

10 Myths About “Havana Syndrome”

**Removing the Veil of Mystery and
Combatting Intentional Malinformation**

By Len Ber MD

Symposium “Truth to be Told. Reality of the Targeting Program”

January 26, 2024

Myth #1 – It's Called AHI

- 2017 - “Havana Syndrome” coined by Dr Ludwig De Braecheleer (www.inteltoday.org)
 - Havana Cohort – 25 Dept of State employees that were attacked in Cuba
- 2018 – The Gov’t calls these AHI (Anomalous Health Incidents)
- 2018 - Dr Hoffer published a landmark paper “Acquired Neurosensory Dysfunction” because mTBI did not fit
- 2019 – CDC published Case Definition of HS as a bi-phasic disorder
- 2019 – NeuroStrike Proposed by Robert McCreight:
Neurostrike Weapon is a platform mounted, or aerial mounted, RF, directed energy neurocognitive disrupter which is designed to harm, disable or permanently damage a human brain

Myth #1 – It's Called AHI - 2

- 2021 – UBI (Unconventionally-Acquired Brain Injury) is described in the Journal of Special Operations Medicine:

Consider the egg metaphor as a potential contrast between the two—if TBI involves dropping an egg onto the ground, then UBI could involve placing the egg into a microwave. Each approach could induce extensive damage in very different ways.

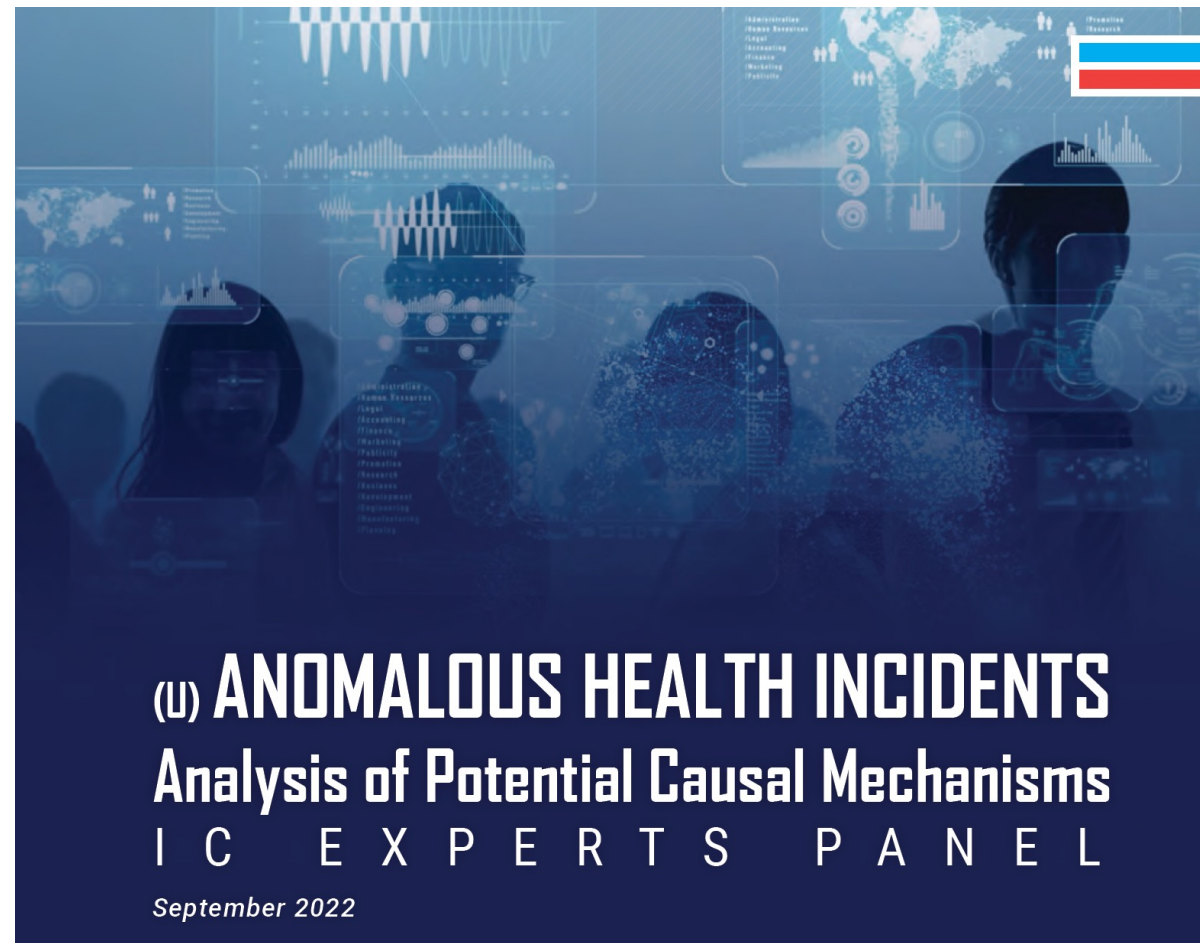
- Today's consensus – NKBI (Non-Kinetic Brain Injury); rNKBI for repeated, or recurring NKBI.
- Closest match in the ICD-10 is “Brain Injury, Other” (S06.9X0A)

