



**"Havana Syndrome"
and Its AHI**

**Collecting Information on Diagnosed Cases of
"Havana Syndrome" and its Anomalous Health Incidents (AHI)
among Civilians Occurring on US Soil**

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LIST OF ABBREVIATIONS

AHI	Anomalous Health Incidents
CDC	Center for Disease Control
CNS	Central Nervous System
CRHS	Civilian Registry for diagnosed Havana Syndrome and its AHI
DHA	Defense Health Agency
DOD	Department of Defense
EM Energy	Electromagnetic Energy
GAO	Government Accountability Office
HAVANA Act	Helping American Victims Afflicted by Neurological Attacks Act of 2021
HS	Havana Syndrome
IC	Intelligence Community
MHS	Military Health System
mTBI	Mild Traumatic Brain Injury
NAS	National Academy of Sciences
NIH	National Institute of Health
NKBI	Non-Kinetic Brain Injury
US	United States

This report is prepared by Targeted Justice, Inc., a nonprofit 501(c)(3) organization for victims of Pulsed Electromagnetic Weapons, and the world's largest and most visited depository of information on the subject matter, TargetedJustice.com.

INTRODUCTION

The Civilian Registry for diagnosed Havana Syndrome victims (CRHS) was established in August of 2024 for the purpose of facilitating tracking and investigation into the prevalence of HS and its acute episodes known as AHI on US soil. The need for creating this registry was prompted by the lack of effort on the side of the US government and US health agencies to monitor and investigate this condition among the general public.

In July of 2024, the US GAO issued a report, “Havana Syndrome: Better Patient Communication and Monitoring of Key DOD Tasks Needed to Better Ensure Timely Treatment” (GAO-24-106593).¹ In this report, GAO reviewed the DOD’s efforts to facilitate AHI patients’ access to the MHS and develop an AHI Registry:

Of 334 AHI patients who had qualified for care in the MHS in January 2024, only 33 had been entered in the AHI Registry as of May 2024.

The scope of the GOA report and the DOD’s AHI Registry is limited to US government employees and their family members, including children.

Department of Defense officials estimated that about 15 children had received Secretarial Designation for AHIs as of December 2023.

The report discovered multiple deficiencies in the way DOD manages AHI patients and their accessibility to care, and makes several recommendations to the Director of DHA regarding issuing diagnostic guidance, communicating and implementing care for AHI patients, and developing a plan to gather AHI Trauma Registry consent from individuals who have finished their care in the MHS. No recommendations are made regarding civilian AHI or AHI Trauma patients.

The report makes a distinction between AHI and AHI Trauma because the latter would make patients eligible for a one-time compensation under the HAVANA Act of 2021, and its amended implementation. The final interim rule that went into effect in May 2024 makes DOD employees and their dependents with “qualified injury” eligible for compensation under the Act.

The report suggests that the mechanism behind AHI is unknown:

“...the precise nature and causes of AHIs remain under investigation...”

“...AHI is a new, unknown condition...”

“...DOD is offering treatment for a poorly understood condition with unknown causes...”

The report also suggests using HS and AHI interchangeably.

“These events, first labeled ‘Havana Syndrome,’ are now referred to as AHIs...”

It is our understanding, which coincides with the sentiment expressed in the scientific literature, that the episodes are better described as “Anomalous Health Incidents *of* the Havana Syndrome” (emphasis ours)(Giordano, 2022).² Despite the narrative that this is a condition with unknown etiology, there are two Scientific Consensus Reports that converge on the prevailing hypothesis that these incidents are caused by exposure to “directed pulsed RF Energy in the MW range” (NAS Consensus Report, 2020),³ (IC Expert Panel Assessment Report, 2022).⁴

Four “core characteristics” ...of AHIs: (1) the acute onset of audio-vestibular sensory phenomena, including sound and/or pressure, sometimes in only one ear or on one side of the head; (2) other nearly simultaneous signs and symptoms such as vertigo, loss of balance, and ear pain; (3) a strong sense of locality or directionality; and (4) the absence of known environmental or medical conditions that could explain the reported signs and symptoms.

