



**Investigating the Intelligence Community’s Conclusions on Anomalous Health Incidents:
Is the Intelligence Community Hiding the Real Reason for This Phenomenon?**

Interim Report by Chairman Rick Crawford of the
Subcommittee on the Central Intelligence Agency of the
House Permanent Select Committee on Intelligence

U.S. House of Representatives



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Executive Summary

In March 2023, the National Intelligence Council (NIC) issued an Intelligence Community Assessment (ICA), titled “Updated Assessment of Anomalous Health Incidents (AHIs),” which found that “it is ‘very unlikely’ a foreign adversary is responsible for the reported AHIs.”¹ However, the Subcommittee has uncovered evidence that the ICA lacked analytic integrity and was highly irregular in its formulation. It appears increasingly likely and the Chairman is convinced that a foreign adversary is behind some AHIs.² The Intelligence Community (IC) has attempted to thwart the Subcommittee’s investigative efforts to uncover the truth at every turn. Despite this, the Subcommittee has uncovered information illustrative of problems with the ICA’s creation, review, and release. The Subcommittee recommends that the IC expeditiously release a new ICA on AHIs in which all information collected by the IC is appropriately considered.

Since initial reports in 2016, AHIs have been pervasively affecting U.S. government officials, including White House staff, diplomats, Central Intelligence Agency (CIA) officers, Federal Bureau of Investigation (FBI) agents, and military personnel and their families, at home and abroad.³ Over the years, numerous IC whistleblowers have come forward, often in fear of retaliation, to inform the Subcommittee they believe the IC’s conclusions on AHIs were not based on the available facts. These individuals, many of whom have sat for formal transcribed interviews with Subcommittee staff, have provided the Subcommittee with extensive insight into the nature of AHIs and their respective agencies’ responses to them. As a result, the Subcommittee opened a formal investigation regarding the accuracy of the conclusions of the ICA on AHIs.⁴ This unclassified report details the interim findings of this ongoing investigation.

The Subcommittee’s long history of oversight regarding the extensive vetting of IC personnel before being hired and granted a security clearance—including psychological testing and evaluations—leads the Subcommittee to conclude that AHIs are more than medical, environmental, or social factors, as claimed by the IC. AHIs represent a genuine and compelling danger to the IC workforce. This danger has not been fully realized by IC leadership. There is evidence that the IC attempted to shape the 2023 AHI assessment to create a politically palatable conclusion and to impede investigative efforts that would uncover this effort. This has resulted in a degradation in trust between the IC workforce and their senior leadership.

The IC has not been a willful participant in Congress’s oversight of this subject, despite the impact AHIs have had on IC personnel. Instead, the IC has hindered this Subcommittee’s efforts to understand AHIs, their cause and effects, and how the IC reached their conclusions in the ICA. It is likely that the Subcommittee could have completed its oversight and investigation into AHIs had the IC more fully cooperated with requests for documents and records, as well as

¹ *Intelligence Community Assessment: Updated Assessment of Anomalous Health Incidents*, ICA 2023-02286-B, NATIONAL INTELLIGENCE COUNCIL (Mar. 1, 2023).

² See Scott Pelley, *Havana Syndrome Mystery Continues as a Lead Military Investigator Says Bar for Proof Was Set Impossibly High*, CBS NEWS (Mar. 31, 2024).

³ ICA 2023-02286-B, *supra* note 1.

⁴ See Letter from Rick Crawford, Chairman, CIA Subcomm., H. Permanent Select Comm. on Intelligence, to Avril Haines, Dir., Office of the Dir. of Nat’l Intelligence (Feb. 8, 2024).

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made relevant IC personnel available for transcribed interviews. Because of this lack of cooperation and the Subcommittee's inability to access specific information, the Subcommittee concludes there must be something IC leadership has sought to prevent Congress from discovering. Specifically, the IC routinely delayed productions of requested information to the Subcommittee, placed hurdles on who could testify to congressional investigators in transcribed interviews, and provided productions so heavily redacted that the nature of the information underneath was wholly obfuscated. These actions resulted in a subpoena issued to the National Security Agency (NSA) in May 2024.⁵

The Subcommittee is aware that the IC continues to withhold valuable information from the Subcommittee. For this reason, a final unclassified report cannot be issued at this time. In addition, the Subcommittee plans to issue a classified report that explains why the Subcommittee finds the conclusions reached in the ICA dubious at best, and misleading at worst. It is not possible, in an unclassified format, to detail the full scale and scope of the Subcommittee's investigation, as well as the findings that have resulted from this investigation. Nevertheless, it is the hope of the Subcommittee that this interim unclassified report will shed light on the need to better understand AHIs and the toll they have taken on the IC workforce. The Subcommittee will continue this investigation into the 119th Congress.

