



**Petition to the Centers for Disease Control and Prevention (CDC)
Attention: Jim O'Neill, Acting CDC Director**

**Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30329-4027**

Submitted on behalf of Targeted Justice, Inc., a 501(c)(3) non-profit organization.

Date: September 29, 2025

To: Jim O'Neil, Acting Director, Centers for Disease Control and Prevention (CDC)
Subject: Petition for Recognition, Surveillance, and Guidance Regarding Civilian
"Havana Syndrome" (Anomalous Health Incidents) Cases

Dear Director O'Neil:

Targeted Justice, Inc., through this formal petition, urgently requests that the CDC recognize and respond to the emerging public health issue of "Havana Syndrome," also known as Anomalous Health Incidents (AHIs), among U.S. civilians. We respectfully petition the CDC to take immediate action to formally acknowledge, track, investigate, and mitigate civilian cases of this condition, which to date have gone unaddressed by public health authorities. This petition and its supporting exhibits are submitted for the public record, and will be cited in forthcoming civil litigation on behalf of nine (9) diagnosed civilian plaintiffs. We request that CDC publicly acknowledge receipt of this petition and promptly implement the actions outlined below.

Background and Supporting Evidence

Havana Syndrome/AHI refers to a cluster of sudden, unexplained neurological and vestibular symptoms first identified in U.S. diplomats and officials overseas in 2016. It is characterized by an acute onset of strange auditory or sensory phenomena (often directional), followed by neurological symptoms (e.g. vertigo, cognitive deficits) not attributable to other known causes. The U.S. government has studied this phenomenon in its employees: in 2019, the CDC itself conducted an epidemiologic investigation of the initial cases and established a case definition for "Havana Syndrome" incidents. In that CDC report, 15 individuals met the "presumptive case" criteria and 31 were deemed "possible" cases, out of 95 persons evaluated. Despite issuing this document, it remained unpublished and un-shared with the physicians, and was obtained via FOIA, indicating concealment of information. (*Exhibit A*).

Another FOIA request revealed that the CDC has neither tracked civilian AHI cases nor issued any public health guidance on this condition. *Exhibit B* is a FOIA response dated March 3, 2025, in which CDC acknowledged it had developed a draft internal “Anomalous Health Incidents (AHI) Guidance” as early as March 2022, but withheld that document under deliberative process privilege. In other words, CDC possesses internal guidance on this syndrome but has not published it for medical providers, leaving front-line physicians without official diagnostic criteria or protocols. Indeed, no CDC Health Advisory, case definition, or reporting mechanism exists for civilian Havana Syndrome cases to date, which has led to confusion and missed opportunities to document incidents.

Shockingly, independent analysis by Targeted Justice indicates that this withheld “draft guidance” is not classified or sensitive at all – it has been identified as essentially a copy of a publicly available 2022 Department of Labor bulletin on handling AHI cases. Specifically, DOL’s FECA Bulletin No. 22-03 (issued January 12, 2022), titled “*Processing Claims for Anomalous Health Incidents (AHI) under the Federal Employees’ Compensation Act*”, appears to match the content of the CDC’s withheld page. This bulletin provided instructions on how federal injury compensation claims related to AHIs should be processed, treating AHIs as traumatic brain injuries and outlining medical evaluation requirements. In other words, the CDC withheld a document that was already openly published by another federal agency, under the pretext of internal deliberation.

This discovery suggests deliberate concealment of pertinent information. Rather than acknowledge that CDC had *any* guidance – even a draft based on interagency information – the FOIA response hid it from public release, despite the document’s public availability elsewhere. Such an act raises serious concerns about transparency. It gives the appearance that CDC is unwilling to even admit it possesses guidance on AHIs, perhaps to avoid responsibility or public scrutiny. Concealing public-domain information during a FOIA process undermines trust and suggests that the agency may be withholding more substantive analysis or data on AHIs.

Expert investigations have determined that this combination of symptoms and clinical findings is unique and novel, not attributable to any known neurological or medical condition. The 2020 National Academies of Sciences (NASEM) panel established the most plausible mechanism as follows: “directed, pulsed radiofrequency energy appears to be the most plausible mechanism in explaining these cases, noting the “significant suffering and debility” among victims and emphasizing that known diagnoses could not explain the distinct early symptoms seen in many cases. A September 2022

Intelligence Community Experts Panel echoed the same mechanism and concluded that the signs and symptoms reported in a core set of AHI cases are genuine and “*cannot be easily explained by known environmental or medical conditions*”, indicating an unprecedented syndrome.

Recent evidence shows that Havana Syndrome/AHI is not limited to federal employees or overseas incidents – U.S. civilians on domestic soil have also been diagnosed with this condition. Targeted Justice in August 2024 established a Civilian Havana Syndrome/AHI Registry, and the first Civilian Registry Report (January 2025) documented multiple physician-confirmed civilian cases across several states (*Exhibit C*). Among the known civilian cases in that report were seven (7) individuals (3 male, 4 female, including one minor) from five states (AR, IL, CO, NY, RI) who were diagnosed between 2020 and 2024. These cases mirror those of government victims, including one civilian with non-kinetic traumatic encephalopathy (brain injury without concussion history) now on disability. Notably, the Registry Report indicates at least 30 total civilian diagnoses were known by early 2025, though many patients feared coming forward due to concern of government disbelief or retaliation. Despite these documented civilian cases and the serious, ongoing nature of their injuries, the CDC and other health agencies have provided no official recognition or response for civilians afflicted by Havana Syndrome/AHI.