The four “core characteristics” are best explained by the phenomenon of coupling brain activity to external EM pulses, also known as brain entrainment, with findings commonly occurring during and post-concussion. However, given the absence of mechanical (kinetic) injury to the brain in AHI, the causative mechanism should be classified as non-kinetic, thus yielding Non-Kinetic Brain Injury, or NKBI (Ber, 2025).⁵

In this sense, the term “Havana Syndrome” means a chronic condition that encompasses multiple AHIs, including ongoing AHIs. It is suggested to be identified as Non-Kinetic Brain Injury, Non-Kinetic Brain Encephalopathy, or as the report suggests, “AHI Trauma.” Based on this framework, we chose “Havana Syndrome” or its equivalent diagnosis, rather than AHI only, to be tracked in the Civilian Registry.

THE NEED FOR A CIVILIAN REGISTRY

There is an urgent need for the US Government to acknowledge, track, and investigate diagnosed cases of “Havana Syndrome” among civilians beyond the DOD Registry, which is limited to federal employees and their families only. Despite the AHIs being painful and debilitating, there is a grave decline in the CNS cognitive function among the victims. Unlike encephalopathy from kinetic trauma, Non-Kinetic Brain Injury appears to be permanent and tends to get worse with time, especially when AHIs are ongoing, as with many domestic cases.

It’s a matter of public safety and public health, with children being affected as well as adults. The CDC has neglected to detect, track, investigate, and address these cases. The Civilian Registry is set to correct this critical situation.

To the best of our knowledge, as of January 1, 2024, there are about 30 civilian patients diagnosed by physicians with “Havana Syndrome” (or equivalent). Only seven patients volunteered to submit their information to the Civilian Registry claiming fear of government persecution and retaliation. This must alert lawmakers and US health officials to the gravity of the situation.

An Interim Report by Chairman Rick Crawford of the Subcommittee on the Central Intelligence Agency titled “Investigating the Intelligence Community’s Conclusions on Anomalous Health Incidents: Is the Intelligence Community Hiding the Real Reason for This Phenomenon?” issued in December of 2024⁶ unequivocally points fingers at the IC (specifically the CIA):

The IC’s inconsistent approach has had detrimental effects on IC personnel, trust in the IC by policymakers, the understanding of the American public, and perceptions of the IC by both foreign allies and adversaries.

The mishandling of the IC’s response to AHIs has hampered the IC’s ability to collect against developing threats, delayed development of potential mitigations, and harmed the credibility the IC has with its workforce.

During the May 2024 Subcommittee on Counterterrorism, Law Enforcement, and Intelligence hearing entitled “Silent Weapons: Examining Foreign Anomalous Health Incidents Targeting Americans in the Homeland and Abroad,” Representative Daniel Goldman asked the witnesses present at the hearing:

“Are any of you aware of any reported incidents from the individuals who are not members of the US Government, domestically, I should say?”

Both witnesses (Ret. Col. Gregory Edgreen and Attorney Mark Zaid) were unable to answer this question, claiming that they only work with federal employees. So, the question remained unanswered. It is obvious that this important question should be addressed to the experts and the organization that tracks these validated cases among civilians. We believe that this organization is the nonprofit Targeted Justice, Inc., whose mission is to document and expose the use of EM weapons against the civilian population. Specifically, the Civilian Registry for diagnosed victims of “Havana Syndrome” and its AHIs holds the answers. The Registry is organized and maintained by an MD in his role of Global Medical Leader and Board Member for Targeted Justice.

The IC has been investigating AHI and “Havana Syndrome” since at least 2016, and 9 years later, the American public still doesn’t have the answers while the reports are pouring in that the IC itself is an obstacle in this investigation. It’s time for Congress to look for unconventional suspects and use different methods of investigating this technological atrocity.

