



DR. LEN BER, MD

<https://lenbermd.substack.com>

Dr. Len Ber

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A civilian expert on Havana Syndrome/AHI

Len Ber, MD is Medical Director and Board Member of Targeted Justice, Inc. He received his MD in the former USSR and practiced endocrinology before spending 30 years in executive roles in the pharmaceutical and nutraceutical industries. A U.S. naturalized citizen, he is now retired and on disability.

Dr. Ber was given the same diagnosis, by the same University of Miami physicians, as the U.S. Embassy personnel evacuated from Cuba. His attacks have all occurred on U.S. soil. He maintains the Civilian Registry for diagnosed Havana Syndrome / AHI Type 1 cases among civilians on U.S. soil and is actively engaged in CDC advocacy for equal diagnostic guidance for civilians.

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DEBE Renaming

On July 10, 2026, the Department of War has changed the name of its Anomalous Health Incidents Cross Functional Team (AHI CFT). It's now called the Directed Energy Bio-Effects Cross Functional Team (DEBE CFT). It's the first acknowledgement by the government that these injuries involve some sort of directed energy exposure. The announcement coincided with the first distribution of funds (\$3M) under the HAVANA ACT to federal employees and families, and emphasized scientific transparency and normalization of such injuries, as well as continuous commitment to mitigating non-kinetic (energy-based) threats. Source: <https://www.war.gov/News/Releases/Release/Article/4540375/departments-of-war-establishes-the-directed-energy-bio-effects-cross-functional/>

How DEW causes AHI/HS

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known medical conditions, psychiatric disorders, or functional neurological disorders.

Sources

- FOIA-obtained 2022 Intelligence Community Experts Panel Assessment on Anomalous Health Incidents (Analysis of Potential Causal Mechanisms): <https://www.academia.edu/145680530/>
- Giordano's 2025 articles on Anomalous Health Incidents / Havana Syndrome (including assessments of directed energy as the most probable cause and related clinical-technological analyses): <https://ecronicon.net/assets/ecne/pdf/ECNE-17-01211.pdf> and <https://digitalcommons.ndu.edu/cdtfw-articles/13/>

BER V. CDC

"This lawsuit shatters the persistent misunderstanding that federal employees and military personnel are the only Americans diagnosed with Havana Syndrome or AHI."— Len Ber MD

Seven individual civilian plaintiffs together with Targeted Justice, Inc., a 501(c)(3) nonprofit representing civilian victims of [Anomalous Health Incidents](#) (AHI), also known as [Havana Syndrome](#), today filed a federal lawsuit under the Administrative Procedure Act (APA) in the U.S. District Court for the Middle District of Florida against the Centers for Disease Control and Prevention ([CDC](#)), the National Institutes of Health (NIH), and Jay Bhattacharya, M.D., in his official capacity as Director of NIH and Acting Director of CDC.

The complaint filed on June 23, 2026 (case number 8:26cv1822) alleges that the agencies have unlawfully withheld and unreasonably delayed their mandatory public-health duties by refusing to recognize, surveil, or issue diagnostic guidance and care protocols for civilians diagnosed with AHI/Havana Syndrome on U.S. soil—despite having done so for federal employees and their families for years. Plaintiffs seek declaratory and injunctive relief compelling the agencies to fulfill their statutory obligations under the APA.

“This lawsuit shatters the persistent misunderstanding that federal employees and military personnel are the only Americans diagnosed with Havana Syndrome or AHI,” said Len Ber, M.D., Medical Director of Targeted Justice, Inc. and plaintiff who maintains the Civilian Registry for Diagnosed Havana Syndrome Patients. “We filed formal petitions with the CDC and NIH in September 2025, requesting recognition of civilian cases, national surveillance, and diagnostic guidance mirroring what already exists for government employees. It has now been nine months with no action. Many civilians are asking why their doctors have no official guidance on how to diagnose or treat this condition. We are asking the courts to

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Ana Toledo, Esq., counsel for the plaintiffs, stated: “The agencies have a clear, non-discretionary duty under the APA and the Public Health Service Act to address emerging public health threats. They have developed comprehensive diagnostic tools and protocols for federal employees and military personnel, yet they have completely failed to extend those same protections to civilians. This two-tiered system leaves everyday Americans without recognition, reporting pathways, or standardized care while suffering the same neurological injuries. The court should compel the agencies to do what Congress and the law require.”