The absence of CDC action has forced civilian victims and independent organizations to fill the gap. For example, Targeted Justice developed and published its own “Diagnostic Guidance for Doctors and Patients” on its website, TargetedJustice.com. However, such stopgap measures are no substitute for formal CDC guidance and surveillance. The January 2025 Civilian Registry Report concluded that “there is no relevant information regarding...diagnostic guidance and management offered to the American public” for this emerging health threat, an unacceptable gap for a condition causing “*progressive neuro-cognitive debilitation*” in its victims.

Because Havana Syndrome/AHI is not recognized as a reportable condition, attempts by physicians to notify public health authorities have been thwarted. In one documented case (*Exhibit D*), a physician in August 2025 reported a confirmed civilian AHI case to state health officials – but with no CDC alert or category for “Havana Syndrome,” the report could not be properly logged or escalated. This illustrates the broader systemic failure to capture civilian cases in our national health surveillance. In short, civilian patients are falling through the cracks: they have no formal channel to report incidents, no CDC guidance to inform their doctors, and no access to the specialized research and treatment programs that federal employees receive.

The failure of the CDC to get involved in the civilian cases of Havana Syndrome/AHI resulted in a gross violation of patient's rights. For example, at the University of Miami Medical Center patients were refused to see a specialist because they were not federal employees. At the same medical institution, a subject matter expert Dr. Michael Hoffer, MD stated to a patient: *"I hope you didn't come all this way and be disappointed, but I am not allowed to diagnose Havana Syndrome victims any longer. The government won't let me"*. These violations are hard to imagine if the CDC acted timely and appropriately. (2023-2024 correspondence and the statement under the perjury of law are available upon request.)

In 2022, another expert, Dr. James Giordano (associated with the Georgetown University in DC at the time) confirmed a civilian diagnosed civilian case of Havana Syndrome and reported it (twice) to the DOD that resulted in zero investigation, - a civilian case that otherwise would be handled by the CDC and the NIH.

The gravity of this situation cannot be overstated. Havana Syndrome/AHI cases involve brain injury-like symptoms and likely exposure to directed, pulsed energy. Civilians affected on U.S. soil deserve the same urgency of public health response as any other emerging health threat. To date, law enforcement and intelligence agencies have largely failed to investigate civilian reports (the FBI declined to investigate five of the seven registry cases), making the public health system's role all the more crucial. The CDC's mandate is to protect public health — this includes recognizing and responding to *anomalous health incidents* affecting the public. Both Congress and scientific experts have started asking questions about civilian victims; it is incumbent on CDC to now act.

Actions Requested of the CDC

Accordingly, Targeted Justice hereby petitions the CDC to undertake the following five actions to address civilian "Havana Syndrome"/AHI cases:

1. **Formal Recognition of Havana Syndrome/AHI as a Reportable Condition Among Civilians:** Acknowledge that physician-diagnosed cases of Havana Syndrome (AHI) are occurring in the civilian population and designate this condition as a reportable health event. This includes working with state and territorial health departments to add AHI (civilian Havana Syndrome) to the list of notifiable conditions or otherwise establish a mechanism for clinicians to report new cases. Formal recognition will legitimize the diagnosis and enable systematic case collection.

2. **Creation or Expansion of a National Surveillance & Reporting System to Include Civilian Cases:** Develop and implement a national surveillance program for Havana Syndrome/AHI that includes civilians, or expand any existing federal employee AHI registry to encompass civilian reports. The CDC should coordinate with the Department of Defense and other agencies that maintain AHI registries to ensure all cases (not just federal employees) are captured. This action may involve establishing a centralized Civilian AHI Registry or integrating into existing surveillance networks, and issuing periodic public reports on case numbers and geographic distribution.
3. **Publication of Official Diagnostic Guidance for Physicians:** Issue formal diagnostic and clinical management guidance to healthcare providers nationwide for recognizing Havana Syndrome/AHI. This guidance should detail the syndrome's case definition, clinical presentation (e.g. acute auditory/vestibular phenomena with subsequent neurological symptoms), recommended diagnostic workups, and reporting procedures. It should draw upon the 2019 CDC case definition (Exhibit A) and subsequent research findings. The guidance must be disseminated publicly (through a CDC Health Advisory, MMWR article, or similar) so that frontline physicians can accurately diagnose and treat potential AHI cases.
4. **Training and Alerts for Public Health Officials and Frontline Medical Personnel:** Proactively educate state epidemiologists, public health departments, and emergency/frontline clinicians about Havana Syndrome/AHI. CDC should issue official Health Alert Network (HAN) bulletins or other notifications to all state and territorial health departments describing the condition and urging them to be vigilant for civilian cases. State epidemiologists should be trained to investigate reported incidents, and hospitals/clinics alerted to the possibility of AHI in patients with relevant symptom clusters. The goal is to ensure that no legitimate case goes unrecognized or unreported due to lack of awareness. This effort should include offering technical assistance to any state that encounters a suspected civilian AHI case.
5. **Access for Civilian Patients to NIH Programs and Treatment Protocols Equivalent to Those for Federal Employees:** Coordinate with the National Institutes of Health (NIH) and other relevant federal entities so that civilian Havana Syndrome patients receive the same opportunities for specialized evaluation, research participation, and care as government-affiliated patients. Currently, NIH and DoD have developed clinical research programs for affected

