Petition to the National Institutes of Health (NIH)

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

Date: September 29, 2025

To: Dr. Jay Bhattacharya, Director, National Institutes of Health (NIH)

Cc: Dr. Walter J. Koroshetz, Director, National Institute of Neurological Disorders and Stroke (NINDS); NIH Office of Science Policy

Subject: Petition for NIH Action on Civilian "Havana Syndrome"/Anomalous Health Incidents: Recognition, Research Inclusion, and Clinical Protocols

Dear Dr. Bhattacharya:

Targeted Justice, Inc. respectfully submits this formal petition to the National Institutes of Health (NIH) to recognize and respond to diagnosed cases of "Havana Syndrome," also known as Anomalous Health Incidents (AHIs), among civilian populations. We urge the NIH to take a leadership role in researching this phenomenon as it affects civilians, and to extend the same research programs and clinical interventions available to federal employees to civilian patients. This petition is prompted by growing evidence of civilian cases (summarized below) and is submitted for the public record, to be cited in anticipated litigation on behalf of diagnosed civilian patients. We request that NIH publicly acknowledge receipt of this petition and expeditiously implement the measures detailed herein, in coordination with other agencies as needed.

Background and Need for NIH Action

"Havana Syndrome" refers to the constellation of acute neurological symptoms (accompanied by auditory or sensory events) first reported by U.S. diplomats in Cuba in 2016. The government term for these incidents is "Anomalous Health Incidents" (AHIs). Hallmark symptoms include sudden onset of ear pain and/or vibrating pressure (ala buffeting), loud sounds, followed by dizziness, balance problems, cognitive impairment, headaches, and other neurological deficits.

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: "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.

The NIH has already been at the forefront of investigating AHIs among affected U.S. government personnel. In early 2018, the NIH, in consultation with the Department of State and Intelligence Community, launched an intramural research program to study AHIs, including an exploratory natural history study of those affected. NIH created a referral infrastructure and engaged experts across its Institutes to systematically evaluate patients, enrolling *U.S. government employees and their adult family members* who had reported AHI exposures. These participants underwent week-long evaluations at the NIH Clinical Center in Bethesda, MD, with follow-up exams annually. The NIH study rigorously tested hearing, vestibular function, cognition, vision, and biomarkers in 86 AHI patients versus 30 control subjects. The findings (published in *JAMA*, April 2024) indicated no MRI-detectable structural brain injury, but did show significant differences in balance function and increased symptoms of fatigue, PTSD, and depression in the AHI group. Notably, 28% of the AHI patients were diagnosed with functional neurological disorders (e.g. persistent postural-perceptual dizziness, PPPD) resulting from the events.

Despite NIH's efforts, serious ethical breaches have since come to light. In mid-2024, multiple study participants filed complaints that they had not truly consented to join the NIH research. An internal NIH investigation confirmed that some patients were *coerced* into participating. Importantly, this coercion was not by the NIH investigators themselves – rather, participants reported that officials within the CIA pressured or "forced" them to enroll as a *precondition* for receiving medical care at Walter Reed and other military hospital (CNN reports).

As a result of these findings, NIH leadership took the extraordinary step of halting the AHI study in August–September 2024. An NIH spokesperson announced the research was suspended "out of an abundance of caution" once it became clear that participants' consent was compromised. This effectively shut down NIH's AHI research program. We commend NIH for acting decisively to stop unethical research. However, the damage was already done: data had been collected under duress, and two high-profile papers using that data had already been published.

The coercion scandal casts doubt on the validity of the NIH studies' conclusions. If participants were induced by CIA officials to join against their will – and if, as several have alleged, the CIA selectively influenced which patients entered the study – then the sample and data may have been intentionally skewed. For instance, patient advocates suspect that the CIA "watered down" the NIH data set by insisting that individuals with unrelated health issues be included as AHI cases, while excluding some severe cases, thus biasing results toward "no findings". They also allege some participants only agreed to follow CIA direction because their medical care was held hostage. These circumstances undermine confidence in the published outcomes.