“Without federal diagnostic guidance, civilian victims face medical gaslighting, insurance denials, lost jobs, and worsening neurological harm while new cases on American soil go unaddressed,” the complaint states. Read the [LAWSUIT HERE](#).

Dominic Halpin interviews Dr. Len Ber - 2026

2026 Interview with Dr. Len Ber

Targeted Justice

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that the Centers for Disease Control has refused to roll out to civilians.

The 2026 AHI/Havana Syndrome Civilian Registry is out!

Civilian victims can no longer be ignored.

This is the January 2026 Civilian Registry Report for diagnosed Havana Syndrome patients and AHIs occurring on US Soil, prepared by Len Ber, MD, Global Medical Leader and Board Member for Targeted Justice, Inc., a nonprofit 501(c)(3) organization.

The number of verified diagnosed patients doubled from 7 to 14. US Health Agencies remain silent. We must change this.

For questions regarding Civilian Registry or the Report please e-mail CivilianRegistry@protonmail.com

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Targeted Justice, Inc. A nonprofit 501(c)(3) organization.



January 2026

NIH & DCD: Demand for investigation & accountability

Formal Petition to the NIH to Recognize Havana Syndrome

The lack of recognition, thorough research, and clinical protocols is hampering the diagnosis and treatment of Havana Syndrome/Anomalous Health Incidents among civilians in our nation. The National Institutes of Health have an obligation to investigate and issue guidance to physicians regarding the diagnosis and

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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

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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

1

Petition filed with the CDC regarding Havana Syndrome

Petition to CDC: recognition/response to Havana Syndrome

The CDC has an obligation to acknowledge, track, investigate, and mitigate civilian cases of Havana Syndrome. Dr. Len Ber requests immediate action.

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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)

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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*).

Four Core Characteristics of AHIs

Intelligence Community Expert Panel Assessment, 9/2022

Four Core Characteristics of AHIs

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(U) Anomalous Health Incidents: Analysis of Potential Causal Mechanisms

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UPDATED DIAGNOSTIC GUIDANCE

January 15, 2025: Updated Version 2.0 of the Abridged Diagnostic Guidance for Doctors and Patients: Havana Syndrome and its AHIs, is now available.

- See The Guidance Below
- Also Accessible on [Substack](#)

WHAT THIS GUIDANCE IS NOT

What This Guidance is Not. This is not a description of symptoms and complaints associated with “Havana Syndrome” and its Anomalous Health Incidents (AHIs). Every patient is encouraged to write down their complaints, their occurrence, and

any other other characteristics of your experience honestly and accurately. We understand that many physicians are still not informed about this condition (or not informed properly), and that you might have to take on the role of an educator, or move onto a physician who is informed.

How to Approach a Physician re. Getting Diagnosed Properly. I strongly advise you not to ask a physician for a specific diagnosis. This is not a good strategy. What you should ask for is to make a *correct* diagnosis. You can also ask a physician to differentiate your complaints and findings with the effects of *Exposure to Direct Pulsed EM Energy* (not weapons! because your doctor is not a weapons specialist!).

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diagnostic process, only when you have a chance to have a proper conversation, and having a correct diagnosis.

1. Write down the symptoms you are experiencing for your physicians. Don't rely on your memory.
2. If you are experiencing acute attacks (aka AHI, or Anomalous Health Incidents) describe them separately from the complaints present when you are not experiencing acute episodes ([2019 CDC Report](#) describes "Havana Syndrome" as a bi-phasic disorder, with Initial phase, and Secondary Phase).
 1. It is important to describe how complaints are connected: are they occurring suddenly? simultaneously? Do you have a sense of directionality during this attack (for example, if you hear a sound, can you tell which direction it is coming from)?
 2. If you are experiencing vibrating pressure, describe it in details, - where do you feel it, what's the intensity, and whether you can tolerate it.