This investigation would not have been possible without the efforts, trust, and willingness of whistleblowers to avail themselves to the Subcommittee. The Subcommittee thanks them for their dedication. If you are a current or former member of the IC and would like to speak to Subcommittee staff, please call 202-225-4121.

⁵ See Subpoena from Mike Turner, Chairman, H. Permanent Select Comm. on Intelligence, to Timothy Haugh, Dir., Nat'l Sec. Agency (May 14, 2024).

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Methodology

On February 8, 2024, Chairman Turner elevated the Subcommittee's oversight initiative on AHIs to a formal investigation, designating CIA Subcommittee Chairman Rick Crawford as investigative lead. In a letter to Director of National Intelligence (DNI) Avril Haines the same day, the Subcommittee formally notified the IC of its investigation. Subcommittee Chairman Crawford's letter specified that the Subcommittee's investigation will focus on: (1) the analytic integrity and deliberative processes associated with the production and dissemination of intelligence reporting concerning AHIs; (2) allegations of improper suppression of AHI-related activities and information within and among the agencies and departments of the Executive Branch and Congress; and (3) the assessed risks to the health of the IC workforce.

Pursuant to that mandate, the Subcommittee has thus far conducted the following investigative activities:

- Conducted 48 interviews, including 11 transcribed interviews, of current and former members of the CIA, FBI, ODNI, Defense Intelligence Agency (DIA), and the U.S. military, as well as non-government individuals in the medical field and academia who either experienced an AHI, witnessed aspects of the IC's response to AHIs, or both;
- Reviewed over 5,000 pages of records produced by the CIA, NSA, DIA, ODNI and over 2,500 pages of records produced by a component of the Department of Defense that is not part of the IC;
- Reviewed whistleblower-provided documents in excess of 3,400 pages;
- Conducted congressional delegation travel;
- Received briefings from the AHI teams at CIA, DIA, and FBI respectively;
- Engaged with DNI Haines, CIA Director William Burns, FBI Director Christopher Wray, NSA Director General Timothy Haugh, former NSA Director General Paul Nakasone, DIA Director Lieutenant General Jeffrey Kruse, and former DIA Director Lieutenant General Scott Berrier; and
- Reviewed finished intelligence products issued related to AHI over the past seven years.

Additionally, this investigation has reviewed the Subcommittee's repository of documents, interview notes, hearing transcripts, articles, and reports provided by the IC and IC Inspector General dating back over seven years, since the Subcommittee's oversight activities into AHIs first began.

AHI: A Real Existential Threat to the IC Workforce

Overview

Beginning in 2016, staff at the U.S. Embassy in Havana, Cuba began experiencing a series of medical conditions including tinnitus, vertigo, head and ear pressure, nausea, and cognitive difficulties.⁶ These conditions usually develop after the individual hears a loud, unexplained sound, characterized as “strange grating noises.”⁷ A feeling of pressure in the ears ensues, coming from a specific direction toward the victim, and lasts for approximately 30 seconds, or until the victim is able to remove themselves from the vicinity.⁸

The effect that AHIs have produced in the human body have been profound. The IC Experts Panel on Anomalous Health Incidents describes AHIs as having the following “distinguishing features:”

One distinguishing characteristic of reported AHIs was the acute onset of audio-vestibular sensory phenomena, including sound and/or pressure, sometimes in just one ear or one side of the head. In some cases, other individuals in close proximity did not hear the sound as would be expected for a usual ambient sound wave. Another feature was the rapid onset of acute signs and symptoms, concurrent with or within seconds of the sensory phenomena. These acute signs and symptoms were often connected with the inner ear and included vertigo, loss of balance, or ear pain, as well as a sense of locality or directionality. They occurred in a wide variety of combinations and varied among reports. Subacute signs and symptoms—those that last hours to days after the acute event has ended—included headache, nausea, persistent vertigo or other symptoms of imbalance, a sense of fatigue, and difficulty with cognitive tasks. Acute or subacute signs and symptoms were followed by chronic signs and symptoms that lasted weeks, months, and even years in some individuals. These long-term signs and symptoms included persistent new headache, worsening of migraine headache, sleep disorders, imbalance, a sense of dizziness, tinnitus, and the loss of high-level cognitive abilities in the memory and executive function domain.⁹