Havana Syndrome victims and experts have therefore called on JAMA to retract the two NIH papers derived from this tainted study. They argue that research based on coerced participation and potential sample manipulation should not remain in the scientific literature. As *Fox News* reported (September 2024), patient groups are pressing for retraction of the JAMA articles which had concluded there was "no significant MRI-detectable evidence of brain injury" in AHI patients. At minimum, a prominent *expression of concern* or re-evaluation of the data is warranted. We share this concern. It is telling that even as NIH shut down the study for ethics violations, the agency simultaneously claimed that the study's conclusions were unchanged by those violations. This stance is difficult to reconcile – if coercion invalidated the process, how can we be sure it didn't invalidate the results? The appearance of a conflict of interest (the CIA, an interested party, meddling in a study about an illness afflicting its officers) further erodes trust.

The most recent 2024 Intelligence Community (IC) Report on Anomalous Health Incidents explicitly relied on the NIH's March 2024 JAMA studies to downplay evidence of injury. Under its medical research section, the report states: *"The IC continues to assess that medical research indicates that U.S. personnel and dependents reporting possible AHIs do not have a consistent set of physical injuries, based on research published in 2024 from the National Institutes of Health (NIH) that reaffirms prior medical analysis."* The portion about reaffirming previous medical analysis is simply not true (see below). In effect, the IC is using the NIH publications – which themselves are now clouded by evidence of CIA coercion of study participants and questions about research integrity – as the cornerstone of its conclusion that AHIs lack consistent physical injury markers. This linkage underscores the outsized policy impact of compromised NIH research: its findings are not just academic but have been adopted wholesale by the intelligence community to justify continued skepticism and inaction toward affected civilians. If the NIH studies were ethically compromised or scientifically incomplete, then the IC's 2024 assessment is likewise undermined, magnifying the urgency for NIH to revisit, correct, or retract those studies.

The NIH-led studies were not the first scientific investigations of Havana Syndrome. Earlier research by independent teams found evidence of brain injury – findings now seemingly dismissed by the NIH papers. In 2018–2019, a medical team at the University of Pennsylvania (UPenn) evaluated U.S. diplomats and spies suffering AHI symptoms. Their initial study (published in *JAMA*, 2019) reported significant differences in brain tissue volume, connectivity, and other abnormalities consistent with a "widespread brain injury" in the diplomats when compared to healthy individuals. These included structural and functional MRI changes (especially in the cerebellum and visual/auditory networks) that aligned with the patients' neurological symptoms. In short, the *UPenn team's findings suggested the AHI victims had sustained a concussive-like brain insult.*

However, the follow-up research by the UPenn investigators was never published. According to the recent Senate Select Committee on Intelligence report (unclassified summary dated December 2024), the UPenn team conducted a second, more in-depth study which *did* find brain injury indicators – but that paper remained "unpublished." Committee interviews revealed that *"UPenn officials said they did not try to publish [the*

follow-up] because a U.S. government researcher had tried to publicly undermine their findings." In other words, intelligence or government personnel – unhappy with the implications of the early UPenn results – apparently *bullied* the scientists, casting doubt on their data, until the researchers abandoned efforts to formally publish the second study. This is a shocking allegation of interference in the scientific process. It implies that valid findings indicating neurological injury were suppressed, leaving the public record with only the more conservative NIH studies. (Indeed, the Senate report notes that "concerns about the UPenn study" were used to justify launching the NIH's new research, which ultimately contradicted UPenn's results.

Taken together, these developments show a troubling pattern of CIA involvement influencing clinical research outcomes: one study's unfavorable results were undermined and buried, while a later study was managed in a way (through coerced enrollment and possibly control of the sample) to produce null findings. Such actions, if not addressed, not only erode public trust in government research but also do a grave disservice to afflicted individuals seeking answers.