Sensation of vibrating pressure is called buffeting. It is uniquely linked to the exposure to EM pulses when no mechanical source is present.

3. If you are experiencing sudden attacks, describe duration of the attacks and how often they occur, where you experience them, and whether moving to another location disrupts the attack.
3. Describe how you feel when you are not experience attacks. Do you have balance issues, hearing problems, vision issues, headache, problem concentrating and remembering, etc.?
4. If you start your diagnostic journey with a general practitioner, you need to discuss diagnostic criteria as described in [Hoffer 2018](#)

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(although vestibular syndrome is not a physical trauma, but rather a non-kinetic form of brain injury due to pulses of EM energy).

- Blood can be checked for biomarkers of the cellular damage to the neurons and damage to the Blood-Brain Barrier (BBB) such as neurofilament light chain (NfL) protein, glial fibrillary acidic protein (GFAP), and Ubiquitin C-terminal hydrolase L1 (UCH-L1). These markers are significantly elevated after a non-kinetic attack (or concussion), and change over time.
- Measuring for biomarkers of inflammation and glutathione in the blood could be indicative of EM assault, however, these tests are non-specific and found in many chronic inflammatory conditions.

1. Your next stop should be a visit to otoneurologist (or neurootologist) often called a dizziness doctor, or dizzy doc. This is where validation continues. Specific vestibular (balance) tests , and how they need to be evaluated, are described in [Hoffer, 2018](#)
2. Visit to a neurologist should also entail, among other things:

1. Checking for signs of concussion. Signs of concussion may be present, even though the symptoms are experienced without a mechanical trauma to the head.
2. Discussing results of testing for blood biomarkers of neuronal damage (after an attack, and over time).
3. Neuro-psychological evaluation can be utilized in order to assess the degree and the pattern of cognitive impairment, when present.
4. fMRI DTI (Diffusion Tension imaging) can be utilized. Using this method, researchers at UPenn detected statistically significant difference in white matter tracks among AHI victims versus control ([JAMA 2019](#))

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[MRSI](#) is an electric neuroimaging method that can show disruption in neural networks of the brain directly (as opposed to indirectly, as in fMRI DTI). This is a supporting method. It is not required for establishing the diagnosis of “Havana Syndrome”:

Considering the nature of the condition you might be sent to a neurologist who specializes in Brain Injuries. You must communicate that the nature of your potential injury is non-kinetic. The diagnosis of Traumatic Brain Injury is almost entirely associated with concussion which is a kinetic form of injury.

To summarize, diagnostic criteria for “Havana Syndrome” and its AHIs are best described in [Hoffer, 2018](#).

Four Core Characteristics are described in the [Intelligence Community Expert Panel Assessment](#), September 2022, Supporting methods collated from multiple source, are described in this abridged guidance, as above.

DOD has its own diagnostic form (DHA 244) which is not freely available to the general public, or civilian physicians. There is no information available of how the form has been validated.

“Havana Syndrome” is not found in the ICD-10 (International Classification of Diseases). Best description of this condition is NKBI (Non-Kinetic Brain Injury). Although NKBI is not in the current classification, efforts are being made to add it to the next edition of the ICD.

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S06.9*** - Acute Brain/intracranial injury, other, *Unspecified*, without loss of consciousness

S06.89** - Acute Brain/Intracranial Injury, Other, *Specified* as non-kinetic

G93.40** - Chronic Encephalopathy, *Unspecified*.

G93.49** - Chronic Encephalopathy, *Specified* as non-kinetic.

Using these codes in conjunction with “Havana Syndrome” diagnosis is important for proper tracking and analysis of this novel condition by your Health Department, and the CDC. To address inconsistencies in “Havana Syndrome” reporting, a Civilian Registry has been created by Targeted Justice. If you are diagnosed by a physician, you are encouraged to submit your case to

CivilianRegistry@protonmail.com

For more detailed information, including a list of physicians known to diagnose and differentiate this condition please visit <https://targetedjustice.com/dr-len-ber>

At the time of writing this guidance, the list consists of:

1. **Dr. Michael E. Hoffer, MD.** Department of Otolaryngology, University of Miami. 1120 NW 14th St floor 5
Miami FL 33136 ; Phone (305) 243-3564
2. **Lydia Shajenko, MD.** 725 River Road, Suite 55, Edgewater, NJ 07020. Phone: (210) 679-8485; e-mail a.clinical@gmail.com
3. **Drs. Jennifer Eichert, Au.D. and Howard T. Mango, Au.D., Ph.D.** Newport-Mesa Audiology Balance and Ear Institute, CA. Website: www.dizziland.com

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If you decided to see Dr. Hoffer, please don't make an appointment without reading "[Recommendations to Patients seeking Appointment with Dr. Hoffer at the University of Miami/Miller School of Medicine Healthcare System](#)"

To make an appointment visit Dr. Hoffer's page at the UofM Health System:
<https://doctors.umiamihealth.org/provider/michael-ellis-hoffer/524979>

And finally, here is a list of additional papers, presentations and Reports that I generated in connection with the diagnostic guidance that you and your physician might find helpful:

1. [Presentation at the 12th Global Forensic Webinar](#), November 2024.
2. [Article in a peer-reviewed journal, AMS, Feb 2025](#) (includes a novel method of Disrupting AHI using two percussive guns).

3. [Presentation at the 13th Global Forensic Webinar](#), March 2025.

TARGETED JUSTICE MEDICAL TIMELINE

- January 6, 2025: Collecting Information on Diagnosed Cases of “Havana Syndrome” and its Anomalous Health Incidents (AHI) among Civilians Occurring on US Soil. Interim Report by Len Ber, MD, Global Medical Leader and Board Member for Targeted Justice, Inc., a nonprofit 501(c)(3) organization. This is the first Interim Report on the Civilian Registry for

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- December 23, 2024: Pre-publication of the article *"Helping Physicians to Understand "Havana Syndrome" and a Novel Method of Managing AHIs"* in a peer-reviewed journal AMS (Advanced Medical Sciences) is now available. (Publication date Feb 2025)
<https://www.researchgate.net/publication/386134936>

Abstract: Never before have civilian physicians encountered patients with, or were challenged with diagnosing a chronic condition named “Havana Syndrome” and its acute events known as Anomalous Health Incidents (AHI). Furthermore, there are no therapeutic interventions exist to manage debilitating symptoms of AHI. The aim of this paper is two-fold. First, the author provides a framework for understanding these phenomena: brain entrainment and non-kinetic brain injury. Second, a promising method of managing AHIs of "Havana Syndrome" is described, and effectiveness demonstrated by the author. The method utilizes two percussive massagers set to different pulsating frequencies used

simultaneously in order to de-synchronize brain activity subjected to exogenous electromagnetic pulses.

- November 11, 2024: I was nominated for a CDC Advisor on "Havana Syndrome" in the new Trump Administration by the Kennedy/MAHA Leadership. In this role I will be able to assist The Department of Health and Human Services in recognizing, tracking, analyzing, and developing effective measures to combat a growing health crisis known as "Havana Syndrome" in the US population, specifically, in civilians. Nominations are now closed. Thank you!
- November 10, 2024: "[Diagnosing "Havana Syndrome"](#)", the Original

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Abstract: Article describes a novel method of de-coupling, dis-entrainment, and de-synchronizing the brain during attacks of "Havana Syndrome" or AHI/NeuroStrike. Brain Coupling to external stimuli is a result of exposure to Illegal Intentional Directed Pulsed EM Energy. The method uses two percussive massagers set to different frequencies, thus taking advantage of heterodyning, or frequency interference effect.

- September 5, 2024: [Targeted Justice announced creation of first Registry](#) for Civilians diagnosed with "Havana Syndrome"/NKBI. See [announcements](#) . It is important to understand that this Registry is not a substitute for a diagnosis. Only Civilians already diagnosed by a physicians can request voluntary listing in the said Registry. Please send e-mail to CivilianRegistry@protonmail.com (cc Tjustice2@proton.me) to start the process.
- April 12, 2024: Targeted Justice held the first International Symposium "Targeted Doctors". We are thankful for our colleagues @vaxxchoice for

making their online space available for this first-of-a kind symposium. Full event recording is available [HERE](#).