These events and their corresponding ailments have become known as AHIs—or “Havana Syndrome.”¹⁰ AHIs have been reported domestically, as well as abroad, including in Austria, China, Colombia, Georgia, Germany, India, Poland, Russia, and Vietnam.¹¹ Those

⁶ *Havana Syndrome: Better Patient Communication and Monitoring of Key DOD Tasks Needed to Better Ensure Timely Treatment*, GAO-24-106593, U.S. GOVERNMENT ACCOUNTABILITY OFFICE, (July 2024); *Anomalous Health Incidents*, U.S. MILITARY HEALTH SYSTEM, <https://health.mil/Military-Health-Topics/Warfighter-Brain-Health/Brain-Health-Topics/Anomalous-Health-Incidents> (last accessed Nov. 6, 2024).

⁷ *Id.*; Jerry L. Mothershead, Zygmunt F. Dembek, Todd A. Hann, Christopher G. Owens, and Aiguo Wu, *Havana Syndrome: Directed Attack or Cricket Noise?*, NATIONAL DEFENSE UNIVERSITY PRESS (Jan. 16, 2023).

⁸ *Id.*

⁹ *Anomalous Health Incidents: Analysis of Potential Causal Mechanisms*, IC EXPERTS PANEL (Sep. 2022).

¹⁰ GAO-24-106593, *supra* note 6.

¹¹ *Id.*

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affected by AHI primarily include federal employees, particularly those who work for the IC, as well as their family members, including children.¹² Estimates of the number of individuals affected vary, but 334 people have qualified for AHI care in the Military Health System as of January 2024.¹³

The NIC's Updated Assessment of AHI

In March 2023, the NIC released an updated ICA on AHIs. This IC-coordinated ICA “was written in response to senior U.S. policymaker interest and updates the IC’s previous assessment on AHIs,” which had been published in January 2022.¹⁴ The updated ICA states, in relevant part:

Since U.S. officials first reported AHIs in Havana, Cuba in late 2016, the IC has sought to understand whether these events can be attributed to a foreign actor and a deliberate external mechanism. The IC pursued three separate lines of inquiry: the first encompassed work determining whether available data points to the involvement of a foreign adversary in the incidents; the second focused on the feasibility and existence of deliberate mechanisms that an adversary might use against U.S. personnel to cause AHIs; and the third evaluated whether medical analysis can help determine if an outside actor is involved in the broad range of phenomena and symptoms associated with AHIs. Based on the results of these three lines of inquiry, most IC agencies have concluded that it is “very unlikely” a foreign adversary is responsible for the reported AHIs. IC agencies have varying confidence levels, with two agencies at moderate-to-high confidence while three are at moderate confidence. Two agencies judge it is “unlikely” an adversary was responsible for AHIs and they do so with low confidence based on collection gaps and their review of the same evidence.¹⁵

The Subcommittee’s investigation found that this assessment lacked the analytic integrity and thoroughness necessary to be published. Further, the Subcommittee believes that the available evidence does not support the ICA conclusions. The issue of AHIs should be reinvestigated and a re-updated ICA should be issued. The Subcommittee encourages the NIC to expedite these efforts.

IC Experts Panel

The U.S. Government created an IC Experts Panel, composed of experts from both inside and outside the federal government with expertise in areas of science, medicine, and engineering.¹⁶ The IC Experts Panel was granted access to more than 1,000 classified documents on a range of relevant topics, including sensitive intelligence reporting, AHI incident reports, and

¹² *Id.*

¹³ *Id.*

¹⁴ ICA 2023-02286-B, *supra* note 1.

¹⁵ *Id.*

¹⁶ Office of the Director of National Intelligence, *Complementary Efforts on Anomalous Health Incidents* (unclassified on Feb. 1, 2022).