federal personnel (including an NIH intramural research study on AHI that enrolled government employees and their families). We request that CDC facilitate the inclusion of civilian patients in any ongoing AHI clinical trials, medical surveillance programs, or treatment protocols. Civilian victims should, for example, have access to the comprehensive neurological evaluations conducted at the NIH or military hospitals, and any experimental therapies or rehabilitation strategies being offered. Parity of care between federal and non-federal victims is a matter of basic fairness and public health importance.

We emphasize that all five actions above are urgent and interrelated. Together, they will establish a long-overdue framework for addressing this phenomenon among the civilian population. These requests mirror the recommendations made in our Civilian Registry Report, which Congress has been informed of, and align with the U.S. government's existing approach to AHI for its personnel (now to be expanded to all citizens).

In addition to this formal petition, there is a public petition hosted on Change.org – “CDC & NIH: Recognize, Track, and Investigate Diagnosed Civilian Havana Syndrome / AHI Cases” – which has drawn growing support from members of the general public across the United States (<https://www.change.org/p/cdc-nih-recognize-track-and-investigate-diagnosed-civilian-havana-syndrome-ahi-cases>). This broad-based civic effort reflects the urgency and seriousness with which ordinary Americans view this matter. The public petition underscores that concern about AHIs is not confined to a handful of affected individuals or advocacy groups, but represents a widespread call for the CDC to act transparently, to acknowledge the condition, and to fulfill its duty to track and investigate civilian cases of Havana Syndrome/AHI. The alignment of both an official organizational petition and a grassroots public petition highlight the depth of national concern and strengthens the moral imperative for the CDC to respond.

Submission and Acknowledgment

Method of Submission: This petition is being submitted to the CDC Office of the Director via certified mail (with return receipt) to ensure official delivery and record. For additional transparency and tracking, an electronic copy is also being submitted through the CDC's FOIA Public Access Portal (as a public correspondence) and via email to the CDC Director's official inbox. We are simultaneously providing courtesy copies to the Department of Health and Human Services and select Congressional offices that have shown interest in Anomalous Health Incidents. Media outlets will be notified of the filing of this petition, in keeping with the public interest in this matter.

Acknowledgment Requested: We respectfully request that CDC issue a prompt public acknowledgment of receipt of this petition. This can be a letter or press statement simply confirming that the petition has been received and is under review. Given the importance of this issue to public health and the pending civil litigation involving nine

civilian victims, an acknowledgment will demonstrate the CDC's good-faith engagement. We further request that CDC address the substance of this petition in a timely manner (e.g. by outlining what steps will be taken or considered, and on what timeline). Targeted Justice and the affected individuals stand ready to assist and provide further data or testimony as needed.

Please be advised that this petition and its enclosures are part of the public record. We intend to cite this petition, and any CDC response (or lack thereof), in upcoming litigation on behalf of the civilian AHI victims. We sincerely hope that litigation can be avoided or narrowed by constructive action from the CDC to protect civilians going forward. Our organization's goal is to work collaboratively with public health authorities to address this emerging threat.

Conclusion

In summary, Targeted Justice petitions the CDC to recognize "Havana Syndrome" (AHIs) as a real and reportable health condition affecting U.S. civilians, and to mobilize an appropriate public health response. The attached exhibits (A through D) provide unambiguous evidence that civilian cases are occurring and are being overlooked. It is the CDC's mission to lead in such matters. We urge you to treat this petition with the urgency it deserves, as lives and public trust are at stake.

Thank you for your attention to this critical issue. We look forward to your acknowledgment and action.

Sincerely,

Targeted Justice, Inc.

[Signature]

Len Ber, MD (Global Medical Director, Targeted Justice, Inc.)

On behalf of Targeted Justice, Inc. and the undersigned civilian petitioners

Enclosures/Exhibits:

- **Exhibit A:** CDC "Cuba Unexplained Events Investigation – Final Report" (2019)
- **Exhibit B:** FOIA Response from CDC (March 3, 2025) [Evidence of CDC's internal AHI guidance draft (March 2022)]
- **Exhibit C:** "Collecting Information on Diagnosed Cases of "Havana Syndrome" and its Anomalous Health Incidents (AHI) among Civilians Occurring on US Soil" (January 2025)
- **Exhibit D:** August 2025 Physician Communication to State Health Department [Documenting attempt to report a civilian AHI case].