- April 2024: Podcast Episode 57: [Thorny Road to NKBI Diagnosis](#). On [Youtube](#) or [Rumble](#)

ABOUT ME

Hello, my name is Len Ber MD.

I am a retired Medical Doctor who spent the last 30 years in the executive positions

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the Plaintiffs in the historic lawsuit “Targeted Justice v. Garland”. I am a Board Member, and Global Medical Leader for Targeted Justice, inc. a non-profit 501(c)(3) organization.

ABOUT HAVANA SYNDROME

“Havana Syndrome” is an obsolete name for Non-Kinetic Brain Injury (Injury due to intentional directed pulsed electromagnetic energy exposure). As opposed to a concussion, or mTBI (mild traumatic brain injury), there are no physical objects moving, only the energy is moving, thus, the term “non-kinetic”.

Non-Kinetic Brain injury (NKBI) has not been added to the ICD-10 (most recent version of the International Classification of Diseases) yet. The closest classification code for this type of injury is S06.9X0A:Brain/intracranial injury, other, unspecified, without loss of consciousness. For the chronic condition that develops, the code

is G93.49** - Other specified encephalopathy. This code can be useful when the clinician diagnoses CTE (Chronic Traumatic Encephalopathy) due to non-kinetic EM energy exposure. It also provides room for more specific descriptors.

In Military Medicine, the diagnosis of UBI, or Unconventionally Acquired Brain Injury is attributed to intentional directed energy exposure.

The Government's preferred term used in conjunction with this condition is AHI (Anomalous Health Incident). However, it is a misnomer because it describes an event, rather than a medical condition.

Another term, NeuroStrike, has been proposed by Robert McCreight. Once again,

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medical and/or intelligence community, and are most precisely attributed to "intentional exposure to directed pulsed electromagnetic energy in the microwave range."

The US Government has not recognized a single civilian case of NKBI (except for some family members who accompanied federal employees on their missions overseas). There are multiple reports of AHIs that took place on US soil. Civilian cases have been diagnosed using the same criteria, and often by the group of physicians who diagnosed the undisputed Havana Cohort of the Havana Syndrome.

It is important to understand that NKBI is an overarching diagnosis for what we used to colloquially call "Havana Syndrome". Vestibular damage, cognitive impairment, behavioral changes are sequelae (consequences, manifestations, complications, or attributes) of NKBI.

Despite the perception that the symptoms of Non-Kinetic Brain Injury are general and non-specific, it has been established that the combination of its core of characteristics is distinctly unusual, is unreported elsewhere in the medical literature, and has not been associated with a specific neurological abnormality, and thus manifesting a novel medical condition.

KEY FINDINGS AND PUBLICATIONS (MOSTLY) IN THE CHRONOLOGICAL ORDER:

In March 2018, an article [“Neurological Manifestations Among US Government Personnel Reporting Directional Audible and Sensory Phenomena in Havana, Cuba”](#) was published in JAMA by a group of physicians and researchers at

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Hoffer explains how “Acquired Neurosensory Dysfunction” in The Havana Cohort patients is different from mTBI (mild traumatic brain injury).

In December 2018, “Acute [Findings in an Acquired Neurosensory Dysfunction](#)” article was published by the group at the University of Miami lead by Dr. Hoffer, who identified diagnostic criteria for two dozen people in The Havana Cohort. **Formal testing revealed that 100% of individuals had an otolithic abnormality constituting damage to the organs of gravity, and evidence of cognitive dysfunction.**

In July 2019, the second article from the UPenn group “[Neuroimaging Findings in US Government Personnel with Possible Exposure to Directional Phenomena in Havana, Cuba](#)” was published in JAMA. **Among US government personnel in Havana, Cuba, with potential exposure to directional phenomena, compared with healthy controls, advanced brain magnetic resonance imaging revealed significant differences in whole brain white matter volume, regional gray and white matter volumes, cerebellar tissue microstructural integrity,**

and functional connectivity in the auditory and visuospatial subnetworks but not in the executive control subnetwork. The clinical importance of these differences is uncertain and may require further study.