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trend analyses.¹⁷ In addition, they received dozens of briefings and engaged with affected individuals who shared their experiences and medical records.¹⁸ The findings of the IC Experts Panel varied greatly from those published in the ICA.

The IC Experts Panel issued six findings, which were declassified in February 2022:

1. The signs and symptoms of AHIs are genuine and compelling.
2. A subset of AHIs cannot be easily explained by known environmental or medical conditions and could be due to external stimuli.
3. Pulsed electromagnetic energy, particularly in the radiofrequency range, plausibly explains the core characteristics of reported AHIs, although information gaps exist.
4. Ultrasound also plausibly explains the core characteristics, but only in close-access scenarios and with information gaps.
5. Psychosocial factors alone cannot account for the core characteristics, although they may cause some other incidents or contribute to long-term symptoms.
6. Ionizing radiation, chemical and biological agents, infrasound, audible sound, ultrasound propagated over large distances, and bulk heating from electromagnetic energy are all implausible explanations for the core characteristics in the absence of other synergistic stimuli.¹⁹

The Subcommittee considers these findings more accurate, but fears the IC may have used the same tactics—stonewalling, slow-walking, and cherry-picking of information—on the IC Experts Panel that it weaponized against Congress.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

Interim Findings

Finding 1: The ICA on AHIs lacked analytic integrity and was highly irregular, hindering the Subcommittee’s trust in the IC’s process and conclusions.

The Subcommittee found that the process resulting in the ICA, titled “Updated Assessment on Anomalous Health Incidents,” which is often used to portray a consensus discounting foreign adversary involvement in AHIs, lacked analytic integrity and was highly irregular in its formulation. The Subcommittee’s investigation has uncovered information illustrative of problems with the ICA’s creation, review, and release. Some of these problems may include a rush to convey a consensus amongst elements of the IC in an effort to control the narrative with the American public, policymakers, foreign partners and adversaries, and IC employees.

In addition, even within individual IC elements, there are conflicting assessments on key aspects of the AHI problem. Rather than encouraging further intelligence collection and following investigative leads to address conflicting positions, specific groups and individuals within the IC impeded such efforts. Such conduct negatively impacted efforts to better understand AHIs.

A failure to understand the true causes and effects of AHIs results in an ineffective response to the challenges presented by AHIs and negatively impacts IC personnel. The Subcommittee further concludes that 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.

Finding 2: The IC’s response to AHIs has likely impeded collection.

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. In addition, the Subcommittee believes the Biden Administration’s failure to adequately prioritize collection on this threat has likely resulted in lost opportunities.

Finding 3: Congress’s oversight and investigation must continue with support from the Trump Administration.

The Biden Administration and IC leadership has sought to hinder the Subcommittee’s investigation into AHIs to keep the truth about AHIs from Congress and, by extension, the American public. This is unacceptable. This Subcommittee will continue its investigation into AHIs into the 119th Congress. The Subcommittee will work with the Trump-Vance Administration and new IC leadership to make all reasonable information and key personnel available to congressional investigators.

Interim Recommendations

Recommendation 1: Implement changes to the IC's analytic process.

The shortcomings that contributed to identified failures in the ICA on AHIs are staggering. The ability of IC leadership to control what analysts publish in an effort to send a particular message—rather than convey the facts—is problematic. Intelligence assessments must be free from political influence. The IC should publish a fact-based ICA that identifies the potential cause and effects of AHIs, as well as any perpetrator(s).

Recommendation 2: AHI collection needs to be prioritized.

The next Administration should ensure that collection on AHI threats and their effects on IC personnel are prioritized. The profound impact that this has had on the IC workforce demands such prioritization.

Recommendation 3: Codify and establish clear, effective medical care, particularly long-term care, for AHI-affected U.S. Government employees and their families.

Effective systems for medical care, especially long-term care maintenance, are lacking for U.S. Government employees, particularly non-military personnel. Rarely do these individuals have options for long-term care available to military and former military (*i.e.*, through the Military Health System and Veterans Administration). In the case of AHIs, this has resulted in injured intelligence officers having to seek complex medical assessments and treatments on their own, then self-funding this expensive care. While some of those impacted have succeeded in receiving federal support for ongoing medical care, including but not limited to workers' compensation, significant gaps have been identified which have left some in need of care for injuries received while serving the country.