said. “On the other hand, I think psychiatry will have to be dragged, kicking and screaming, into any kind of progressive future.”

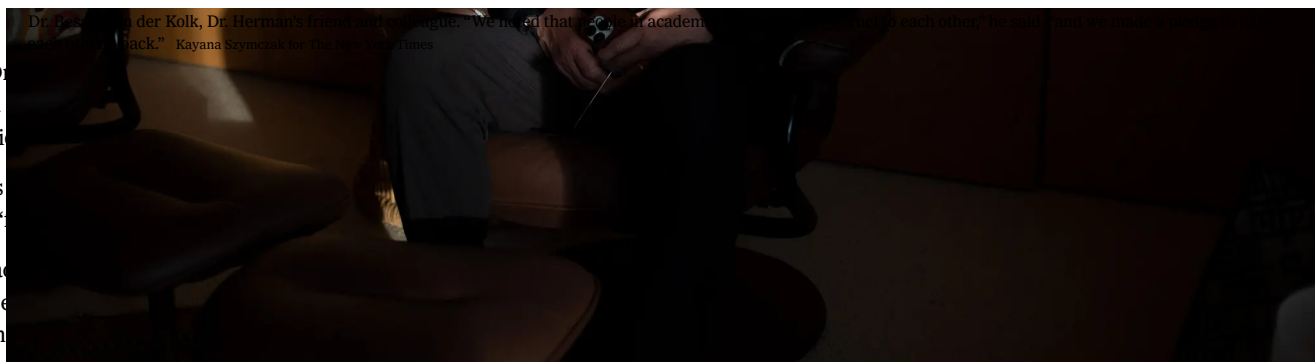
A pledge



October 9, 2023

BREWER et al v. BURNS, WRAY et al

LP Evidentiary Exhibits Page 11647



The diagnosis of PTSD was brand-new, having first appeared in the Diagnostic and Statistical Manual of Mental Disorders, or DSM, in 1980, and the Boston area, Dr. van der Kolk said, “was to trauma what Vienna was to music.” A trauma study group convened monthly in the elegant stretch of Cambridge mansions known as Professors’ Row.

Passing around glasses of sherry and cups of coffee, they argued, Dr. Herman said, about “what counted” as trauma. “The guys who worked with the vets, we had some back and forth, shall we say,” she said. “We had some knockdown drag-outs, calling out the sexism of the men who thought combat trauma was trauma and everything else was just whining.”

Dr. Herman is widely credited with putting this question to rest. “Trauma and Recovery” addressed a general audience in “measured, gripping, almost surgically precise” language, as the Times review put it, and with the authority of a Harvard psychiatrist.

Her ideas also radiated into the communities where she practiced, said Rosie McMahan, whose family worked with Dr. Herman and her colleague Emily Schatzow to confront sexual abuse by her father.

“She did this remarkable thing — ‘Wait a minute, the same things that were happening to those soldiers, in a sense, happened in families,’” said Ms. McMahan, whose book, “Fortunate Daughter,” describes her family’s reconciliation. “They recognized that it was trauma and called it such. They behaved as if it was.”

Their ideas were gaining ground. In 1994, the editors of the DSM expanded the definition of PTSD, dropping the requirement that the traumatic event be “outside the range of usual human experience.” Dr. Herman and Dr. van der Kolk began lobbying for the inclusion of complex PTSD, the result of recurring or long-term traumatic events.



Dr. Herman at the 130th meeting of the American Psychiatric Association in Toronto in 1977. via Judith Herham

Then came what’s known as the “memory wars” — a pushback from leading psychiatrists against therapy that encouraged patients to unearth memories of sexual abuse. The criticism often zeroed in on Dr. van der Kolk, who served as an expert witness in high-profile cases, and Dr. Herman, whose work on dissociation was regularly cited by defenders of repressed-memory therapy.

Dr. Herman shrugged off this critique as “predictable,” the same resistance that Vietnam War veterans and rape victims had encountered when they came forward. “You know, history is a dialectical process,” she said. “When you have a movement that challenges the power structure, you’re going to have a backlash.”

Some clinicians did go overboard, Dr. van der Kolk said. They “started talking about satanic ritual abuse, kids being sacrificed in altars,” he said. “It got a little bit weird. Judy and I never went with that crowd. But they were part of our crowd.”

By the time the debate faded, his laboratory at Massachusetts General Hospital had been shut down, and he lost his affiliation with Harvard Medical School. “Almost all of us bit the dust in the memory wars,” he added.

Since the mid-1990s, the editors of the DSM have consistently opposed further expanding the definition of PTSD. The original definition was “intentionally strict, meant to avoid the possibility that all mental disorders are simply caused by trauma,” said Dr. Allen Frances, who chaired the task force for the DSM’s fourth edition.

While stress contributes to most psychiatric problems, he said, PTSD diagnoses can be made quickly and carelessly, without pursuing underlying mental disorders, such as anxiety and depression. Taking that leap, he added, means “all the rest of the knowledge ever accumulated about mental disorders goes out the window.”

Dr. Frances was similarly skeptical of “trauma-informed therapy,” which he said provided “a misleadingly reassuring explanation” to complicated psychiatric problems. He added that proponents of the idea, like Dr. Herman and Dr. van der Kolk, had succeeded in winning over a large part of the general public.

“You can write best-sellers on this because it’s an appealing model for people searching for an explanation for the distress in life,” Dr. Frances said. That avenue was closing. But that wasn’t the only thing that happened.

Pain of unexplained origin



A page from Dr. Herman's personal journal from 1976, around the time she started writing her first book. Kayana Szymczak for The New York Times

On the day she broke her kneecap, Dr. Herman was preparing to deliver a workshop on her latest findings, and was carrying a carousel of slides to a projector. She was distracted and did not see that a binding had come loose from the rug.

Dr. Herman has offered vague explanations for the 30-year gap between her books. “Life intervened, in the form of illnesses and a move to an assisted-living community,” she writes in a forward to “Truth and Repair.” In an interview, she flicked away the question, calling it “a very long, sad tale which I won’t bore you with.”

But there is a story. Her kneecap healed, but nerve tumors had formed in her leg, and the pain grew steadily worse. For long stretches, daily life became a challenge. There were remissions, but there were also times she could not get out of bed, where even changing positions was “extremely, extremely painful.” At one point, she was so desperate that she asked a doctor if he could amputate her leg.

“All you could think about was pain,” she said. “It wasn’t even thinking about pain. It was being pain. One’s existence was just pain. It’s like being in a tunnel.” Like “your whole existence is pain, and nothing exists outside of it,” she added.

There was a subtext in her doctors’ response, early on, which she, as a fellow physician, was uniquely qualified to identify: They did not quite believe her. “I was a middle-aged woman with pain of unexplained origin,” she said. In the jargon of medical residents, she said, she was a “crock,” or a female hypochondriac.

Eleven years and three surgeries later, her doctors said there was nothing more they could do. This was the worst of it, when there was no hope of reprieve. “It made me not want to live,” she said. “That is literally what happened.”

“Judy’s fall had a gigantic impact,” Dr. van der Kolk said. “When you talk about suffering, that was suffering. She was really suffering physically. A large part of the joy and triumph of publishing a great book she did not get to enjoy.”

He also said the injury had created a distance in their relationship. He was on fire with the ideas that would later become “The Body Keeps the Score,” among them a view that chronic pain may be an expression of suppressed trauma. He thought he could help. But she was, he said, “too injured to be all that curious.” After that, he said, “Judy and I started to go in different directions.”

“It really was the source of sadness on my part, as I was entering this body world, that Judy did not go in the same direction,” he said.

Dr. Herman had little recollection of this exchange. But she did not see any larger meaning to her pain; it was just pain, a bunch of malfunctioning neurons, and it preoccupied her entirely. She was fitted with a brace and crutches, and managed to continue teaching and supervising trainees by taking a large dose of fentanyl, applied through a transdermal patch.