Importantly, all of the published research and clinical efforts have been focused exclusively on government-affiliated individuals. A 2024 GAO Report mentions that 334 people had qualified for AHI-related care in the Military Health System as of January 2024**.** That number explicitly included their family members (dependents**)**, and highlights 15 cases among children. This indicates that the Government Agencies are already aware of civilian victims (albeit dependents of the federal employees) but failed to act. Civilians (who are not dependents of federal employees) with identical diagnoses have been excluded from these programs, despite suffering the same symptoms and health consequences. This petition calls on NIH to close that gap.

We now have confirmed civilian cases of Havana Syndrome: as documented in the attached January 2025 Civilian Havana Syndrome Registry Report (Targeted Justice, Inc.) (**Exhibit A**), at least seven civilians (including a minor) across five U.S. states have received a medical diagnosis consistent with Havana Syndrome/AHI between 2020 and 2024. Most recent data indicate 33 diagnosed civilians and 9 cases confirmed by the Registry maintained by a retired MD. This Registry was created in the absence of the CDC action to recognize, track; and of the NIH to investigate diagnosed civilian cases. Many more civilian cases are suspected – the Registry Report identified 30 likely civilian patients as of early 2025 – but only a fraction have come forward due to fear and the lack of official recognition. Those who have come forward exhibit the same core symptoms and injuries as the federal cases. For instance, one civilian patient in the report is on permanent disability after a diagnosis of "Traumatic Encephalopathy" (a Havana Syndrome-related brain injury) confirmed by experts. All reported civilian victims experienced acute "AHI" events on U.S. soil (not abroad), indicating a domestic public health threat that parallels the overseas incidents.

Despite these findings, civilians have not been offered access to the specialized diagnostic or treatment pathways that the government has established for its employees. There is currently no NIH-sponsored study or clinic to evaluate civilian Havana Syndrome patients, no formal outreach or registry to include them, and no

clinical trials open to them. In effect, civilian victims are left on their own – many struggle to find knowledgeable doctors, and some have resorted to ad-hoc measures or private treatments. This disparity is profoundly unjust and scientifically counterproductive. If a mysterious condition is affecting both federal employees and private citizens, our national research enterprise should be investigating *both populations* to fully understand the phenomenon. Excluding civilians means losing valuable data points and missing potential differences or patterns that could lead to a cause or cure. It also raises ethical concerns of equity: U.S. taxpayers who fall victim to this affliction deserve the same care and attention as government personnel.

The CDC has acknowledged via FOIA that it has no civilian tracking or guidance for this condition, which further highlights the need for NIH to step in on the research and clinical front. In August 2025, a physician's attempt to report a civilian AHI case to state public health authorities (**Exhibit B**) underscores that no formal channels exist to capture or study these civilian cases. As a result, critical clinical data from civilian patients – including possible insights into long-term outcomes or effective interventions – are being lost.

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 C***), 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 apparent failure of the CDC and NIH to act also resulted in gross violations of patient's rights and allowed government to interfere (the list below is only the top of the iceberg):

1. Patients seeking appointment at the University of Miami Medical Center were turned away because they were not federal employees (2023-2024)

2. A subject matter expert, Dr. Michael Hoffer MD working at the same medical institution admitted to his 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".(2024)*

3. 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.

NIH's leadership and vast research infrastructure make it the ideal agency to address this gap. The situation mirrors past public health challenges where NIH extended research efforts to the broader public (for example, NIH studies on toxin exposures initially seen in military settings, later expanded to community exposures). Moreover, Congress has shown bipartisan concern regarding anomalous health incidents and would likely support NIH in broadening its scope to civilians. Indeed, the House Intelligence Committee's December 2024 report questioned whether agencies are "hiding the real reason for this phenomenon" and not doing enough to investigate all cases. Bringing civilian cases into the fold can only enhance the integrity and completeness of the research.