Myth #2 – It's a Mass Psychogenic Illness

- Two main proponents of the MPI (or “mass hysteria”) are the FBI with their JASON report, and Dr. Bartholomew (a psychologist currently lecturing in NZ)
- Two most comprehensive reports - NAS 2019, and IC report on AHIs (September 2022) rejected MPI as implausible
- The MPI hypothesis is to be rejected because it has been falsified (AHI Potential Causes and Mechanisms, 2022):

Biomarkers associated with mTBI and concussion, called neurofilament light chain protein (NfL), and glial fibrillary acidic protein (GFAP), are elevated in patients with AHI. Levels return to normal within a few weeks, which matches the time-course after mTBI, indicating damage to the BBB (Blood-Brain Barrier) and neural injury.

Obtained in March 2023
via FOIA request by
The Madison Project



(U) ANOMALOUS HEALTH INCIDENTS
Analysis of Potential Causal Mechanisms
IC EXPERTS PANEL
September 2022

Myth #3 – The Symptoms are General and Non-Specific

- 2022 - “AHI Analysis of Potential Causes and Mechanisms”:

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.

Myth #3 – The Symptoms are General and Non-Specific - 2

- 2022 - “AHI Analysis of Potential Causes and Mechanisms”:

Four Core Characteristics:

- 1. The acute onset of audio-vestibular sensory phenomena, including sound and/or pressure, sometimes in just one ear or one side of the head.**
- 2. Other nearly simultaneous signs and symptoms such as vertigo, loss of balance, and ear pain.**
- 3. A strong sense of locality or directionality.**
- 4. The absence of known environmental or medical conditions that could have caused the reported signs and symptoms.**

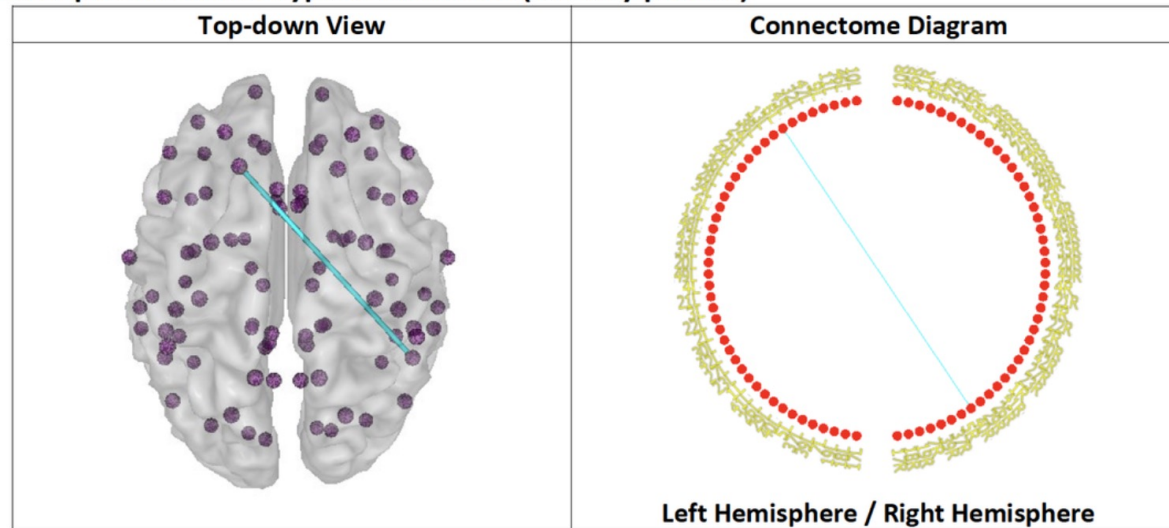
Myth #4 - Doctors Don't Know How to Diagnose It