Asked what the experience taught her, she paused and said, “I guess I just had more empathy for people who go through various forms of torture.”

A remedy appeared in 2019, almost by chance. She had gone to see a surgeon about arthritis in her hand, and instead, he peered at her knee. After she left, he emailed her an article about a surgery that had been developed at Walter Reed National Military Medical Center to treat amputees, war veterans from Iraq and Afghanistan.

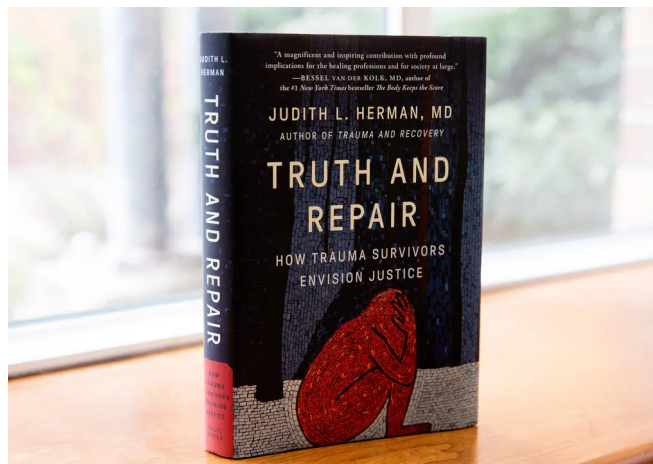
Later that year, surgeons removed the damaged nerves, sutured them to a motor nerve harvested from her quadriceps and then implanted them into her muscle. She weaned herself off fentanyl, set aside the brace and the crutches. She compared the relief she felt to the sensation women have when childbirth ends.

“I mean, it’s really heavenly,” she said. “I’m in a permanent state of gratitude.”

And that, she said, was why she had the energy to finish another book.

“It’s a totally crazy story,” she said. “I owe it all to the forever wars.”

The queen of trauma



Dr. Herman's new book, her first in 30 years. Kayana Szymczak for The New York Times

When Dr. Herman walked into a launch event at the Harvard Book Store last month, wearing orthopedic shoes and multiple shades of purple, there was an intake of breath from the audience, largely made up of older women in mental health professions.

The store offered books on healing trauma through weight lifting, quitting one’s job or blocking the nerves known as the stellate ganglion; books on trauma in the music of Dolly Parton, polyamorous families and the Indian caste system; and, of course, “The Body Keeps the Score,” one of those books that, the store’s buying manager said, “even people who aren’t necessarily readers have heard about.”

This did not escape Dr. Herman’s admirers, who waited in folding chairs, grumbling discreetly about the authors who rode on her coattails. “All the noise around trauma is all about white men,” remarked Mary Gorman, a psychiatric nurse specialist. “It’s like she’s the forgotten stepchild.”

Dr. van der Kolk, who has been helping Dr. Herman to publicize her book, was acutely aware of this dynamic. “The Body Keeps the Score,” he said, benefited enormously from its focus on neurobiology. “In the culture right now, if it’s based on the brain, it’s real,” he added. “Everything else is woozy stuff.”

As his book neared publication, he said, he worried that it would supplant Dr. Herman's as the best-known title on trauma. "She must have known that, to some degree, I would bump her to second position," he said. "I wondered how she would deal with it."

Considering the whole story, he sounded stricken. Were it not for her injury, he said, "Judy really would have been the queen of trauma."

Dr. Herman, in contrast, sounded cheerful as she looked back on it all. For a woman of her generation to become a full professor at Harvard was a big deal, she said. As for the years lost to pain, she said that the work she had done in her 40s and 50s had already helped to launch a generation of younger scholars.

"It wasn't so much of a cult of personality," she said. "The field is haunted by all that. But in my case, once 'Trauma and Recovery' came out, I wasn't the only messenger."

At 81, she has the aches and pains of old age, but cannot shake the feeling of having been reborn. In the Black Lives Matter and the #MeToo movements, and in the psychiatric residents she supervises, she sees a return to the politics that shaped her as a young doctor.

"I'm back in that exploring kind of moment," she said. "It's quite exciting. I just wish I had a 40-year-old body instead of an 80-year-old body to be able to keep up with it."

dsbrewer923@hotmail.com

From: Dennis Brewer <dsbrewer923@hotmail.com>
Sent: Thursday, November 9, 2023 8:58 AM
To: Dennis Brewer
Subject: Sleep Deprivation and Blown Event Sequence 231107 and Follow On 231108

Tuesday 231107 (YYMMDD) Awakened with manipulated adrenaline surge at about 3AM. Unable to sleep further. Evening performance at Kock Theater Lincoln Center by Paul Taylor Dance. Surrounded by older and mild intrusion male right female left who are poking and prodding with knees and elbows frequently. Normal late bus and street level blocking and so forth on lightly trafficked 8th Avenue. Sleep derivation and mild BRMT levels noted as the key factors in attempted provocation sequence in evening. Leave at intermission, return home and print court LP Evidentiary Exhibits.

Wednesday 231108 Travel to Thurgood Marshall Courthouse, mild procedural hassle at Clerk's window re adding documents to Complaint rather than amending entire complaint but documents accepted and clerk notes will speak to Court. Return to residence in Edgewater, NJ. Travel back in late afternoon to Manhattan to Africa Center for Animation Festival event for which ticket acquired on EventBrite. While enroute, view to street left for safe crossing is obscured by vehicle parked on corner (within the about 30 foot safe zone normally reserved for pedestrian viewing of oncoming traffic), as step into street note onrushing NYPD marked SUV about 40 mph crossing intersection as I step to street at corner of 110th and Park Ave. No such event is taking place as Africa Center is closed and dark on arrival around 615PM. This is a relatively frequent occurrence on EventBrite. Walk north to 125th and pick up subway there. On return to Edgewater, mail includes generic USDOJ Criminal Division letter re community corruption. No recollection of any recent communications to USDOJ which would have prompted delivery of the letter dated Nov 6 on Nov 8th.

Only feasible apparent connection of this sequence is my identification earlier in this week of Leslie Caldwell (previously on US Attorney staff in NorCal) as the USDOJ civil process abuse attorney who had met with Darrell Pray and me sometime in the second half of 2004 to Spring 2005 in an otherwise vacated Seed and Berry (IP attorneys) office in Columbia Tower, Seattle, WA, while she was participating in covering for an unlawful FBI sequence. This sequence, likely orchestrated by FBI Rosenberg and others, incorporated check frauds and theft of services frauds by ShipNow, and its principal Michael Kurgan (likely also FBI). This ShipNow check fraud sequence was orchestrated in the same time period as CNA compensation theft litigation was underway to recover unpaid compensation, and a Performa fake sales leads starve-out program (which resulted in no revenue and in bank debt on the uncollectible faked ShipNow receivables (which were USDOJ frauds by Michael Kurgan and my fake business partner Darrell Pray). Performa was funded by \$25,000 of personal funds from me, \$25,000 by Pray (USDOJ), and about \$50,000 in fake bank loans (FBI/USDOJ). These pattern offenses and accompanying abuses of civil process in King County Superior Court were used to set up my human trafficking out of Kirkland., WA to Boston, MA in late 2005.

Caldwell later ran USDOJ Criminal Division as Assistant Attorney General during 2014-2017. Rosenberg later ran DEA as Acting Administrator during 2015-2017.