In sum, there is an urgent need for NIH to formally recognize that Havana Syndrome/AHIs affect civilians, and to mobilize its research and clinical resources accordingly. Below, we detail the specific actions we request NIH to undertake. These align with recommendations from the Civilian Registry Report (**Exhibit A**) and complement the petitions we are simultaneously submitting to the CDC for public health surveillance.

Actions Requested of the NIH

Targeted Justice hereby petitions the NIH to take the following five actions to ensure civilians are included in the national response to Havana Syndrome / AHI:

1. **Formal Recognition of Civilian Havana Syndrome/AHI Cases**: Publicly acknowledge that Havana Syndrome (AHI) is a legitimate medical condition that can and *does* affect civilian individuals, not only federal employees. This formal recognition could take the form of an NIH statement or Director's press release affirming that NIH considers civilian cases within its research scope. Such recognition will encourage affected civilians to come forward and will signal to the medical community that these cases are real and warrant attention. It will also lay the groundwork for including civilians in research protocols.

2. **Inclusion of Civilians in AHI Research and Surveillance Programs**: Admit to the illegitimate coercion of the patients into the two 2024 JAMA studies, and retract them, alerting the public of the incorrect medical conclusion made in the IC 2024 Report based on the now deemed unreliable NIH studies.NIH should launch a new protocol specifically for civilians, or a combined cohort, to prospectively study health effects in this population. In addition, NIH should assist in creating or supporting a national civilian AHI registry (in collaboration with CDC) to systematically collect data on these cases. This registry/study should capture clinical evaluations, exposure histories, and outcomes of civilian patients, paralleling the data collected on government cases. All data should be analyzed in aggregate to identify any differences or commonalities between civilian and government cases.

3. **Publication of Clinical Evaluation and Diagnostic Guidelines (for Civilian Healthcare Providers)**: Leverage NIH's clinical expertise by publishing or co-developing diagnostic and management guidelines for Havana Syndrome that can be used by civilian healthcare providers. While CDC is being petitioned to officially issue guidance, NIH's unique knowledge from evaluating dozens of AHI patients can greatly inform best practices. We ask NIH to publish in a peer-reviewed journal or an NIH white paper the findings and recommended clinical approach from its AHI program – for example, outlining what tests proved most useful (balance tests, vestibular exams, neurocognitive batteries, etc.) and how to differentiate AHI effects from other conditions. This guidance should also detail supportive treatments or interventions (e.g. vestibular therapy for balance issues, counseling for PTSD symptoms, etc.) that NIH clinicians have found beneficial for AHI patients. By disseminating this knowledge, NIH will empower community physicians to better recognize and care for new cases.

4. **Training and Outreach to the Medical Community and Public Health Officials**: Utilize NIH's platform to educate and alert medical professionals about Havana Syndrome/AHI in civilians. This could include organizing webinars, conference presentations (via NINDS or other Institutes), or inter-agency workshops to share knowledge on the topic. State public health officials and epidemiologists should also be looped in through HHS coordination, so they understand the NIH resources available for suspected cases. Essentially, NIH should make it known that expert evaluation is available for civilians: for example, NIH could set up a referral pathway where physicians who have a potential civilian AHI case can consult with NIH experts or refer the patient to NIH's Clinical Center for work-up. Such outreach ensures front-line doctors aren't left in the dark and that promising cases for study are routed appropriately.

5. **Provision of NIH Clinical Care and Treatment Protocols to Civilian Patients**: Ensure that civilian Havana Syndrome patients have access to the same cutting-edge clinical evaluations, experimental treatments, and multidisciplinary care that federal employees receive. In practice, this means opening the NIH Clinical Center's doors to civilians who qualify as Havana Syndrome cases, either as research participants or on a compassionate care basis. It also means sharing any treatment protocols or case management strategies that have been developed for government victims. For instance, if federal patients have received tailored vestibular rehabilitation exercises, cognitive rehabilitation, pharmacological interventions for symptom management, or novel therapies (such as neuromodulation techniques), these should be made available or at least recommended to civilian doctors treating AHI patients. We further request NIH to consider sponsoring or funding clinical trials targeted at AHI recovery, explicitly including civilians. In short, civilian victims should not be relegated to inferior care simply because of their civilian status. NIH's mandate to improve health extends to all Americans, and this emerging injury should be no exception.