In December 2019, CDC issued a report “[CUBA UNEXPLAINED EVENTS INVESTIGATION - FINAL REPORT](#) - Havana, Cuba, August 2016 to March 2019”. It suggests a case definition, and a bi-phasic character of the “unexplained events”. **The initial stage correlates with directed energy attacks, and the secondary stage correlates with a recovery stage. However, Targeted Individuals exposed to these attacks on the regular basis, never enter secondary stage due to the**

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or permanently damage a human brain (or brain)? This story was later published in [Small Wars Journal](#) in 2022.

In June 2020, a paper was published titled “[Distinctive Convergence Eye Movements in an Acquired Neurosensory Dysfunction](#)”. **The study demonstrates how the brain injury in The Havana Cohort can be differentiated from mTBI (mild traumatic brain injury, aka concussion), using an objective computerized oculomotor test.**

In December 2020, National Academy of Sciences, Engineering and Medicine, issued a Consensus Study Report titled “[An Assessment of Illness in U.S. Government Employees and Their Families at Overseas Embassies](#)” :“...**directed pulsed RF energy, especially in those with the distinct early manifestations, appears to be the most plausible mechanism in explaining these cases.**”

In the Summer of 2021, a paper titled “[Unconventionally Acquired Brain Injury](#)” was published in the Journal of Special Operations Medicine: **If a concussive injury that induces TBI is akin to an egg falling onto the ground,**

a directed energy weapon inducing UBI could be more akin to putting an egg into the microwave.

In September 2022, Intelligence Community Scientific Panel Assessment report “[ANOMALOUS HEALTH INCIDENTS - Analysis of Potential Causal Mechanisms](#)” was issued.

- **Although some signs and symptoms of AHIs are common in known medical conditions, the combination of the four core characteristics is distinctly unusual, is unreported elsewhere in the medical literature, and so far has not been associated with a specific neurological abnormality.**

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...frequency, range, precision, explains the core characteristics,
although information gaps exist.

Also in September 2022, Robert McCreight published an article “[Neuro-Cognitive Warfare: Inflicting Strategic Impact via Non-Kinetic Threat](#)” in the Small Wars Journal. **Victims of NeuroStrike attacks have experienced sustained and persistent neuro-cognitive disruptive effects which can be medically confirmed and which vary among its victims. Under existing procedures, these casualties of cognitive warfare defy facile medical definition and categorization by persons unfamiliar with the diagnostic mechanisms experts at Penn Medicine, University of Miami and the National Academy of Sciences can confirm. If you have never seen it before you don’t recognize it.**

Coming to grips with the reality of a non-kinetic disabling technology which aims to specifically degrade neurological and cognitive functions requires the suspension of disbelief among those who reside in the comfortable confidence that no such weapon exists.

In April 2022, Dr. James Giordano published in Academia Letters [“Anomalous Health Incidents of the Havana Syndrome: Implications and Lessons for Global Biosecurity and Defense”](#). In this article, he acknowledges the existence of civilian victims (which he also articulated during the medical conference on Havana Syndrome in March 2022, held by the University of Texas).

Investigation of “Havana Syndrome” remains ongoing, and rightly so. What has become clear from investigations to date is that current and emerging biotechnologies pose significant risk and threat to public safety and national security.

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In January 2024, Dr. Ber presented a lecture ["10 Myths about "Havana Syndrome"](#) as a part of Symposium "Reality of The Targeting Program".

In February 2024, Professor McCreight who coined the term **NeuroStrike**, published an article ["The War Inside Our Mind: Unprotected Brain Battlefields and Neurological - Vulnerability"](#), in which he drew our attention to other technologies used in conjunction with NeuroStrike, such as engineered nanoparticles, longitudinal waves, genetics, and non-invasive access to the brain.

In July 2024, GAO (Government Accountability Office issued a report ["Havana Syndrome: Better Patient Communication and Monitoring of Key DOD Tasks Needed to Better Ensure Timely Treatment"](#). According to the report, 334 federal employees and their family members qualified for care due to AHI, including 15 children.

Subscribe to Dr. Len Ber's Substack Newsletter

Aside from Havana Syndrome, I write about a wide range of topics of interest to the targeted community.

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