Regards,
Dennis

Dennis Brewer

DAVID H. KOCH THEATER
LINCOLN CENTER PLAZA • COLUMBUS AVE. AT 63rd ST. NYC

Paul Taylor Dance Company

Tuesday Evening

Nov 07, 2023 7:00 PM

C 0.00



Order No: 6623318

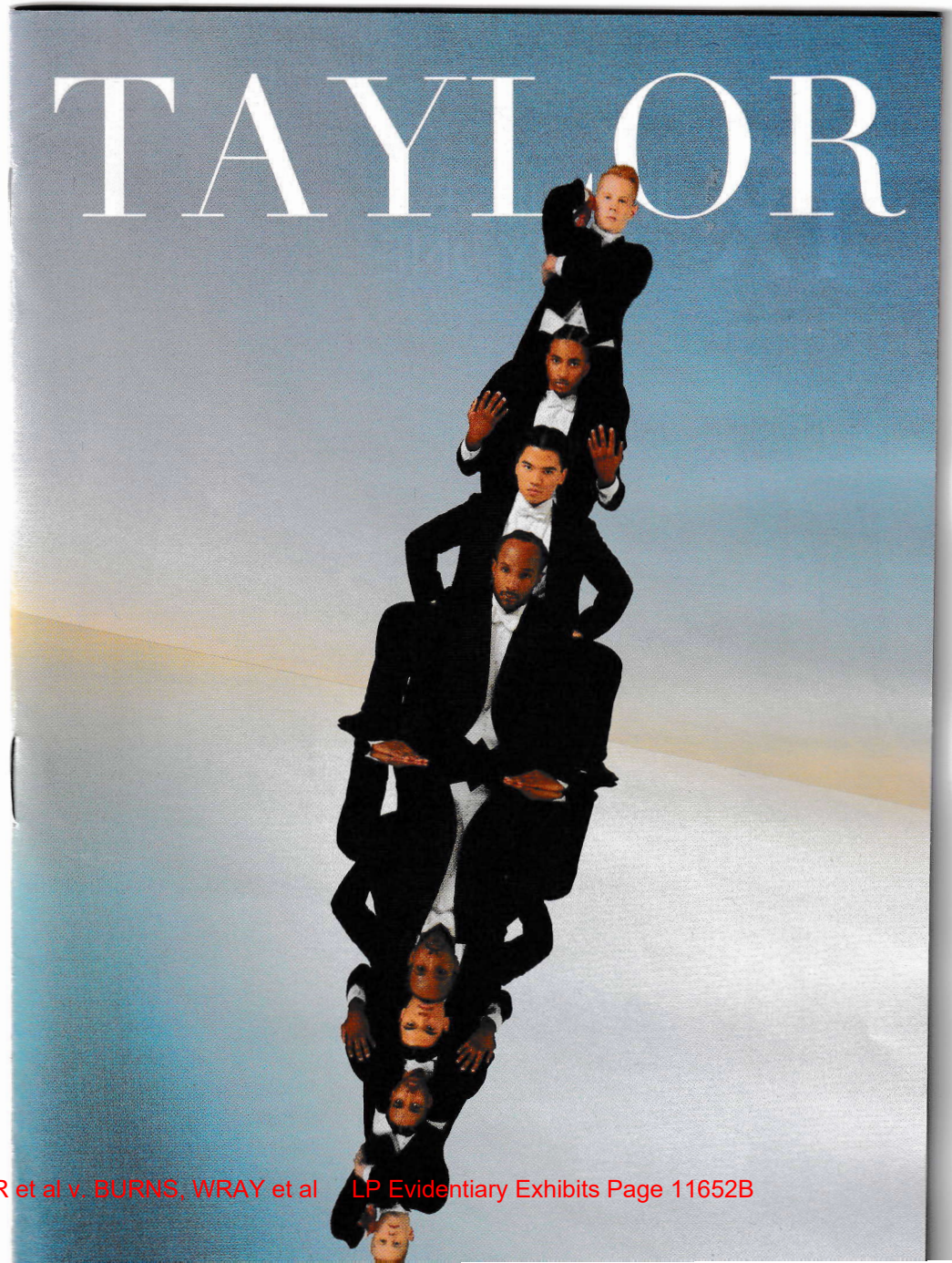
241107E 20621651 5

Right

Orch

H 22

OST: 1462718
ORD: 6623318
LOC: Right
Orch
H 22
PRF: 241107E
TKT: 20621651



dsbrewer923@hotmail.com

From: Eventbrite <noreply@order.eventbrite.com>
Sent: Monday, November 6, 2023 1:14 PM
To: dsbrewer923@hotmail.com
Subject: Your Tickets for Harlem African Animation Festival
Attachments: 737160606217-8248997039-ticket.pdf

eventbrite

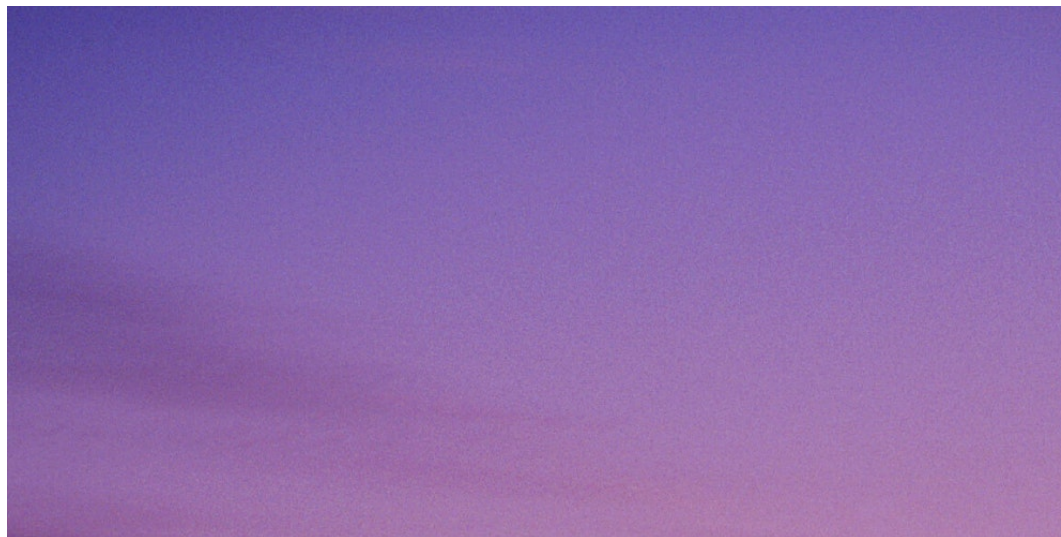
**Dennis,
you've got tickets!**




Keep your tickets handy


[Go to My Tickets](#)

Harlem African Animation Festival



 1 x Ticket
Order total: Free

 Wednesday, November 8, 2023 from 6:30 PM to 9:00 PM (ET)
Add to [Google](#) · [Outlook](#) · [iCal](#) · [Yahoo](#)

 **The Africa Center**
1280 5th Avenue
New York, NY 10029
[View on map](#)

[View event details](#)

The Africa Center

Follow

Questions about this event?

[Contact the organizer](#)

Order Summary

Order [#8248997039](#) - November 6, 2023

Free order

Dennis Brewer	1 x General Admission	\$0.00
---------------	------------------------------	--------

[View and manage](#) your order online

Printable PDF tickets are attached to this email

[Contact the organizer](#) for any questions related to this purchase.

This order is subject to Eventbrite [Terms of Service](#) and [Privacy Policy](#), and [Cookie Policy](#).

Ticket Information

Ticket #1: General Admission

Dennis Brewer

dsbrewer923@hotmail.com

[View ticket information](#)

eventbrite



This email was sent to dsbrewer923@hotmail.com

Eventbrite | 535 Mission Street, 8th Floor | San Francisco, CA 94105

Copyright © 2023 Eventbrite. All rights reserved.

[Privacy Policy](#)



U.S. Department of Justice

Criminal Division

Office of Administration

Washington, D.C. 20530

November 6, 2023

Mr. Dennis Brewer
1210 City Place
Edgewater, NJ 07020

Dear Mr. Brewer:

Thank you for writing the Department of Justice, Criminal Division. We have been asked to respond to you on their behalf regarding your concern about corruption in your community.