These actions, taken together, will position NIH as a leader in addressing the full scope of Anomalous Health Incidents. Not only will this advance the science (by incorporating a broader subject pool), but it will also demonstrate NIH's commitment to equity in healthcare. We urge that these steps be initiated immediately, given that civilians continue to report new incidents (several new diagnoses have been brought to our attention in 2025 alone).

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 and NIH 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 and NIH to respond.

Submission and Acknowledgment

Method of Submission: This petition is being submitted to the NIH Office of the Director via formal letter (delivered by certified mail for tracking) and via email to the Director's office. Copies are also being sent to the Director of NINDS – given that Institute's expertise in neurological disorders – and to the NIH Office of Science Policy, which coordinates NIH's response to emerging health issues. In addition, for public transparency, we are releasing this petition through the federal FOIA online portal and providing it to relevant Congressional committees and the press. These steps are taken to ensure the petition is received and duly recorded.

Acknowledgment Requested: We respectfully request that NIH acknowledge receipt of this petition in a timely manner, and inform us of any initial steps NIH will take in response. A public acknowledgment (for example, a statement that NIH is examining the issue of civilian AHI cases) would be appreciated and would reassure the affected community that their voices are heard. We also request, if feasible, a meeting or briefing between NIH officials and representatives of Targeted Justice (and/or the civilian patients' physicians) to discuss how best to implement the above recommendations. We are prepared to assist NIH by facilitating contact with civilian patients who can contribute data or by sharing our registry information under appropriate privacy protections.

This petition is submitted as part of the public record and will be referenced in impending civil litigation involving nine civilian Havana Syndrome victims. We sincerely hope NIH will act proactively, thereby potentially reducing the need for judicial remedies. The petitioners intend to keep Congressional stakeholders informed of NIH's response to this appeal, especially those in oversight roles who have expressed concern about anomalous health incidents. NIH's positive engagement would likely be viewed favorably in that oversight context.

Finally, we note that the media and public are closely watching how federal health institutions respond to Havana Syndrome reports. In the interest of public confidence, we urge NIH to handle this petition with transparency and a demonstrated commitment to scientific rigor and compassion for those afflicted.

Conclusion

In conclusion, Targeted Justice calls upon the NIH to extend its research and clinical expertise on "Havana Syndrome" to include and benefit civilian Americans. The evidence is clear that civilians have been harmed by AHIs, just as government personnel have. By formally recognizing these civilian cases and taking the actions outlined – from including civilians in studies to sharing clinical guidance and care – NIH will fill a critical gap in the national response. These steps will advance our understanding of AHIs and offer hope and help to suffering individuals who have so far been left without institutional support.

We appreciate your consideration of this petition. NIH's leadership is crucial to solving the medical mystery of Havana Syndrome and protecting all who are affected by it. We are hopeful that under your direction, NIH will rise to this challenge.

Thank you for your time and attention. We look forward to your acknowledgment and a constructive path forward.

Sincerely,

Targeted Justice, Inc.

Len Ber MD (Medical Director, Targeted Justice, Inc.)
On behalf of Targeted Justice, Inc. and the civilian AHI plaintiffs

Enclosures/Exhibits:

- **Exhibit A**: Collecting Information on Diagnosed Cases of "Havana Syndrome" and its Anomalous Health Incidents (AHI) among Civilians Occurring on US Soil' (Targeted Justice, January 2025)
- **Exhibit B**: March 3, 2025 CDC FOIA Response

- **Exhibit C**: August 2025 Physician Communication to State Health Department