Just how debilitating are the AHIs? A quote from an article in a peer-reviewed medical journal provides a first-person perspective⁶:

To power through the most severe attacks, I would scream in order to “push” against extremely painful sensation of buffeting (vibrational pressure pain). It feels as if your head is being squeezed in a vibrating vise. You can’t talk or perform cognitive tasks—if you try, your brain feels scrambled and foggy. You can’t walk—if you try, you lose balance.

In a lawsuit filed by Mark Zaid in December of 2024,⁸ ongoing AHI attacks are described as below:

She continues to suffer recurring incidents of pain that last anywhere from 20 minutes to an hour. The pain is so severe that she likens it to the pain of giving birth.

The American public deserves to know that not only federal employees but also regular civilians including children are being remotely and painfully attacked on US soil, and their health and cognition are being intentionally degraded.

DATA COLLECTION, PRESENTATION, AND ANALYSIS

Civilians who are diagnosed by licensed physicians with AHI, “Havana Syndrome,” or its equivalent (traumatic brain injury or encephalopathy, specifically Non-Kinetic Brain Injury) submitted their data voluntarily to the Civilian Registry, starting in August 2024. Privacy of their sensitive information has been guaranteed, and cannot be shared with a third party without the volunteers’ explicit consent.

Among the seven civilian cases listed in the Registry, there are three males, four females, and one child. Average age of adults is 56 years, ranging from 43 to 71.

States of residence and the number of diagnosed cases as follows: AR-1, IL-1, CO-2, NY-1, and RI-1. Diagnoses were made between 2020 and 2024.

Out of seven listees, one has received disability due to the diagnosis of Traumatic/Non-Kinetic Encephalopathy (no history of concussion). The diagnosis of the victim on disability has been verified by two experts in the subject matter, and the case was submitted to the DOD for further investigation—no investigation was conducted.

Five out of seven patients submitted their cases to the FBI for investigation—the agency refused to investigate their cases. All patients contacted their US senators and representatives, to no avail.

CONCLUSION

“Havana Syndrome,” or Non-Kinetic Brain Injury, or Non-Kinetic Encephalopathy, or AHI Trauma is a growing public health and safety concern flying under the radar of US Government officials, Congress, health agencies, and law enforcement. It remains undetected and undiagnosed, and has not triggered any investigative efforts, research, or the analysis it deserves. There is no relevant information regarding methods of detection, shielding, diagnostic guidance, and management offered to the American public with respect to this urgent health threat.

Besides AHI being extremely debilitating, the long-term consequences of these attacks are even more worrisome and include progressive neuro-cognitive debilitation of the victims’ CNS.

The present report provides a summary of physician-diagnosed cases of “Havana Syndrome” and its AHIs among civilians attacked on US soil who are not federal employees or their dependents. This is the first of its kind effort to fill gaps in our knowledge and decisively answer critical questions raised by the members of the House Subcommittee on Counterterrorism, Law Enforcement, and Intelligence during the May 8, 2024, hearing “Silent Weapons: Examining Foreign Anomalous Health Incidents Targeting Americans in the Homeland and Abroad”⁷:

Are there any civilian victims of AHI and the Havana Syndrome who are not federal employees or their dependents?

RECOMMENDATIONS

This matter is of the utmost urgency. The US Congress must be informed of the content of this report and act immediately.

Initial steps must entail:

1. For the CDC
 - a. To inform Health Departments across the country and start tracking “Havana Syndrome” or equivalent diagnoses
 - b. To issue diagnostic guidance for practitioners
 - c. To educate the public about this condition
 - d. To initiate NIH research into this condition in the civilian population
2. For Law Enforcement
 - a. To track diagnosed civilian cases
 - b. To investigate diagnosed civilian cases
3. For Congress
 - a. To establish a direct line of communication with Targeted Justice, Inc., and its experts

- b. To create immediately a multidisciplinary “Havana Syndrome” Civilian Emergency Investigative Task Force and report back to Congress within a month!
- c. To inform the general public about the efforts Congress is making
- d. To develop a comprehensive plan on how to handle this critical health issue, including enacting appropriate laws

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