The Department of Justice prosecutes cases against public officials who violate the federal criminal laws. Before an investigation can be initiated, there has to be specific and credible evidence that a public official may have committed a crime. If such evidence exists, an investigative agency, such as the Federal Bureau of Investigation (FBI), commences an investigation. If the investigation turns up sufficient evidence, the Public Integrity Section of the Department of Justice, or the United States Attorney's Office in the District, prosecutes the case.

We appreciate your concern about corruption in your community, and you having taken the time to communicate these concerns to us. However, based on your letter, the events you describe do not appear to constitute a federal crime. If you believe that you have specific evidence that a federal crime has been committed, we suggest that you contact the local office of the FBI.

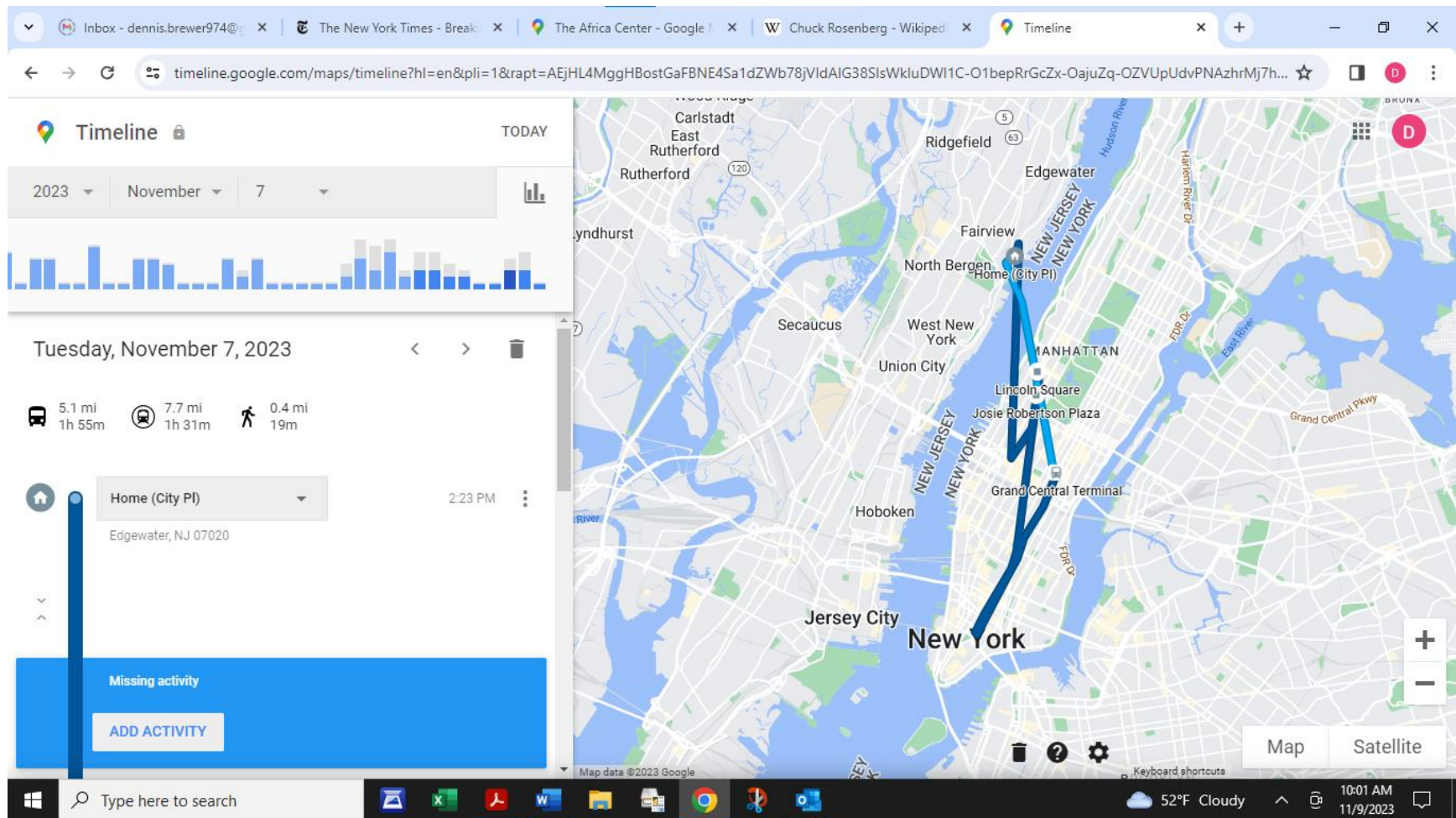
Again, thank you for writing the Department of Justice, Criminal Division. We hope this information is helpful.

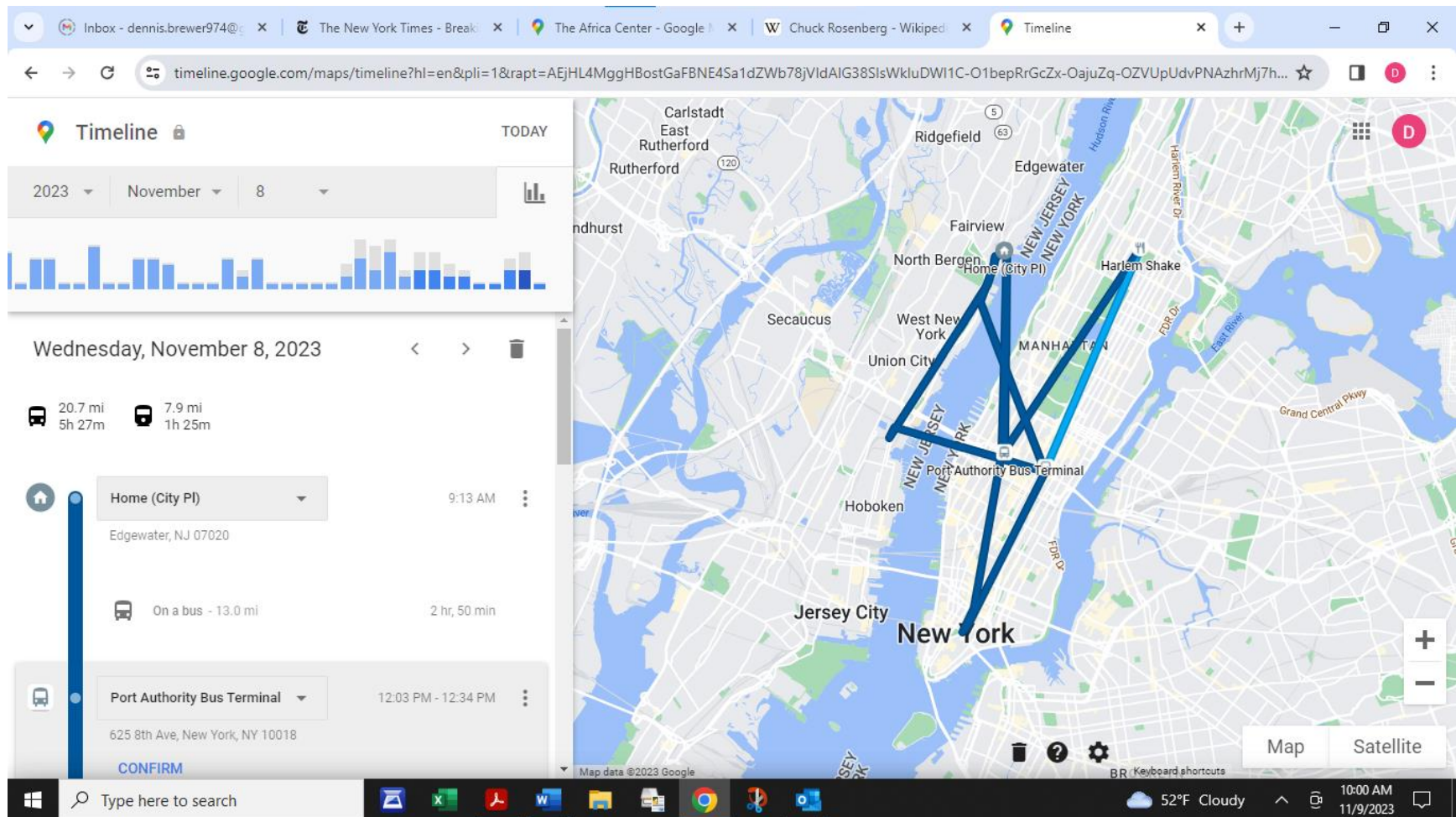
Sincerely,

Correspondence Management Staff
Office of Administration

Reference Number: NM302018728

For further correspondence please email criminal.division@usdoj.gov. Should you wish to speak to a representative please call (202) 353-4641 and provide the reference number.