- 2018 – Hoffer’s “Acquired Neurosensory Dysfunction” lays out initial diagnostic criteria based on studying the Havana Cohort
- 2020 – Hoffer/Balaban’s paper “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.
- 2021 – HAVANA ACT. Qualifying injuries – TBI (penetrating injury) and persistent, disabling neurologic symptoms diagnosed by a board certified neurologist.
- 2022 - AHI Analysis of Potential Causes and Mechanisms – IC Report contains most recent diagnostic criteria recommendations

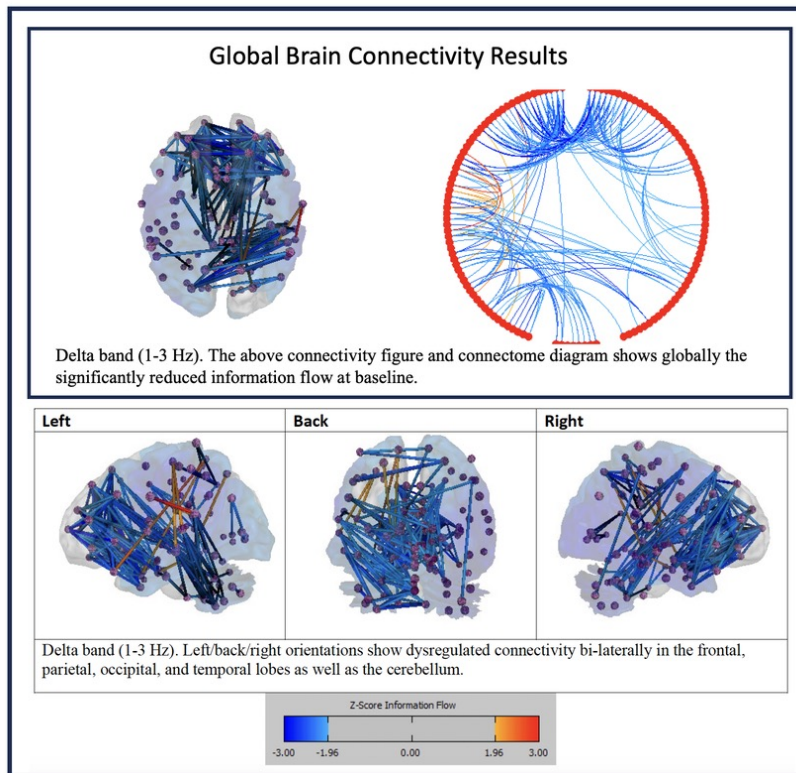
Myth #4 - Doctors Don't Know How to Diagnose It - 2

- One of the methods in HAVANA ACT is EEG
- qEEG with swLoreta is particularly helpful

Example of a neuro-typical individual (healthy person)



Myth #4 - Doctors Don't Know How to Diagnose It - 3



- qEEG with swLoreta (DTI) In a civilian diagnosed with rNKBI, who is also a Targeted Individual
- Massive Brain Connectivity degradation in the form of abnormally high amount of Delta connection (0-4 Hz) between the neural nodes
- Delta speed connections are only supposed to be detected during sleep or in hypnotic state

Myth #4 - Doctors Don't Know How to Diagnose It - 4

- In order to connect the dots, doctors need to record energy exposure while the patient is undergoing a NeuroStrike Attack
- However, in every Intelligence Reports on AHI/Havana Syndrome, methods of detection are classified
- So, it's the government that holds this information secret and does not want doctors to be able to diagnose rNKBI with utmost certainty

Myth #5 – Civilians do not suffer from it, only the diplomats and spies in the foreign lands

- 2022 – Statement by Dr. Giordano at the Medical Conference dedicated to Havana Syndrome confirming the existence of civilian victims
- 2022 – Article by Dr. Giordano “AHI’s of the Havana Syndrome: Implications and Lessons for Global Biosecurity and Defense”

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.

Myth # 6 – “We’ll get to the bottom of this!”

- Every Government official from Anthony Blinken, to William Burns, to Christopher Wray repeated this statement numerous times, only to never “get to the bottom of this”

- Standard response from the FBI:

In order for the FBI to initiate an investigation of any complaint we receive, specific facts must be present to indicate that a violation of federal law within our investigative jurisdiction has occurred. Based on the information provided, we are unable to identify any violation of federal law within the investigative jurisdiction of the FBI. We are, therefore, unable to be of assistance.

