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Anomalous Health Incidents aka 'Havana Syndrome': A Brief Bibliography

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Anomalous Health Incidents aka 'Havana Syndrome': A Brief Bibliography

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BACKGROUND

This brief bibliography is intended to help readers to get a jumpstart on research related to Anomalous Health Incidents [AHI] also known as 'Havana Syndrome' using open-source literature. This is not intended to be a comprehensive review of the literature.

Previously classified or restricted documents are included only when they have been declassified and redacted through Freedom of Information Act (FOIA) requests or they have been publicly posted on official federal government agency websites.

Potential search terms of interest include but are not limited to:

- Anomalous Health Incidents [AHI]
- Havana Syndrome
- Brain weapons
- Neurowarfare
- Neuroweapons
- Sonic weapon/attack

THESES

Cannin, Alfred J. "Directed Energy Weapons: Ethical Implementation Obstacles." Master's thesis, Naval Postgraduate School, 2021.
<https://hdl.handle.net/10945/68701>.

Abstract: This thesis illustrates the historical vectors of missile superiorities improvements, a corresponding decrease in discrimination of intent, and weapon adoption struggles that seek to balance the necessity for victory over humane weapons and moral intents. Narrowly focused on lethality, these evolutionary conventional weapons improvements predictably resulted in an increased escalation into wars of attrition. Departing from the historical vector, directed-energy weapons (DEWs) are the next evolutionary step in improved missile superiority to offer non-lethal effects. DEWs still face the same adoption obstacles and tug of war between necessity and morality while facing additional criticisms from human and civil rights institutions with claims of unethical effects and intent. This research determines that DEWs are more humane when compared to conventional kinetic weapons due to non-lasting and reversible effects. DEWs adhere to the spirit of the Laws of War. The allegations that DEWs violate the laws are based on old ambiguous text and their illegitimate correlation to rightfully banned historical weapons of war. DOD DEW policy aligns with the various laws and codes. It is also postured to implement DEWs. This thesis recommends that a new strategic narrative is required to overcome anchored claims and violations and to familiarize political decision-makers and military leaders to better understand the technology and accept the shifting risks associated with DEWs.

Gibbons, Allison. "Anomalous Health Incidents: Distinct Policy Options for an Indistinct Problem." Master's thesis, USMC Command and Staff College, 2022.

Abstract: Using the phenomenon of anomalous health incidents (AHI) as its focus, this paper argues that the United States' ability to deter covert or difficult-to-attribute gray zone activities will require a nuanced and creative policy approach. As highlighted by the cyber domain, it is harder to deter unattributable threats using traditional deterrence practices; therefore, this paper will propose an adapted application of traditional deterrence practices as a guide for potential U.S. policy options relating to AHIs and other future low attributable activities.

Gramm, Joshua D. and Brian A. Branagan. "Neurowar is Here!" Master's thesis, Naval Postgraduate School, 2021.
<https://hdl.handle.net/10945/68721>.

Abstract: Mysterious attacks on the human brain have begun plaguing U.S. diplomats and officials with increasing frequency, ranging from overseas diplomatic outposts to right here in the United States. Known in the media as Havana Syndrome, these attacks appear to be signaling a new form of warfare—one that is focused on enhancing, targeting, and weaponizing the human brain—neurowarfare. Indeed, the human brain is at the center of a biotechnological revolution currently underway. At the same time, great power competition has returned to the forefront of international relations, as China and Russia seek to contest America's global leadership. In an increasingly globalized and interconnected world, this contest is ultimately a battle of ideas and influence, with more value placed on information and non-lethal means to manipulate and control both adversaries and domestic populations alike. The battle for influence begins and ends in the human mind, where reality is perceived. The implications of these developments point to both a new form and domain of warfare centering on the human brain. By highlighting recent attacks targeting the brain and revealing research from the United States and its two main competitors—China and Russia—this thesis seeks to argue that neurowar is not just coming, but rather is already here and is likely to fundamentally alter conflict and warfare.

Nawab, Aria. "Use of Oculomotor, Vestibular, and Reaction Time Tests (OVRT) in Screening for Anomalous Health Incidents." Master's thesis, University of Miami, 2022.

<https://scholarship.miami.edu/esploro/outputs/991031753617102976>.

Abstract: In late 2016 - 2017 a group of US Diplomats in Havana experienced a seemingly sudden onset of vestibular, oculomotor and cognitive symptoms that persisted for months after first being reported. Those affected can be identified using OVRT yet no study has used these to identify AHI patients. OVRT data from all patients referred for evaluation of "Havana Syndrome" were compared to the original group of diplomats in Havana and controls. t-test for difference in means of OVRT metrics between the Havana cohort and Normative controls, and 95% CI were calculated. A multivariable linear regression model was fit to identify the two-way interaction effect of sex and age on results, and a sum score of "Havana-Like Metrics" was generated on each subject to develop a benchmark of likely affected with AHI or not likely affected. A total of 537 subjects were included in this study: 25 (4.7%) Havana cohort, 46 (8.6%) Clinical cohort, and 466 (86.7%) control. t-test between the Havana cohort and control group showed 19 of the 44 separate metrics had statistically significantly different means ($p < 0.05$). Linear regression models then showed that one of these 19 metrics had a significant interaction effect, the other 18 had no significant interaction. The 95%CI of the mean of the Havana cohort for each of the 19 significant metrics were then used to evaluate each of the Clinical cohort subjects performance, each metric that a subject scored within the 95%CI of the mean was given one point, and the sum points of "Havana-Like metrics" were evaluated. The Havana cohort had a mean (median) sum score of 6 (7), the Clinical cohort had 5 (5), and Control group had 4 (4), thus a sum score of 6 "Havana-Like Metrics" was used as a benchmark. 19 of the 46 Clinical cohort subjects had 6 or more Havana-Like metrics and were identified as likely affected with AHI. This first quantitative benchmark for the identification of AHI in a clinical population could be useful in developing more precise diagnostic/screening tools to be used worldwide, and in federal efforts to determine who might be eligible for AHI-related treatment/compensation.

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