dsbrewer923@hotmail.com

From: Dennis Brewer <dsbrewer923@hotmail.com>
Sent: Tuesday, August 1, 2023 7:15 AM
To: Dennis Brewer
Subject: Current Sleep Deprivation Cycle and Cliffside Park Rough Comparable

Night 3 of sleep deprivation completed. Materially disrupted ongoing throughout night, not urination disrupted which is normal given high quantity of fluids consumed. Began soon after GP visit and questions asked by resident assisting Patel. No other recent prior single nights comparable sleep disturbances (since at least 2010 prior to ejection from Cliffside Park apt.) There were such periods as part of the aggressive torture including physical cramping and aggressive durable brain chemistry attacks between the end of Establish employment in summer 2008 and middle summer 2010, though only clearly visible for cycles of months, not continuous during entire summer 2008 to late summer 2010 period.

Regards,
Dennis

Dennis Brewer

dsbrewer923@hotmail.com

From: Dennis Brewer <dsbrewer923@hotmail.com>
Sent: Wednesday, August 2, 2023 9:29 AM
To: Dennis Brewer
Subject: Psych/Med Update incl Sleep Deprivation Downgrade to Disruption

Sleep deprivation reduced to sleep disruption on night 4, primarily external noises, reduced melatonin disruption as compared to prior three nights, routine urination events though more frequent than baseline, similar to effects of a diuretic. Excretion pattern continues to require triple dosing of Fiberlax, rectal muscle paralysis in closed position nearly all the time continues as experienced since primary care visit around April 2023, and as previously experienced episodically despite little dietary change and no medical change over years. Paroxetine phased out over about five days from max dose of 2x30 about two weeks ago, since then the only depressive symptoms have been BRMT induced “push” episodes ranging from stomach contractions with passing feelings ranging from sadness to tears, in varying degrees, which are consistent with prior push episodes experienced due to BRMT interventions programmed and coinciding with television news report tragedies, and only on some occasions and to different degrees depending upon the intensity of the manipulation, not on the scope or extent of the particular tragedy being related in the television story. No on-going mood disturbance noticed, no durable change in moods, no outbursts of emotions. Still capable of friendly interactions, matching baseline, including in public settings which also include coercive and provocative psychological operations, including the matching of dating images with live persons (contrived sightings and follow-ups, such as the TG sequence on dating app and later follow-ups of individual in silhouette, then using tall older male at the northwest of Central Park (110th), among others, typical street level international political ops and front-running leaks, blocks, surrounds, etc. No variation from baseline.

Regards,
Dennis

Dennis Brewer

dsbrewer923@hotmail.com

From: Dennis Brewer <dennis.brewer974@gmail.com>
Sent: Thursday, July 20, 2023 9:10 AM
To: Dennis Brewer
Subject: Fwd: CNY Museum Stair Stumble

----- Forwarded message -----

From: **Dennis Brewer** <dennis.brewer974@gmail.com>
Date: Mon, Feb 20, 2023 at 12:12 AM
Subject: CNY Museum Stair Stumble
To: Dennis Brewer <dennis.brewer974@gmail.com>

Bottom five stairs of curved marble staircase same pattern of look=upas on Morningside stairs soon after 4pm today during exit from second floor to lobby to leave building. Two females seated at bottom right of stairs noted this based upon change in expression during incident.

--

Regards,
Dennis

Dennis Brewer

--

Regards,
Dennis

Dennis Brewer

A. Ongoing Colon Threat to Life and Health:

Medical Failure Sequences (typically appx ten days from first use to failure in each cycle in the following sequence):

Lactulose (prescription laxative by One Hudson Medical - Patel, MD and PCP), used and worked through the first bottle at 15ml twice per day, second bottle completely ineffective

Powderlax (over the counter polyethylene glycol, aka MiraLax, originally recommended over fiber by gastroenterologist office on multiple occasions)

Fiber Therapy (over the counter psyllium husks, aka Metamucil)

Lactulose (began with second bottle referenced above which worked as normal on this second attempt, also refilled and then used at 60 ml once daily, plenty of exercise daily, then failed as have other prior sequences)

Enema added as noted below with results/failures as noted

Powderlax reversion as noted in diary entries below

Summary to date as of 230827 (YYMMDD): Progressive colon health interventions are failing sequentially. Each of the following colon health methods were initially successful in generating an adequate colon response but then failed to deliver results. The methods all shared the common characteristic of progressive failure. Sequence of medications used as follows: Lactulose (bottle 1 worked at 2x15ml over roughly 2 weeks, then bottle 2 not effective at all, so switched. Polyethylene glycol worked at colon clearing dose levels (very runny stool) then failed over two 26.9 oz bottles. When nearly exhausted switched to Fiberlax which worked for about the first 30 oz (about 2 weeks) then progressively failed. Then used bottle 2 of lactulose (above) which worked for 3-4 doses at 60 ml until final 60 ml dose from bottle 2 which has failed on 230827.

Daily Diary Update re Colon Threat:

230821 (dates as YYMMDD): Appx 10-12 days since last regular sequence of BM, (which overall have become increasingly difficult to sustain as to regularity over past six months or so, requiring repeated interventions using , as originally recommended by gastro group in City Place). During this period, 1 BM regular mass runny normal brown due to Fiberlax appx mid last week, then virtually nothing. Today early AM 25% of normal Fiber Therapy (Target Stores house brand of psyllium husks as fiber supplement and laxative)BM yellowish-brown.

During this 10-12 day period, routinely used Fiberlax (propylene glycol, same as Miralax) in doses ranging from maintenance dose to about 50% of colon clearing dose in 8 hour period until two large containers 26.9 oz. were exhausted. Out of funds from Tuesday 15th until Saturday 19th, so switched to existing supply of psyllium husks (Up and Up brand fiber therapy, same as Metamucil) appx 5 days ago, 3x normal to 6x high doses since that time.

230822: 1.25 to 1.3 above normal early AM BM (x.xxBM is defined here as estimated bowel movement volume compared to 1.0 typical day as benchmark), add 0.5BM appx 1130AM

230823: 0.8BM early AM, 0.5BM 930AM, 0.15BM 145PM, 0.15BM 240pm

230824: 0.1BM at 848am, 0.8BM at 1010am, 0.02BM 9pm

230825: 0.3BM at 822am, 0.02BM at 1005am, 0.4BM 1150am, 0.01BM 404pm

230826: Travel DC MLK Rally 0.0BM entire day

230827: 0.03BM at 1023am, 0.05BM at 730pm

230828: 0.05BM at 650am, 0.4BM at 850am, blanked around 1120am so it would not be recorded as to quantity and time, 0.01BM at 124pm, 0.01BM at 922pm

230829: 0.08BM at 218pm

230830: 0.005BM at 1127am, 0.02BM at 232pm, enema (Fleet 4.5 oz bottle) then 0.8BM at 330pm

230831: Enema then 0.03BM at 425am

230831: 650am - Overall slightly clammy with cold sweat this AM for 30 minutes or so, ongoing lower intestinal/colon area pressure and slight pain, otherwise normal, less gas than normal for recent months at present moment.