Myth #7 – “We don’t know anything about weapon systems causing “Havana Syndrome”

- Directed Energy Weapon Systems Acquisition Act of 2016:

"Directed energy weapon system" means military action using highly focused sound, electromagnetic, or particle-beam energy to incapacitate, damage, or destroy enemy equipment, facilities, or personnel.

Myth #7 – “We don’t know anything about weapon systems causing “Havana Syndrome” - 2

- 2023 Podcast “THE SOUND: Mystery of Havana Syndrome” by Project Brazen, Episode 5:

Host: Is there a type of MW weapon out there that can cause the specific symptom profile that the victims in Havana experienced? That means something capable of not just causing headaches, nausea, hearing and vision impairments, cognitive problems, even brain damage and all that, but also do it in this precisely targeted way? So I figured I might as well ask Giordano straight out, just getting straight to the point I guess, does the US have devices that can do that?

Giordano: Yes!

Myth #8 – The weapon looks like a ray gun

- Directed Energy Weapon Systems Acquisition Act of 2016:

"Directed energy weapon system" means military action using highly focused sound, electromagnetic, or particle-beam energy to incapacitate, damage, or destroy enemy equipment, facilities, or personnel.

Myth #8 – The weapon looks like a ray gun

DEWS, not DEW. System means distributed sensors, a range of biomarkers and and targeting mechanisms.

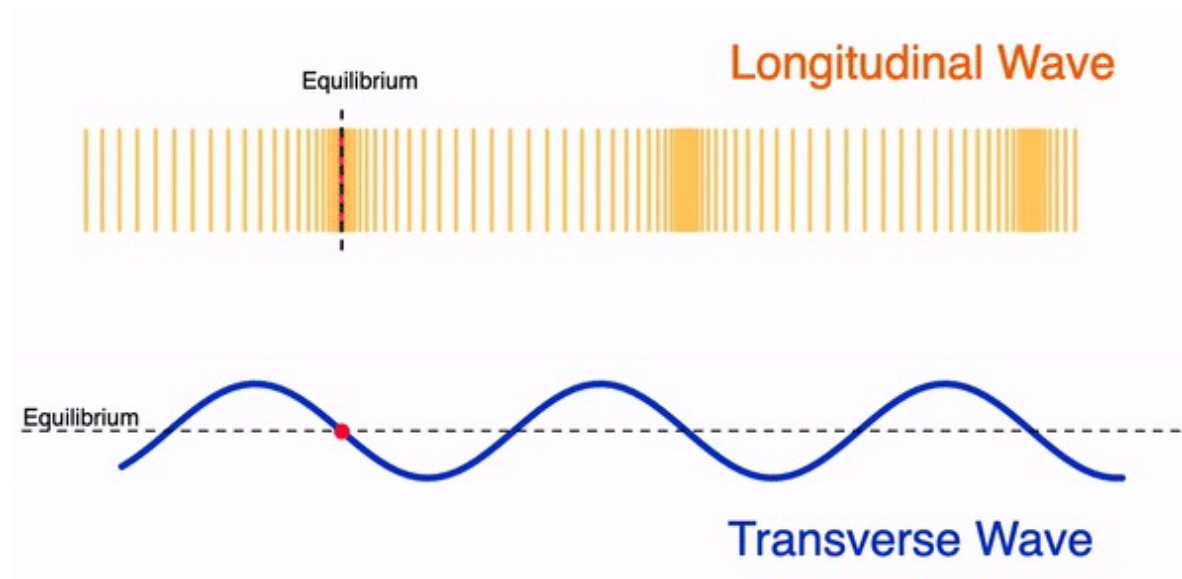
The sources of Directed Pulsed Energy can also be distributed – mounted on platforms, on drones, delivered from cell towers, and satellites

MAC address emission could serve as one of the bio identifiers for precise targeting

Myth #9 – You can protect yourself if you knew the frequency that is attacking you

- **Most Plausible Mechanism: Directed Pulsed Radiofrequency EM Waves in the Microwave Range**
- **Directed or directable = beamforming**
- **Pulsed = modulated. Thus, frequency of the carrier wave almost doesn't matter, as long as it has the penetrating capabilities. It's the modulation that has the biological effect**
- **The type of the wave also matters : Longitudinal vs. Transverse Waves**

Myth #9 – You can protect yourself if you knew the frequency that is attacking you



Myth #10 – The government can keep these weapons secret away from the public scrutiny

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.

Robert McCreight, 2021

THANK YOU

Len Ber MD

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