230831: Moderate gas and 0.02BM at 853am.

230831: 9pm Enema attempted, colon muscle mechanically sealed by BRMT nerve activation constriction at precisely the point where enema saline fluid would flow from tip into rectum when the base of the tip is sealed to the rectum to avoid leakage. Then placed slight pressure on bottle and tip several times to determine if I could squeeze any fluid into my colon, unable to squeeze any fluid into colon. Photo taken with cell phone camera of bottle still 98% full immediately after this attempt. 10pm enema reattempt, fluid flows in normally, modest leakage. Hold as usual for several minutes, then enema fluid drop as normal but only 0.02BM (colon muscle BRMT blocked above fluid filled area, so some gas and minimal stool), photo taken of 90% emptied bottle.

230901: SDNY Letter delivered 310pm, then 4.9mi walk Mid-town from Grand Central to Bryant Park to UES to Central Park to Bryant Park. Google geolocation record checked at appx 830pm, noted extremely blurred precision as to locations traveled and quite inaccurate as noted around 9pm, including no indication of approach and entry and no tracking of meandering southeast walking path in Central Park from 71st and Central Park West to exit at Central Park South and 6th Ave.

230902: Powderlax started about 11pm on 230901, 3x3 glasses dosed by 4am, 1.3BM at 625am. Google geolocation record checked, dramatically improved accuracy on first view, then returned by hack to blurred geolocation (but with the southwest corner of Central Park - Columbus Circle immediate vicinity corner only) when opened at 644am (more evidence of mens rea, tampering, discrediting, undermining, and minimization efforts after the facts presented in SDNY letter 230901).

230903: 0.01BM 204am, 3x1 Powderlax doses, 0.03BM at 651am, 0.55BM at 833am, 3x1 powderlax 6-8 pm

230904: Two minor dark fluidic BM around 2am, then 615am

230905: Estimating two minor fluidic BMs this morning thru 931am, 3x3 powderlax doses 815pm to 9pm, 0.4BM 1032pm

230906: 0.8BM 620am, 0.01BM 750pm

230907: fibertherapy 3x1 doses appx 200pm, 3x1 powderlax doses appx 9pm

230908: powderlax 1x3 644am, 0.3BM 646am, 1.0BM 150pm

230909: 1.0BM 805am, 0.02BM 448pm, 0.05BM 127pm

230910: none

230911: 4 tbsp lactulose 530pm

230912: 0.4BM appx 645am, 4 tbsp lactulose 620pm

230913: 0.2BM 236pm, 4 tbsp lactulose 931pm

230914: 1.0BM 748am, 0.02BM 1123am

230915: 0.02BM 543am

230916: 0.02BM 1208pm

230917: 1.0BM 748am

230918: 0.02BM 805pm

230919: 2.5 tbsp lactulose appx 645am, 1.6BM 732am, 0.7BM 941am, 0.01BM 106pm, 0.1BM 848pm

230920 none

230921: 4 tbsp lactulose 649pm, 1.0BM 645pm

230924: 4 tbsp lactulose 203pm, 1.0BM 335 pm black fluidic, 0.02BM 711pm

230925: 0.02BM 535pm

230926: 2 tbsp lactulose appx 640am, 0.02BM 1230pm, enema 1115pm 0.5BM, leave, short artificial delay appx 15 seconds, then 0.5BM, 0.03BM 856pm, 0.03BM 110pm

Missing entries 230928 very small BMs

230929: 2 tbsp lactulose appx 7am, 0.01BM 107pm

SUMMARY 230831:

Areas of immediate concern are colon biomechanical failure and long term liver damage due to colon backup, which are most probably caused by an imposed central nervous system induced closure of colon (i.e., an artificially induced CNS closure, not a physical obstruction or structural obstruction of the colon).

Powerful laxative and/or appropriate dose of muscle relaxer required to attempt to clear colon.

General anesthetic use to conduct a direct examination of the colon or any other organ will be refused for the following reason:

It is reasonably probable presence that legacy technology inserted in my sinus cavity during nasal surgery and/or placed in my ear canal in a field operation in the mid to late 1990s. My intent is to avoid the possibility of a surgical clearing under GA of any smoking gun evidence of the neurologically driven technological successor program to CIA MKUltra. This advanced computer to brain technology driven system for the neurobiological manipulation of humans is identified by me as BRMT and described in my complaint 23-cv-415, filed February 14, 2023 in the United States District Court for the District of Columbia.

A. Ongoing Colon Threat to Life and Health:

Medical Failure Sequences (appx ten days from first use to failure in each cycle in the following sequence:

Lactulose (prescription laxative by One Hudson Medical - Patel, MD and PCP), used and worked through the first bottle at 15ml twice per day, second bottle completely ineffective

Powderlax (over the counter polyethylene glycol, aka MiraLax, originally recommended over fiber by gastroenterologist office on multiple occasions)

Fiber Therapy (over the counter psyllium husks, aka Metamucil)

Lactulose (began with second bottle referenced above which worked fine, refilled and in current use at 60 ml once daily, plenty of exercise daily, failing now as have other prior sequences)

Enema added as noted below with results/failures as noted

Summary to date as of 230827 (YYMMDD): Progressive colon health interventions are failing sequentially. Each of the following colon health methods were initially successful in generating an adequate colon response but then failed to deliver results. The methods all shared the common characteristic of progressive failure. Sequence of medications used as follows: Lactulose (bottle 1 worked at 2x15ml over roughly 2 weeks, then bottle 2 not effective at all, so switched. Polyethylene glycol worked at colon clearing dose levels (very runny stool) then failed over two 26.9 oz bottles. When nearly exhausted switched to Fiberlax which worked for about the first 30 oz (about 2 weeks) then progressively failed. Then used bottle 2 of lactulose (above) which worked for 3-4 doses at 60 ml until final 60 ml dose from bottle 2 which has failed on 230827.

Daily Diary Update re Colon Threat:

230821 (dates as YYMMDD): Appx 10-12 days since last regular sequence of BM, (which overall have become increasingly difficult to sustain as to regularity over past six months or so, requiring repeated interventions using , as originally recommended by gastro group in City Place). During this period, 1 BM regular mass runny normal brown due to Fiberlax appx mid last week, then virtually nothing. Today early AM 25% of normal Fiber Therapy (Target Stores house brand of psyllium husks as fiber supplement and laxative)BM yellowish-brown.

During this 10-12 day period, routinely used Fiberlax (propylene glycol, same as Miralax) in doses ranging from maintenance dose to about 50% of colon clearing dose in 8 hour period until two large containers 26.9 oz. were exhausted. Out of funds from Tuesday 15th until Saturday 19th, so switched to existing supply of psyllium husks (Up and Up brand fiber therapy, same as Metamucil) appx 5 days ago, 3x normal to 6x high doses since that time.

230822: 1.25 to 1.3 above normal early AM BM (x.xxBM is defined here as estimated bowel movement volume compared to 1.0 typical day as benchmark), add 0.5BM appx 1130AM

230823: 0.8BM early AM, 0.5BM 930AM, 0.15BM 145PM, 0.15BM 240pm

230824: 0.1BM at 848am, 0.8BM at 1010am, 0.02BM 9pm

230825: 0.3BM at 822am, 0.02BM at 1005am, 0.4BM 1150am, 0.01BM 404pm

230826: Travel DC MLK Rally 0.0BM entire day

230827: 0.03BM at 1023am, 0.05BM at 730pm

230828: 0.05BM at 650am, 0.4BM at 850am, blanked around 1120am so it would not be recorded as to quantity and time, 0.01BM at 124pm, 0.01BM at 922pm

230829: 0.08BM at 218pm

230830: 0.005BM at 1127am, 0.02BM at 232pm, enema then 0.8BM at 330pm

230831: Enema then 0.03BM at 425am

230831: 650am - Overall slightly clammy with cold sweat this AM for 30 minutes or so, ongoing lower intestinal/colon area pressure and slight pain, otherwise normal, less gas than normal for recent months at present moment.

SUMMARY 230831:

Areas of immediate concern are colon biomechanical failure and long term liver damage due to colon backup, which are most probably caused by an imposed central nervous system induced closure of colon (i.e., an artificially induced CNS closure, not a physical obstruction or structural obstruction of the colon).

Powerful laxative and/or appropriate dose of muscle relaxer required to attempt to clear colon.

General anesthetic use to conduct a direct examination of the colon or any other organ will be refused for the following reason:

It is reasonably probable presence that legacy technology inserted in my sinus cavity during nasal surgery and/or placed in my ear canal in a field operation in the mid to late 1990s. My intent is to avoid the possibility of a surgical clearing under GA of any smoking gun evidence of the neurologically driven technological successor program to CIA MKUltra. This advanced computer to brain technology driven system for the neurobiological manipulation of humans is identified by me as BRMT and described in my complaint 23-cv-415, filed February 14, 2023 in the United States District Court for the District of Columbia.

A. Ongoing Colon Threat to Life and Health:

Medical Failure Sequences (appx ten days from first use to failure in each cycle in the following sequence:

Lactulose (prescription laxative by One Hudson Medical - Patel, MD and PCP), used and worked through the first bottle at 15ml twice per day, second bottle completely ineffective

Powderlax (over the counter polyethylene glycol, aka MiraLax, originally recommended over fiber by gastroenterologist office on multiple occasions)

Fiber Therapy (over the counter psyllium husks, aka Metamucil)

Lactulose (began with second bottle referenced above which worked fine, refilled and in current use at 60 ml once daily, plenty of exercise daily, failing now as have other prior sequences)

Enema added as noted below with results/failures as noted

Summary to date as of 230827 (YYMMDD): Progressive colon health interventions are failing sequentially. Each of the following colon health methods were initially successful in generating an adequate colon response but then failed to deliver results. The methods all shared the common characteristic of progressive failure. Sequence of medications used as follows: Lactulose (bottle 1 worked at 2x15ml over roughly 2 weeks, then bottle 2 not effective at all, so switched. Polyethylene glycol worked at colon clearing dose levels (very runny stool) then failed over two 26.9 oz bottles. When nearly exhausted switched to Fiberlax which worked for about the first 30 oz (about 2 weeks) then progressively failed. Then used bottle 2 of lactulose (above) which worked for 3-4 doses at 60 ml until final 60 ml dose from bottle 2 which has failed on 230827.

Daily Diary Update re Colon Threat:

230821 (dates as YYMMDD): Appx 10-12 days since last regular sequence of BM, (which overall have become increasingly difficult to sustain as to regularity over past six months or so, requiring repeated interventions using , as originally recommended by gastro group in City Place). During this period, 1 BM regular mass runny normal brown due to Fiberlax appx mid last week, then virtually nothing. Today early AM 25% of normal Fiber Therapy (Target Stores house brand of psyllium husks as fiber supplement and laxative)BM yellowish-brown.

During this 10-12 day period, routinely used Fiberlax (propylene glycol, same as Miralax) in doses ranging from maintenance dose to about 50% of colon clearing dose in 8 hour period until two large containers 26.9 oz. were exhausted. Out of funds from Tuesday 15th until Saturday 19th, so switched to existing supply of psyllium husks (Up and Up brand fiber therapy, same as Metamucil) appx 5 days ago, 3x normal to 6x high doses since that time.

230822: 1.25 to 1.3 above normal early AM BM (x.xxBM is defined here as estimated bowel movement volume compared to 1.0 typical day as benchmark), add 0.5BM appx 1130AM

230823: 0.8BM early AM, 0.5BM 930AM, 0.15BM 145PM, 0.15BM 240pm

230824: 0.1BM at 848am, 0.8BM at 1010am, 0.02BM 9pm

230825: 0.3BM at 822am, 0.02BM at 1005am, 0.4BM 1150am, 0.01BM 404pm

230826: Travel DC MLK Rally 0.0BM entire day

230827: 0.03BM at 1023am, 0.05BM at 730pm

230828: 0.05BM at 650am, 0.4BM at 850am, blanked around 1120am so it would not be recorded as to quantity and time, 0.01BM at 124pm, 0.01BM at 922pm

230829: 0.08BM at 218pm

230830: 0.005BM at 1127am, 0.02BM at 232pm, enema (Fleet 4.5 oz bottle) then 0.8BM at 330pm

230831: Enema then 0.03BM at 425am

230831: 650am - Overall slightly clammy with cold sweat this AM for 30 minutes or so, ongoing lower intestinal/colon area pressure and slight pain, otherwise normal, less gas than normal for recent months at present moment.

230831: Moderate gas and 0.02BM at 853am.

230831: 9pm Enema attempted, colon muscle mechanically sealed by BRMT nerve activation constriction at precisely the point where enema saline fluid would flow from tip into rectum when the base of the tip is sealed to the rectum to avoid leakage. Then placed slight pressure on bottle and tip several times to determine if I could squeeze any fluid into my colon, unable to squeeze any fluid into colon. Photo taken with cell phone camera of bottle still 98% full immediately after this attempt. 10pm enema reattempt, fluid flows in normally, modest leakage. Hold as usual for several minutes, then enema fluid drop as normal but only 0.02BM (colon muscle BRMT blocked above fluid filled area, so some gas and minimal stool), photo taken of 90% emptied bottle.

SUMMARY 230831:

Areas of immediate concern are colon biomechanical failure and long term liver damage due to colon backup, which are most probably caused by an imposed central nervous system induced closure of colon (i.e., an artificially induced CNS closure, not a physical obstruction or structural obstruction of the colon).

Powerful laxative and/or appropriate dose of muscle relaxer required to attempt to clear colon.

General anesthetic use to conduct a direct examination of the colon or any other organ will be refused for the following reason:

It is reasonably probable presence that legacy technology inserted in my sinus cavity during nasal surgery and/or placed in my ear canal in a field operation in the mid to late 1990s. My intent is to avoid the possibility of a surgical clearing under GA of any smoking gun evidence of the neurologically driven technological successor program to CIA MKUltra. This advanced computer to brain technology driven system for the neurobiological manipulation of humans is identified by me as BRMT and described in my complaint 23-cv-415, filed February 14, 2023 in the United States District Court for the District of Columbia.

dsbrewer923@hotmail.com

From: Dennis Brewer <dennis.brewer974@gmail.com>
Sent: Thursday, July 20, 2023 9:11 AM
To: Dennis Brewer
Subject: Fwd: Track back curb bent stumble about 2pm

----- Forwarded message -----

From: **dennis.brewer974** <dennis.brewer974@gmail.com>
Date: Fri, Sep 2, 2022 at 12:31 PM
Subject: RE: Track back curb bent stumble about 2pm
To: Dennis Brewer <dsbrewer923@hotmail.com>

Yep

Sent from my Galaxy

----- Original message -----

From: Dennis Brewer <dsbrewer923@hotmail.com>
Date: 9/2/22 12:30 PM (GMT-05:00)
To: "dennis.brewer974" <dennis.brewer974@gmail.com>
Subject: RE: Track back curb bent stumble about 2pm

Phone location system says this event occurred at 1:59PM. One while in right lane passed just prior to the circuit breaker which dropped my left leg to the curb causing the stumble.. Recovery was by running 3 or 4 steps to catch my center of gravity up to the forward momentum of my upper body to recenter body mass and center of gravity while halting forward momentum of upper body and recover point of balance.

From: dennis.brewer974 <dennis.brewer974@gmail.com>
Sent: Thursday, September 1, 2022 2:11 PM
To: dsbrewer923@hotmail.com
Subject: Track back curb bent stumble about 2pm

Sent from my Galaxy

--

Regards,
Dennis

Dennis Brewer

May 14, 2022 BRMT Bladder Hack – Public Humiliation Sequence

Iced coffee 16 ounces consumed enroute and at Foley Square Dobbs opinion leak protest, very short stay about 20 minutes

Deliberately slowed 6 train return to Grand Central Terminal (about 60 minutes total wait and enroute time for normal 15-20 minute run including train wait time)

BRMT forced partial bladder evacuation on exit

7 train to PABT

Board NJ Transit bus 158 to return home, normal run time of about 25 minutes

Forced full bladder evacuation immediately on exiting bus 158 at still greater volume than about 40-45 minutes before

Discussed this openly on pc camera to explain how the partial evacuation (cutoff before full evacuation is abnormal and would not have happened with greater recharge thereafter to get higher volume only 45 minutes after initial evacuation)

dsbrewer923@hotmail.com

From: dennis.brewer974 <dennis.brewer974@gmail.com>
Sent: Sunday, August 13, 2023 2:00 PM
To: Dennis Brewer
Subject: Tunnel Flash

Appx 140pm inbound missed inbound diverted path to PABT, then PABT to 7 tunnel screen forcing passing to single line left delayed by 2 person blocking maneuver females immediately ahead. As I pass left, BRMT flash causes immediate right cut in front of black dressed white female appx 5ft4 slim frame. Narrative construction attempt to show temper flash and impatience due to prior obstruction. Actually 100 percent BRMT hijack flash, totally externally driven. Precursor harassment pattern experienced highly frequently. Physical event sequence should be on tunnel cameras.

Sent from my Galaxy

Complete text of truncated Tunnel Flash message enclosed:

Appx 140pm inbound missed inbound diverted path to PABT, then PABT to 7 tunnel screen forcing passing to single line left delayed by 2 person blocking maneuver females immediately ahead. As I pass left, BRMT flash causes immediate right cut in front of black dressed white female appx 5ft4 slim frame.

Narrative construction attempt to show temper flash and impatience due to prior obstruction. Actually 100 percent BRMT hijack flash, totally externally driven. Precursor harassment pattern experienced highly frequently. Physical event sequence should be on tunnel cameras.

Sent from my Galaxy

Post incident notes 230813 1020pm to clarify above: Missed 158 due to cross traffic on River Road and arrival slightly ahead of app indicated schedule time, so walked north to Edgewater Commons McDonald's to await next run. Took NJT 158 from Edgewater Commons, standing room only as day before with older limited capacity bus (unusual as this run uses articulated high capacity model more than 95% of the time). then bus took roundabout route on 10th instead of usual tunnel to PABT ramp entry on 9th, adding about 7 minutes to arrival time.

While in PABT subway tunnel to 7 train, a crowd takes the entire width of tunnel except the one leftmost position and proceeds slowly. To pass, I move left and am blocked at the last moment from passing by two females who engage in a "confusion" maneuver, then clear after momentary slowdown. Within one-half second after I clear the female who is left-most person in the blocking maneuver, I experience burst of temper. 100% synthetic BRMT hijacked "explosion" of temper which causes me to immediately move right directly in front of the female, something I would virtually never do.

My baseline behavior is extremely calm as I have experienced this type of police powers physical setup and harassment literally hundreds of times in the NYC area on virtually every outing to NYC since November 2018 when I moved to Edgewater, NJ, and from 2008 to 2010 while living in Cliffside Park, NJ. These types of physical/psychological operations harassment sequences typically occur between 4 and 20 times on each and every outing from Edgewater to and through my time in New York City, which are typically weekend day and evening trips from 4 to 12 hours duration. This specific physical sequence on August 13, 2023 was likely captured front and rear views on subway tunnel overhead cameras located in the tunnel portion between the ACE trains access and the 7 train access while proceeding from ACE toward 7. Sequence occurred at approximately 140PM, August 13, 2023. Since I have no knowledge regarding how long these digital video records are retained by the facility operator, please arrange for their collection as soon as possible if you wish to review this incident.

As before, continued federal operation of this illegal bioweapon device and delivery system (BRMT as known to me, actual codename unknown) in NYC presents a clear present and immediate danger to public safety in New York City and every other location where its illegal use against US persons is continued in active violations of 18 U.S.C. section 175-178. The United States' continued illegal use of this prohibited device and delivery system places its police powers and intelligence operations in this district in direct violation of the Constitution, of the ratified Bioweapons Treaty, and of the US Criminal Code Title 18.

You are legally and ethically obligated to take all actions necessary to immediately terminate the operation of this illegal bioweapon in this and all other federal jurisdictions. Since previous notices of this direct and immediate active threat to public safety have been ignored for over a year by this federal district, (first letter referral to this office occurred on February 28, 2022), ethical sanctions against all negligent or complicit members of the US Department of Justice will be sought if no immediate action is taken to termination of this threat and abuse of US persons by the United States under 18 U.S.C. section 175. I do not overestimate my ability to seek sanctions, but neither should this officie ignore an on-going threat within your jurisdiction.

dsbrewer923@hotmail.com

From: Dennis Brewer <[REDACTED]>
Sent: Monday, July 3, 2023 8:01 PM
To: Dennis Brewer
Subject: Lethality Calendar 2022

April - Palisades Med Ctr colonoscopy statue fall to near blow to right temple on base of roller tray in recovery area (This event occurred in April 2021.)

July 17, 2022 Verbal threat Black Box Performing Arts Center Bogosian production

August – Guillotine sensations to back of neck like a razor across neck muscles

Sep 2 – Foot drop stumble on east curb of River Road median leads to stumble and near fall to street, appx 2pm enroute to bus stop southbound

Sep 11 Sunset appx 730pm Hudson Line sunset derail emergency stop and tree collision on express trac

Sep 17 Morningside Park appx 730pm southwest corner walk just after sunset and leaving brightly lit restaurant to darkened path and somersault injuries, enroute to modern West Side Story film at ball field

Nov 18-19 NYC N Bergen Walmart rundown sequence

Regards,
Dennis

Dennis Brewer

dsbrewer923@hotmail.com

From: Dennis Brewer <dsbrewer923@hotmail.com>
Sent: Tuesday, March 28, 2023 2:36 PM
To: Dennis Brewer
Subject: Route 17 incident reminded by CNN Video Tire collision flips car

CNN dashcam video online a few mintues ago (2:10PM or so) showed a car upside down as it flipped after colliding with a tire in the traffic lane.

Similar experience occurred when a landscaping truck southbound Route 17, estimating about 2500 feet before the NJ Turnpike right hand exit, lost its left dual tire set when the rear truck axle failed at low speed. The outer tire bounced up onto the jersey barrier about 200-250 feet ahead of the compact wagon auto I was riding in at about the posted speed limit with an Advanced Housing employee in the left northbound lane on Route 17. The tire came to rest on top of the jersey barrier (about 4 feet wide on top). Southbound left lane traffic was blocked as both left rear wheels broke from the southbound 1 ton truck towing an open top landscaping debris trailer. A police response would undoubtedly have followed, so a police report should be available. The Advance Housing case manager's name not currently recollected. Young female, probably the first case manager (wore calf height green rubber boots on winter visits at times) after my arrival in Ramsey and before Yudelka and before Eric being assigned to me. I was then residing in Ramsey NJ Advance Housing apartment, and was probably on a return trip home from either Bergen County Social Services or Bergen Regional Medical Center (in Paramus, now called Bridgewater). Coincidental or carefully timed is not known. <https://www.cnn.com/videos/us/2023/03/27/los-angeles-freeway-accident-loose-tire-flips-car-cprog-orig-aw.cnn>

Regards,
Dennis

Dennis Brewer